Executive Secretary's Report

# THE COURAGE OF SAVING LIVES TO END THE TB EPIDEMIC BY 2035 STOP TB PARTNERSHIP COORDINATING BOARD MEETING

Paris, 13 – 15 April

UNOPS

Stop TB Partnership

# HONORABLE MINISTERS, LADIES AND GENTLEMEN, DEAR FRIENDS, AND MEMBERS OF THE COORDINATING BOARD.

Good morning and welcome to our Board Meeting in Paris.

This is our inaugural Board Meeting following our transition out of WHO, and under our new home with UNOPS as of 1 January 2015.

It has been an incredibly busy and exciting few months for us in many ways since our last Board Meeting. First of all, allow me to start by thanking UNOPS and WHO for their help with the smooth transition that was done within budget and with no disruption to services. This was only made possible with the hard work and support of UNOPS, WHO and the great team I have as Secretariat staff – thank you all for the immense amount of work that was involved. We succeeded to transition out – staff, donor agreements and contracts, grantees and partners' agreements as well as the physical move – with absolutely no disruption, and no interruption to communications and activities. I am also extremely grateful to Mark Dybul and the team at the Global Fund for all the support they kindly rendered with our move.

Thank you also to our Chair Minister Motsoaledi, the Vice-Chair Joanne Carter and to the Executive Committee for all their work and support in helping us navigate through the transition.

We meet today on the back of two significant events in March – World TB Day, and the first Eastern Partnership Ministerial Conference on TB and drug-resistant TB held at the end of March in Riga under Latvia holding the EU Presidency this year.

This World TB Day, we saw our vision of ending TB being assimilated and transformed into local community goals all across the many events that happened globally. I had the honour of being in South Africa as the country launched an unprecedented national effort and campaign to ensure that at least 90% of vulnerable and at risk populations are screened for TB, at least 90% of all TB cases in the country are diagnosed and started on treatment, and achieve at least 90% treatment success. Minister Motsoaledi's revolutionary campaign has made it unacceptable for his country's citizens to continue to live with the disease. The Deputy President of South Africa shared with us his inspirational words: "TB is not a disease that can be fought alone by anyone – the governments need to hold hands with communities, private sector and technical partners in order to defeat it. And, most importantly, we need to be ambitious and start our fight with those that need it most – the affected groups and people. It is time to push TB out of our lives and countries!"

We hope that more and more countries and Ministers will go down the same path and focus their efforts and interventions towards the ambitious targets of the Global Plan to Stop TB 2016–2020 on the road to ending TB. We will hear from Minister Motsoaledi himself on how we will work with South Africa to transform this vision to engage with the BRICS countries on adopting a similar strategic approach with regards to ending TB.

> ***The Global Plan 2016–2020 is the 5 year investment case proposing a paradigm shift towards reaching the End TB Strategy goals.***

In Riga, the European Ministers endorsed the Riga Declaration on TB which will provide a political roadmap for action and domestic investments in TB and HIV in the region. We will continue to work with our European partners across the next EU Presidency as well as with all our partners to ensure that this transforms into solid, concrete action.

2015 marks the last year of the Millennium Development Goals and the first year of the ambitious WHO 'End TB Strategy'. The core of the Partnership's work will gravitate this year around the creation of the Global Plan to Stop TB 2016–2020. By bringing together representatives for all groups involved in the fight against TB and through its extensive consultative process, the work to create this new Global Plan provides a unique opportunity to forge a consensus around a road map for how to dramatically accelerate the reduction in cases and in deaths from TB through innovation and improved quality of existing practices.

Every day, I meet amazing people who are changing the world. Every day, I see the resilience of the human spirit in the face of adversity. The TB response has been buffeted by adversity. Adversity that damages in very personal ways. In not reaching the millions that get missed by health systems. Lacking health services because you're a migrant worker, a prisoner, a mine worker. This is adversity.


From L to R: Executive Secretary of the Stop TB Partnership, Dr Lucica Ditiu, Minister of Health of South Africa and Chair of the Stop TB Coordinating Board Dr Aaron Motsoaledi, Executive Director of RESULTS USA and Vice-Chair of the Stop TB Coordinating Board Dr Joanne Carter

# STRATEGIC GOAL 1:
# FACILITATE MEANINGFUL AND SUSTAINED COLLABORATION AMONG PARTNERS

Solid progress has been made on the development of the next Global Plan to Stop TB 2016–2020. The Task Force has met several times now and communicate regularly. Chaired by Dr Paula Fujiwara, Scientific Director for the Union, the Task Force is comprised of partners from TB-Mac/LSHTM, IHME, USAID, Portland VA Medical Center, Brazil and South Africa's Country Programme representatives, RESULTS UK, UNSGO/UNAIDS, Global Coalition of TB Activists, WHO's Global TB Programme and the Stop TB Partnership Secretariat. At the Task Force Meeting in Barcelona in October 2014, the group reached a consensus on key features of the next Global Plan. The Task Force hammered out nine groups of countries based on how they face similar challenges in fighting TB and outlined specific "investment packages" tailored to needs of each of these nine groups.

The Task Force discussed in depth the methodology for modeling cost and impact of investment packages, and endorsed use of modeling methodology (the same that has already effectively modeled impact of interventions for South Africa, India and China). The challenges of modeling the impact of enabling interventions such as advocacy, system strengthening or activities to reach and treat vulnerable groups were highlighted. With regards to costing, the group proposed to assess the cost of interventions needed to achieve necessary impact, rather than set a ceiling for costs and calculate the impact that could be achieved within such a ceiling. In December 2014, a first workshop in Geneva convened a key stakeholder consultation that included civil society and communities, in addition to national TB program officials and NGO partners.

> ***Global TB incidence is consistently decreasing every year but we need to increase the rate of decrease, if we want to reach the End TB Strategy targets.***

The first draft is now ready for review at this Board Meeting. Following this process, it will go out for wider consultation through a web-based platform that will consolidate comments from all stakeholders. Additionally, for the first time ever, there will be four regional consultations devoted specially to the Global Plan (and constructed back to back with the Global Fund Partners Forums for the Global Fund Strategy) with the aim of discussing the contents of the Global Plan with regional partners. The first regional consultation will be in Addis Ababa, Ethiopia on 6 May, followed by Bangkok, Thailand on 23 June, Istanbul, Turkey on 17 August and ending with a regional consultation in Latin America. The feedback from these online and regional consultations will feed into a second draft. The next Global Plan will launch at the Board Meeting at the end of the year which will take place in South Africa in December.

The Stop TB Partnership's **Directory of Partners** currently stands at 1322 partners – international and technical organizations, government programmes, research and funding agencies, foundations, NGOs, civil society and community groups and the private sector. A key aspect of the Secretariat's work with partners is to help them link and interact with other partners in their countries and regions to develop and implement shared action plans to tackle TB, especially in the context of the Global Plan but also beyond.

The Operational Strategy mandates the Secretariat to conduct an **annual partner's survey** to evaluate the level of satisfaction with the services and support provided by the Secretariat. The overall satisfaction of a large majority of the respondents (77%) said that they were either "completely satisfied" or "satisfied" with the Secretariat's work. An overwhelming 96% of respondents said that the work of the Secretariat was either "very important" or "extremely important" in the fight against TB. The report is available at http://stoptb.org/about/partners_who.asp

**Based on the description of respondents in the 2014 survey, the Secretariat has addressed several areas, including:**

01 Capacity building workshops for communities reaching 176 TB community representatives on integration of CRG (Communities, rights and gender) into national concept notes for the Global Fund.

02 Sharing information widely on funding opportunities

03 Discussing appropriate advocacy and communication messages through joint calls or face-to-face meetings, such as the series of meetings and symposium organized in the margins of the 45th Union World Conference on Lung Health

04 Communication and information sharing: Use of social media soared in 2014 and we have more and more partners following social media and participating in the discussions. Our communications has been enhanced with regular announcements and alerts. Partners' success stories are being collected monthly and regularly updated on the website and communications material is translated into the official UN languages.

The **Working Groups of the Stop TB Partnership** provide inputs on critical strategic issues for TB globally, based on which the Board takes decisions. The Partnership identifies opportunities and gaps for new partners to engage in Working Groups through on-going and regular dialogue. A full progress report of the Working Groups can be found here: http://eepurl.com/bgohpX. The following are some key highlights since the Board last met.

Working Group on the Global Drug-resistant Initiative (GDI): Three Task Forces were established at the GDI Core Group Meeting in 2014. They include a Task Force on patient-centred care, a Task Force on research for drug-resistant TB, and a Task Force on advocacy for drug-resistant TB. The second face-to-face meeting of the GDI's Core Group was held on 27 October 2014. Meeting report available here: http://www.stoptb.org/wg/mdrtb/meetings.asp The GDI members listserve currently has approximately 320 members.

The Working Group on TB/HIV conducted their Core Group meeting in February and participants critically reviewed the past ten years of global progress in implementation and science in preventing, diagnosing and treating HIV-associated TB. They also identified essential next steps including enablers for advancing the TB/HIV response particularly at country level to eliminate TB deaths among people living with HIV. Innovative ideas to address unmet research needs in prevention, diagnosis and treatment of TB among people living with HIV were also shared for shaping the global research agenda.

The GLI Stepwise Process towards TB Laboratory Accreditation continues to be rolled-out and harmonized with other tools developed to improve laboratory quality. The GLI tool is available online at www.GLIquality.org. New GLI resources for laboratory strengthening were developed and endorsed by the GLI in 2014. Available at: http://www.stoptb.org/wg/gli/default.asp.

Advocacy for the Subgroup on Public-Private Mix (PPM) for TB Care and Control is the main function of the PPM Subgroup. The Secretariat therefore largely supports activities of partners, holds periodic teleconferences and organizes, when resources are available, a face-to-face meeting of the Subgroup generally around other major TB events such as the Union Conference. The important highlights of this reporting period were the meetings/workshops supported technically and/or financially by the PPM Subgroup Secretariat. A multi-country workshop on "reaching the 'missing million' through scaling up public-private mix for TB care and control in high-impact Asia" was organized jointly by WHO and the Global Fund at WHO/SEARO on 25–27 July 2014. The meeting report has been published: http://www.who.int/tb/careproviders/ppm/WHOGF_workshop_Delhi.pdf. A meeting to help strengthen collaboration between NTPs and national professional associations was organized by the American Thoracic Society in collaboration with WHO as part of TB CARE I project. This meeting, held on 7–8 September 2014 in Denpasar, Indonesia, was a follow up to the above WHO/Global Fund Workshop in which NTP managers and representatives of national professional associations of the same six high-impact Asia countries mentioned above participated.
The Working Group on New TB Vaccines made significant progress in 2014 towards the planning of the 4th Global Forum on TB Vaccines which takes place in Shanghai, China from 21–24 April 2015. In September 2014, the Working Group on New Vaccines collaborated with Aeras and KANCO to conduct a TB Advocacy Literacy Material Workshop for community-based advocates from across Kenya and to launch a TB Vaccine Advocacy Handbook that was developed by Aeras and the Working Group on New Vaccines. The TB Vaccine Advocacy Handbook is being finalized, with input from participants in the September workshop, and will be launched online in 2015.

Activities of the New Diagnostics Working Group (NDWG) include the organization of a face-to-face meeting of the Core Group on 29 October 2014. Discussions mainly focused on the reorganization of the working group and on the establishment of time-limited task forces. The Working Group also released six issues of the NDWG e-news, which provide an extensive list of scientific articles, publications, events, and other resources of interest to the diagnostic R&D community. The newsletter is circulated to more than 450 members.

Through the Working Group on New TB Drugs, in 2014, TB drug development advanced further towards the target of better treatment for TB with increased introduction efforts for bedaquiline and delamanid for MDR-TB including the publication of interim guidelines by the WHO; the progression to phase 3 of the novel regimen pretominid-moxifloxacin-pyrazinamide; and the completion of the REMox trial which showed that a rigorous large-scale clinical trial could be conducted in resource-poor regions and paved the way for future TB trials.

Through coordinating the efforts and activities of its global network of civil society members, the **Global Coalition of TB Activists (GCTA)** has been striving to ensure that the communities affected by TB are at the centre of most advocacy efforts. The efforts of all members of the Steering Committee has facilitated the growth of the GCTA network to include over 130 members, both individuals and organizations, in over 30 different countries. Over the past year the GCTA has worked closely with the Partnership to facilitate the participation of civil society in all of the Global Fund processes in the New Funding Model.

The GCTA has launched a member's corner on its website to facilitate this process further. Through the active involvement of the Regional Focal Points, the GCTA will translate this network beyond the Global Fund NFM, towards multidimensional support that will influence local policy, and reinforce activists as they approach critical junctures in addressing the spread of TB.

The theme for the **2014 Kochon Prize** was on Innovators Working with TB Communities to Reach the Three Million People who are Missed Every Year. The prize was awarded to REACH Ethiopia at the Global TB Symposium, an annual event at the 45th World Conference of the International Union Against Tuberculosis and Lung Disease in Barcelona, Spain. The team are a small locally registered entity who successfully implemented a TB REACH project in the Sidama zone of Ethiopia. REACH Ethiopia made a concerted effort to engage community members, councils, other stakeholders, TB programmes, former TB patients and religious and community leaders to increase awareness about the disease as well as expanding availability of TB services at the community level. TB case finding nearly doubled in the first nine months of the initiative. Focussing on the elderly and disabled, women and children, the project has not only brought the three million people living in Sidama Zone within the healthcare system, but the team turned TB into a disease that can be talked about out loud.

The other two organizations that made the final shortlist were TB/HIV Care Association, a South African non-profit organization that has shown innovation in working with communities and key populations to fight TB; and, Indus Hospital TB Programme, a pioneer in the use of technology to expand access to free, community-based TB care in Pakistan.

# STRATEGIC GOAL 2:
# INCREASE POLITICAL ENGAGEMENT BY WORLD LEADERS AND KEY INFLUENCERS TO DOUBLE EXTERNAL FINANCING FOR TB FROM 2011 TO 2015

An incredible amount of work has gone into the high-level engagement and outreach that we have done in global advocacy and communications since the last Board meeting.

We meet this month on the back of the successes of World TB Day 2015. This year's theme was a continuation from last year, calling for a global effort to reach, treat and cure the 3.3 million people who are missed by health systems. The call was preceded by numerous meetings and discussions with partners to ensure – to the best extent possible – alignment on messaging and efforts. Months ahead, we developed a Messaging Framework and compendium of communications products to include posters, T-shirts and a campaign document in all the 6 languages that were disseminated to partners. We also developed a set of infographics highlighting the global burden, the missing 3 million, impressive impact numbers for TB REACH and the Global Drug Facility, as well as an infographic showcasing our engagement with the Global Fund.



***On World TB Day 2015, there were 1000 tweets an hour and we reached more than 10 million unique viewers through the #worldtbday hashtag.***

The Stop TB Partnership led a global effort with partners on engaging through social media aggressively this World TB Day in an unprecedented initiative to multiply our reach. We also sent out a suggested social media messaging document for partners to disseminate ahead of World TB Day to ensure that only a united and strong voice will be heard in a crowded international space. The results of all of that work paid off. This report gives an idea of our reach during the World TB Day week: http://www.stoptb.org/webadmin/cms/docs/World TB Day Social Media Stats.pdf. During that week, there were nearly 1000 tweets an hour and we reached more than 10 million unique viewers with the #worldtbday hashtag. The @stoptb page reached more than 2.7 million accounts, giving exposure to more than 4.9 million people worldwide.

In a more internal initiative to highlight that there should be no stigma associated with TB, and that anyone could be infected with TB no matter where they live, ahead of World TB Day, 47 colleagues working at the Stop TB Partnership Secretariat, UNOPS and the Global Fund undertook an Interferon Gamma Release Assay (IGRA test) to determine if the person is infected with latent TB. It generated a lot of interest and opportunities for people to discuss TB, the infection and the active disease.

At the end of March, the Stop TB Partnership played a key role in coordinating the 1st Eastern European Ministerial Conference on TB and drug-resistant TB. Under the Latvian presidency of the Council of the European Union from 1 January to 30 June 2015, the Latvian Ministry of Health, in cooperation with WHO Europe, The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Stop Tuberculosis Partnership, the TB Europe Coalition and the European Commission, organized the 1st Eastern Partnership Ministerial Conference on TB and Multidrug Resistant TB. Latvia has demonstrated impressive commitment in responding to drug-resistant TB within its own borders and is a great example for the TB community. With a well-established TB and MDR-TB control programme, it is often used as an example of best practices for other countries. This first ministerial conference provided an opportunity for Latvia to use the platform of its EU Presidency to lead Europe into a new era in the response to TB and HIV, and ensure that governments understand and act on their own domestic investments on TB interventions. The Riga Declaration on TB was endorsed at this meeting and over the coming months we will work to convene a higher level meeting with EU Heads of States in May to ensure that they make TB a priority in their countries.

Also in March this year, we, together with the Global Fund, organized a briefing that was hosted by the Permanent Mission of Canada and the Permanent Mission of Zimbabwe. Held at the Canadian Mission in Geneva, this briefing brought together Geneva based health attaches for a dialogue on the fight against TB, including a discussion on the current work and future direction of the Stop TB Partnership. It was also an opportunity to thank Canada for their contribution to TB REACH, and to highlight our efforts to diversity the need for funding to other donors in order to ensure the continued success of the programme.

> ***Latvia has demonstrated impressive national leadership and commitment in responding to drug-resistant TB within its own borders and is a great example for the world.***

From L to R: Minister of Foreign Affairs for Latvia, Executive Secretary of the Stop TB Partnership, Minister of Health for Latvia and Advisor to the President of Latvia

In September 2014, a high-level mission to Washington and New York was organized for the Chair of our Board, Minister Motsoaledi. The Minister met with Members of Congress and the Senate and delivered a briefing on TB to a meeting of UN Ambassadors from the Africa Union Region, where several high burden countries were represented. While in New York, the Minister conducted interviews focusing on TB with the New York Times, Bloomberg and other media outlets. The Minister also met Christian Paradis, Canadian Minister for International Development, who he thanked for Canada's strong support for the Stop TB Partnership's TB REACH program, which provides grants to innovative projects to increase TB case detection among poor and vulnerable populations. He also addressed the UN General Assembly on the growing Ebola crisis.

**Engaging with the BRICS countries:** On 28 October 2014, ahead of the 45th Union World Conference on Lung Health in Barcelona Spain, a meeting on BRICS engagement was addressed by the Chair of the Stop TB Partnership, Dr. Aaron Motsoaledi, and the then Minister of Health of India, the Honourable Dr. Harsh Vardhan, who together identified two key priorities for consideration at the BRICS Ministers of Health Meeting which took place in December in Brazil – endorsement of the BRICS Technical Taskforce on TB and HIV, and consideration of a Proposal for Pooled TB Medicines Among BRICS countries, which the Stop TB Partnership would have a key role in implementing and supporting.

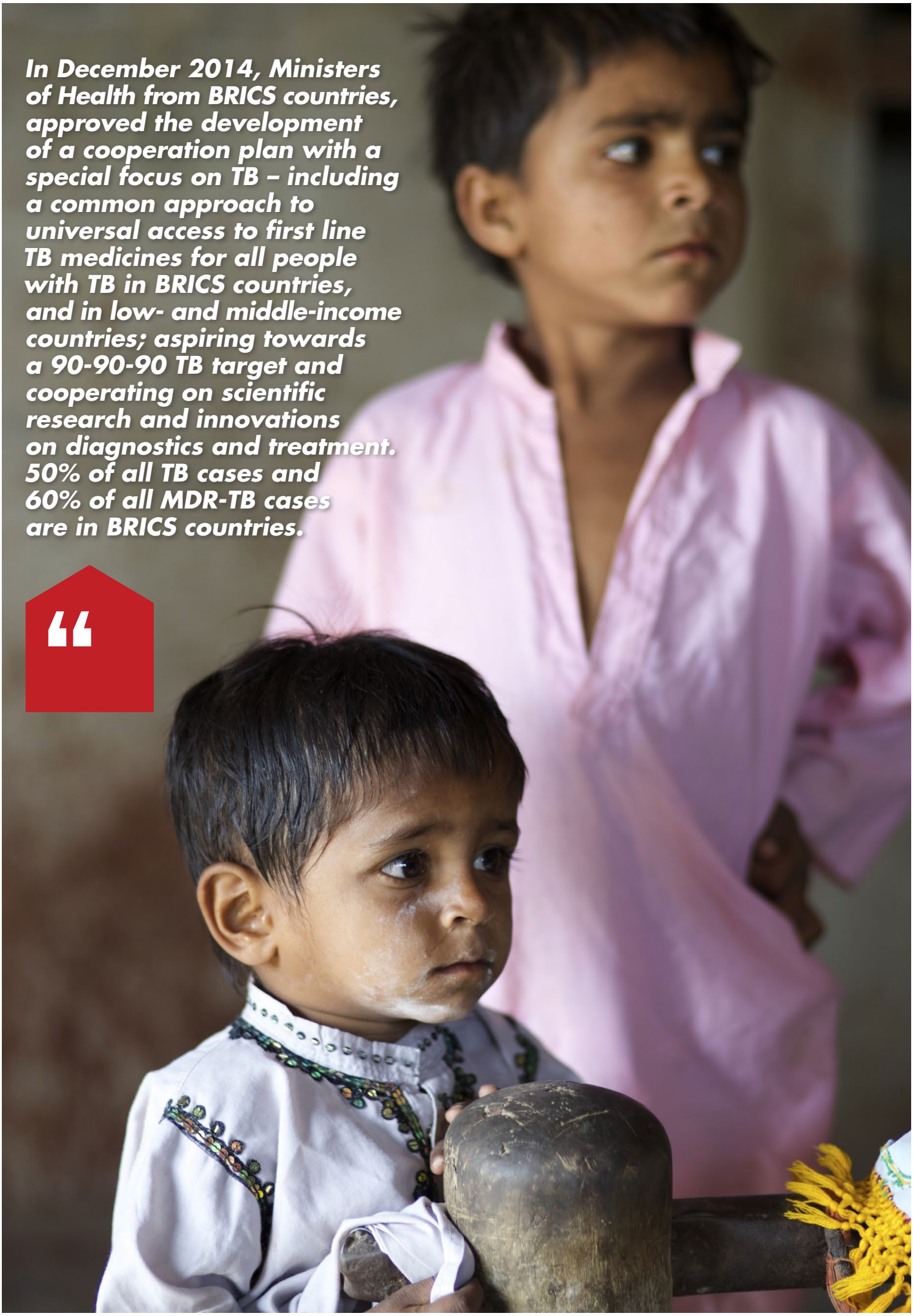
On 5 December 2014 in Brazil, Ministers of Health from Brazil, Russia, India, China and South Africa made historic commitments in the fight against tuberculosis at the BRICS Health Ministers Meeting. The Ministers approved the development of a cooperation plan that includes a common approach to universal access to first line tuberculosis medicines for all people with TB in BRICS countries, as well as in low- and middle-income countries.

> ***South Africa is moving boldly ahead towards ending TB epidemic and launched the biggest testing, diagnosing and treating in vulnerable groups!***

BRICS Ministers agreed also that intensified action in their counties was essential to ending TB and agreed to aspire towards a 90-90-90 TB target: 90% of all people ill with TB diagnosed and started on treatment, 90% of vulnerable groups screened or reached, and 90% treatment success. The target was first suggested by Dr. Aaron Motsoaledi, Chair of the Stop TB Partnership Coordinating Board and Minister of Health for South Africa in October 2014 at the Union Conference in Barcelona.


Ministers agreed to cooperate on scientific research and innovations on diagnostics and treatment, including drug resistance and service delivery of TB. They identified sharing technologies, identifying manufacturing capacities and TB financing as key priorities. Ministers approved as well the establishment of a Working Group to develop an operational framework to advance action on the items agreed at the meeting. BRICS countries currently account for nearly half of all global TB cases and one-third of the global missed TB cases. The Stop TB Partnership and UNAIDS have been working together since 2013 to advance cooperation and action on TB and AIDS in BRICS countries.

> ***TARGETS: 90% of all people ill with TB diagnosed and started on treatment, 90% of vulnerable groups screened or reached, and 90% treatment success.***



***In December 2014, Ministers of Health from BRICS countries, approved the development of a cooperation plan with a special focus on TB – including a common approach to universal access to first line TB medicines for all people with TB in BRICS countries, and in low- and middle-income countries; aspiring towards a 90-90-90 TB target and cooperating on scientific research and innovations on diagnostics and treatment. 50% of all TB cases and 60% of all MDR-TB cases are in BRICS countries.***

We progressed with the **initiative to create a new identity for TB** that would better reach and engage audiences in seeing TB as an important, urgent but solvable problem in our time. Following the endorsement of the strategic direction at the last Board Meeting in July, Siegel & Gale presented the communications and messaging guidelines toolkit which would form the basis of the high-level guidance on the voice and messaging of the identity. The company also presented the initial visual identity concepts. The purpose of the visual identity presentation was to determine which directions (up to 3) will be taken forward into validation testing. The research comprised of four specific target audiences. In October 2014, Siegel & Gale commenced analysis of the survey and the results were fed back to the Stop TB Partnership's Executive Committee in the last quarter of 2014. Further to the feedback that was received from the Executive Committee, Siegel & Gale were asked to do a further set of refinements to the concept and visual identity. This is expected to be delivered in early 2015.

The Partnership supported the All-Party Parliamentary Group on TB, Union and partners with the creation, meeting and further growth of the **Global TB Caucus** starting with the meeting held at the 45th Union World Conference on Lung Health in Barcelona in October 2014. The Barcelona Declaration formalized their commitment to work together for accelerated action and significant investment in the fight against TB in their countries and globally. It was signed by representatives from Brazil, Canada, France, Kenya, India, South Africa, Tanzania, the United Kingdom and the United States. Minister Motsoaledi endorsed it on behalf of his country.

The declaration was the culmination of the inaugural Global TB Summit–the first time elected representatives from around the world have gathered to plan how they will work together to combat the epidemic. Although many countries have political caucuses or committees dedicated to fighting TB, never before have parliamentarians reached across geographic divides to plan coordination on TB.

> ***Health must remain a driving force in the sustainable development goals. We need joint advocacy efforts with global health leaders.***

During the Summit, parliamentarians also committed to establishing a Global TB Caucus–a body that will work to build commitment in their own countries and beyond for the fight against TB. The Partnership has worked to support the initiative to have parliamentarians from at least 50 countries sign the declaration by World TB Day this year – more than 150 letters were sent by the Stop TB Partnership to parliamentarians around the world as an engagement call to sign the Declaration.

On our work on **TB and mining**, we continued to support the development of the Expression of Interest and the Concept Note for the Regional proposal of TB in mining, including a capacity building workshop with the aim of sharing insights and exchanging knowledge from this innovative regional approach and engaging key stakeholders on how to successfully apply the Science of Service Delivery to address this multi-sector, multi-country challenge. In addition, Stop TB Partnership is part of the Regional Coordination Mechanism and participated in all the meetings and calls.

**Advocating for TB and TB/HIV investment and political priority**, Minister Motsoaledi, concluded a series of high-level meetings in Washington and New York on the margins of the opening of the UN General Assembly in September. On Thursday, 17 September, the Minister met with senior members of Congress including Congressman Elliot Engel, ranking member of the Foreign Relations Committee and co-chair of the congressional TB Elimination Caucus, Senator Sherrod Brown, long time TB champion, and key Senate Foreign Relations Committee staff. The U.S. Congress has played a critical role in prioritizing the funding for global TB programs. The Minister was accompanied by Dr. Joanne Carter, Vice-Chair of the Stop TB Board and Aaron Oxley, Executive Director of RESULTS. In his meeting with Congressman Engel, co-chair of the US House of Representatives TB Elimination Caucus, the Minister emphasized the critical role of US support for global TB programs and highlighted the strong progress that has been made in Africa in part due to US government support.

Minister Motsoaledi highlighted South Africa's roll-out of expanded access to rapid TB diagnosis with GeneXpert machines with support by the Global Fund and the US government. He shared the significant challenges posed by a lack of access and prohibitive costs of new TB drugs in South Africa and also emphasized the continued threat of drug resistant TB to nurses, doctors and other health workers.

On World AIDS Day 2014, the Stop TB Partnership stood in solidarity with UNAIDS and the AIDS community at large as mayors, city representatives, development partners and NGOs came together in Paris to launch an innovative new initiative to end the AIDS epidemic in cities. The bold new UNAIDS declaration in fast-tracking the HIV and TB response in cities is a major step forward to leapfrog efforts in ending all new HIV infections and avert AIDS-related deaths, including deaths caused by TB. It was a historic moment as partners stood together in front of these two diseases to ensure that all those in need will get the proper diagnosis and treatment and care for HIV and TB.



***Global Fund funding contributed towards treating 11.2 million people for TB in 2013. For us, supporting the Global Fund means supporting the main funding force for defeating the TB pandemic.***

Our engagement with the Global Fund is stronger than ever -- Stop TB Partnership works closely with Global Fund – using numerous different platforms and tools available to ensure that countries concept note are based on robust National Strategic Plans, country dialogue and Concept Note development and that the country disbursements are properly used to advance the End TB agenda. According to its estimates, in 2013, 11.2 million people were treated for TB according to figures from the Global Fund. For us, supporting the Global Fund therefore means supporting the main force for defeating the pandemic.

For the first time, TB affected communities have been empowered and prepared to actively engage with Global Fund country processes and National Strategic Planning. Through the Technical Cooperation Agreement done with the Global Fund that we entered into, we worked with a multitude of partners – to enable a meaningful collaboration with TB and HIV communities throughout the pre-TRP stages of the new funding model process. This includes active participation of affected communities in TB programme reviews, consulting TB communities during the development of national strategic plans and ultimately the development of TB and joint TB/HIV concept notes that properly address key affected populations, community systems strengthening, rights and gender in the context of TB. The added value of this work is to build the capacity of TB communities at local, country and regional levels and enable them to actively participate in Global Fund processes for a high impact TB response.

Under this agreement, the Stop TB Partnership is ensuring support for communities and partners at country level, through south – south collaboration and building on other partners' strengths and know-how.

### The Stop TB Partnership has supported 58 countries with:

- 10 Capacity building workshops in the Middle East and North Africa, Asia, Africa, Latin America and Eastern Europe reaching 183 TB community representatives
- 5 Country TB Program Reviews
- 22 Technical corporation interventions to support engagement of communities in country dialogue processes
- 33 peer-to-peer concept note reviews for the integration of gender, community systems strengthening, human rights interventions

Financial resources and/or technical support from the Stop TB Partnership have been made available to support meaningful engagement of communities and civil society in more than 22 countries. This form of support specifically focusses on ensuring an enabling environment for TB communities to participate meaningfully in concept note writing teams, in Country-Coordinating Mechanism (CCM) decision making sub-committees, caucusing of the views of communities and key affected populations in these processes and increasing their voice in the final outcomes of the concept notes submitted to the Global Fund. The Stop TB Partnership has endeavoured to highlight the dire need to increase TB expertise in CCMs. See: http://www.stoptb.org/news/stories/2015/ns15_006.asp

> ***Moving towards domestic investments in TB will be essential. 70% of all TB cases are in middle-income countries.***

The following resources were developed to facilitate Communities, Rights and Gender inclusion in Global Fund processes. Guidance Notes on:

- Meaningful participation of TB Communities in National Planning
- Community System Strengthening and TB
- Community Component in TB Reviews

Gender dynamics in prevention, health seeking and treatment behaviour of men and women living with HIV, TB-HIV co-infection or suffering from TB is different and requires a systematic assessment from a gender perspective to inform national planning and budgeting for gender-responsive TB and gender-transformative HIV responses, including joint applications for the Global Fund New Funding Model. Recognizing this, UNAIDS, the Stop TB Partnership and the Global Fund have been working better to support countries that wish to improve their ability to analyse TB and HIV programming in a gender sensitive manner. In January 2015, the Stop TB Partnership, UNAIDS and the Global Coalition of TB Activists (GCTA) together with the group AIDS Strategy, Advocacy and Policy (ASAP) brought together more than 30 participants from 21 countries with expertise on TB, HIV and gender for a workshop that was held in Nairobi.

The meeting was designed to review and agree on the tool to be used as well as to build the capacity of TB participants to advance gender equality. A significant component of the workshop looked at ensuring that all participants can use the new HIV/TB Gender Assessment Tool, developed by UNAIDS with input from GCTA, the Global Fund and other partners. The tool is currently being finalized and will be rolled out later this year.

The **TB Situation Room** has actively delivered on its mission to ensure high-impact TB grants through the new funding model, and unlock TB grant bottlenecks to maximize impact. In 2014, the TB Situation Room had provided support and coordination for more than 30 countries. The TB Situation Room's early warning system, intelligence sharing, and rapid deployment of targeted support has seen improved impact of critical funding for TB. This includes support at all stages of the new funding model by ensuring a strong evidence base from epidemiological assessments, robust national strategic plans, Concept Notes prioritized for impact, and inclusive country dialogues with key affected populations addressed and integrated TB-HIV Concept Notes. The Situation Room's data driven approach also provides key insights into the existing TB grant portfolio, with annual TB disbursements increasing.

With more than 30 meetings held so far, the TB Situation Room provides a harmonized forum for collaboration and collective action. Situation Room partners have held more than 15 deep dive discussions, collectively reviewed Concept Notes for seven countries, and held five country levels calls to National TB Programme managers and stakeholders. The Situation Room also monitors key policy issues, with emerging lessons learned on TB-HIV integration through joint Concept Notes. The TB Situation Room has been a forerunner in providing best practices for others, with the HIV community recently establishing a Situation Room based on the TB Situation Room model. The TB Situation Room has proven itself as a model for strategic impact and a shining example of partnership in action.

Going forward, the Situation Room will continue its strategic work and respond to several shifting priorities in 2015. As the majority of countries submit funding requests by early 2015, the strategic focus of the Situation Room will subsequently shift to supporting efficient grant implementation. This is to be accompanied by a corresponding focus on policy and results, as Global Fund policies are updated. All Situation Room work will continue to be driven by a strong evidence base through its dashboard, in order to maximize impact for TB.

On **Global Fund Board and Board Committee** issues, The Secretariat has been serving on the Global Fund's Board and the Strategy, Investment, Impact Committee (SIIC) since last July, and in agreement with our partners from Roll Back Malaria Partnership and UNITAID – we will continue to serve on Global Fund's Board until December 2015.

With the support of our partners via platforms such as our Global Fund Core Group, the Secretariat have ensured the voice and concerns of those affected by and suffering from TB are not forgotten and considered throughout Global Fund's new strategy development process and discussions related to the corporate key performance indicators and market dynamics matters.

As promised last year, the Secretariat has begun to sharply ramp up our **engagement with the private sector**.

Since January 2015, seven private sector companies – such as CIPLA (Indian), DNA Genotek (Canadian) and Meiji Co., Ltd. (Japanese) – have joined our Private Sector Constituency (PSC). We will work closely with the private sector companies, including joining its quarterly calls, to continuously brainstorm on new, sophisticated ways of working together that will catalyze enthusiasm in and disrupt the TB space.

With that said, the Secretariat worked recently with QIAGEN to organize a latent TB infection testing initiative and we also worked with Johnson & Johnson (J&J) to develop the infographics unveiled on World TB Day. According to J&J's initial analysis, one infographic alone garnered 4.15 million responses and views on Twitter.

# STRATEGIC GOAL 3:
# PROMOTE INNOVATION IN TB DIAGNOSIS AND CARE THROUGH TB REACH AND OTHER INNOVATIVE MECHANISMS AND PLATFORMS

By the close of 2014, TB REACH had funded 142 partners in 46 countries who have continued to provide evidence on how different approaches can improve TB case detection and other lessons about innovation in TB care. New projects that received funding this year include ones focusing on improving case detection among children in Pakistan, streamlining TB services for migrants and miners in Zimbabwe, and introducing rapid Xpert MTB/RIF testing for case finding in Cameroon and Guatemala.

In a response to calls to increase access for small NGOs and community based organizations, TB REACH awarded eleven 'small track' grants to improve case detection through a variety of community-based approaches (for example, one 'small track' project will procure microscopes and set up the first smear microscopy services in two rural areas of Nigeria, greatly improving access for the local community.



***1.4 million patients have been treated with support from TB REACH across 46 countries. TB REACH is the incubator of innovative approaches in service delivery to reach vulnerable people affected by TB.***

In February, the TB REACH Proposal Review Committee (PRC) met in Geneva for two weeks to evaluate and debate the merits of 125 full proposals that were selected from 467 Letters of Intent that had been reviewed in 2013 for Wave 4 funding. The PRC recommended 33 projects (13.7m USD) for funding: 22 general track and 11 small track projects. In addition, the PRC selected 12 Wave 3 projects (3.9m) for a second year of funding across two calls for proposals. The Executive Committee of the Coordinating Board approved the PRC selection and activities for new projects commenced in the Fall. More results will be available in the next report.

TB REACH has continued its commitment to the scale up of the rapid Xpert MTB/RIF testing, with support from DFATD Canada and UNITAID. In 2014 alone, TB REACH/GDF procured 125 GeneXpert machines and almost 700,000 Xpert MTB/RIF cartridges for TB REACH grantees, theUNITAID TBXpert and ExpandTB initiatives, and other partners, making it the only multi-country platform of this type. TB REACH directly supports the maintenance and usage of 75% of the GeneXpert machines (outside of India) procured with UNITAID TBXpert funds and in a number of settings, TB REACH grantees were the first programmatic implementers of Xpert MTB/RIF testing.

Recognizing the importance of sustained activities after TB REACH funding, the Secretariat has been working closely with the Global Fund and TB programme managers in places where TB REACH projects have shown good results to incorporate the lessons learned into the national strategy and to ensure that successful activities can continue. 550,000 new smear-positive (SS+) / bacteriologically-positive (B+) and 1.3 million all forms TB patients have been cumulatively treated across TB REACH intervention areas through December 31, 2014. TB REACH grantees have contributed to the saving of an estimated 640,000 lives to date. Additionally, an estimated 12.8 million TB infections were prevented through the work of TB REACH grantees, NTPs and other partners.

TB REACH provided support to numerous countries during the development of their Concept Notes, including Cambodia, DR Congo, Ethiopia, Malawi, Moldova, Mozambique, Nigeria, Swaziland, and Pakistan. TB REACH also helped linked partners in Ethiopia with high level parliamentary representatives in order to demonstrate their innovative approaches to case finding and worked with the World Bank and other partners to for the successful regional TB and mining initiative.

TB REACH partners are becoming increasingly involved in sustaining the work and the lessons learned from their new approaches. In Moldova, an initiative which scaled up access to the Xpert MTB/RIF test will continue, and achieve full national coverage, with support from the Global Fund. Cambodia and Pakistan have used lessons from many different partners to improve active case finding through the Global Fund. In Tanzania, Swaziland and Zambia, TB REACH partners have seen their grant activities focused on improving case detection in rural areas, children and prisons sustained through support from PEPFAR.

The Secretariat developed a compendium of TB REACH case studies, highlighting initiatives which were successful in improving TB care across eleven key populations. This document begins to address the 'how to' aspects of implementation which are often not addressed in WHO guidelines and helps partners to operationalize interventions to improve TB case detection. See here for the document: http://www.stoptb.org/assets/documents/news/TB_Case_Studies.pdf

> ***The TB community recognizes that there is an urgent need to move beyond the 'business as usual' approaches to TB care in the post-2015 era.***

The results of the first wave of funding were published in early 2014, showing the huge impact that innovation can play in improving TB case detection. See here: http://www.stoptb.org/global/awards/tbreach/achievements1.asp. Experiences from early implementers of Xpert MTB/RIF testing and a comprehensive M&E framework for interventions to improve case detection were also published during the year. In addition, individual TB REACH grantees have continued to publish high-quality work, and the TB REACH Secretariat has supported or been involved in numerous other peer reviewed publications on improved TB case detection, as well as dozens of oral and poster abstracts at the Union World Conference on Lung Health in Barcelona.

It is now recognized in TB community that there is an urgent need to move beyond the 'business as usual' approaches to TB care in the post-2015 era.

# STRATEGIC GOAL 4:
# ENSURE UNIVERSAL ACCESS TO QUALITY ASSURED TB MEDICINES AND DIAGNOSTICS IN COUNTRIES SERVED BY THE GLOBAL DRUG FACILITY (GDF)

One of the key highlights earlier this year was the announcement that the price of Cycloserine – a key medicine to treat MDR-TB – will be cut by half (55%) in 2015 compared to the previous year. This price reduction is expected to save up to USD$ 22 million annually, enabling treatment for more people living with MDR-TB. Following competitive bidding, the best priced product could now cost as little as US$ 0.19 per capsule. The new GDF price indicates a price reduction patter of up to 68% compared to the price of five years ago. The price of Cycloserine has been reduced from US$0.599 per capsule. The new prices have been implemented as of 1 April 2015.

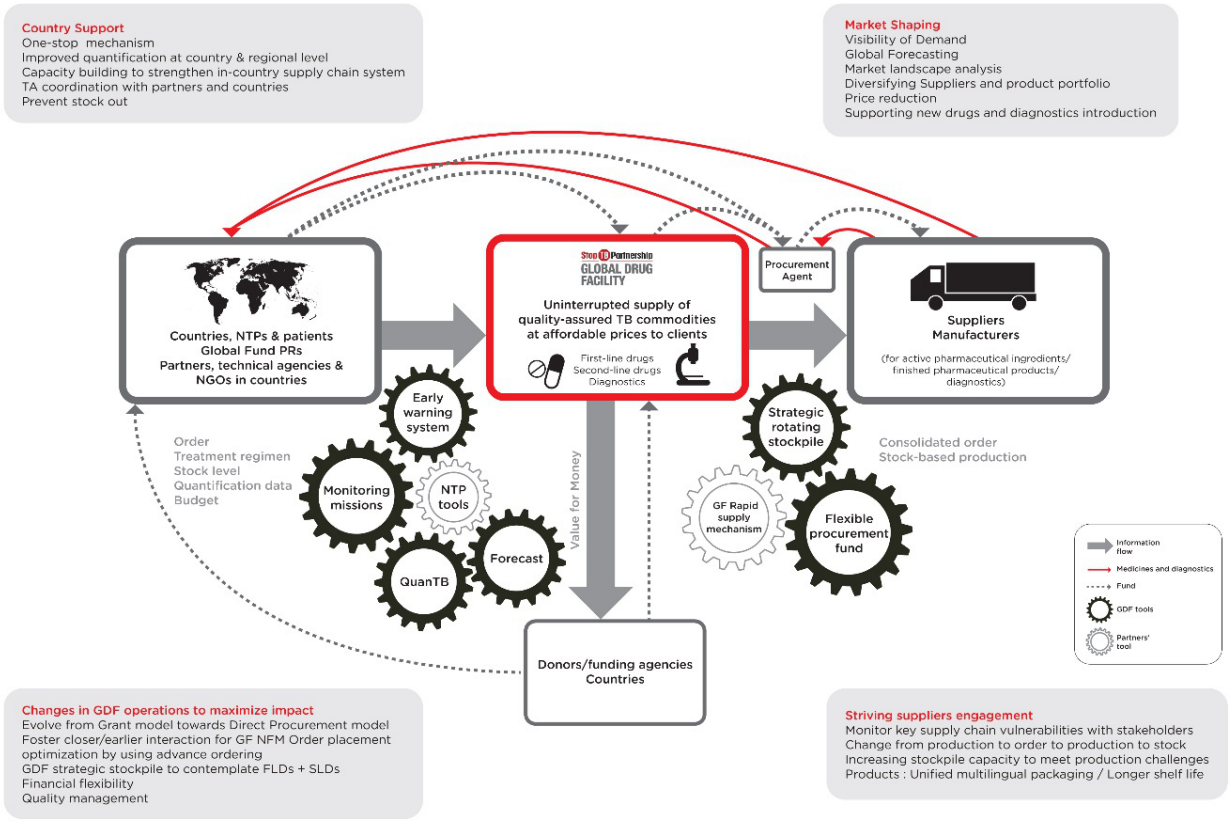


***GDF has delivered 26 million 1st line drugs treating 24.5 million adult patients, and 1.3 million paediatric patients and 152,494 SLDs for drug-resistant TB patients.***

As a result of the decrease in price of this medicine, significant annual savings of at least US$ 22 million can be achieved for public health programmes and for the major funder of these initiatives – the Global Fund. These savings have been estimated based on the number of units sold in 2014 at a price of US$ 0.42 per capsule, compared to the new price of US$ 0.19 per capsule.

The Global Drug Facility's (GDF) operational model has been reorganized in 2014 to be more market oriented, focused on country needs and better serve the current and post-2015 TB Strategy. Strategic Rotating Stockpile (SRS) offers fast supply mechanism when needed and offers financial flexibility through USAID-funded Flexible Procurement Fund (FPF) allowing the waiver for the prepayment condition for order placement in certain situations. GDF is providing technical support to countries with regular monitoring missions and a package of services for strengthening forecast, drug management capacity aligned with a new Early Warning System for Stock-outs prevention. GDF with partners is actively monitoring global supply and demand trends/dynamics and adapting its model to address key challenges, such as capacity of countries for procurement and supply management, country financial sustainability when transitioning from donor support and vulnerabilities of the supply chain for TB commodities.

Figure 1: GDF Operational Model




Key milestones were achieved by the Stop TB Partnership's Global Drug Facility since the last Board Meeting. These achievements are presented here, in the areas of provision of services and products, active market shaping, addressing stock-outs, procurement, capacity building/technical assistance and quality assurance. This report highlights critical new components that have been introduced in GDF new strategic roadmap to maximize its impact and turn GDF's mechanism easier to access from a client/ country perspective such as financial flexibility (through USAID flexible procurement fund), new tools, new stockpile policies, new systems and strategies.

> ***The 2015 Cycloserine price reduction is expected to save up to USD$ 22 million annually, enabling treatment for more people living with MDR-TB.***

Looking forward, I want to underline that GDF, together with partners and stakeholders, have achieved substantial market impact over the past several years. Select examples of GDF's impact on the TB medicines market include price reductions, reductions in lead times, decreased stockouts, and market entry of new manufacturers for both active principle ingredients and finished pharmaceutical products.

Still, additional market monitoring and market-shaping activities are needed in both the TB medicines and diagnostics markets to improve efficiency and facilitate access to TB commodities in both low- and middle-income countries. TB markets are more dynamic than ever, with many MICs graduating from donor financing and a promising pipeline of new medicines and diagnostic tools emerging over the next several years. To ensure these new medicines and diagnostics are quickly introduced and used by all countries, regardless of sources of funding, TB markets must be closely and continuously monitored and analyzed in order to predict, prevent, and address market shifts that could limit access to treatment.

The Stop TB Partnership and GDF are uniquely positioned to monitor and intervene in TB markets. We aim to increase our efforts in TB market-monitoring and market-shaping and serve as a transparent information source to all stakeholders and countries. We will work particularly closely with the Global Fund on TB market issues to ensure a smooth development continuum for graduating countries and with UNITAID to ensure our activities are synergistic and building on each others' strengths.

## SAVING LIVES BY EXPANDING ACCESS TO QUALITY ASSURED TB TREATMENTS AND DIAGNOSTICS

Since its inception, GDF has processed orders for TB products with a value of approximately US$ 1.2 billion (figure 2). In 2014 alone, 2.1 million adult FLD patient treatments, 169,468 paediatric treatments and 35,009 SLD patient treatments have been delivered, reaching a cumulative total of 25.9 million treatments supplied from 2001 (figure 3). The total value of orders placed in 2014 was US$ 247 million, of which 70% was for second line drugs (SLDs), 20% for first line drugs (FLDs) and 10% for new diagnostics.

Figure 2: Value of TB Commodities Procured

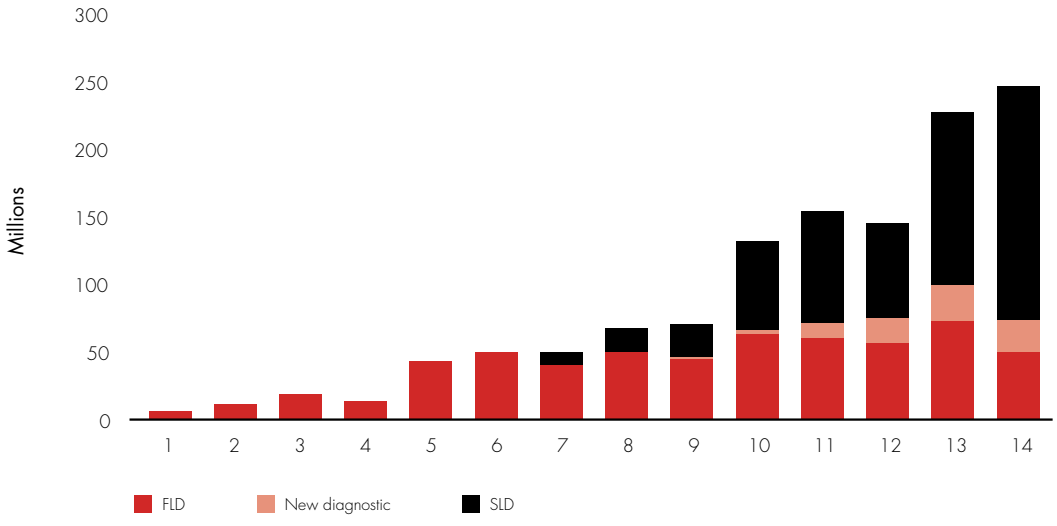
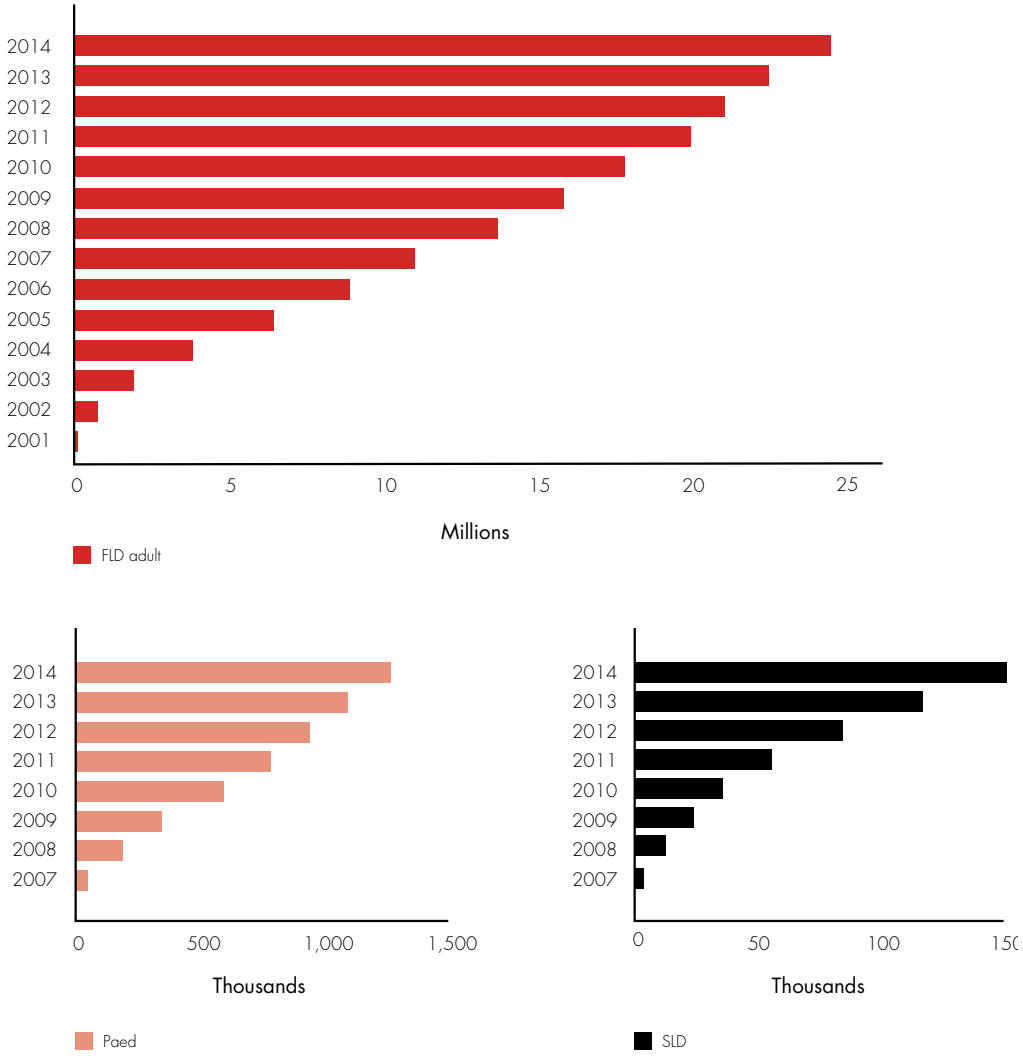


Figure 3: Cumulative Patient Treatment Delivered




Direct procurement service increased by 20% in 2014 compared to 2013, which accounts for 90% of total procurement value of orders placed.

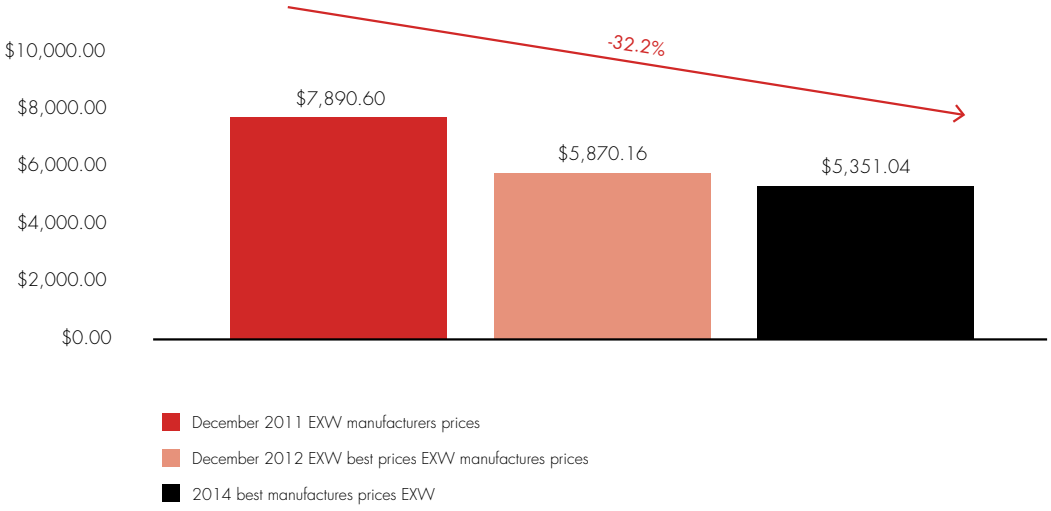
## ACTIVE MARKET SHAPING

GDF strived to ensure access to quality-assured TB commodities at affordable price by actively shaping the market. During the reporting period GDF reduced the price of several key SLDs it supplies for the treatment of multidrug resistant TB (MDR-TB), resulting in a substantial decrease in the overall cost of treatment up to 32% compared to 2011 (figure 4).

Figure 4: SLD Price Reduction

2011/2014 Change in Regiment costs: High end regimen cheapest suppliers

12 Cm Pto Cs Mxf PAS/ 12 Pto Cs Mfx PAS




2011/2014 Change in Regiment costs: High end regimen existing suppliers

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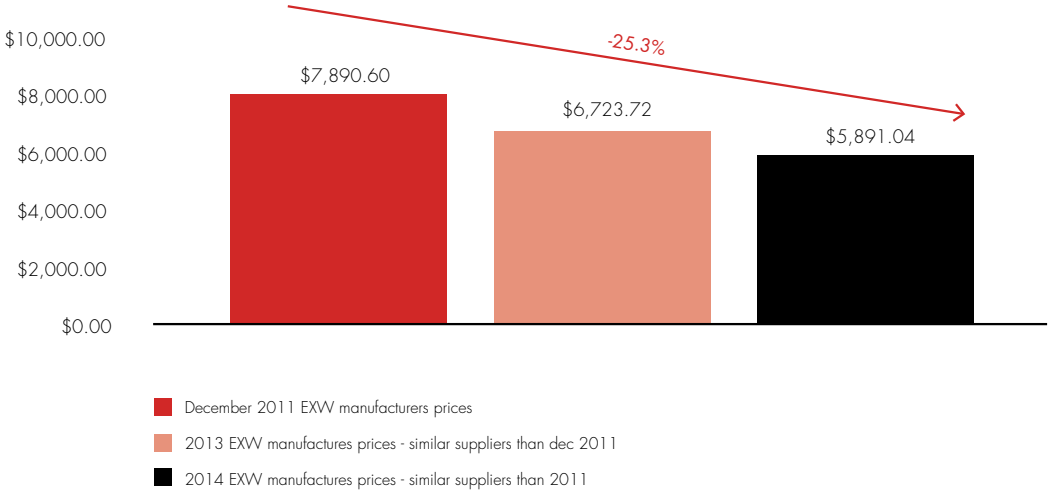



(Note: Only the prices of same suppliers of same products across the years are provided for the graph on the left and the calculation of price for cheapest possible supplier per same product across the years is provided for the graph on the right.)

SRS has helped for volume consolidations through demand/supply pooling and therefore to achieve further SLD price reductions in recent years. The benefit from price reduction expressed in value is provided in Table 1. It demonstrates how much saving was achieved by July 2014 due to price reduction since 2011. Year-to-date July 2014 shows savings of US$ 21.3 million. Due to the savings achieved, while successfully running the UNITAID-funded MDR-TB Scale Up project, GDF was able to support the treatment of an additional of 17,054 MDR TB patients from 2007 till 2013. In 2014, GDF continues to manage steadily the fragile supply of Kanamycin with its suppliers to support global demand without any stock-out registered in 2014.

Table 1: Savings Generated from Price Reduction in 2014

| Year | Units | Product costs in 2011 prices, $ | Product costs in 2014 prices, $ | Savings, $ |
|---|---|---|---|---|
| 2014 YTD July | 177 015 081 | 89 748 879 | 68 432 028 | 21 236 851 |

## ENSURING ACCESS TO QUALITY-ASSURED PRODUCTS

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

At the end of 2014, the GDF FLD portfolio consisted of 25 quality assured products supplied by 11 manufacturers, while the SLD portfolio reached 34 quality assured products supplied by 23 manufacturers representing all 5 groups of medicines that are currently recommended by the WHO treatment guidelines for treatment of MDR and extensively drug-resistant TB.

In October 2014, GDF facilitated the joint workshop at UNION with MSH-led Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program to share processes, practical approaches, and tools for improving TB pharmaceutical systems and services. During the workshop, strategies and tools to improve access to TB commodities at the community level were discussed and participants found them very useful and relevant for their own country settings.

## ADDRESSING STOCK-OUTS IN COUNTRIES

GDF has continued to provide assistance in preventing and managing stock-outs in countries through various mechanisms and tools. To prevent stock-outs and minimize the risk of transition, GDF has been collaborating with its partners to continue to develop and implement key mechanisms including:

- Early Warning System (EWS): GDF has developed EWS to collect and analyse stock levels in countries to proactively identify the risk of stock out and collectively act on with partners. EWS collates information from existing data collection systems or quantification tools used in countries such as QuanTB, eTB manager and others and has built-in data dictionary. In 2014, EWS has been piloted in several African and Asian countries and will be scaled-up in 2015.

- Rapid Supply Mechanism (RSM): GDF contributed to developing the new concept of TB RSM with the Global Fund which will give the Global Fund-supported countries access to GDF expanded stockpile through a fast mechanism in emergency. GDF will act as RSM platform for TB commodities.

MDR-TB Strategic Rotating Stockpile (SRS): In November 2008, UNITAID signed a Letter of Agreement (LOA) with the Stop TB Partnership/GDF. They committed US$ 11,458,000 for SLD stockpile containing up to 5,800 patient treatments. In December 2013, UNITAID's Executive Board approved a Cost Extension to the SRS Project in order to a) allow for transition to other source(s) of funding and b) increase the stockpile size. The UNITAID Board approved the additional commitment of up to US$ 14,890,675 for a maximum 18 months until June 2015. In 2014, increased SRS has been established containing medicines for up to 12500 DR-TB patient treatments, to meet the increased demand and continue to reduce the lead time. With USAID support, some of the key medicines were included as part of new SRS composition. SRS is the key instrument to consolidate and smooth the deliveries and shape the SLD market. It is envisioned that SRS will be a key component to serve as the Rapid Supply Mechanism (RSM) to avoid stock-outs for the Global Fund -supported countries. GDF engaged independent consultancy company GCL Group, to review and strengthen SRS strategies. The study provided preliminary recommendations for GDF supply and demand processes which require collaboration between GDF, partners, countries, procurement agents and manufacturers. Technical tools have also been provided for short term and long term stockpile planning operations. GDF will continue to work with consultants to finalize the recommendations and operationalize the strategy and tools.

> ***New drugs delamanid (DLM) and bedaquiline (BDQ) have been granted accelerated or conditional approval by stringent drug regulatory authorities – we urgently must ensure their use by programmes to save lives!***

USAID Flexible Procurement: This mechanism enhances financial flexibilities by allowing countries or GDF clients to use the fund as a guarantee for its direct procurement. Through this mechanism, countries can place orders without having to issue an upfront payment and therefore avoid treatment interruption. During the reporting period, Kenya, Dominican Republic, Central African Republic and Maldives benefitted from this mechanism (Table 2).

Table 2: USAID Flexible Procurement Fund Guaranteed for Placing Orders

| Line | Country | Status | Order Placed | Total |
|---|---|---|---|---|
| FLD | Dominican Republic | Completed | April 2014 | $68,917.12 |
| FLD | Central African Republic | Completed | February 2014 | $15,898.23 |
| FLD | Central African Republic | Completed | February 2014 | $393,878.44 |
| FLD | Maldives | Completed | April 2014 | $236.86 |
| FLD | Maldives | Completed | April 2014 | $9,879.91 |
| FLD | Kenya | Completed | May 2014 | $5,039.54 |
| FLD | Guinea | Order placed with supplier | November 2014 | $195,504 |
| Total | | | | $689,354 |

Improved forecasting: GDF has supported the roll-out of new monitoring tools for regular planning and enhanced programming such as QuanTB, in close collaboration with MSH.

## PROCUREMENT

Key procurement activities in 2014 include:

- Tender for selecting a wholesaler for laboratory supplies was adjudicated and Long Term agreement (LTA) was signed
- Tender for selecting suppliers of first line anti-TB drugs was adjudicated and 14 Long Term Agreements signed
- 20 Long Term Agreements with suppliers of second line anti-TB drugs were extended until March 2015
- Tender for selecting a pre-shipment inspection and quality control agents was jointly launched and adjudicated with Global Fund
- Contracts for procurement agents were extended and transferred to UNOPS
- New Key Performance Indicators (KPIs) for monitoring the performance of suppliers and procurement agents were established

## CAPACITY BUILDING & TECHNICAL ASSISTANCE

GDF continued to provide support to countries in strengthening national capacity for procurement and supply chain management in the form of monitoring missions, hands-on technical assistance, and workshops and trainings. GDF expands the outreach for capacity building through strong collaboration with key partners. GDF has moved towards a holistic approach to address immediate gaps and bottlenecks in drug supply, while assisting countries in overcoming systematic problems and establishing the long-term capacity of national TB control programmes and ministries of health in drug management. Long term partnering relationships established between GDF Country Support Officers in Geneva and National TB Programmes, annual monitoring missions, technical assistance and country support through a network of consultants form the cornerstone of this approach to support countries on key supply chain challenges.

43 monitoring/technical assistance missions were conducted during this reporting period to support countries. Some of the missions were organized in conjunction with other TB programme reviews and regional green light committee missions. GDF missions are linked to support the Global Fund New Funding Model as the quantification and forecasting that the countries get from the mission can be used to help budget during grant making and concept notes preparation. In particular, GDF consultants conducted a monitoring mission in Zimbabwe for the sole purpose of supporting the Global Fund Concept Note and grant making development and following up on some procurement and supply management requests from the Global Fund.

GDF, in collaboration with MSH/SIAPS, organized the five-day GDF consultants' workshop in September 2014 in Addis Ababa, Ethiopia to provide hands-on training on QuanTB for consultants to fully adopt this new quantification tool for monitoring missions and technical assistance. 19 consultants attended the training from various regions (ARFO, EMRO, EURO, WPRO and SEARO) and partner organizations and discussed their commitments for the next year monitoring missions based on their availability, location and other factors (i.e. Concept Note development for the Global Fund New Funding Model). The data collected from such monitoring tools will be linked to the Early Warning Stock-Out system of GDF.

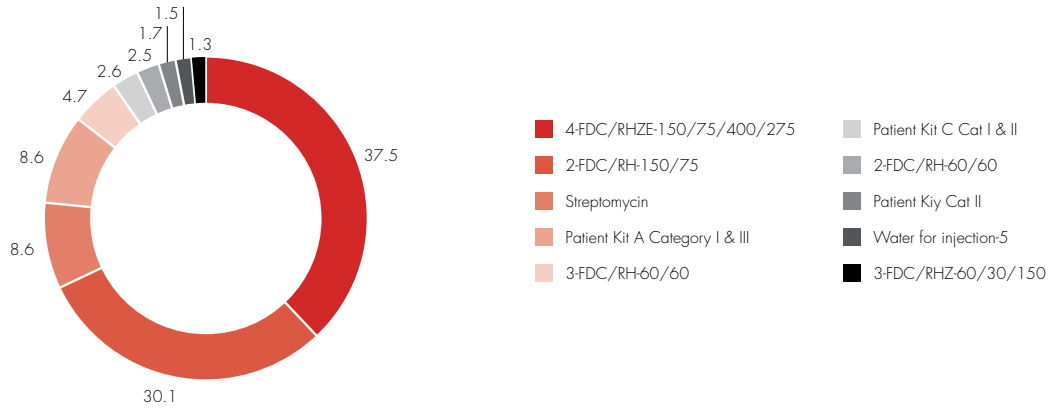
GDF Regional Support Officer for Francophone AFRO and GDF Country Support Officer for Anglophone AFRO participated in 2 workshops in support of Concept Note review. For Francophone Africa, the workshop took place 22–27 September 2014 in Ouagadougou to review 5 single TB/HIV concept notes for Burkina Faso, Togo, Cameroon, Burundi and Djibouti. For Anglophone Africa, the workshop took place 22–26 September 2014 to review 11 Concept notes for South Sudan, Angola, Botswana, Ethiopia, Malawi, Mozambique, Swaziland, Tanzania, Uganda and Zanzibar.[1]

# OVERVIEW BY PRODUCT LINE

## First-line drugs

An analysis of expenditure trends in 2014 indicates that top 10 products account for 91% of GDF's total expenditure on FLDs. In 2014, almost 70% of FLD treatments are supplied through direct procurement, compared to 56% in 2011.

Figure 5: Top 10 FLDs, 2014 (Procurement in value US$ million)



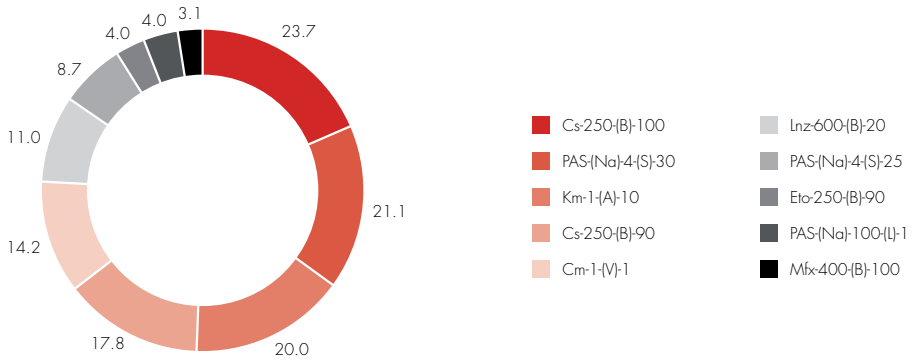

(Note: The figures presented here are only the value of goods procured for both adults and paediatrics and do not include the cost of freight, insurance, procurement, agent handling fees, quality control and pre-shipment inspection charges. The procurement value is based on the GDF's dynamic Order Monitoring System, which reflects the most recent changes in delivery date and cancellation of orders. This provides a snapshot of up-to-date situation.)

1 Concept note for Angola and Uganda was not available for review. Participants reviewed the TB and HIV National Strategic Plans for Malawi as Concept Note was not available for review.

## Second-line drugs

An analysis of expenditure in 2014 indicates that top 10 products account for 82% of the GDF's total SLD costs. In 2014, almost 98% of SLD treatments are supplied through direct procurement, compared to 56% in 2011.

Figure 6: Top 10 SLDs, 2014 (Procurement in value US$ million)




(Note: The figures presented here are only the value of goods procured for both adults and paediatrics and do not include the cost of freight, insurance, procurement, agent handling fees, quality control and pre-shipment inspection charges. The procurement value is based on the GDF's dynamic Order Monitoring System, which reflects the most recent changes in delivery date and cancellation of orders. This provides a snapshot of up-to-date situation.)

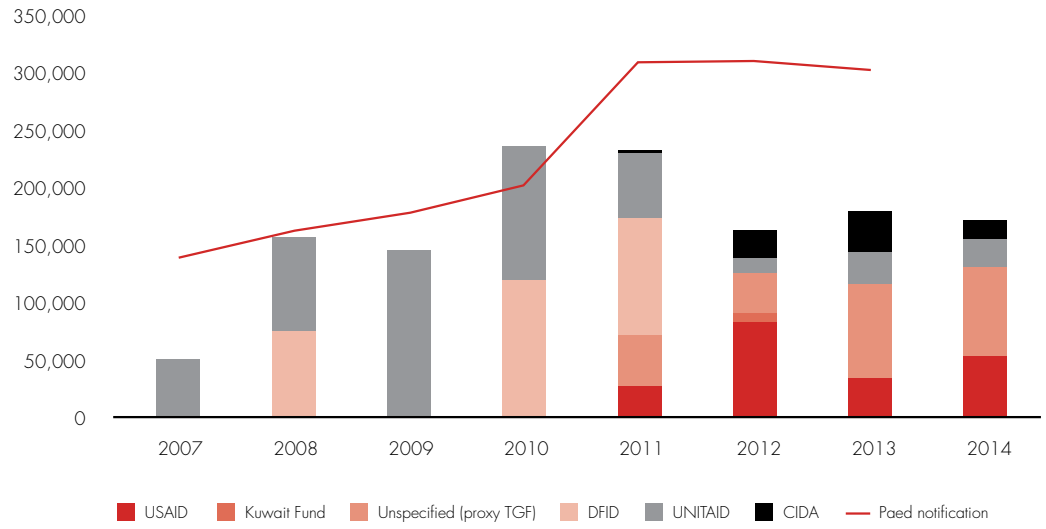
## Diagnostics

Since 2008, GDF procured diagnostics worth of US$ 82.1 million. Total expenditure on diagnostics in 2014 is US$ 23.2 million. The value of orders placed almost doubled in 2014 compared to 2011.

## Paediatric drugs

GDF has made a significant impact on the low-demand market for paediatric TB since 2007 with support from all donors including UNITAID, USAID, DFATD, DFID and Kuwait Patients Helping Fund Society (PHFS) by providing child-friendly formulations up to 70% of the market, increasing the number of quality-assured products and promoting rational use of paediatric drugs. GDF paediatric treatments supplied includes treatments supplied through grants and direct procurement. The number of paediatric treatment supplied by GDF accounts for more than half of global paediatric notification in 2013.

Figure 8: Paediatric patient treatments delivered by GDF versus global paediatric notification





Stop TB Partnership Secretariat Staff

# MOVING FORWARD TOWARDS 2015 AND BEYOND

Defending TB is not easy.

We work with passion, enthusiasm, huge efforts – but it is not easy to defeat this disease.

More than anything, it requires a joint coordinated effort from all of us – governments, private sector, civil society, academia, technical agencies and others.

The Stop TB Partnership is bringing together all these actors and we aim to intensify our work in convening partners, catalyzing conversations, facilitating engagements and generating high level advocacy. We went through many changes during the last four years and we will remain flexible, open to change and keen to innovate.

We will continue to listen and learn and support every single partner and each other.

Going forward I see three essential efforts that we need to make, collectively as the TB community in the coming years:

- We must work jointly with countries, governments and partners to push for rapid and innovative action at the country level under the umbrella of the bold targets of the Global Plan to Stop TB 2016–2020. The Global Plan is essential in the global effort towards ending TB as an epidemic by 2035.

  - This means ensuring that our interventions are responding to the epidemic, ensuring a maximum return on investment and promoting innovations in financing and service delivery.
  - It means ensuring maximum gains over the coming five years in order to start "bending the curve of new TB cases" with rapid, flexible, innovative and smart actions to achieve the 90-90-90 targets.
  - It also means expanding the reach, interaction and engagement with other stakeholders from sectors such as social development, urban development, nutrition and finance for an integrated approach in addressing TB.
  - As 70% of the TB burden is in middle-income countries, we need to ensure that previous achievements are sustained, expanded through greater domestic investments and country ownership keeping the focus on the poorest and most vulnerable.
  - We have to keep ourselves focused and accountable towards investments in new tools, the uptake and its roll out in a rapid manner with regards to new diagnostics, drugs and regimens.

- We have to support the development of a very solid and ambitious Global Fund strategy and an ambitious replenishment next year.

- We need a joint coordinated effort where we hold hands with key players from the global health arena, especially HIV, malaria, mother and child, and the NCD communities in order to strengthen the position of the global health agenda in the Post-2015 Sustainable Development Goals.

But more than any big actions and big words, we need to keep in mind that beyond anything else we are here to serve all those suffering because of TB.

We saved 37 million lives through effective TB diagnosis and treatment between 2000 and 2013.

Ourselves, our colleagues, our friends, our teachers had the courage to fight with TB and save lives.

We need now, all together, to have the courage to do more, challenge the status quo, think out of the box and save lives.

# WE CAN END TB — WE HAVE THE COURAGE TO DO SO!

UNOPS

Stop TB Partnership