Stop TB Partnership

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Report of the Executive Secretary

Stop TB Partnership Coordinating Board Meeting

Cape Town 31 January 2014

The time has come to report to the Board and, even though this comes pretty shortly after our last Board Meeting in July, in Ottawa, Canada, I am pleased to report that much has been achieved in this period.

Before I report on this progress, I would like to take the opportunity to congratulate His Excellency Aaron Motsoaledi, the Minister of Health of South Africa, for his appointment as Board Chair and on the occasion of his first Board as Chair. Minister Motsoaledi's vision for a world free of TB, coupled with his deep personal commitment and inspiring political leadership across the African region and beyond, made him the natural choice to take us forward at this critical time. I look forward to working closely with him as he chairs this meeting and in the coming months and years.

I would like to congratulate Dr Joanne Carter, the Executive Director of RESULTS, for her appointment as Vice-Chair of the Board. Dr Carter has nearly two decades of experience engaging in and leading advocacy efforts to increase resources and political attention for TB, HIV and other public health issues. Her focus, experience and passion are and will be instrumental in taking us forward at this critical time.

Governance continued to be a subject of intense work in the months following the last Board meeting. In addition to the appointment of the Vice-Chair, we held elections and appointed two new members of the Executive Committee: Mr Aaron Oxley (Executive Director, Results UK) as Developed Country NGO representative and Mr Austin Arinye Obiefuna (Executive Director, Afro Global Alliance) as Developing Country NGO representative.

The first ever Finance Committee was formed, with the following colleagues appointed: Mrs Cheri Vincent (Infectious Diseases Division Chief, USAID) as Chair; Mr Prabodh Bhambal (Interim Deputy Executive Director, The Union); Mr Thomas Forisser (Deputy Director, Strategy, Planning and Management for HIV and TB, Bill and Melinda Gates Foundation); and Dr Evan Lee (Vice-President, Global Health Programs and Access, Eli Lilly).

I want to thank each and every one of you—members of the Board, the Executive Committee and the Finance Committee—for your hard work over these months which required multiple conference calls and face-to-face meetings.

Our journey of governance reform is nearly complete and I would like to thank all of the Board members, partners, Secretariat members and external supporters for their hard work. I believe that we now have an efficient, high-performing Board that will provide the necessary vision and leadership to take the partnership forward.

Strategic Goal 1: Facilitate meaningful and sustained collaboration among partners

The Operational Strategy mandates the Secretariat to **segment the partner landscape** utilizing the information available in the Directory of Stop TB Partners, in order to strengthen our understanding of the TB partner landscape and provide a basis to identify the most effective ways to sustain and expand partner engagement.

We conducted this activity in September 2013. At the time a total of 1079 organizations were registered in the Directory of Stop TB Partners. Partners were segmented by constituency, region, specialization, contribution to the Global Plan and reason for joining. The segmentation revealed that 75% of our partners are NGOs, 7% are from the private sector and 2% represent communities affected by TB. The largest numbers of partners are in the African and South East Asian regions (37% and 24% respectively), with only 3.2% in the Western Pacific region. This information will inform our efforts in the coming two years to ensure that we attract more partners from less well-represented regions and constituencies.The full report is available on the Partnership's website.

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 1129 partners, of which 58 joined since the last Board.

In order to promote **communication with our partners**, the Secretariat organized a meeting of partners - *New opportunities for funding and engagement – Your role in the future of the Stop TB Partnership* during the World Conference on Lung Health on 31st October 2013. The meeting, which was open to all people visiting Paris for the conference and was attended by more than 100 participants, was an opportunity for us to discuss the changes that have taken place following the approval of the Stop TB Partnership Secretariat's Operational Strategy 2013-2015 and governance reforms.

New webpages have been created to feature our partners and promote their work. One is designed to help partners know how to best benefit from their membership in the Partnership; the other one aims at providing information on who our partners are. In addition, partners' activities continue to be highlighted on our newsletter and in the news from our partners section of the website.

Our Board after governance reform is a constituency-based Board. Therefore, we are starting efforts, led by representatives from the developing country NGO, developed country NGO, private sector and community constituencies to actively reach out to constituency members through online platforms or direct contact.

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 Secretariat is therefore working towards developing Standard Operating Procedures for all Working Groups, and has hired a consultant to help respond to this need. The outcomes of this consultancy should be available by April 2014.

The Global Coalition of TB Activists (GCTA), supported by the Secretariat, took several steps forward following the Ottawa Board meeting. The GCTA elected a new leadership team in September, including a new Chair, Vice Chair and six Regional Representatives in September 2013.

This team met for its inaugural meeting in Paris on 26-27 October. The meeting focussed on setting priorities for the Coalition as well as establishing governance and communication mechanisms for the GCTA's future work and functioning. The GCTA has been working to gather more members, and mobilize resources. GCTA members have been and remain instrumental in engaging with the Global Fund's New Funding Model, ensuring that civil society perspectives and TB Community perspectives are part of Global Fund documents and guidelines and country concept notes.

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

In **global advocacy and communications** the Secretariat continued to focus on high-level policy outreach, relationship building and message coordination.

Shortly after the Board meeting in Ottawa, I joined and addressed heads of governments and their representatives from all of the 54 African Union states in Abuja for the Abuja+12 Summit. The Secretariat and partners provided technical and advocacy support to certain sessions of the Summit , which led to African leaders renewing their commitments to fighting AIDS, TB and malaria and undertaking to scale up actions aimed at eliminating the three epidemics as part of an overall goal to eliminate extreme poverty by 2030.

In September, I attended the **UN General Assembly in New York** to speak at several events, including a panel discussion on the TB/HIV co-epidemic hosted by the Center for Global Health and Diplomacy and Financing in Global Health.

In October, I also joined a panel discussion (co-hosted by the Secretariat) on TB at the Fourth Islamic Conference of Ministers of Health, held in Jakarta, Indonesia. The discussion, which was the first time that TB had featured as a specific topic at the conference, provided an opportunity for leaders from **Organization of Islamic Cooperation (OIC)** countries to discuss how to tackle the TB pandemic and explore opportunities for collaboration with global health partners.

The Stop TB Partnership and TB also had a strong presence and visibility during the **GBCHealth Southern Africa Regional Conference**. Among other events , we co-organized and co-chaired a meeting with South Africa's Deputy Minister for Mineral Resources, Godfrey Oliphant, at which representatives of mining companies agreed to hold discussions on how to highlight and strengthen corporate sector contributions to addressing TB in the mining sector. In addition, over the last few months, we have worked closely with our partners from the World Bank, Canada, BD and CHAI to ensure that momentum on the TB and mining is maintained and that we can compile all the necessary evidence to construct a strong case for investment in the issue.

At the Union World Conference on Lung Health in Paris, the Secretariat organized a Preparatory meeting on TB and HIV in support of The **BRICS** Health Ministers meeting in November 2013. The meeting focussed on the challenges, experiences and opportunities in addressing the burden of TB and HIV in BRICS countries, leading to a draft communiqué which was put forward to the Health

Ministers. The outcomes of this meeting were presented and discussed by the BRICS Ministers of Health and an action plan was developed to translate these into practical developments.

During the conference, the Secretariat worked with Treatment Action Group (TAG) to launch the *2013 Report on Tuberculosis Research Funding Trends.* The report, co-published by the Stop TB Partnership and TAG, revealed that funding for **TB research and development** dropped by US$30.4 million in 2012 compared to 2011, the first time funding has fallen since TAG began tracking investments in 2005. The Secretariat supported and funded targeted media outreach, resulting in coverage in the Wall Street Journal among other publications. I also joined representatives from TAG at a high-level briefing at the French senate, organized by Global Health Advocates, to make the case for increased investment in TB research and development.

The Secretariat also organized several advocacy meetings, calls as well as an advocacy workshop to **coordinate planning and messaging** among partners and discuss messaging. The meeting, held during the Union conference, led to several recommendations for coordinating advocacy, including increasing the frequency of partner calls and updates, and agreement on the theme for World TB Day 2014 – *Reach the three million.*

The Secretariat moved forward with the **initiative to brand TB**. Following the selection of a company - Siegel and Gale - in July, the Secretariat completed the required process of gaining approval of this selection by WHO and finalizing a contract with the company. The Secretariat also formed a Steering Group to guide progress on the branding work. This group is chaired by Jon Lidén, the former director of communications at the Global Fund and consultant to the Stop TB Partnership. The other 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). Siegel and Gale have now developed a work plan for delivering the branding work and have entered the research phase of the project. Their team will be interviewing many Board members over the coming days and providing an update on progress during the retreat.

The **Global Fund** continued to be a major focus for the Secretariat and partners.

I would firstly like to recognize the hard work of all of our partners in the run up to the fourth replenishment conference. Donors pledged US $12.0 billion, the largest amount ever committed to fight against AIDS, tuberculosis (TB) and malaria, and this would not have happened without the high level political advocacy and grassroots support cultivated by our partners, both those present here and many more elsewhere.

We now need to use this momentum, funding and togetherness for an unprecedented acceleration in the fight against TB.

I want to highlight first the fact that the Stop TB partnership accompanied the Global Fund, including Board leaders and Secretariat members in all the major moments along the replenishment path, supporting advocacy messages, providing input to documents and communications, participating in round tables and sessions (such as those organized by the Global Fund Friends in Europe and Africa) and in the replenishment conference.

In addition to supporting Global Fund advocacy efforts, the Secretariat has engaged heavily with the Global Fund Board, committees and secretariat on **policy, strategy and financing decisions** to leverage additional TB resources for countries, as outlined in the Operational Strategy.

Working within the Global Fund Board and Committee structures, we have collaborated closely with different Board constituencies including those from developed and developing country NGOs, communities, Eastern Europe, as well as the private sector delegation in order to address private sector care delivery. We have advocated for increased TB allocations and support for strategic investments in TB and mining affected populations, among other goals.

I am also extremely happy to report that, together with the representatives of the Private Sector Constituency, under the leadership of our Board member from Eli Lily, we co-organized two brainstorming discussions on how the Global Fund and the rivate Sector can engage and leverage efforts in ensuring meaningful involvement of the private sector in service delivery for TB.

We also worked closely with the Global Fund procurement team to conceptualise and finalise the Rapid Supply Mechanism (the TB component) that will be implemented jointly this spring.

The Strategy Committee of the Board of the Global Fund has decided that, in future, any country with high rates of TB and HIV co-infection that applies for funding for treatment programmes will have to design its programmes in a **single unified application for joint TB and HIV programmes**, rather than submit separate proposals for each disease. As this is one of the areas that we have heavily advocated for over the past years, together with our partners and UNAIDS and WHO, we are supporting this approach and working to make it a reality.

The Stop TB Partnership, through the Secretariat, is engaged in technical aspects of Global Fund grants through its participation in the Grant Approval Committee, TB Disease committee and Global Fund TB-HIV Working Group. The Secretariat is therefore directly engaged with and contributing to the development of a multitude of guidance notes and information notes for the development of concept notes and has participated – directly or through relevant partners – in several workshops, sessions and meetings regarding the New Funding Model. The Secretariat contributed and was part of an workshop organized by the Global Fund Secretariat to review the TB Strategic Investment Framework and tools. Fruitful discussions at that workshop led to the inclusion of a stand-alone module for community system strengthening in the TB Modular Tool.

We worked closely with the Global Fund Secretariat and Eastern European constituency of the Global Fund Board to advocate for and implement a European Consultation hosted by the WHO European Region on developing a Global Fund approach for TB and HIV in the Eastern European region –considering the specificities of the region in terms of burden, transition, and phasing out of the Global Fund.

The Global Fund TB-HIV Working Group worked heavily over the last three months to take forward the SIIC decision on the TB-HIV joint concept note principle and operationalize it, through the development of a frequently asked questions document, information note and concept note and by organizing training at the ICASA conference and with UNAIDS. In addition, following discussions with UNICEF, in January we implemented the first ever discussions on joint efforts for addressing TB, HIV

and Mother to Child Transmission (MTCT) in several countries, including discussions on joint TB/HIV/MTCT clinics.

The Secretariat has been included from the outset in the **Task Force of the Joint Civil Society Action Plan**, a roadmap that was developed by a civil society group together with the Civil Society Hub of the Global Fund Secretariat. This Action Plan required meetings on its eight "building blocks", leading to a busy period from September to December with several meetings coordinating the responses of civil society actors and agencies (UNAIDS, RBM and Stop TB).

In September, we held the first TB and Human Rights meeting with the Global Fund team in charge of human rights in the Secretariat and the Global Fund Human Rights Reference Group, which is composed of various independent experts. The work compiled there will be used to re-draft the Human Rights Information Note that will be valid for all three diseases.

In addition to our policy work, the Secretariat has worked heavily to enhance **civil society representation at country level** through Country Coordinating Mechanisms. Three Civil Society Organizations, from Cameroon, Nigeria and Uganda, have been directly supported to receive funding from GIZ totalling more than US $400000 to do work around the Global Fund in their countries from 2013 to 2015.

The Secretariat also supported two networks of TB advocates which successfully applied for more than US $300 000 of GIZ funding for Global Fund work and networking among TB groups.

The Partnership and GIZ supported the attendance of 30 CSO representatives to the 2013 Union Conference and 34 civil society representatives to the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), impressing upon conference delegates the need to ensure that all TB and HIV programmes are fully integrated. Additionally, two sessions with the African Young Positives Network (AY+) and the Communication for Development Centre were organized with GIZ´s support.

The Secretariat was instrumental in the development of the Global Fund 'Situation Room', designed to increase the disbursement of funds allocated for TB projects. Since mid-November Situation Room members – Global Fund, TB CARE, USAID, TB TEAM Secretariat and Stop TB Partnership Secretariat – have held regular meetings and discussed a number of country-specific issues on disbursement, so far focussing on Indonesia, Nigeria and the Democratic Republic of Congo.

Data released from the Global Fund shows that disbursement for TB in 2013 was considerably higher than in previous years and we would like to believe that our efforts have contributed in part to this.

Over the last two months we have been working intensively with the Global Fund Secretariat, as well as with our colleagues from WHO, UNAIDS and RBM to put forward the content for the newly established Technical Assistance agreements between the Global Fund and the abovementioned partners. As part of this effort we created a country mapping spreadsheet with a large number of variables and countries. This has become one of the main documents that our partners have been using to obtain information related to the New Funding Model and we are working hard with the communities, civil society and other partners to understand how the TB community can offer the Global Fund support for strong concept notes on TB. The Technical Assistance agreement plans will

be presented next week to the Strategy Committee of the Global Fund and then to the Global Fund Board.

As Secretariat, we decided that the areas in which we can make a big difference relate to engaging communities, ensuring strong human rights and gender components, sharing knowledge on innovations in care delivery for increased case detection, and drug supply management. Therefore the Technical Assistance agreement is constructed around these areas and is based on supporting our partners and community representatives from respective countries or regions to be meaningfully engaged in all pre-Technical Review Panel concept note processes.

We are happy to see that we are getting more and more involvement and feedback from you all and many others as part of our Global Fund Core Group – essentially a group composed of our partners and stakeholders which is provided with regular information and holds monthly calls. The main purpose of this group is to ensure that our partners are aware and have the opportunity to provide feedback or get clarification on all the Global Fund work streams we are working on; and receive relevant Global Fund guidance information on the New Funding Model, board/committee information and any other Global Fund related matters including pre-digests of Global Fund documents.

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

As of January 2014, TB REACH has funded 109 partners in 44 countries .

My last report discussed in detail the results from wave 1 and wave 2.

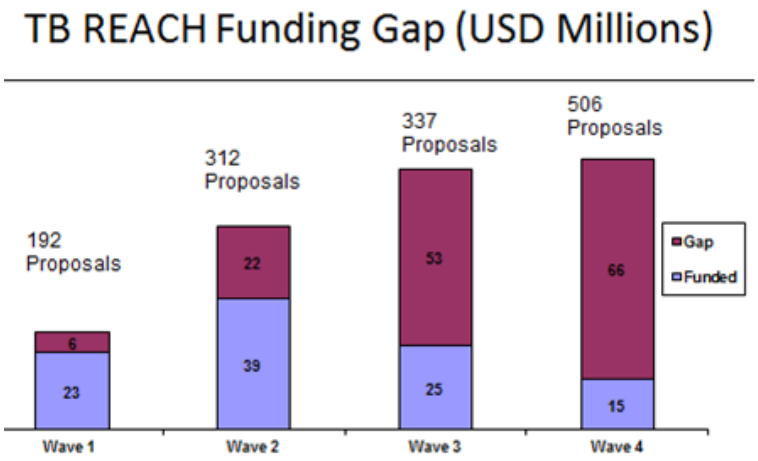
This year, 35 Wave 3 projects in 24 countries started. Among these are projects that focus on innovative approaches to engage the private sector in Pakistan, Bangladesh and Indonesia, as well as active case finding in mining-affected communities in the Southern African Development Community region. In the last two waves about 60% of projects are using GeneXpert to improve accuracy of diagnosis. TB REACH continues to be the leading procurer of GeneXpert outside of South Africa, providing services beyond TB REACH grantees to many other partners.

TB REACH continues to provide evidence around how the use of Xpert MTB/RIF test can be used in programmes. We recently published a peer reviewed paper entitled *Results from early programmatic implementation of Xpert MTB/RIF testing in nine countries* with a large number of our grantees.

The TB REACH secretariat also co-organized a GeneXpert Stakeholder's Meeting in Paris where the main topics of discussion included forecasting for procurement, warranties and after sales service, product improvements and innovative ways to link GeneXpert machines with electronic information systems.

The Wave 4 call for applications was launched on 24 September 2013 and resulted in an unprecedented 1,067 registrations for Letters of Intent (LOIs). Using LOIs as a first screening method was a recommendation that came out of the mid-term evaluation of TB REACH and was implemented immediately.

Following this, we received 506 complete applications, of which 421 were eligible technically and financially and were therefore reviewed by the Proposal Review Committee (PRC). Of these, 125 LOIs from 46 countries with a request of 59.8 Million USD have been selected by the PRC for full application submission by the end of January 2014. New to wave 4, a small track for community based organizations is available for projects to receive a maximum grant of US $200 000.



For wave 4 TB REACH is prioritizing LOIs that focus on case finding in migrants, children, indigenous populations, ethnic minorities, and incarcerated populations.

The PRC will meet from the 10th to 20th of February to select the proposals to be funded, which will be presented to the Executive Committee of the Board for their endorsement.

Significant efforts are ongoing for **mainstreaming TB REACH lessons in country Global Fund grants** and national strategic plans.

TB REACH has been working closely with Global Fund fund portfolio managers and TB programme managers in places where TB REACH projects have shown good results to incorporate the lessons learned into the national strategy and ensure that successful activities can continue. For example, in Nigeria, the approaches taken in a TB REACH project in eastern Nigeria that focusses on nomadic populations have been incorporated in the national strategic plan, the first time that this vulnerable population has been considered.

The TB REACH Secretariat has helped link partners in Malawi, Tanzania and Cambodia with high level parliamentary representatives in order to demonstrate their innovative approaches to case finding. We have also worked with the World Bank to support the development of a regional TB and mining initiative.

The experiences of TB REACH grantees have continued to be of high interest in the TB field showing how guidance can be translated at country level into tangible outcomes and providing many lessons learned and results to the larger public health community.

In recent months, TB REACH experiences have been published in a number of peer reviewed journals including work on: Review of Programmatic Approaches to Active Case Finding, Population-Level Impact of Active Tuberculosis Case Finding in an Asian Megacity, Active contact investigation and treatment support: an integrated approach in rural and urban Sindh, Pakistan, The High Burden of

Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) in a Large Zambian Prison, and LED-Fluorescence Microscopy for Diagnosis of Pulmonary Tuberculosis under Programmatic Conditions in India with numerous others under review.

More than 20 posters and symposia delivered in the 2013 UNION Conference in Paris presented data from TB REACH funded projects.

The TB REACH Secretariat is regularly having discussions with colleagues from Canada and organized a special briefing session on TB REACH at DFID.

With the support of the DFID and World Bank Board members, TB REACH participated in special sessions organized in London and Washington on innovation in service delivery where 'out of the box' thinking and applied innovations were discussed and presented.

The **Challenge Facility for Civil Society** (CFCS) re-focused its grant-giving work to supporting work related to the Global Fund and roll out of New Funding Model. The call for proposals issued on 10 December therefore requested applications focusing on work around Country Coordinating Mechanisms, Community System Strengthening, and the New Funding Model Country Dialogue, among other processes. The deadline for applications is 15 February 2014 and the grants should start in May after undergoing a rigorous selection procedure by an independent Selection Committee that will meet in April.

In addition, the CFCS is planning to implement a matching fund which would see the Global Fund match CFCS financing for projects.

A Good Practice document from the grants from Round 4 was published in October 2013 and is available online.

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

GDF has continued to make significant progress since the last board meeting.

By end of December 2013, the TB products ordered value jumped from US $146 million to 225.5 million, representing an increase of approximately 35% when compared to 2012 (Fig. 1).

The value of second line drugs almost doubled in 2013 compared with 2012, reaching US $127 million (Fig. 2).

In total, since 2002 GDF has processed orders for TB products with a value of approximately US $1 billion (Fig.3), representing more than 23 million first line drug treatments (Fig.4) and more than 116,000 second line treatments worldwide from 2007 (Fig. 5).

Figure 1. Total value of all orders per year in US$

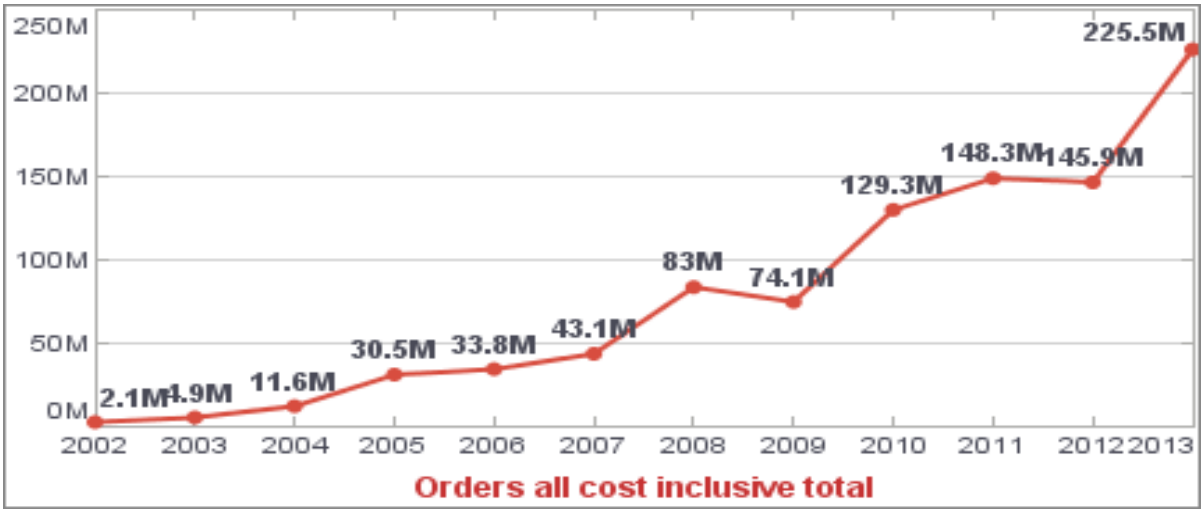


Figure 2. Total value of all orders per year, per type of product

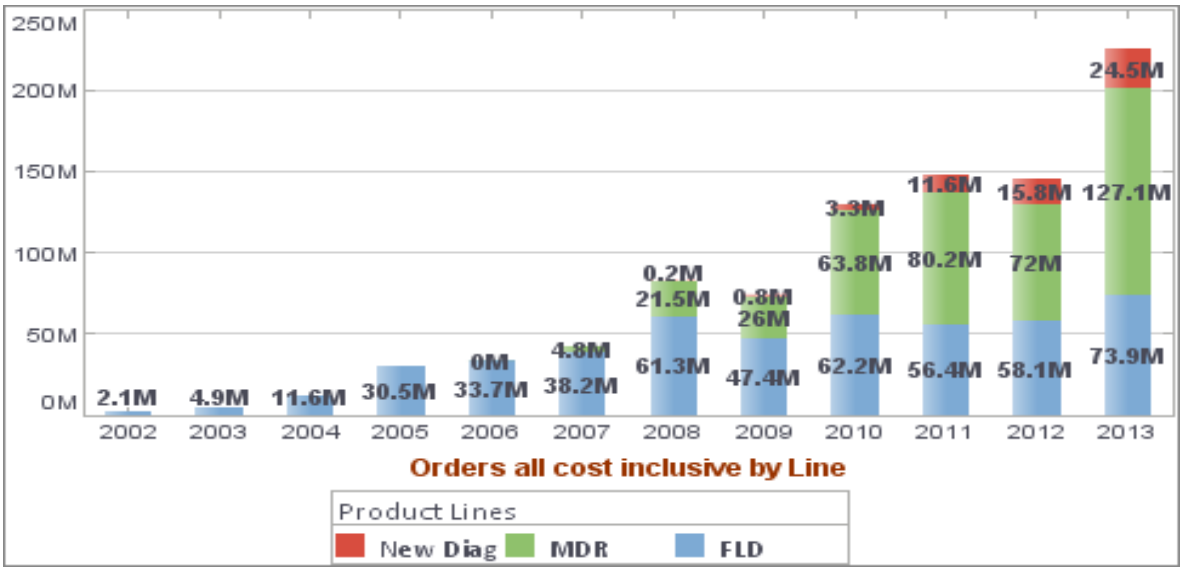


Figure 3. Cumulative total value of all orders

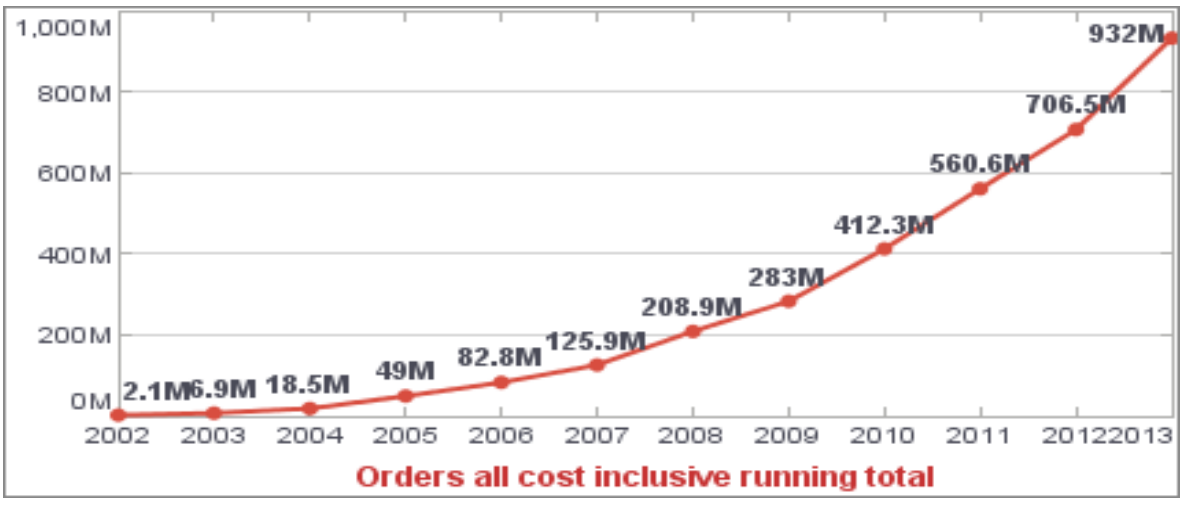
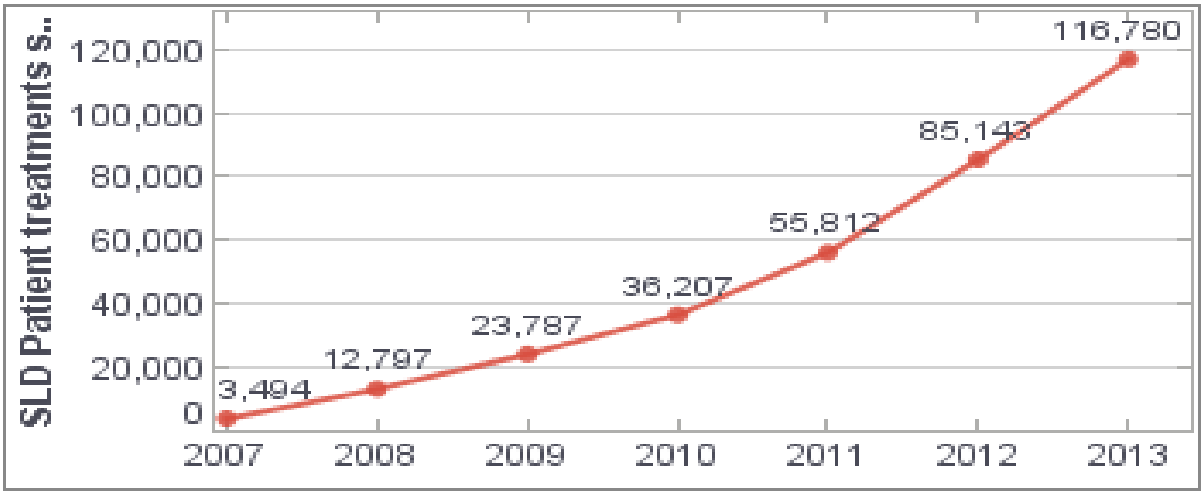


Figure 4. Cumulative total all second line patient treatments supplied per year (2007-2013)

Figure 5. Cumulative total of first line patient treatments supplied per year



Following the board's approval of the GDF strategic direction last year, we have received commitment from donors to continue to support the GDF mechanism within this new strategic framework. Continuing to decrease prices and improving delivery lead-times remain central priorities.

Price Reduction. In early 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 27% compared to 2011 prices, resulting in a decrease in the overall cost of treatment.

After 12 years of GDF operations, the average cost of first line treatment is US $17.4 while MDR treatment is US $2,038.56 - all fee inclusive (commission, quality control, insurance, transportation) with an ex-works (EXW) drug value of US $14.95 and US $1,846.56 respectively. This shows that the average cost of GDF services, all fees inclusive, is 12.1% of the EXW value of the product delivered.

Customer's Satisfaction: All the 688 distinct orders delivered to 108 countries in 2013 were surveyed. Only 8 complaints were received in total. Based on this data, GDF customer's satisfaction index reached 96% in 2013: a + 9% increase from 2012.

Certification. GDF has been audited by an independent ISO Certification / Quality body on 17th of December 2013 and the GDF ISO 9001/2008 certification has been maintained for 2013/2014

Initiatives of GDF's New Strategic Framework Implementation

Expansion of the Strategic Rotating Stockpile (SRS). During Q4 -2013, GDF sent a cost-extension proposal to UNITAID to double its current strategic rotating stockpile. UNITAID's Executive Board has committed funding of US $14.9 million to the Stop TB Partnership's Global Drug Facility (GDF) to expand the Strategic Rotating Stockpile (SRS) for multidrug-resistant tuberculosis (MDR-TB) medicines (13 Dec 2013).

The GDF stockpile aims to help halt the spread of MDR-TB by guaranteeing supply and improving delivery times of drugs. Countries will benefit from increased flexibility in drug supply as they take on the challenge of scaling up the management of MDR-TB. This support will be linked to the Global Fund Rapid Response Mechanism and GDF aims to move the SRS programme towards longer-term funding sources and a new operating model.

Rapid Supply Mechanism (RSM). GDF was instrumental in developing the new concept of a Rapid Supply Mechanism (RSM) with the Global Fund which will give countries access to an expanded stockpile of SLDs + FLDs and payment facilities through a fast mechanism of grants/funds reprogramming in emergency cases. The new RSM will absorb the fluctuations related to MDR-TB management (higher levels of enrolment than expected especially) to avoid treatment disruptions.

This will allow countries to immediately place orders with GDF without having to disburse the needed funds upfront and to receive drugs from an expanded stockpile without any delays.

After this concept is approved by relevant Global Fund committees in early 2014, the mechanism is expected to launch in late Q1 2014 or Q2 2014.

Flexible Procurement Fund (FPF). For USAID funded programs, GDF has set up a flexible procurement fund (FPF) which allows USAID missions in countries to use GDF USAID core funds as a guarantee for all direct procurements from USAID country missions, decreasing lead times for order placement.

The implementation of the RSM and FPF mean that upfront payment will no longer be the rule for countries in difficult situations (one of the key bottlenecks GDF faced for years), allowing more flexibility for programmes in managing MDR-TB fluctuations with a rapid response.

Monitoring Tools. The classic ordering process with regular planning and enhanced programming will be supported by the roll-out of new monitoring tools such as the GDF/MSH QUANTB tool. Technical Assistance harmonization will be needed across programmes and donor- supported initiatives.

Concrete benefits from this initiative have been already demonstrated for the Central African Republic, Cameroon, Kenya and Tadjikistan, for example.

GDF developed an early warning system for stock-outs which will be linked with several partners' initiatives for TB supply chain strengthening initiatives, including the use of QuanTB in USAID priority countries though SIAPS programme.

Activities shared with other Partners.

GDF and SIAPS organized a joint workshop at the Union conference in Paris in November 2013. GDF and SIAPS were invited to the last Green Light Committee meeting with all Regional GLCs and presented the new QuanTB tool and its perspective on GDF and SIAPS collaboration on improved drug supply planning.

During 2013, GDF worked during with WHO and partners along with Janssen to develop a rational introduction package for bedaquiline and GDF will be the main platform for this new drug distribution in low income countries and for all NGOs.

The GDF team engaged in a collaborative initiative with Global Fund procurement and supply planning managers and Global Fund regional portfolio managers to strengthen information sharing, align processes and improve communication between the two organizations. Monthly meetings are being organized to proactively look at potential risks of shortages and ensure appropriate early decision making and action plans.

Stop TB Partnership Secretariat Staff

None of these efforts would have been possible without a hard-working, committed and high-performing team. We are now working according to the new organigram – approved one year ago – which means that the HR costs for the teams working on Strategic Goals 1 and 2 and on Governance were reduced by 36% compared with 2011, even though the HR costs per post at WHO HQ increased compared to 2011.

Also, as advised, we now operate with a small, very flexible team, composed mainly of short-term staff.

We have had some staff movements – with several staff departing and new staff arriving. We are waiting approval from WHO to recruit and replace some of the staff that left. Significant recruitment is happening in the GDF team. A product quality manager was appointed along with two country support officers and one programme officer. We are now recruiting for a stockpile manager and a regional support officer (RSO) for the EURO region who will join the three RSOs recruited in 2013.

Looking forward to what is to come in 2014 and 2015, I want to remind us all that we have 700 days left to reach the current MDGs. So we have work to finish, work to continue and new work to start.

I hope that we will finalize the identification of the remaining member of the Board for country seats and that, with the last recruitments, we will finalize the migration to the new organigram. I also hope that we will finalize the discussions on the hosting situation.

We have to continue our work on engagement of our partners, TB branding, TB and mining and BRICS. We will continue, but at an even higher speed, engagement with the multiple Global Fund work streams and start the roller coaster trip on the New Funding Model.

And we have to start three things: concrete work on the Global Plan development; high level advocacy efforts with the engagement of the Board leadership; and significant fundraising efforts, together with our Board members, for the 2015 work plan and beyond.

Thank you