



Report of the Executive Secretary

Stop TB Partnership Coordinating Board Meeting

Seattle, 15 July 2014

Dear Board Members,

Welcome to Seattle!

Our meeting comes at an important juncture for the Secretariat, TB community and global health arena at large. There are many moving platforms around us, the 2015 MDG “deadline” is around the corner, there are many opportunities in front of us and we need to smartly bring these together to realize a world with no TB.

Like with all the other reports, I would like to give you an overview of the issues on the Board agenda are and I will update you on our progress since we last met only five months ago and our continued efforts to ensure we fully deliver on our current strategy. However, I would also like to present some reflections on the Secretariat’s next phase, as we enter into the concrete phase of the development of the Global Plan, the finalization of the TB identity and, in the post 2015 mind-set, regardless of whether or not the Board decides to change the Secretariat’s hosting arrangements.

I want to get first through the **progress made on the transition** which has been the subject of intense work during this period. I want to clarify that, even though we had to devote time to this topic, we continued at the same high speed our work under the operational Strategy, as it can be easily observed.

As you are aware, at the last Board meeting in Cape Town in January, the Board requested that the Executive Committee study potential options for alternative hosting arrangements, in order to recommend a decision to the Board at its next meeting. In its meeting on 14 March, the Board’s Executive Committee instructed the Secretariat to proceed with specific hosting negotiations with UNOPS.

On 2 June, the Executive Committee met to receive an update on the progress made in developing detailed recommendations on the possible transition of the Partnership to UNOPS. The Executive Committee meeting reviewed the initial proposal provided by UNOPS to understand the implications of the possible transition to UNOPS particularly in relation to human resources and cost and to provide guidance to the Secretariat Transition Team in their discussions with WHO and UNOPS and for the development of the recommendations to this Board meeting. At the meeting, UNOPS presented their proposal for hosting the Secretariat to the Executive Committee. Following the presentation, the Executive Committee provided guidance to finalize the Board Documents and supported UNOPS for the development of their proposal in order for Board to take a decision during this meeting.

This was a collective effort and I would like to thank our WHO colleagues for their support with this work and vision forwards as we clearly share a desire to ensure that the programmatic collaboration between WHO and the Partnership continues. I also want to thank our colleagues from UNOPS Geneva and Copenhagen – for the great partnership spirit, transparency and flexibilities towards preparation of all needed documents. I also wish to thank all of you, members of the Board, especially members of the Executive Committee and the Finance Committee for your tireless hard work and engagement over the past few months. I deeply appreciate your commitment and your enthusiasm to realize our shared vision.

Strategic Goal 1: Facilitate meaningful and sustained collaboration among partners

Under this Strategic Goal, the work to create the Global Plan to Stop TB 2016 – 2020 has begun in earnest. Jon Lidén – who leads our team in Advocacy, Communications and Resource Mobilization comes with 16 years of experience in policy, strategy and communications from WHO and the Global Fund, and is well suited to steer the complex process of creating the Global Plan towards completion.

During May, the Board's Start-up Group - consisting of Cheri Vincent from USAID, Mario Raviglione from WHO, Aaron Oxley from RESULTS UK, Austin Obiefuna from the Afro Global Alliance - selected members of the Global Plan Task Force based on an open call for applications.

The selected members are as follows:

- Health Analysis and Modelling Specialist: Richard White/Rein Houben, TB-Mac/LSHTM (Shared membership between the two)
- TB Costing and Economics Specialist: Theo Vos, IHME
- Global TB Programmatic and Operational Adviser: Amy Bloom, USAID
- New Tools Researcher: David Lewinsohn, Portland VA Medical Center
- High TB Burden Country Programme Representative: Draurio Barreira
- High TB Burden Country Programme Representative 2: TBC
- Specialist on Global Advocacy: Aaron Oxley, RESULTS
- External Relations and Health Diplomacy Strategist: Michel Kazatchkine UNSGO/UNAIDS
- Community Systems and Community Engagement Advisor: Blessina Kumar, Global Coalition of TB Activists
- Representative from WHO Global TB Programme: Knut Lönnroth
- Representative from Stop TB Partnership Secretariat: Jon Lidén

We believe we now have a very strong and varied Task Force, which will be able to take the work forward, ensuring professional and scientific solidity as well as boldness, innovation and the ability to incorporate new ideas.

The Task Force will meet to set the plan in motion here in Seattle for a day and a half just after the completion of the Board meeting. Later today, you will hear more about the work and the timeline for the development of the Plan and have a discussion about how to optimize the Plan to ensure it is fully aligned with and supportive of the WHO Post-2015 Strategy on TB.

The **Directory of Partners** continues to be updated and constitutes an online and easily accessible repository of a variety of information related to the Stop TB Partners. The Directory of Partners today contains 1240 partners, of which 111 joined in these 5 months, since the last Board.

The Operational Strategy of the Stop TB Partnership 2013-2015 mandates the Secretariat to strengthen support to the **Working Groups** and facilitate collaboration among them. As part of this effort it encourages the need to standardize the way that Working Groups report, interact and communicate with the Secretariat, the Coordinating Board and Board Committees, including the use of harmonized key performance indicators.

The development of the Standard Operating Procedures for all Working Groups has been completed and was approved by the Executive Committee in March and is currently in the process of being implemented by the Working Groups.

We welcome the joining of new Chairs for the Global TB/HIV Working Group **Ambassador Eric Goosby MD**, Global Drug-resistant TB Initiative **Professor Charles Daley MD** and Working Group on New Vaccines **Dr David Lewinsohn**. The Global TB/HIV Working group 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 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. A detailed report is available here: http://www.stoptb.org/wg/tb_hiv/meetings_core.asp.

The first Core Group (CG) meeting of the Global Drug-resistant TB Initiative (GDI) was held in May and was chaired by Dr Charles Daley. All 16 members of the CG attended the meeting, along with observers from the Global Laboratory Initiative (GLI) and the Global TB Drugs Facility (GDF). Members were briefed on the establishment of GDI, global progress in the scale-up of MDR-TB services, key areas of work for the Stop TB Partnership in 2014, and the progress in implementation of regional plans in response to MDR-TB in each of the WHO Regions, and in particular the work of the 6 respective regional Green Light Committees (rGLCs). The report is available here: <http://www.stoptb.org/wg/mdrtb/meetings.asp>

This year's Xpert MTB/RIF Implementers Global Forum was organized by the WHO Global TB Programme as part of the 6th Global Laboratory Initiative (GLI) Partners Meeting. The Global Forum brought together representatives from high TB, TB/HIV and MDR-TB burden countries, non-governmental organizations, international institutions and initiatives, research institutes from developed and developing countries, industry and funding agencies. The report is available here: <http://www.stoptb.org/wg/gli/meetings.asp>

New Tools Working groups i.e. New Drugs, New Vaccines, New Diagnostics have submitted their work plans for the year and are going full speed ahead. The New Vaccine Working Group transferred the Secretariat from IVR/WHO to Aeras to streamline coordination of Working Group. The group is presently preparing for the 4th Global Forum on TB Vaccines.

On 3-4 February 2014, the New Diagnostics Working Group held a workshop on "Enabling standards and sharing of data on the molecular basis of drug resistance" in London, UK. The event was jointly organized with the Critical Path to TB Drug Regimens (CPTR). The meeting aimed at establishing standards for the exchange of next generation sequencing data and for the combination with phenotypic DST results and clinical outcome. This meeting is a successful example of how the NDWG

provides a neutral coordination platform for multiple stakeholders in TB diagnostic R&D, thus playing a central convening role. The New Drugs Working Group co-sponsored the workshop on “Advancing Host Directed Therapy (HDT) for Tuberculosis” in April which is also sponsored by the NIH/NIAID and the Bill and Melinda Gates Foundation.

The 2nd Forum of partners and national partnerships working in TB care in the South-east Asia, Western Pacific and Eastern Mediterranean regions focussed on the urgency to find, treat and cure the ‘missing cases’ through the involvement of the private sector and wider communities. Organized on the 3-4 March 2014, back to back with the Global Fund Board meeting and financially supported and led by the Stop TB Partnership Indonesia, the Forum represented a platform for representatives from 13 governments, NGOs, private sector and national partnerships from Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Japan, Nepal, Pakistan, Philippines, South Korea, Thailand and Vietnam, to meet and discuss how they can overcome their challenges in properly addressing TB. The meeting proposed key recommendations for participating countries to follow up on. The report is available here: http://stoptb.org/countries/partnerships/np_idn.asp

The Operational Strategy requests the Secretariat to conduct an annual partner’s survey to evaluate the level of satisfaction with the services and support provided by the Secretariat. Areas highlighted by the respondents in the 2013 Survey were addressed by the Secretariat; the 2014 survey was developed with the aim to collect feedback and ideas on the services that partners would like the Secretariat to provide, and to evaluate the successes and pitfalls of our work moving forward was completed. 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 currently under final revision and will be placed on our website before the end of this month.

We started to support in a more active manner our Board constituencies and we have tried to ensure that we facilitate access to information for the representatives of the developing countries NGOs, developed countries NGOs, community and private sector. For example, we have regular calls, and we update them monthly on new members joining their constituencies. In addition, significant amount of work was done by Secretariat and private Sector constituency towards clarifying a strategic direction for engagement with Private Sector (see under SG2)

The Global Coalition of TB Activists (GCTA), supported by the Secretariat (who facilitated the engagement of a donor in supporting them financially) have established themselves in a physical office that provides the appropriate environment for the Chair and GCTA Coordinator to work, request inputs and compile documents in a timely manner. Regional Focal Points from EMRO, SEARO, AMRO, AFRO and EURO who have joined, submitted work plans for the year and are being supported for their activities. The GCTA team have also been thoroughly engaged by the Secretariat in regional trainings for TB advocacy for inclusion of CSS, gender and human rights in Global Fund processes in-country.

Strategic Goal 2: Increase political engagement by world leaders and key influencers to double external financing for TB from 2011 to 2015

Much was achieved in the high-level engagement and outreach that we undertook in global advocacy and communications since the last Board meeting.

There is much to update on progress made with the **initiative to create a new identity for TB**. The Secretariat formed a Steering Group to guide progress on the TB identity work. The members of the group are Cheri Vincent (representing USAID), Aaron Oxley (representing developed world NGOs), Evan Lee (representing the Private Sector), Diana Weil (representing WHO's Global TB Programme) and Thokozile Phiri-Nkhoma (representing communities affected by TB) and is chaired by our colleague Jon Lidén. Since the last Board meeting, the selected company Siegel and Gale moved ahead with the research stage of the work and spoke to a cross section of Stop TB partners, stakeholders, external commentators and audiences to get both an objective and personal sense of what the key issues and opportunities are when it comes to building an inclusive and engaging identity for TB. In April, once this process had concluded, Siegel and Gale presented the findings from the key interviews to the Steering Group - essentially, a culmination of all the research conducted over five months with a detailed presentation on insights and opportunities for TB.

Following the key findings presentation and the subsequent feedback received from the Steering Group, Siegel and Gale then developed two strategic directions for the future identity of TB. In June, they presented two identity platform options for consideration. The Steering Group sought and forwarded a broad range of comments and thoughts on the work so far. This feedback has been fed into the reiterated work that you will see today.

Board members at this meeting will have an opportunity to assess the work so far and provide their input to the work in progress. As the TB identity work is progressing, I very much hope that you will be able to help inform the direction we take going forward. Over the next few weeks, Siegel + Gale will develop the concept further and test it with different audiences, while we will be speaking to a wide range of stakeholders to get further buy-in for the need of a new identity for TB as well as further input to the concept.

On the occasion of **World TB Day** this year, we called for a global effort to find, treat and cure the three million people who are missed by health systems. This call was preceded by numerous meetings and discussions with our partners to ensure – to the extent possible – alignment on messaging and efforts.

Together with WHO and the Global Fund, the Secretariat issued a joint brochure which highlighted the problem of the millions missing out on quality care.

Connecting through social media again during the week of World TB Day, there were nearly 1000 tweets an hour and we reached over 100 million unique visitors with the #WorldTBDAY hashtag.

In an unprecedented first, the Secretariat also took the lead in coordinating a statement on behalf of the BRICS countries to join together on World TB Day to call for united action against TB. All BRICS Ministers of Health, through their statement, showcased efforts around World TB Day in their countries to advance global progress on TB, and to find the missing cases.

In a high level Summit that took place on 25 March in Johannesburg, high level representatives from Southern African countries, the Global Fund and the government of South Africa agreed to go towards a regional harmonization approach in addressing tuberculosis in mining. This stems from the TB and mining initiative that started with discussions at the Partnership's Coordinating Board which subsequently evolved towards a platform strongly supported by the World Bank and the Global Fund, along with other partners such as WHO and the IOM. The World Bank presented an economic analysis in which it clearly outlined that by investing 1 South African Rand in TB and mining interventions, you will get a return of 23 South African Rand. This implies that the benefits to society of this investment are truly unprecedented. In a follow-up meeting, I, along with representatives from World Bank South Africa, led a regional discussion for the Roadmap towards the development of a Joint Regional Expression of Interest for the Global Fund.

During the month of March, I also attended a session on *The Socio-Economic Impact of Tuberculosis in the Mining Sector* at the TB and mining conference in Toronto hosted by the Canadian government with the purpose of presenting and engaging with different Mining Companies on addressing TB in mining and peri-mining communities.

Over the last 5 months with great support from our partners from RESULTS UK, MSF and Global Health Advocates we were able to address and increase the awareness and expected engagement in TB efforts of members of Parliament from Sweden, UK, Spain and France.

In May, I accompanied Mark Dybul on a high level mission to Pakistan to discuss the vision, engagement and achievements of TB, HIV and Malaria programmes in country. We also discussed the way forward, country ownership and domestic investments. On this occasion, we met with President Mamnoon Hussain, and had extensive discussions with the National TB Control Programme and the Stop TB Partnership in Pakistan who launched their National Strategic Plan for TB: Vision 2020.

During the **World Health Assembly** this year, we, together with our partners organized several events during the week, supported high-level advocacy, and spread the message to governments about the need for increased attention and funding for TB.

On 17 May, our Board Chair, Minister Motsoaledi, delivered a keynote presentation titled *Tuberculosis: An Opportunity to Reach Zero Deaths in our Lifetime* to all African Ministers of Health. His message was the need to accelerate action to reach underserved populations, including people living with MDR-TB, inmates, and miners. Following this, we organized an informal lunch and discussion hosted by Minister Motsoaledi for African Ministers with the participation of Regional Director African region and other partners.

The new WHO Post-2015 Global Strategy for TB was approved by the Assembly on 19 May with 53 delegations delivering interventions and unanimous endorsement by governments. Member States highlighted the growing global threat of MDR-TB, the importance of reaching vulnerable populations, and the need for new innovations and tools to fight TB. The strategy marks the most ambitious targets ever agreed by governments and will form the foundation for the new Global Plan to Stop TB 2016-2020.

I spoke at several events related to tuberculosis which were held during the Assembly, including a session entitled *Winning the Global Fight Against Tuberculosis* hosted by the Brazil Ministry of Health and the WHO TB Department, a high-level panel convened by the Center for Global Health Diplomacy on *Financing Health in the Post-2015 Era*, and fed into a session hosted by Médecins Sans Frontières on overcoming MDR-TB featuring MDR-TB survivor Phumeza Tisile.

The **Global Fund to Fight AIDS, Tuberculosis and Malaria** is the single most important source of external financing in countries. Enhancing the Board's ability to engage, collaborate and communicate with the Global Fund is a priority – as is ensuring that the Secretariat's advocacy and communication efforts are calibrated for maximum impact.

The Global Fund established special Technical Agreements with WHO and partners, including the Stop TB Partnership, who as part of this TA agreement will support demand-based technical assistance to countries as they develop their concept notes under the new funding model grant process, with a special focus on strengthening the communities and civil society engagement, strengthening gender and human rights components, procurement and supply chain mechanisms and apply innovative measures for detection and treatment of additional cases.

The Stop TB Partnership collaborates as much as possible with all partners and the Global Fund's Technical Support and Advisory team as well as the Communities Rights and Gender team to ensure greater impact and coordination on all areas of TA described above.

National Strategic Plan and Concept Note Development

The TB or TB/HIV concept notes of Zambia, Cambodia, and the National Strategic Plan of South Sudan, and Vietnam are being provided complimentary support to enhance the community contribution in design, planning and implementation of TB programmes. The Democratic Republic of Congo has received additional technical support through TB REACH for innovative case finding focusing on best practices and peer to peer model. In the case of Mozambique, Bangladesh and Kazakhstan, these countries also received support to help channel their needs to more appropriate TA providers.

Country Dialogue Processes

Financial resources and/or technical support from the Stop TB Partnership Secretariat have been made available to support meaningful engagement of communities and civil society in Cameroon, Zimbabwe, Sierra Leone, Zambia, North Sudan, Cambodia, South Sudan and Swaziland. This form of support specifically focusses on ensuring an enabling environment for TB communities to participate meaningfully in concept note writing teams, in 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.

In an effort to better leverage the added value of civil society and communities in TB and in Global Fund processes, the Stop TB Partnership collaborated with the Global Coalition of TB Activist (GCTA), to host a 'think tank' with key TB Community experts in Montreux, March 2014. This provided for the first time guidance on the meaningful engagement of key affected populations in the context of TB. The purpose of the think tank was to ensure that the Stop TB Partnership is well positioned to

support the roll out of the New Funding Model with consistent messages and guidance to countries on the following three modules that were produced:

- *Community Systems Strengthening in the Context of TB* - with clarity on what each of the four Global Fund CSS interventions can support for TB communities.
- *Engagement of Communities in TB Reviews* - understanding that communities can contribute a great deal to TB reviews - which are a corner stone - for planning and designing national TB strategies.
- *How to engage TB constituencies towards national planning processes in TB* - highlighting key strategies on how key affected populations can be involved in a meaningful way.

As part of the technical assistance agreement, the Stop TB Partnership has supported the coordination and organization of meetings and capacity building workshops related to Global Fund's new funding model.

Eastern and Southern Africa Workshop

UNAIDS (lead), Global Fund, WHO and Stop TB Partnership organized a new funding model workshop for Eastern and Southern Africa countries during the week of 17 February. Countries included: Angola, Botswana, Cameroon, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania (mainland and Zanzibar) and Zambia. Aside from the GCTA Network being represented by Mayowa Joel, each country sent a TB community representative.

Southern Africa Workshop

Roll Back Malaria (RBM) and Stop TB Partnership co-hosted a workshop in Harare, Zimbabwe from 15-16 April for civil society and communities on the integration of community systems strengthening, gender and human rights in the new funding model. The workshop was attended by 35 participants, comprising of civil society, Country Coordinating Mechanisms and technical providers from Botswana, Gambia, Liberia, Namibia, North Sudan, Sierra Leone, Somalia, Swaziland, Tanzania and Zimbabwe. Participants were also able to brainstorm expected needs of technical support on the above topics for RBM and Stop TB Partnership to follow-up on.

Eastern Africa Regional Meeting

Stop TB Partnership hosted a similar meeting with Eastern Africa National Networks of AIDS Service Organizations (EANNASO) in Nairobi, Kenya from on 1-2 April. Civil society participants invited came from Burundi, Ethiopia, Kenya, Rwanda, Sudan, Tanzania, Uganda and Zanzibar.

GCTA Network provided facilitation support to these workshops.

Asia Regional Workshop for South and East Asia

At a regional workshop for South and East Asia, convened in Phnom Penh, Cambodia, 16-18 June 2014, more than 280 people from 14 countries – Afghanistan, Bhutan, Cambodia, Fiji, Iran, Korea (North), Laos, Malaysia, Mongolia, Nepal, Papua New Guinea, Solomon Islands, Sri Lanka and Timor Leste – gathered to learn about the new funding model and discuss gender and community system strengthening issues. In vibrant discussions at a three-day meeting, people from civil society, governments and technical agencies pointed out how the new funding model that is being fully implemented this year needs to factor in gender and human rights concerns in order to be effective. Several participants highlighted areas where disease circumstances are affected by gender norms,

for girls and boys, and women and men. There was broad agreement that gender inequality exists in every country, and must be recognized and factored into health interventions, if they are to be effective.

Eastern Europe and Central Asia Regional Meeting - Stop TB Partnership and TB Europe Coalition, with funding from GIZ and Stop TB Partnership, organized a regional meeting for civil society from Eastern Europe and Central Asia in Kiev on 22-14 April. The meeting focused on three areas: new funding model orientation, training on community systems strengthening, human rights and gender and political advocacy. Two CSO participants from the following countries attended: Armenia, Azerbaijan, Belarus, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Romania, Tajikistan, Ukraine and Uzbekistan.

Latin America Meeting - The Stop TB Partnership and the GCTA together with Partners in Health (Peru Branch), has organized a regional meeting between 16-18 July for civil society from countries in the Americas that will apply for Global Fund funding this year. The meeting will focus on three areas: new funding model orientation, training on community systems strengthening, human rights and gender, and regional network building. Up to three participants from the following countries are being invited after a selection process following the application of interested parties from Bolivia, Guatemala, Honduras, Nicaragua, Panama, Peru, Dominican Republic and El Salvador.

TB Programme Reviews - Tanzania, Kenya, Kyrgyzstan and Cote d'Ivoire, have received support to enable engagement of community perspectives. Financial support was provided to ensure presence of TB Community Experts in the TB Programme reviews of these countries. Material to provide guidance on how to review the community's contribution in the TB response as well as how to consider meaningful engagement of key affected populations in TB has been used to support selected consultants.

Challenge Facility for Civil Society

As part of the TA Agreement, the Global Fund matched the Stop TB Partnership's envelope for this programme with USD 374,564. Round 6 of the Challenge Facility thus has focused on supporting communities to become part of the Global Fund processes in countries. Due to this, more intensive interaction and collaboration with Challenge Facility grantees is expected during this round. The Selection Committee of the Challenge Facility met 8-11 April to review 220 applications, out of which there were 136 eligible proposals. 22 grants were awarded covering 16 countries. The geographical distribution of the number of countries receiving grants per region are as follows: AFRO (5); AMRO (3); EURO (4); SEARO (2) and WPRO (1). Grant recipients were contacted in May with the paperwork, and most grants started implementation in June 2014. In 6 rounds of the Challenge Facility, 121 grants have been awarded to community-based organizations in 41 countries worldwide with a combined total value of more than US\$ 2 million.

Global Drug Facility - All ongoing missions for a number of countries with planned annual assessment of TB programme drug management aspects are being aligned with the country plans and timeline for concept note development. Five countries are being supported identified: Kyrgyzstan, Armenia, Liberia, Sierra Leone, Zambia and Zimbabwe.

TB REACH- TB REACH grantees are currently providing inputs on planning for improving case detection and peer to peer support in three countries: Afghanistan, DRC and Ethiopia.

TB Situation Room

The TB Situation Room has actively delivered on its mission to ensure top-quality, high-impact TB grants through the new funding model, and unlock TB grant bottlenecks to maximize impact. From the period of January through June 2014, the TB Situation Room has provided support and coordination for more than 15 countries (see Chart 1). The TB Situation Room's early warning system, intelligence sharing, and rapid deployment of targeted support has seen improved prioritization of critical funding for TB. This includes support at all stages of the new funding model by ensuring a strong evident 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.

With 14 Executive Committee meetings already held this year, the TB Situation Room provides a harmonized forum for collaboration and collective action. This includes information sharing on key technical issues, with intelligence disseminated across stakeholder networks. 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.

Afghanistan	Haiti	Nigeria	Swaziland
Bangladesh	Indonesia	Pakistan	Zambia
DRC	Malawi	South Sudan	Zimbabwe
Ethiopia	Mozambique	Sierra Leone	

Regional Expressions of Interests

We supported our partners in developing Global Fund Expressions of Interest.

In collaboration with various regional entities from Southeast Asia (including CHAI, IRD, PhilCAT and PSI), Global Fund's Private Sector Delegation and Stop TB's Private Sector Constituency, an initial brainstorming session to address affordable and quality TB care in the private health care sector in Southeast Asia (including India, Indonesia, Pakistan and Philippines) was held in late-January of this year. The overall justification, goals and strategy in developing a business case for a regional proposal initiative was discussed and a comprehensive outline and path forward was developed. Led by the various regional entities from Southeast Asia, the culmination of these efforts resulted in the submission of a Regional Expression of Interest to address the private health care sector gap in Southeast Asia.

Under the coordination of the World bank office for Southern Africa and In collaboration with the country national programmes and other partners, we supported the development of the Regional Expressions of Interest on TB in mining.

At the same time, we supported our partners from PAS Moldova and our colleagues from WHO EURO with the regional proposal on MDR TB in Eastern Europe.

On **Global Fund Board and Board Committee** issues, the Secretariat will begin serving its two-year term as the Board Member for the Partners Constituency. I would like to take this opportunity to sincerely thank Dr. Fatoumata Nafu-Traore, Mr. Martins Pavelsons and Roll Back Malaria Partnership (RBM) for their excellent service and representation of Stop TB Partnership and UNITAID during a critical moment for the Global Fund and roll-out of the New Funding Model.

For the very first time, the Secretariat will serve on the Global Fund's Strategy, Investment and Impact Committee (SIIC). Over the coming months, we expect to play an active role in overseeing the implementation of the New Funding Model and ensuring that it not only maximizes the impact of the Global Fund investments, but, more importantly, is serving the countries and the people in need properly and realistically. The SIIC also expects to oversee the work of the three advisory groups (Technical Evaluation Reference Group, Technical Review Panel and Market Dynamics Advisory Group) and analyse how best to approach countries transitioning from Global Fund support.

As the Secretariat looks ahead to our future, we realize that **private sector partnerships** need to become a core part of our business model.

With tremendous encouragement and in close consultation with the Secretariat's Private Sector Constituency, we have begun to crystallise our strategy around how private sector partnerships can play a large role in supporting the implementation of our four operational strategic goals.

In developing a first draft of the Stop TB Partnership's Private Sector Strategy, we looked at key trends in private sector partnerships, how other international organizations are approaching and leveraging their private sector partnerships and other general facts and ideas we should consider.

With that said, we are very excited about some new possibilities and we have begun exploring some future opportunities around.

Crowdsourcing – Obtaining funds for Stop TB Partnership activities and projects (e.g., 2016-2020 Global Plan, TB REACH projects, etc.) through online contributions from the public.

In-kind contributions – Obtaining goods and services from private sector companies for Stop TB Partnership's needs.

Matching funds – Rolling-out initiatives to match contributions from private sector companies on World TB Day.

Access to non-TB medicines and supplies - for diseases co-occurring with TB (e.g. diabetes)

We are very grateful for support from our Private Sector Constituency and we are very excited to work together with you to further refine our Stop TB Partnership Private Sector Strategy and to roll it out in the coming months.

Strategic Goal 3: Promote innovation in TB diagnosis and care through TB REACH and other innovative mechanisms and platforms

As of July 2014, **TB REACH** has funded 142 partners in 46 countries, having committed over USD 92.5 million. Previous reports discussed in detail the results from Wave 1 and Wave 2, the beginning of Wave 3 and the initial application process for Wave 4. In April of this year, TB REACH published the results of the first Wave of grants as a peer reviewed paper, documenting the large impact that innovation and moving beyond the business as usual approach can have on TB case finding; fitting in nicely with the World TB Day theme this year of Reach the Missing 3 Million. The paper can be found at: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0094465>

Already this year, we have finished the process for Wave 4 applications with the approval of 33 projects in 24 countries. The application review process was undertaken slightly differently this year as recommended by the TB REACH mid-term evaluation. A new track of funding for CSO and local organizations with annual budget turnovers not exceeding USD 500,000 was added to the 4th call for proposals in response to previous Proposal Review Committee (PRC) and Program Steering Group recommendations. The general track encouraged applications and prioritized proposals focusing on key-affected populations including children, mining-affected communities, incarcerated persons, migrants and indigenous/ethnic minorities. Our Proposal Review Committee received over 500 letters of interest to review and selected 125 to submit full applications. The 33 approved applications include 11 small track and 22 general track grants approved for a total amount of USD 13.9 million. The Executive Committee of the Coordinating Board approved the PRC recommendations in March. In addition, the PRC and Executive Committee also approved USD 3.4 million of funding for continuation of Wave 3 Year 2 projects including work on paediatric TB in Afghanistan, improving access and new diagnostics in Zimbabwe and Tajikistan and community outreach in Cote d'Ivoire. There is now an open call for the final round of Wave 3 Year 2 applications which will close in July and a decision should be taken by the PRC at the end of the month.

It is worth noting that for Wave 4 and Wave 3 Year 2, the entire process of LOI, review, full application and ongoing monitoring and evaluation is now entirely paperless through the support of the IT team at the Secretariat.

UNITAID is supporting Wave 4 projects with over USD 1.1 million of co-funding for testing with Xpert MTB/RIF as part of the TBXpert project for which TB REACH partners are implementing the large majority of the testing with Xpert MTB/RIF. TB REACH continues to be a leading procurer of GeneXpert technology outside of South Africa, providing services beyond TB REACH grantees to many other partners including the Global Fund, World Bank and WHO country offices. Overall, TB REACH grantees have used Xpert MTB/RIF to detect almost 50,000 people with TB as of March 31, 2014, most of whom had been missed with the conventional smear microscopy standard. In addition, over 6,215 people with rifampicin resistance were identified through the efforts of TB REACH grantees – the vast majority of them being found as new cases, before any TB treatment was started which could have amplified resistance due to insufficient treatment regimens.

The TB REACH team also co-organized a GeneXpert Stakeholders Meeting in Geneva in where the main topics of discussion included alternative models for procuring and servicing the machines, forecasting for procurement, warranties and after sales service and project improvements.

The Global Fund has recognized the important role that TB REACH can play and is currently supporting the Secretariat in documenting some of TB REACH's early successful models and to link them to the country policy discussions and development of national plans and concept notes for the New Funding Model.

By providing more examples of successful approaches and integrating them into National Strategic Plans, TB REACH will help to greatly improve TB case detection at a country and global level and help ensure that lessons learned from TB REACH partners can be sustained beyond the life of the TB REACH grant.

Additionally, the Secretariat has been supporting the development of concept notes for regional proposals to the Global Fund for Public Private Partnerships and TB and mining, playing key roles in regional and global meetings around the issues.

As more partners have been able to implement and document their work, TB REACH experiences are continuing to be published in larger numbers in a number of peer reviewed journals including work on: Automated digital chest X-ray use as a screening tool in Zambia, the impact of a massive roll out of LED-FM microscopy in India, early case detection through screening at private clinics in Pakistan, active case finding in urban slums in Cambodia and the cost-effectiveness of an innovative contact investigation approach in Cambodia with numerous others under review.

With the launch of the Wave 4 projects, TB REACH has now obligated virtually all of the initial TB REACH grant from Canada. Fundraising efforts have been taken up by the Secretariat, led by the advocacy and communications team with strong support from our global advocacy partners especially from RESULTS. The Secretariat has developed a business case for discussions with a number of donors and this will be an important focus in the second half of the year.

Strategic Goal 4: Ensure universal access to quality assured TB medicines and diagnostics in countries served by the Global Drug Facility (GDF)

GDF model to implement the new strategy

Following the Board's approvals of the GDF new strategic direction since November 2012, GDF's services (figure 1) are being reorganized to be more market oriented, focus on country needs and better serve the strategic objectives of the current and post-2015 TB Strategy. GDF strategic framework was discussed and revised with partners and all GDF staff during a retreat early 2014. A new strategic roadmap has been elaborated based on revised strategic objectives and key performance indicators to further support GDF strategic framework implementation across the teams.

The new GDF strategic framework strives to:

- Aim at zero tolerance for stock-outs in countries to re-shape operations
- Evolve from grant model towards direct procurement model
- Change from production to order to production to stock with an expanded stockpile
- Build on lessons learnt from the past and regular market landscape analysis
- Continue to further shape the market for more affordable prices for quality-assured drugs and diagnostics
- Incorporate new TB drugs and diagnostics within GDF platform

- Promote innovative tools for forecasting data management to countries and leverage communication/collaborative actions with partners for improved planning at country, regional and global level
- Mobilize and catalyze partners expertise, including in-country technical assistance programs to improve service delivery
- Foster countries' shared responsibility, accountability and financial sustainability for TB treatments

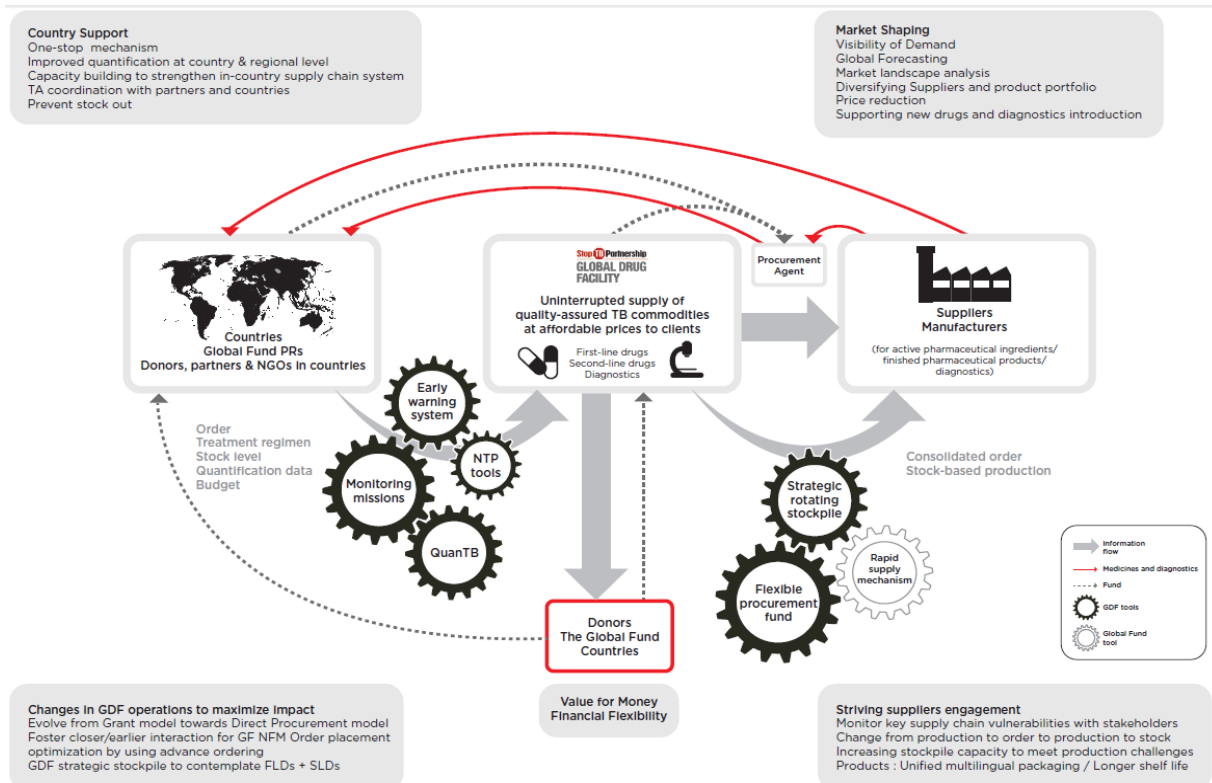


Figure 1. GDF model (draft before final editing)

Our results

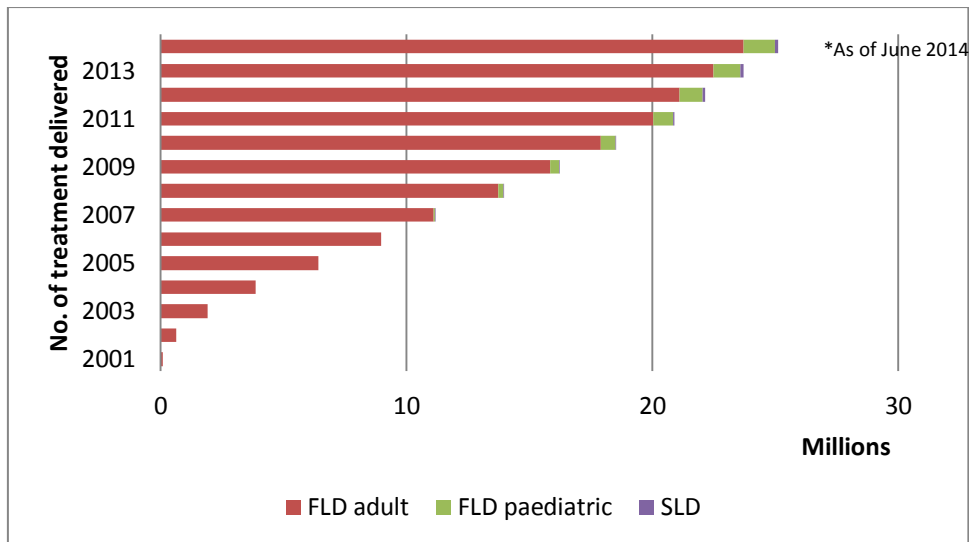
1. Expanding access to high quality TB treatments – saving lives

Since the beginning of 2014, 1,225,246 FLD patient treatments, 182,977 FLD paediatric treatments and 13,874 SLD patient treatments have been delivered.¹ In the first half of 2014, 92% of total treatments supplied in 2013 by GDF were already delivered.

In total, since its inception, 23.7 million adult FLD patient treatments, 1.3 million FLD paediatric treatments and 131,359 SLD patient treatments have been delivered (figure 1), reaching the target of 25 million treatments supplied (an overarching goal set up at GDF creation and that was planned to be met in 2015 only).

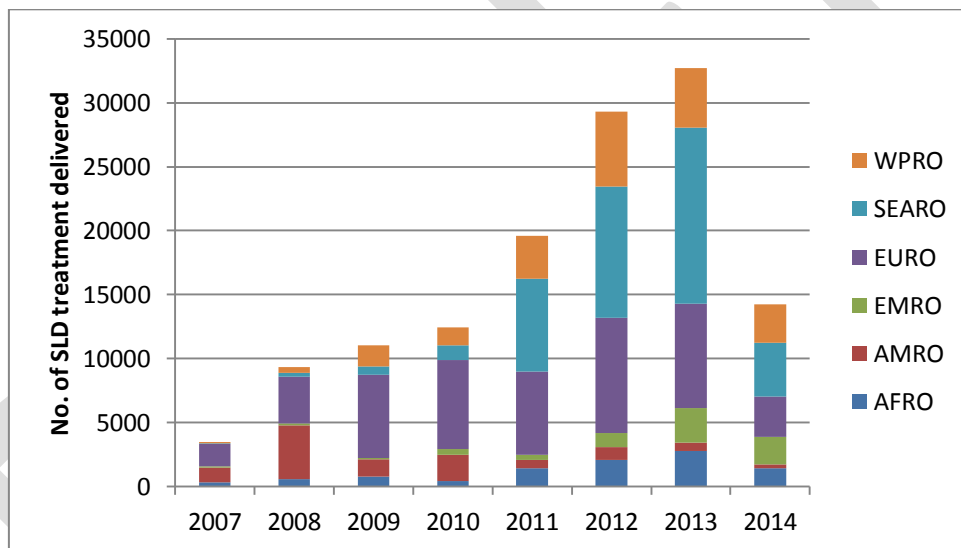
The number of SLD patient treatments delivered in 2013 increased by 65% compared with 2011 (figure 2).

¹ The figures are as of 19 Jun 2014.



(*note: The number of treatment delivered in 2014 is calculated as of June 19, 2014).

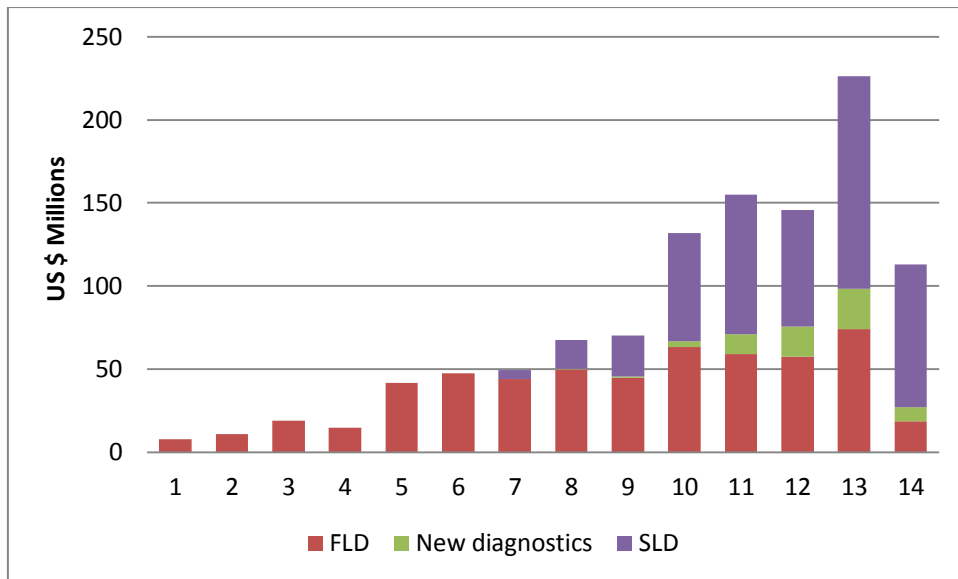
Figure 1. Cumulative patient treatment delivered



(note: The number of SLD treatment delivered in 2014 is calculated as of June 19, 2014).

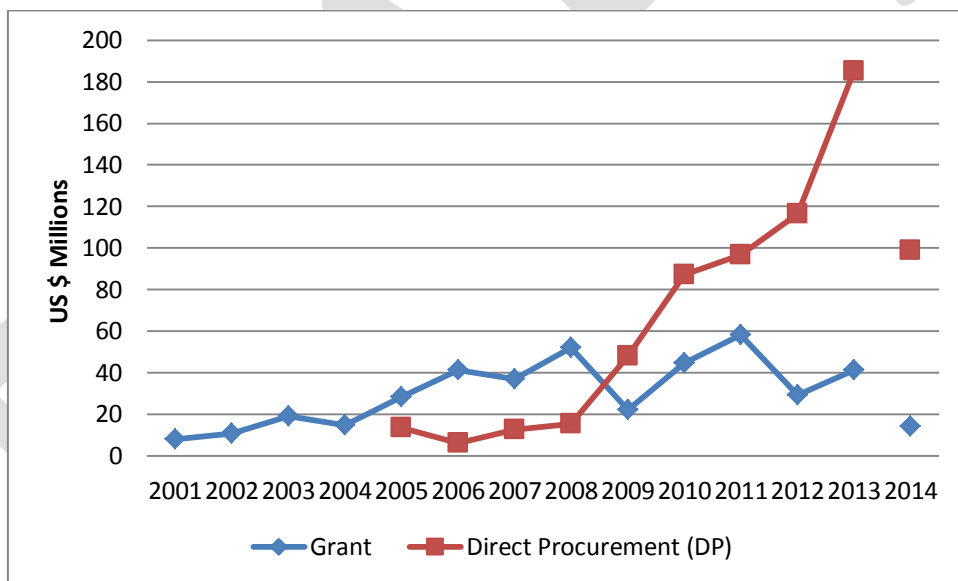
Figure 2. SLD treatments delivered by region

Total value of orders placed in 2014 (as of June) is US \$112.9 million and total value of orders since 2001 reached more than US \$ 1.1 billion (figure 3). Direct procurement service accounts for 88% of total GDF procurement value of orders placed in 2014 and grants represent only 12% of total value of orders placed in 2014 (figure 4).



(Note: The procurement value represents GDF order placed value in US \$ million all fee inclusive, such as commission, quality control, insurance, transportation as of June 19, 2014.)

Figure 3. Value of TB products procured



(Note: The procurement value for grant and direct procurement represents GDF order placed value in US \$ million all fee inclusive, such as commission, quality control, insurance, transportation as of June 19, 2014.)

Figure 4. GDF procurement services

2. Active market shaping for TB products

GDF continues to improve access to quality-assured TB products at affordable price by actively shaping the market. Key strategies for GDF market shaping includes competitive tendering process, consolidating orders by using Strategic Rotating Stockpile (SRS) and proactive supplier engagement.

Increase in suppliers / products list for an improved supply security

To address the limited number of quality-assured TB products in the past years, GDF has made progress to increase pool of eligible suppliers.

- By June 2014, the total number of eligible suppliers is 29, the total number of medicines available is 61 finished products, and the GDF catalogue offers more than 400 laboratory diagnostic items. The GDF FLD portfolio consisted of 26 quality assured products supplied by 12 manufacturers, while the SLD portfolio reached 35 quality assured products supplied by 27 manufacturers. The number of eligible suppliers and finished products in 2014 are more than doubled compared to 2011.
 - An additional supplier for rifabutin was introduced
 - New TB drugs such as bedaquiline were included in the GDF catalogue in the first semester of 2014.
- Based on the recently submitted stability data that were accepted by GDF/GFATM, GDF supplier Jacobus now can offer the PASER product which now is permitted for storage below +25°C with a shelf life of 24 months, and therefore does not require cold chain

New price reductions

GDF continued to achieve price reductions in 2014. The price reduction of several key SLDs up to 13% compared to 2013 prices resulted in a substantial decrease in the overall cost of MDR-TB treatment. In 2013, the Global Drug Facility reduced the price of several second-line drugs it supplies for the treatment of multidrug resistant tuberculosis (MDR-TB) by up to 32% compared to 2011 prices and 12% compared to 2013, resulting in a decrease in the overall cost of treatment (figure 5).

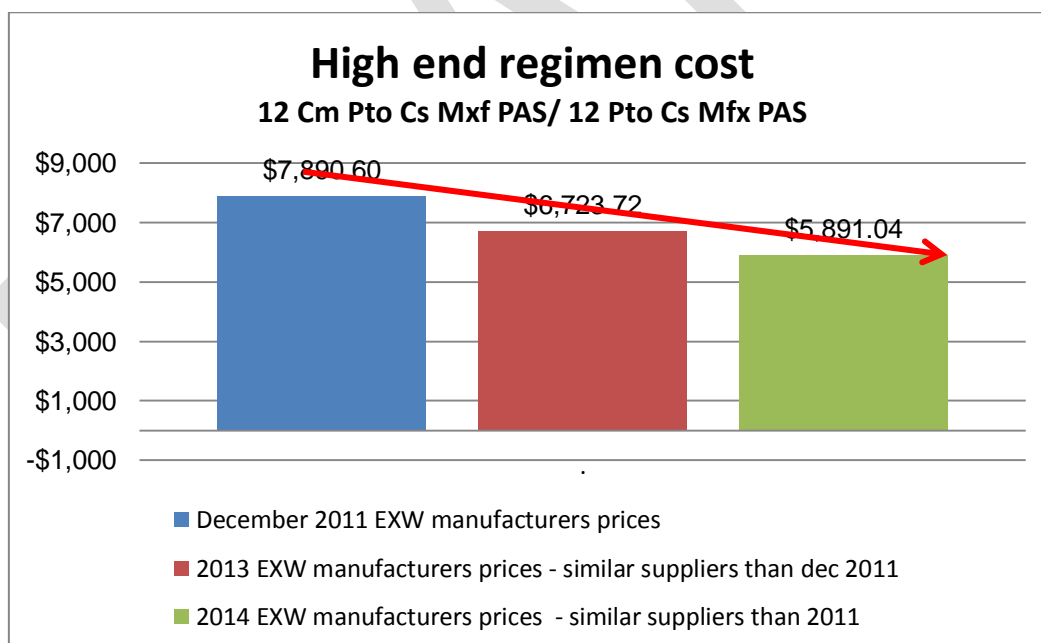


Figure 5. SLD cost reduction

Further price reduction has been achieved for India 2nd tranche supplies for remaining months of 2014, for Capreomycin:

For 0.75g capreomycin: reduction of -21.5% (USD 4.20 vs USD 5.35)

For 0.5g capreomycin: reduction of -41.1% (USD 3.15 vs USD 5.35)

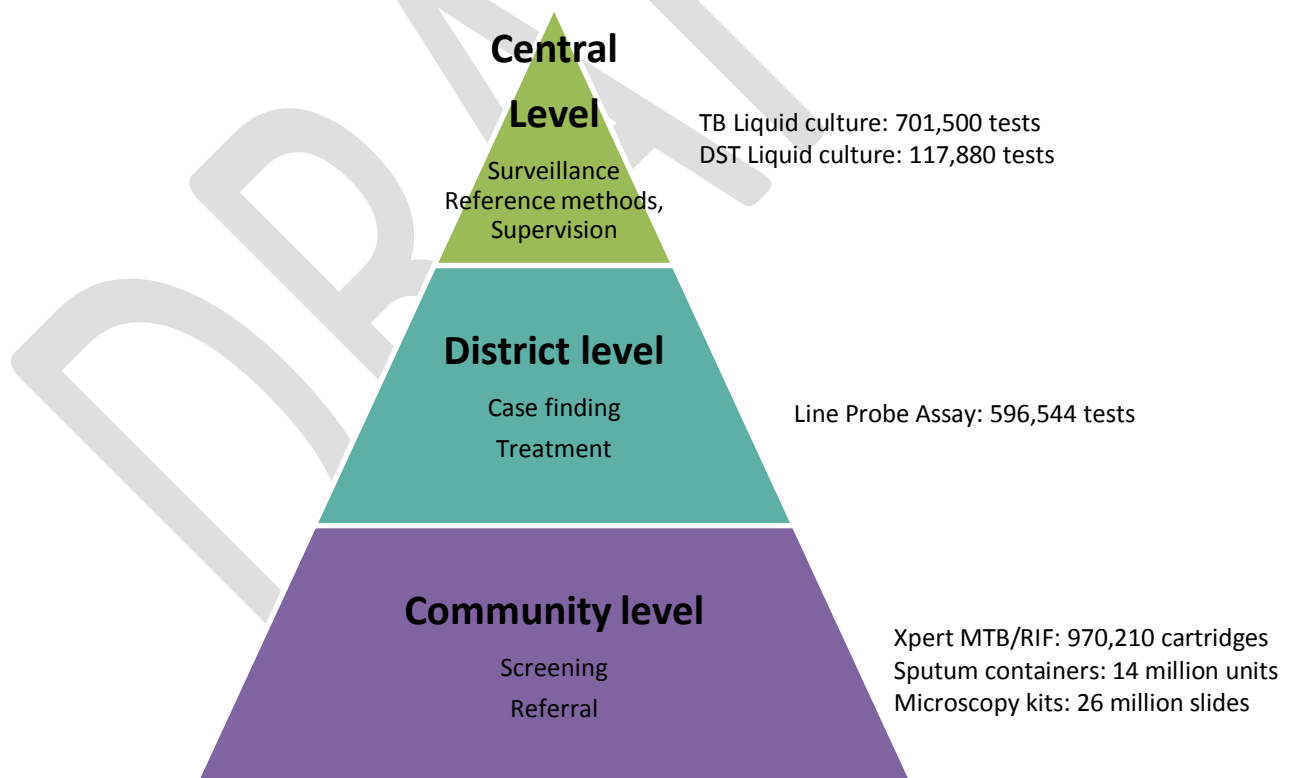
- Levofloxacin
For Levofloxacin 250mg: reduction of -9.3% (USD 4.10 vs USD 4.52)
For Levofloxacin 500mg: reduction of -2.5% (USD 6.93 vs USD 7.11)

3. Expanding access to high quality diagnostics - increase Case-finding

Since 2008, GDF supplied diagnostics worth of US \$ 67.4 million. Total expenditure on diagnostics in 2014 (as of June) was US \$8.5 million. GDF also served as a key platform to introduce GeneXpert and new diagnostics through TB REACH, TB Xpert and EXPANDx-TB projects.

Through EXPANDx-TB, GDF has provided new diagnostics to 27 low and middle income and high-burden TB countries where they now have 92 fully functioning TB reference laboratories. UNITAID approved a no cost extension of EXPANDx-TB project until the end of 2015 with target of 140,000 MDR-TB case detection. As of June 2014, GDF supplied 225 GeneXpert machine and 393,410 test cartridges through TB Xpert project. GDF already met the target for the number of GeneXpert machines to be supplied to the countries and will continue to supply the cartridges to increase the detection rate.

TB REACH, has procured over 165 GeneXpert machines and more than 300,120 Xpert MTB/RIF cartridges to support TB case detection through the common platform with GDF.



(Note: The number of diagnostics supplied represents cumulative figures from 2007 to June, 2014.)

Figure 6. Increased access to diagnostics

4. Technical Assistance and Country Support

GDF provides expert technical assistance to countries with a holistic approach to address immediate gaps in drug supply and establish long-term drug management capacity and overcome systematic problems. GDF conducted 28 monitoring missions in 2014 from January to June 2014. GDF in collaboration with USAID-funded SIAPS program has been supporting the countries to increase in-country capacity for forecasting and supply planning with new quantification tool, QuanTB.

5. Grants

Since our last Board meeting, GDF issued grants for a total estimated value of USD 6,221,300 million.

29th TRC (held in November 2013) concluded with 12 letters of agreement signed between countries and GDF (out of 13 grants reviewed – one country is pending clarification of the conditions imposed by TRC) – with a total of around USD 900,000 for Cameroon, Morocco, Djibouti, Lesotho, Nepal, Moldova, Indonesia, North Sudan, Kiribati, Haiti, Afghanistan, Tanzania and Lebanon.

A new call for applications was launched in the second trimester of 2014, and a new Technical Review Committee (30th GDF TRC) took place 25-27 of June 2014 with 12 new grants requests from countries revised for a total value of USD 5.3 million Madagascar, Mauritanie, Congo, Djibouti, Lebanon, Jordan, Myanmar, Somalia, Iraq, Pakistan and Kenya.

GDF operations and model

Operational changes:

- New financial flexibilities are implemented with **USAID flexible procurement fund**, which allows countries or GDF clients to use the fund as a guarantee for all direct procurement. Through this life-saving mechanism, countries can place orders on time and avoid treatment interruption. In 2014, Central African Republic, Maldives, Brazil and Dominican Republic placed orders using the fund flexibility mechanism.
- New monitoring tools including **QuantTB**, **Early Warning stock out System (EWS)** and a revised monitoring mission template allowing electronic data submission are being rolled out with partners to support regular planning, improve forecasting, and prevent the stock-out in countries. Strategies are being adapted to capture data on other electronic supports or tools used by countries.
- As a part of the **Rapid Supply Mechanism (RSM)** of the Global Fund, GDF will be responsible for the procurement of TB commodities for RSM support. RSM will give the Global Fund-supported countries an access to GDF expanded stockpile of SLD and FLD through a fast mechanism in emergency. Operational framework is currently being developed to be effective Q4 2014.
- GDF has contracted a consultancy specialized in supply chain management, and working to develop a **stockpile deployment strategy** to improve delivery lead time to countries in need of TB medicines while securing financing aspects. This includes **new management tools for stockpile modeling/replenishment and operations re-engineering** (SOPs, management platform and link with GDF systems)
- The online **Ordering & Management System (OMS)** is being improved and migrated to new TOMS system.
- While the revised project plan for doubled SRS (approved by UNITAID Board in Dec 2013) is submitted for UNITAID approval, the first orders, value of US \$3.9 million, have been placed in

Jun 2014 with USAID funding for most needed injectables, fluoroquinolones and Group 5 medicines. This step will help to improve GDF stockpile services, allowing countries to access wider range of products to treat MDR-TB in reduced delivery time and increasing supply security.

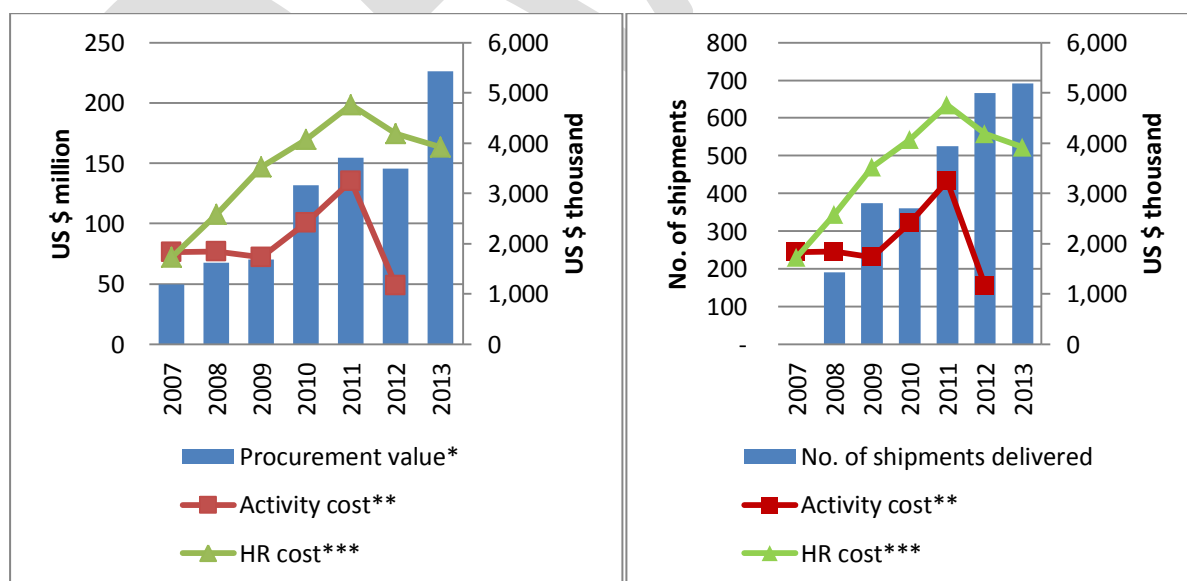
Procurement agents, suppliers and services provider’s oversight:

- Contracts with Procurement Agents and suppliers were revised against GDF new strategic framework and improvement areas identified for further revision.
- A new tender on laboratory and equipment supplies was conducted February 2014: a wholesaler was selected to supply around 400 laboratory items required within the scope of ExpandTB Project extended till December 2015.
- Procurement Agents report quarterly on their activities and suppliers performance to GDF, according to a set of pre-determined KPIs. Evaluation of these reports were performed, as well as meetings conducted to discuss findings with IDA and GIZ and implement corrective actions as needed
- Lead times were analysed to determine responsibilities of supplier s/ procurement agents in case of delays of supply and penalties / liquidated damage clauses were applied when justified.

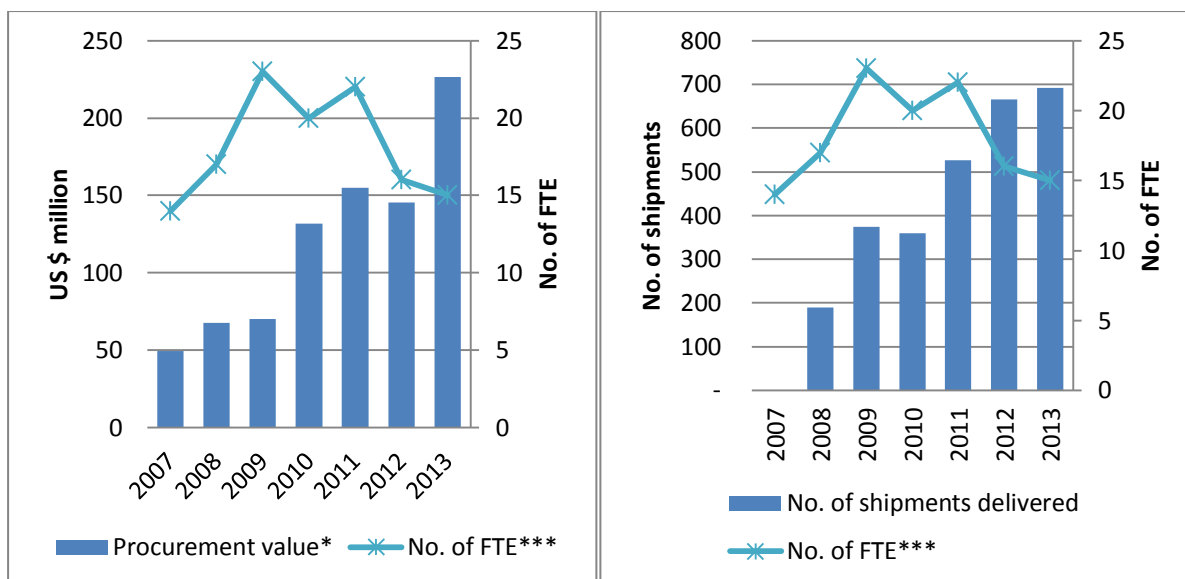
Stakeholder’s meeting: 46 participants representing medicines manufacturers, procurement Agents, freight forwarder, quality control agent, donors, partners and National TB programmes attended the meeting in April 2014 in Hong-Kong.

GDF operations cost-effectiveness

Figure 7a and 7b are demonstrating that the overall costs of GDF platform are decreasing. According to the survey sent to all clients per order delivered, GDF customer’s satisfaction index² reached 96%, compared to 95% in 2013 and 89% in 2012.



² The index is representing satisfaction in terms of three service areas—1) performance, services and flexibility, 2) quality, and 3) speed and dependability.



(Notes:

* Procurement value represents the total value delivered all fee inclusive.

** Activity cost includes cost associated with quality assurance and prequalification, technical assistance and monitoring missions, advocacy, communications & management, fund transferred to Stop TB Department and indirect costs (WHO Programme Support Costs). It doesn't include HR cost. 2013 Activity cost is pending for WHO clearance.

***HR cost and No. of FTE includes prorated cost and FTE for GDF staff, Stop TB Partnerships staff and administration supported by GDF.

Figure 7a and 7b. Increased efficiency in GDF operations

6. Strategic Partners Engagement

In April 2014, a joint GDF and the Global Fund training on QuanTB took place, which was facilitated by Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program of Management Sciences for Health (MSH). GDF regional and country support staff and Global Fund Procurement and Supply Management experts attended the 4-day workshop to learn new quantification tool and discuss the roll-out plan. Information collected from existing tools such as QuanTB, eTB Manager, Open MRS, OpenXdata, MSF Koch-Tail and others will be linked to Early Warning Stock-out System (EWS) to proactively identify the risk of stock out and collectively act on with partners. In addition a webinar training on QuanTB tool was organized by GDF and MSH for all Global Drug Resistance Initiative (GDI) new members.

The GDF team is engaged in a collaborative initiative with Global Fund through bi-weekly meetings between operational teams to strengthen information sharing, mapping / align processes, identify overlaps and areas of improvement, including communication, through a joint roadmap between the two organizations. An agreement to provide additional technical support to countries was signed between GF and TBP. GDF is a member of the Rapid Supply Mechanism (RSM) Steering Committee and an introduction of FLDs within GDF stockpile is planned for Q4 2014 in partnerships with GF.

Looking to the future

The future looks full of opportunities and challenges at the same time.

For us *future* means many things. It means the next Global Plan to Stop TB.

The WHO Post-2015 Strategy has given us all an ambitious vision and clear and demanding goals for the global fight against TB. The strategy leaves little time for hesitation. Unless we immediately accelerate our efforts in the coming few years, we will already have jeopardized our chances to reach these targets.

This makes the coming five years crucial.

We seem to have reached as much as we can achieve with our current thinking, delivering interventions and tools. We need to make headway in reducing the three million missing proper healthcare; we need to faster integrate TB and HIV services, and we need to push for out-of-the-box thinking to engage all those affected, communities, private sector and other non-traditional partners in order to reach, detect, have accessible treatment and cure to all those that need it.

We need to more rapidly and smartly ensure that funding for a point of care diagnosis, a shorter and more efficient treatment regimen and a new vaccine are in place.

The next five-year plan needs to come up with a clear road map for how we can accelerate our efforts. It is OUR plan and we take this challenge seriously.

Future means also a stronger TB identity. We need to join together and make a compelling argument for why the fight against TB must intensify. The current work we do on supporting a new identity for TB and a new language to speak about our struggle as a cause, rather than a disease will be an important element in unifying our work and bringing a compelling argument for action to both donors and implementers.

Future means supporting countries in fully funding their TB programmes – using domestic and international resources. In our case, most of the funding is coming from the Global Fund – so future means working even closer with the Global Fund and our partners from WHO, UNAIDS, PEPFAR, the World Bank, IOM as well as all our technical partners to ensure investments are made for most impact, cost efficient and prioritized interventions. It means advocating with country governments and partners for sustainability and increasing domestic investments.

Depending on discussions, future might mean we will move to new and different administrative arrangements at UNOPS. This can be seen as a tremendous opportunity in ensuring we have the Ottawa principles fulfilled and that we can deliver in a rapid and flexible manner.

Whatever the outcome of discussions, we will continue to serve and coordinate the 1200+ partners, and form a strong, loud and unwavering advocacy effort in a renewed drive forward for the fight against TB.

As you can see, the coming eighteen months are a period of hard work and opportunities.

Conclusion

The period between February and July has, as you have heard, been extraordinarily busy – and demanding. The Secretariat staff did their very best, with a large number of external demands, audits, and evaluations in addition to a demanding work program.

I would like to thank the Secretariat staff for their professionalism and extraordinary efforts.

I would also like to thank the Board leadership, Chair, Minister Motsoaledi and Vice Chair, Joanne Carter, for their incredible support and effort.

I would also like to thank the members of the Executive Committee, who have had to digest and provide advice on a very complex transition process. And a thank you to the Global Plan start-up group and the Identity project Steering Group. I am grateful for all your support, and I rely on it as we embark on the challenges ahead.

Thank you.

DRAFT