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WHO | HTM | STB | 2009.58

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Design: messaggio studios

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#### **Organizations and other entities**

TBTEAM TB Technical Assistance Mechanism of the Stop TB Partnership

UNAIDS Joint United Nations Programme on HIV/AIDS

WHO World Health Organization

#### **Technical terms**

DOTS The basic strategy that underpins the Stop TB Strategy

MDR-TB Multidrug-Resistant Tuberculosis

ΓB Tuberculosis

TB/HIV Tuberculosis and Human Immunodeficiency Virus co-infection

XDR-TB Extensively Drug-Resistant Tuberculosis



### MESSAGE FROM MARCOS ESPINAL

The year 2008 came to a close with worrisome news about the global economy and concerns that our fight against TB could be thwarted by declining resources.

In this time of crisis, we need to remind ourselves that this is not the time to lower our expectations. We must continue to push for needed TB resources. We must continue our efforts to support national health plans and the achievements of the United Nations Millennium Development Goals overall. And we have to make ever greater efforts to use the resources we have more efficiently. We must leverage the power of our combined networks to produce more. One plus one can make three. In 2008 an independent external evaluation produced solid evidence of our Partnership's efficiency and effectiveness. We saw tremendous movement on TB and HIV. For the first time, heads of government, public health and business leaders, heads of United Nations' agencies and activists came together to seek a common way forward to confront the coepidemic, at the HIV/TB Global Leaders' Forum at United Nations headquarters. The Global Drug Facility delivered over 2.7 million anti-TB treatments to 69 countries worldwide, bringing the total number of patients treated through the Global Drug Facility to more than 13.9 million in 88 countries.

On the multidrug-resistant-TB front, the World Health Organization (WHO) reported the highest levels of drug resistance to TB ever recorded. But just months later, Partners swung into action. The Stop TB Partnership's Global Drug Facility, WHO, UNITAID, the Global Laboratory Initiative and the Foundation for Innovative Diagnostics announced a joint initiative that will allow thousands of people who are ill with multidrug-resistant TB in low-income countries to get a faster diagnosis – in two days, not the standard two to three months – and appropriate treatment.

In response to a presentation made by a delegation of the Stop TB Partnership, the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (as an outcome of its Eighteenth Board Meeting in New Delhi, India) agreed on a decision point (number 12) aimed at a massive scale-up of the actions needed to fully implement the Stop TB Strategy and the Global Plan to Stop TB. The decision also specified that applicants for Global Fund to Fight AIDS, Tuberculosis and Malaria grants should now include robust TB interventions in their HIV/AIDS proposals



and robust HIV/AIDS interventions in their TB proposals. To obtain continued funding for TB or HIV grants, country coordinating mechanisms will have to explain their plans for scaling up universal TB/HIV collaborative services and will have to explicitly articulate what TB/HIV activities, funding and indicators will be included in each proposal.

The Stop TB Partnership consolidated plans for, and launched, a two-year World TB Day campaign entitled "I am stopping TB". The campaign is about celebrating the lives and stories of people affected by TB: women, men and children who have received TB treatment; nurses; doctors; researchers; and community workers - that is, anyone who has contributed to the global fight against TB. This two-year campaign belongs to people everywhere who are doing their part to stop TB. A strong focus in 2008 was gearing up for the Third TB Partners' Forum (to be held in Rio de Janeiro in March 2009). Before the Forum, we invited our Partners to an online discussion aimed at setting priorities for the agenda.

First, we asked our Partners: Are we outraged enough to Stop TB? Many

said no, we are not. One Partner said it most eloquently.

Perhaps the biggest mistake is thinking that we can continue to plod along at our ordinary pace, making some changes as we go, and that this will actually get us to where we need to be. Never! The epidemic has outrun us by too far now. We all need to get outraged so that we can go to extraordinary lengths to stop TB, because that is what it will take. Then, we asked: Isn't it simple to Stop TB? Many said it would be simple to do better if we did more to involve communities. One Partner said: If we can control the spread of TB in communities, then we will be able to control the spread of TB in a broader context. Let's equip community groups with the right messages and resources to educate communities about simple infection control measures. Community groups should also scale up their advocacy efforts on access to timely, uninterrupted treatment for TB patients. Finally, we asked: Can't we do more together to stop TB? Here was one good answer: Stakeholders

should come with a single voice to

advocate for human rights.

For me, this is a critical thing for us to remember. At a time when our struggle against TB is threatened by the world's economic condition, we have to remind people everywhere that human rights is not just an issue for flourishing economic times.

We congratulate our Partners for their insight and for creating a framework with which the Partnership can move forward. In these trying times, we need the support and commitment of our Partners and friends more than ever. We thank the many thousands of people everywhere committed to the Stop TB movement for their tireless efforts and dedication. And we ask you to bear in mind that, as we move into the second stage of our timeline for the Global Plan to Stop TB 2006-2015, we will have to ask you to do even more.

Janton Come &

Executive Secretary, Stop TB Partnership

# THE PARTNERSHIP'S BASE EXPANDED DRAMATICALLY. BY THE END OF THE YEAR, THE NUMBER OF PARTNERS REACHED A TOTAL

917 WORLDWIDE.

#### **EXECUTIVE SUMMARY**

In 2008, the Stop TB Partnership saw its accomplishments publicly acknowledged through an objective external evaluation.

The evaluation's major findings were that the Partnership had: expanded and strengthened the coalition of organizations involved in TB control and research; broadened the agenda for TB control and research and increased consensus; increased the reach and strength of global advocacy; coordinated and supported Partner activities in key areas, including technical assistance to countries; and improved TB control in countries, both directly (for example, through the Global Drug Facility) and indirectly (through advocacy and other activities).

The Partnership's base expanded dramatically. By the end of the year, the number of Partners reached a total 917 worldwide.

Particular progress was made on two fronts. Working with the Partnership, Dr Jorge Sampaio, the UN Secretary-General's Special Envoy to Stop TB embarked on an ambitious campaign to raise awareness about and political commitment to addressing the co-epidemic of TB plus HIV. On the drug resistance front the Stop TB Partnership, working in collaboration with WHO, UNITAID, FIND and the Global Laboratory Initiative, launched a bold initiative to scale up diagnosis and treatment of MDR-TB in low-income countries. The Global Drug Facility continued to provide life-saving, high quality TB medicines and diagnostic products to countries in need through its grant and direct procurement services.

In 2008, for first-line drugs, GDF delivered 1,830,134 treatments through its adult grant service and 163,804 curative and 91,786 preventative treatments through its paediatric grant service. Adult medicines were delivered to 54 countries and paediatric medicines were delivered to 44 countries. Through its direct procurement service. GDF delivered 763,145 treatments to 43 countries. For second-line drugs, GDF delivered 1,598 treatments through its grant service to 12 countries and 9,000-11,000 treatments to 30 countries through its direct procurement service (Because of the wide variety of treatment regimens and long treatment cycles GDF cannot determine the exact number of patient treatments provided in a single year in countries using direct procurement.)

At a time of uncertainty about donor funds, the Stop TB Partnership Secretariat secured contributions of US\$ 80.0 million, matching those of 2007. Financial resources were prudently managed, with accounting in line with international best practices and WHO rules and regulations.

At the grass-roots level, the Partnership made a second round of grants through the Challenge Facility for Civil Society, a mechanism to provide financial support to small groups of civil society organizations and to fund advocacy and social mobilization activities. In 2008, the Challenge Facility for Civil Society awarded grants totalling US\$ 423 084 to 23 nongovernmental organizations in 17 countries.

Based on the outcome of the independent external evaluation and discussions with the Stop TB Partnership Coordinating Board, two changes were made in the structure of the working groups. The Global Laboratory Initiative, formerly a subgroup of the DOTS Expansion Working Group, graduated to the status of working group. Also, a decision was made to disband the Advocacy, Communication and Social Mobilization (ACSM) Working Group, moving the Country-Level Subgroup to be the ACSM Subgroup of the DOTS Expansion Working Group. Moreover, a decision was made to replace the Global Advocacy Subgroup with a committee directly advising the Board and Secretariat, to be known as the Advocacy Advisory Committee.



The Partnership's other working groups continue to move forward on ambitious agendas. With assistance from TBTEAM, 29 countries were approved for Global Fund to Fight AIDS, Tuberculosis and Malaria TB grants for five years, worth a total of US\$ 900.0 million – nearly double the amount of the previous best round (US\$ 574.0 million). The TB/HIV Working Group launched a campaign that promotes the Three i's (intensified TB case finding, isoniazid preventive therapy and infection control for TB). The MDR-TB

Working Group's Green Light Committee approved treatment with second-line drugs for 19 652 patients.

Also, the New Vaccines Working Group initiated discussions with regulators from 19 African countries to facilitate the clinical testing and introduction of new TB vaccines in Africa, while the New Drugs Working Group spurred dialogues between regulatory agencies and TB drug developers. Moreover, the New Diagnostics Working Group and Retooling Task Force produced a guidance

document: New laboratory diagnostic tools for TB control.

Finally, the Partnership reached new heights of visibility. A new Stop TB Ambassador – football icon Luis Figo – joined the Partnership and was featured in an international TB awareness-raising campaign. In 2008, there were 4 179 833 views of the Stop TB Partnership web site (www.stoptb.org) – a 13% increase over the figure for 2007.

## **GOVERNANCE & PLANNING**

#### **Independent External Evaluation**

The year 2008 saw the completion of the second independent external evaluation of the Partnership.

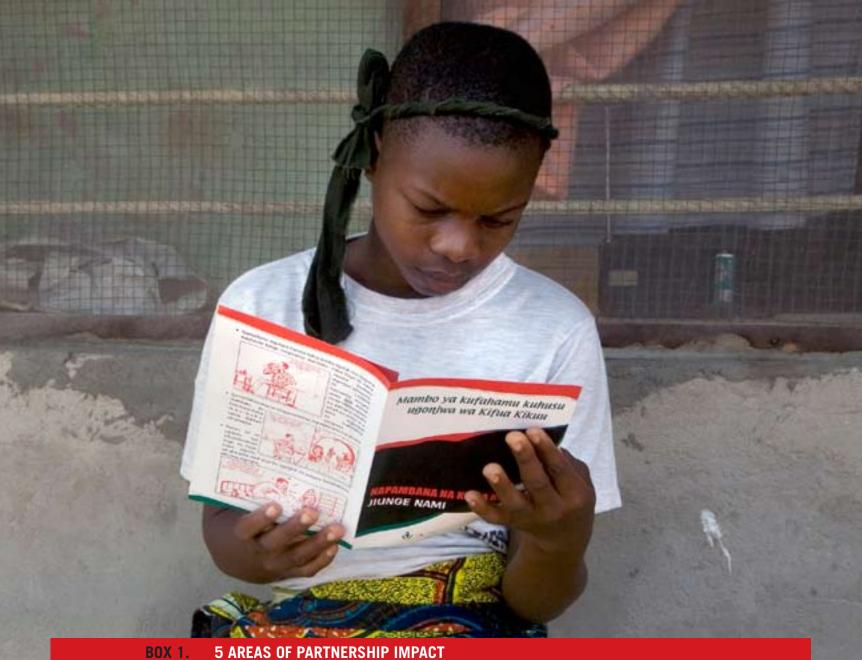
Following a competitive tendering process and an open review of bids, McKinsey & Company was selected to conduct the evaluation. Through almost 100 interviews, an Internet-based survey of Partners, a desk review of available documentation, and eight visits to countries in Africa, Asia and South America, the evaluation sought to identify the impact of the Stop TB Partnership from 2001 to 2006, over and above what would have happened in its absence.

The evaluation identified five areas of Partnership impact (see Box 1) and

unambiguously concluded that the Partnership has contributed significantly to efforts to stop TB. As a result of the Partnership's contributions, progress in global TB control and research from 2001 to 2006 has been greater than it would have been without the Partnership.

The evaluation also examined changes in

the TB landscape from 2001 to 2006 and examined potential future implications for the Partnership. From this analysis, a series of 10 recommendations emerged, suggesting some changes to what the Partnership does and how it does it. Following an analysis prepared by the Secretariat and a thorough review by the Executive Committee and Coordinating Board, almost all of the recommendations were accepted and are currently being implemented.



- 1 . Expanding and strengthening the coalition of organizations involved in tuberculosis control and research.
- 2 . Broadening the agenda for tuberculosis control and research, increasing consensus on the agenda.
- 3 . Expanding the reach, and increasing the strength of global advocacy
- 4. Coordinating and supporting Partner activities in key areas including technical assistance to countries.
- 5. Improving tuberculosis control in countries, both directly, e.g., via GDF/GLC, and indirectly through its other activities such as advocacy.

#### **Coordinating Board**

The Stop TB Partnership Coordinating Board met in Cairo, Egypt, in May and again in Bagamoyo, United Republic of Tanzania, in October 2008.

During the year, the Executive Committee of the Board also held quarterly teleconferences. The key decisions and outcomes of the two 2008 Coordinating Board meetings follow.

At the 14<sup>th</sup> Coordinating Board Meeting in Cairo, Egypt (May 2008), the Board:

- reviewed the report of the independent external evaluation, including its recommendations, and devised action points for implementation, as appropriate;
- endorsed the convening of the Third
   TB Partners' Forum in Rio de Janeiro
   in March 2009:

- called for the first Global Plan Progress Report to be developed and available by March 2009, in time for review by the Partners' Forum;
- called for the convening of ministers from the 27 high-burden multidrugresistant and extensively drug-resistant-TB (MDR/XDR-TB) countries in 2009, to raise the profile of the threat drug-resistant TB poses and to initiate the development of comprehensive national strategies and plans to address the problem

   in response to the growing threat
   of MDR/XDR-TB; and
- endorsed the Call for Action on TB and HIV to be issued at the Global Leaders' Forum.



At the 15<sup>th</sup> Coordinating Board Meeting in Bagamoyo, United Republic of Tanzania (October 2008), the Board:

- reviewed the scope of work of each of the Partnership's working groups and approved six of the seven for renewal;
- dissolved the Advocacy,
   Communication and Social Mobilization
   (ACSM) Working Group and called for the formation of an Advocacy
   Advisory Committee to advise both the Secretariat and the Coordinating Board on advocacy efforts;
- upgraded the Global Laboratory Initiative to a full working group, given the importance of strengthening the laboratory network in countries;

- called for a concrete, action-oriented document to come out of the Third TB Partners' Forum; and
- requested the Global Fund to Fight AIDS, Tuberculosis and Malaria to make it mandatory to include TB components in all HIV proposals and HIV components in all TB proposals in TB/HIV priority countries.

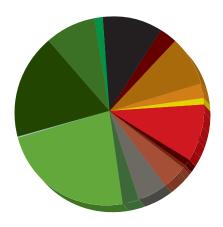


## **PARTNER ENGAGEMENT**

#### **Partner Overview**

Stop TB reached a total of 917 Partners by the end of 2008.

The grouping of Partners and number of Partners in each group are shown in Fig. 1.



#### FIG. 1. NUMBER OF PARTNERS BY GROUPING

- Academic / Research institution
- Charitable / Philanthropic Foundation
- Corporate sector (Health)
- Corporate sector (Non-Health)
- Bilateral donor
- Governemental Agency
- Intergovernemental Organization
- International Health Partnership
- NGO International Development
- NGO International Faith Based

- NGO International Health
- NGO International TB
- NGO National Development
- NGO National Faith Based
- NGO National Health
- NGO National TB
- Patient Activist Group (International)
- UN System Organization / Specialized Agency



FIG. 1. NUMBER OF PARTNERS BY GROUPING

Type of Partner	Number of Partners
Academic/research institution	103
Charitable/philanthropic foundation	24
Corporate sector (health)	81
Corporate sector (non-health)	27
Bilateral donor	9
Governmental agency	93
Intergovernmental organization	2
International Health Partnership	1
Nongovernmental organization: international development	39
Nongovernmental organization: international faith based	1
Nongovernmental organization: international health	54
Nongovernmental organization: international TB	21
Nongovernmental organization: national development	207
Nongovernmental organization: national faith based	3
Nongovernmental organization: national health	163
Nongovernmental organization: national TB	78
Patient activist group (international)	2
United Nations system organization/specialized agency	9
Total	917

# Partner Best Practices: Examples from the Field

# International faith-based organization: Caritas Internationalis

Caritas Internationalis – one of the largest international humanitarian relief, development and social service networks plays a key role in TB control. Here are a few examples of its work. Caritas Luxembourg has collaborated with the governments of the Republic of Moldova and Tajikistan to implement their TB programmes. In the Congo, close to 60% of all TB treatment is offered through Caritas Congo and other faith-based organizations. Also, Catholic Relief Services, a member organization, collaborated with the Vatican and the Catholic Church in the Democratic People's Republic of Korea to provide TB treatment to 250 000 people. Caritas Internationalis has recently formed a partnership with the Government of Swaziland and other nongovernmental organizations to address the TB and TB/ HIV epidemics in the country. Caritas Internationalis has also launched an advocacy campaign to promote greater access to paediatric HIV and TB testing and treatment.

# Country-level nongovernmental organization: Upendo Disadvantaged Group

When Jane Tibihka of the United Republic of Tanzania became ill with TB and was cured in 2004, she recognized that former TB patients could be a valuable resource. She formed an organization of former TB patients, the Upendo Disadvantaged Group. Upendo is now a registered nongovernmental organization with branches in Dar es Salaam and Kibaha, a nearby rural district. The Kibaha group's 31 community-based homecare providers focus on primary care for more than 200 TB patients in the district, under the help and guidance of medical staff at Tumbi Hospital, 7 km away. The Upendo Disadvantaged Group also is a strong force in local advocacy and organizes community gatherings that feature music and poetry, to educate their neighbours about TB.



## Coalition: Lilly MDR-TB Partnership

The Lilly MDR-TB Partnership consists of 20 organizations working together to improve care for people with MDR-TB, particularly disadvantaged groups.

Recent projects have included support for an on-line training course developed by the World Medical Association and an

initiative with the International Council of Nurses to better prepare nurses to care for patients with TB and MDR-TB. In 2008, together with the World Economic Forum, the Lilly partnership also launched a toolkit intended to boost the involvement of Chinese companies in tackling TB.

The Lilly Partnership provides support for a number of Stop TB Partnership initiatives, including the Ambassadors programme, the Challenge Facility for Civil Society, Images to Stop TB and the Stop TB Award for Excellence in Reporting on Tuberculosis.

ACROSS THE GLOBE,
INDIGENOUS PEOPLES
ARE AT EXCEPTIONALLY
HIGH RISK OF BECOMING

ILL WITH TB AND DYING

FROM THE DISEASE.

### **International Partnership at Work**

# New attention to the TB toll among indigenous people worldwide

Across the globe, indigenous peoples are at exceptionally high risk of becoming ill with TB and dying from the disease.

Between 2002 and 2006, the First Nations TB rate (on and off reserve) was 29 times higher than that among the non-aboriginal population born in Canada. For the Inuit, it was 90 times higher. Thousands of miles away, Pacific Islanders and Maoris are at least 10 times more likely to contract TB than other people living in New Zealand. Also, the indigenous people of Kalaallit Nunaat, Greenland, are 45 times more likely to get active TB than Danishborn residents.

There are 370 million indigenous peoples worldwide living in more than 70 countries. Although there are no firm global estimates for the incidence of TB in these populations, evidence from targeted studies strongly suggests a high rate of TB among indigenous groups living under similar conditions. In April, at a session at the United Nations Permanent Forum on Indigenous Issues, participants called for the development of a specific initiative on TB, led by indigenous peoples, to collaborate with the Stop TB Partnership. Then in November, for the first time, at a meeting in Toronto co-hosted by the Assembly of First Nations and the Inuit Tapiriit Kanatami, public health experts and leaders of indigenous peoples from 60 countries began to address TB among indigenous people worldwide.





## The Challenge Facility for Civil Society in 2008

#### The Challenge Facility for Civil Society awarded its second round of grants in 2008.

The Challenge Facility for Civil Society targets grass-roots civil society organizations that seek to help shape policy at local and national levels, by giving a voice to people living with TB and those involved in its prevention, treatment and care. Their activities are expected to result in enhanced resources for TB con-

trol and improved access to TB and other health services – in particular, by the most vulnerable members of society.

An independent review committee selected 23 civil society organizations in Bangladesh, Brazil, Cambodia, Cameroon, China, Ecuador, Ethiopia, Georgia, Ghana, Kenya, India, Indonesia,

Nigeria, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe to receive a total of US\$ 423 084. The committee made its selections after three days of deliberation and careful consideration of all valid proposals received in a timely fashion.

#### POLITICAL ADVOCACY

The Partnership has an ambitious agenda for political advocacy in donor countries and those heavily burdened by TB. The aims are to increase financing and commitment. In 2008, HIV-associated TB was a strong focus of this advocacy. What follows are highlights of advocacy activities in 2008 by Stop TB Partners:

- The World Health Organization (WHO) presented findings from the largest survey to date on the scale of drug resistance to TB. The report, Antituberculosis drug resistance in the world, based on information collected between 2002 and 2006 on 90 000 TB patients in 81 countries, found that XDR-TB, a virtually untreatable form of the disease, has been recorded in 45 countries. Launch events were held in Washington and Brussels to leverage potential commitments for action.
- The European Centre for Disease
  Prevention and Control published the
  Framework Action Plan to fight tuberculosis in the European Union (and neighbouring countries). The plan aims to stop TB and to prevent the spread and/or emergence of MDR-TB and XDR-TB in the region. Though it will be dependent upon national governments to carry activities forward, the plan envisages the European Union playing an important role as a catalyst for action.
- As an outcome of its Eighteenth Board Meeting in New Delhi, India, the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria agreed on

- a decision point (number 12) aimed at massive scale-up of the actions needed to fully implement the Stop TB Strategy and the Global Plan to Stop TB.

  The Board considered this decision point after a call from the Stop TB Partnership.
- The Joint United Nations Programme on HIV/AIDS (UNAIDS) Coordinating Board declared TB to be an urgent threat and called on Member States to deliver integrated TB and HIV services that provide adequate TB infection control in HIV care settings.
- The Stop TB Partnership welcomed approval of the Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, TB and Malaria Reauthorization Act of 2008. legislation which authorizes an unprecedented US\$ 48 billion in spending over the next five years to help treat and prevent AIDS, TB and malaria. The new bill authorizes: US\$ 4 billion for TB; US\$ 5 billion for malaria; and US\$ 39 billion for AIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and additional support for health care workers and health system strengthening. In addition, the Senate passed the Comprehensive Tuberculosis Elimination Act of 2008 to carry out programmes aimed at prevention, treatment, control, and the elimination of TB and to expand TB research by providing an additional US\$ 300 million to the Centers for Disease Control and Prevention and the National Institutes of Health.



#### **HIV/TB Global Leaders' Forum**

In 2008, the Stop TB Partnership engaged in a concerted campaign to raise public awareness about (and political commitment to stop) the HIV/TB pandemic.

On 9 June, for the first time ever, heads of government, public health and business leaders, heads of United Nations agencies and activists came together to seek a common way forward on confronting the deadly combination of TB and HIV at the HIV/TB Global Leaders' Forum at United Nations headquarters.

Convened by the United Nations Secretary-General's Special Envoy to Stop TB, Dr Jorge Sampaio, and endorsed by the United Nations Secretary-General, Ban Ki-moon, the Forum took place at United Nations headquarters. Speakers included: William J. Clinton, founder of the William J. Clinton Foundation and former President of the United States: Faure Gnassingbe, President of Togo; Armando Guebuza, President of Mozambique; Jeannette Kagame, First Lady of Rwanda; Dr Margaret Chan, WHO Director-General; Dr Peter Piot, Executive Director of UNAIDS; Dr Michel Kazatchkine, Executive Director of the Global Fund

to Fight AIDS, Tuberculosis and Malaria; Ambassador Mark Dybul, United States Global AIDS Coordinator; and Lucy Chesire and Winstone Zulu, representing civil society. The Forum resulted in the launch of a Call for Action, which urged Members States, United Nations organizations, donors and others to scale up the response to HIV and TB and reduce the number of deaths – in line with the Global Plan to Stop TB 2006–2015. Following up on the Call for Action, Dr Sampaio spoke in September at the Annual Meeting of the Clinton Global Initiative and urged participants to intensify their commitment to collaborative action on HIV and TB - in particular, preventing and treating TB among people living with HIV. The meeting brought together a diverse group of leaders from government, business, and civil society to examine pressing global challenges and transform that awareness into action.



# 

## COMMUNICATIONS, CELEBRITIES & EVENTS

#### **Stop TB Ambassadors**

# High level visit to Afghanistan and Pakistan by Stop TB Ambassador Anna Cataldi

On an April visit to Kabul, journalist and human rights activist Anna Cataldi called for greater support by national and international partners for confronting TB in Afghanistan. Ms Cataldi also met the First Lady of Afghanistan and discussed the TB situation among Afghan women. In Herat, Ms Cataldi inaugurated the second phase of construction of a regional TB laboratory, which is being built with the assistance of the Government of Italy. In the Islamabad vicinity, Ms Cataldi

accompanied staff from the National TB Control Programme on a visit to a rural health centre that provides DOTS. There she met with TB patients and Lady Health Workers (community health workers). At a press conference organized in Islamabad, Ms Cataldi called on Pakistan's Ministry of Health and TB programme and on national and international nongovernmental organizations to do more to fight TB.



#### Luis Figo appointed as Stop TB Ambassador

International football star Luis Figo was appointed a Stop TB Ambassador in January 2008. In March, a special World TB Day poster campaign, featuring Figo, was launched and soon followed by the release in July of a comic book featuring Figo as the main character. In Luis Figo and the World Tuberculosis Cup, Figo's fellow players are teenage girls and boys. Together they win a match against a team of TB germs.

The comic book, which seeks to teach children and teenagers about TB and how to prevent it, was launched by

Dr Jorge Sampaio at the Centro Cultural de Belém in Lisbon on the occasion of a

summit of the Community of Portuguesespeaking Countries. Designed by artist Rod Espinosa with a script provided by the Stop TB Partnership, the comic book is the product of a global competition launched in January 2008 and judged by an international panel of cartoon experts, together with representatives from United Nations organizations.

# Web site: raising visibility

THE STOP TB PARTNERSHIP

WEB SITE CONTINUED TO

DRAW A BROAD WORLDWIDE

AUDIENCE. THERE WERE

4 179 833 VIEWS OF THE

SITE IN 2008 – A 13%

INCREASE OVER 2007.

#### **Global Communications**

## World TB Day Campaign: I am stopping TB

A new World TB Day Campaign, *I am* stopping TB, was launched in March, to worldwide acclaim. The Campaign is about celebrating the lives and stories of people affected by TB: women, men and children who have received treatment for TB; nurses; doctors; researchers; community workers – anyone who has contributed towards the global fight against TB. This two-year campaign belongs to people everywhere who are doing their part to stop TB.

#### **Globally focused events**

#### Launch of the WHO Global Tuberculosis Control 2008 Report

**Geneva:** WHO Director-General Margaret Chan briefed reporters on progress to date on the global TB pandemic.

Dr Chan was joined by: Dr Jorge Sampaio, United Nations Secretary-General's Special Envoy to Stop TB; Dr Peter Piot, Executive Director of UNAIDS; and Dr Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

## **London: All-party Parliamentary Group on Tuberculosis event.**

The WHO 2008 report *Global tuberculosis* control – surveillance, planning, financing was presented in an event at the House of Commons.

#### Penalty shoot-out with Stop TB Ambassador Luis Figo

Football star and Stop TB Ambassador Luis Figo joined Members of Parliament and students at the Hackney Free & Parochial School to raise international awareness of TB.

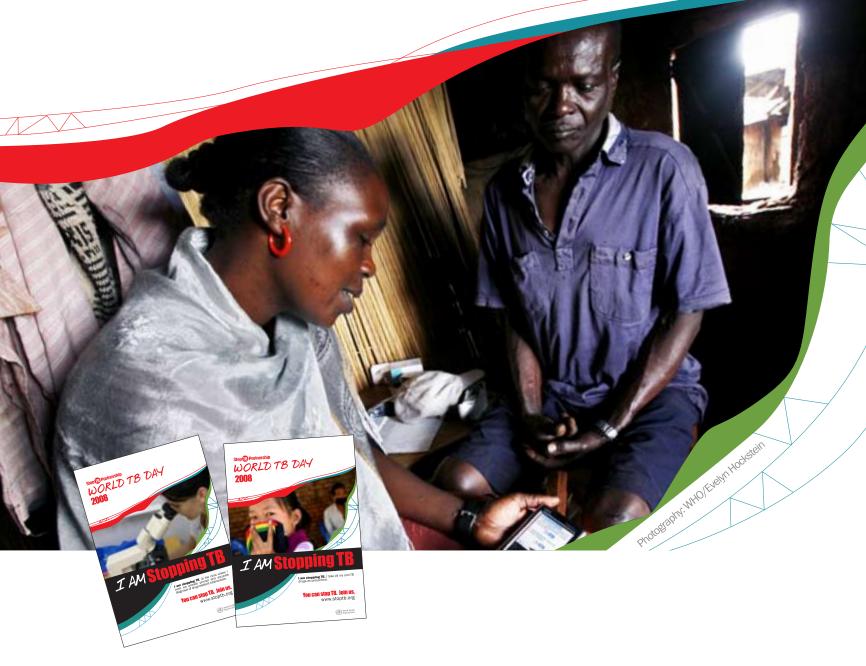
## Ringing The Closing Bell at the New York Stock Exchange

Dr Sampaio joined Edward J. Ludwig (Chairman, President and Chief Executive Officer of Becton, Dickinson and Company) and Dr Giorgio Roscigno (Chief Executive Officer of the Foundation for Innovative New Diagnostics) to raise awareness about TB and ring The Closing Bell<sup>SM</sup> at the New York Stock Exchange.

#### **Locally focused events**

Around the world, many events focused on the theme I am stopping TB. What follows is a selection:

Latvia: Free TB screening was offered to homeless and low-income people across the country. A local television station broadcast a programme that featured experts on TB, with a call-in hotline for viewers.



Nepal: In Kathmandu, the Health
Research and Social Development
Forum marked World TB Day by starting
a TB awareness campaign that targeted
urban poor living in slum areas in the
Kathmandu Valley and by holding a rally
and press briefing in the capital city.
Nigeria: In Abuja, a 5-km walk and
motorcade ended with a rally. Public service announcements were run widely on
several radio stations and on television.

Pakistan: Football, hockey, volleyball and wrestling events were held throughout the provinces of Punjab and Baluchistan. Players wore specially designed T-shirts with messages about TB.

Papua New Guinea: In Port Moresby, 2000 people wearing *I am Stopping TB*T-shirts participated in a fun run followed by a motorcade.

#### **United States of America:**

In Washington, DC, university students ran a web-based outreach campaign to raise TB awareness through Facebook.com – a social networking site – and a paper flyer campaign.

#### **Awards and prizes**

#### **Kochon Prize for 2008**

Dr Jaime Bayona and Professor Denis Mitchison shared this year's Kochon Prize, which is awarded annually to people, institutions or organizations that have made a highly significant contribution to combating TB. The selections were announced at the opening ceremony of the World Conference of the International Union Against Tuberculosis and Lung Disease, held at the Palais des Congrès in Paris. Dr Bayona is the Founding Director of Socios En Salud Sucursal Peru, a Limabased organization that has had an important impact on policies for the prevention and treatment of drug-resistant TB and HIV. Professor Mitchison has had a distinguished half-century-long career in TB research and is best known for his pioneering studies on streptomycin, at Brompton Hospital in 1947. He was also responsible for the design of groundbreaking randomized trials in Madras, India, which compared inpatient and outpatient treatment of TB - the first major studies of home care.

# Stop TB Partnership Award for Excellence in Reporting on Tuberculosis

This award, granted for the first time in 2008, recognizes outstanding reporting and commentary, in print and on the web, that materially increases the public's knowledge and understanding of TB and

MDR-TB. Winners of the prize were recognized at an event held on the eve of the World Conference of the International Union against Tuberculosis and Lung Disease.

The first place winner was Brian Ligomeka of Malawi. Mr Ligomeka's winning article, "Malawi: Fighting TB as part of the deadly trio", appeared in *The Sunday Times of Malawi*. Second place went to Ilze Vainovska of Latvia, whose article "We can" was published in *Kursas Laik*. The third place winner was Refaat Berlanty of Egypt, whose article "Let the shisha talk" appeared on the news web site www.kelmetnamag.com. The award is supported by the Lilly MDR-TB Partnership.

#### **Images to Stop TB**

Images to Stop TB, was awarded for the first time in 2008. The award is intended to obtain outstanding photographs that depict TB prevention and treatment and community activity, to raise awareness about it. The photojournalist Jean Chung of the Republic of Korea received the award from internationally renowned photographer Gary Knight during a ceremony at the Angkor Photography Festival in Cambodia. Ms Chung, whose portfolio was selected by an international jury, received a grant to produce a photo essay on TB.



# Entering the World of Web 2.0: innovations by the Stop TB Partnership

In 2008, the Partnership Secretariat launched a strategy aimed at engaging Partners more directly via Web 2.0 – the new frontier of blogs, wikis and social networking sites. The first step was the launch of a SharePoint, to which Partners worldwide were invited to upload news about their events, posters and other

materials built on the 2008 World TB Day campaign. These were then posted on the Stop TB Partnership's World TB Day web site.

In September, looking towards the Third Stop TB Partners' Forum, to be held in Rio de Janeiro in March 2009, Stop TB launched its first blog with a series of three online discussions that invited Partners to collaborate on setting priorities for the Forum's agenda. The blog prompted a lively conversation between Partners from all regions of the world and resulted in a clear direction for the Forum agenda.

"I AM DELIGHTED THAT THIS
INITIATIVE WILL IMPROVE
BOTH THE TECHNOLOGY
NEEDED TO DIAGNOSE TB
QUICKLY, AND INCREASE
THE AVAILABILITY OF
DRUGS TO TREAT HIGHLY
RESISTANT TB"

said British Prime Minister Gordon Brown.

#### **Action on the frontlines of MDR-TB**

Thanks to an initiative unveiled in June by WHO, the Global Laboratory Initiative, the Stop TB Partnership's Global Drug Facility, UNITAID and the Foundation for Innovative New Diagnostics, people in low-resource countries who are ill with MDR-TB will get a faster diagnosis – in two days, not the standard two to three months –

and appropriate treatment.

The new initiative consists of two projects. The first, made possible through US\$ 26.1 million in funding from UNITAID, has introduced a molecular method to diagnose MDR-TB; until now the method was used exclusively in research settings. These rapid, new molecular tests known as line probe assays – which were approved by WHO in 2008 – produce an answer in less than two days.

At present only about 3% of MDR-TB cases worldwide are being diagnosed and treated appropriately, mainly because of inadequate laboratory services. The initiative announced in June should increase that proportion at least to 15% or more by 2012, as better diagnostics are rolled out in 16 countries.

These countries will receive the tests through the Stop TB Partnership's Global Drug Facility, which provides countries

with both drugs and diagnostic supplies. As part of the project, the Global Laboratory Initiative and the Foundation for Innovative New Diagnostics are helping countries prepare for installation and use of the new rapid diagnostic tests, ensuring necessary technical standards for biosafety and the capacity to accurately perform DNA-based tests. Under a second, complementary agreement with UNITAID, for US\$ 33.7 million, the Global Drug Facility is boosting the supply of drugs needed to treat MDR-TB in 54 countries, including those receiving the new diagnostic tests. This project is also expected to achieve price reductions of up to 20% for second-line anti-TB drugs by 2010. Announcement of this ground-breaking initiative was covered widely by the media around the world and praised by political leaders, including British Prime Minister Gordon Brown. "I am delighted that this initiative will improve both the technology needed to diagnose TB quickly, and increase the availability of drugs to treat highly resistant TB," he said in a statement when the initiative was launched. Mr Brown helped launch the Stop TB Partnership's Global Plan to Stop TB in 2006.



# WORKING GROUPS: MAIN ACHIEVEMENTS

# The Stop TB Partnership's working groups serve to ensure that action to combat TB makes the best possible use of existing resources, skills and funding.

Working groups are organized around specific areas of activity:

- advocacy, communication and social mobilization
- DOTS expansion
- TB and HIV
- MDR-TB
- new TB drugs
- new TB diagnostics
- new TB vaccines
- · laboratories.

# Advocacy, Communication and Social Mobilization (ACSM) Working Group

The external evaluation of the Stop TB Partnership conducted in 2008 recommended strengthening and expansion of the Partnership Secretariat staff to take on more of the Partnership's advocacy work and coordination. The evaluation also recommended that the Coordinating Board reconsider the need, role and function of the ACSM Working Group. At its meeting in October 2008, the Coordinating Board of the Partnership decided to disband the ACSM Working Group, moving the Country-Level

Subgroup to be the ACSM Subgroup of the DOTS Expansion Working Group. Also, a decision was made to replace the Global Advocacy Subgroup with a committee directly advising the Board and Secretariat, to be known as the Advocacy Advisory Committee.

# DOTS Expansion Working Group

This working group is an inter-institutional arrangement between WHO, major financial and technical partners, national TB control programmes, the Global Drug Facility and community representatives, to expand access to TB diagnosis and treatment. It has four subgroups. In 2008, this working group has:

- developed a framework for improved and early case detection;
- revised treatment guidelines, including guidance on earlier diagnosis of drugresistant TB and better treatment for TB patients living with HIV;
- improved coordination of the TBTEAM with other networks, such as the Global Laboratory Initiative and Green Light Committee;



- published a guide for quality diagnosis and the role of X-rays; and
- approved, with support from the TBTEAM, 29 proposals (from among 56 applicants) for the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 8, for a total amount of US\$ 941 million over a five-year period, as compared with US\$ 355 million (21 proposals) approved over five years in Round 7.

#### **TB** and Poverty Subgroup

In 2008, this subgroup:

- developed a network of over 450 members, including national TB programme managers, nongovernmental organizations, technical experts, unions and academics; and
- documented pro-poor health system interventions for special groups.

## ACSM at Country Level Subgroup In 2008, this subgroup:

- provided documentation and exchange of country-level best practices in advocacy, communication and social mobilization, including community and patient engagement; and
- worked out an agreement for the newly

elected ACSM Core Group to place priority on addressing key gaps in advocacy, communication and social mobilization, including the need for a pool of qualified consultants and guidance on monitoring and evaluating this area.

#### Public-Private Mix Subgroup

In 2008, this subgroup:

- convened a joint meeting of the Public–Private Mix Subgroup, to promote increased coordination for public–private mix scale-up, and facilitated the organization of the DOTS Expansion Working Group meeting on engaging professional associations in TB control, to initiate collaboration between national professional associations and National TB Programme managers from 22 high-TB-burden countries;
- developed guidelines on engaging hospitals and informal providers, such as traditional healers, in TB care and control: and
- facilitated the development of guidance on engaging the corporate sector by a joint task force coordinated by the Subgroup.



#### **Childhood TB Subgroup**

In 2008, this subgroup:

- organized a joint meeting of the Subgroup and National TB Programme managers from 22 high-burden countries and technical partners, resulting in requests for technical assistance from the programmes; and
- revised childhood dosing of three basic TB drugs: isoniazid, rifampicin and pyrazinamide (based on systematic reviews), completed and approved by the WHO Expert Committee on the Selection and Use of Essential Medicines.

## **TB/HIV Working Group**

This working group seeks to coordinate and monitor the global response to the HIV-associated TB pandemic, while collecting and sharing information and providing advice. It has one subgroup on infection control. In 2008, it:

 catalysed global expansion of collaborative HIV and TB activities and strengthened links with other working groups – in particular, the MDR-TB Working Group – to ensure HIV testing is part of anti-TB drug surveillance;

- collaborated with the New Diagnostics Working Group and the Foundation for Innovative New Diagnostics to promote and implement new technologies that integrate TB and HIV laboratories;
- collaborated with the Global TB
   Laboratory Initiative to support
   countries in implementing new
   technologies through strengthened
   national laboratory policies;
- launched a global campaign that promotes the Three i's (intensified TB case finding, isoniazid preventive therapy and infection control for TB) – measures that reduce the burden of TB in people living with HIV;
- completed the revision of TB and HIV indicators in collaboration with WHO, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief, resulting in harmonized TB and HIV indicators;
- completed policy guidelines for collaborative HIV and TB services for injecting and other drug users, which was launched at the AIDS 2008 Conference in Mexico City.

- raised and maintained global visibility of TB and HIV with key activities at the AIDS 2008 Conference in Mexico, where activists demanded that no more people living with HIV should die of TB; and
- achieved good visibility for TB and HIV at the Union Lung Conference (with the creation of a new HIV section), the International Conference on AIDS and Sexually Transmitted Infections in Africa, and the HIV Implementers meeting.

## Infection Control Subgroup

In 2008, this subgroup:

- completed costing for implementing TB infection control in 27 high-burden MDR-TB countries; and
- successfully developed TB infection control action plans for 33 countries, with technical assistance from the Working Group along with key implementing agencies and Partner organizations.

## **Working Group on MDR-TB**

This working group seeks to reduce human suffering and mortality due to MDR-TB, through assistance to countries in implementing the MDR-TB component of the Global Plan to Stop TB 2006–2015. It has four subgroups. In 2008, this working group:

- monitored and reported on the country scale up of MDR-TB management;
- provided effective support to WHO in preparing and holding the Second WHO Task Force on XDR-TB;
- successfully developed and promoted the concept of regional training centres to support country and regional scaling up of MDR-TB management;
- supported WHO and the Global Drug Facility to address the global crisis in procuring second-line anti-TB drugs and coordinated all stakeholders; and
- identified the health work force crisis as a key bottleneck to scaling up (and put it on the agenda for the 2009 Beijing Ministerial Conference on MDR/XDR-TB).

#### Research Subgroup

In 2008, this subgroup:

- facilitated the establishment of RESIST-TB, a movement to promote clinical trials for drug-resistant TB: a funding proposal to conduct two trials to shorten the duration of treatment regimens and design a prophylaxis regimen for DR-TB contacts has been prepared; and
- provided assistance to the Green Light Committee in the analysis of evidence on shorter treatment regimens for drug-resistant TB.

## Drug Management Subgroup

In 2008, this subgroup:

- assisted the Global Drug Facility in addressing the growing needs related to MDR-TB drug management, by securing interim suppliers to avoid running out of stock, by performing market research and by identifying potential new sources of second-line anti-TB drugs; and
- assisted the Global Drug Facility by identifying quality assured producers for second-line anti-TB drugs, by supporting and requesting access to particular drugs from suppliers at concessional prices, and by providing advice on the Strategic Rotating Stockpile.



## **Green Light Committee**

In 2008, this committee:

- reviewed 39 applications and approved 19 652 patients for enrolment in treatment;
- successfully implemented changes to cope with the increased demand, which resulted in full review within each review cycle; and
- approved projects that were highly successful in supporting countries to scale up the management of MDR-TB, thanks to a well trained pool of experts in this area.

## **New Drugs Working Group**

The purpose of this working group is to ensure that scientists, academics, pharmaceutical companies, donors, multilateral organizations and patients are working together to speed the development of new drugs for TB. In 2008, it:

(1) Biology/Targets, (2) Candidates,
(3) Tools, (4) Critical Knowledge and
(5) Clinical Trials Capacity – and elected leaders for them;

established five subgroups –

 co-organized and sponsored a symposium that highlighted recent advances in TB drug development at the 39<sup>th</sup> Union World Conference on Lung Health in Paris, France;

- co-organized and sponsored Open
   Forum 3 in Delhi, India, the third
   meeting in a series of events aimed at
   increasing the dialogue between regula tory agencies and TB drug developers
   about the approval process for new
   TB drugs; and
- developed plans to launch a new web site that will include a dynamic, online Global TB Drugs Pipeline.

## **New Diagnostics Working Group**

This working group seeks to implement research, advocacy and operational activities in pursuit of the development of TB diagnostic tools. In 2008, it:

- leveraged an endorsement by WHO of line probe assays for MDR-TB diagnosis;
- undertook the writing of a Scientific Blueprint for TB Diagnostics Development;
- documented the TB diagnostics pipeline with the Task Force on Retooling, with a publication entitled New laboratory diagnostic tools for tuberculosis control;
- completed several large clinical trials of TB diagnostics by Partners, with results to be incorporated in systematic reviews; and
- implemented diagnostics for MDR-TB in high-burden MDR-TB countries, through an initiative of UNITAID, the Global Laboratory Initiative, the Global Drug Facility and the Foundation for Innovative New Diagnostics.

## **New Vaccines Working Group**

The aim of this working group is to bring together international groups with an interest in TB vaccine development, acting as a broker to promote synergy and to accelerate identification and introduction of the most effective vaccination strategy. In 2008, it:

- initiated plans to conduct an international multi-investigator project to develop and harmonize the use of a mycobacterial growth inhibition assay in TB vaccine trials and convened a meeting with investigators and advisers, with a view to standardizing potency testing of vaccines before large scale field trials, thus reducing the number of clinical trials necessary and facilitating process development, manufacturing and testing of vaccine lots;
- commissioned a landscape analysis
   on a range of economic issues
   critical to the rapid development and
   deployment of improved TB vaccines,
   to identify existing resources and gaps
   in knowledge and to help the Working
   Group focus its activities on areas
   where value can be added;
- convened the initial meeting of the Economics and Product Profiles Task Force, which was established to



support the rapid development and deployment of new TB vaccines, by developing clear guidance on desired product characteristics and the likely economic impact, in the context of large-scale TB programmes;

- conducted a comprehensive survey of TB vaccine candidates under development worldwide and produced an updated TB Vaccines Pipeline; and
- organized a special session on TB
   vaccines at the annual meeting of the
   WHO African Vaccine Regulatory Forum
   in October in the United Republic of
   Tanzania which initiated discussions
   with regulators from 19 African
   countries about facilitating clinical
   testing and introducing new safe and
   effective TB vaccines in Africa.

## **Global Laboratory Initiative**

This initiative works closely with national TB programmes, nongovernmental organizations, technical and financial partners and WHO offices at country and regional levels to strengthen TB laboratory services. The Global Laboratory Initiative, formerly a subgroup of the DOTS Expansion Working Group, was established as a full Working Group in October 2008. In 2008, it:

 hosted a high-profile event for stakeholders in Annecy, France, which was co-hosted by Foundation Mérieux and included more than 100 Partners involved in laboratory strengthening;

- issued WHO policy guidance on the use of line probe assays for rapid screening of patients at risk of MDR-TB;
- played a key role in the initiative of UNITAID and the Stop TB Partnership on rapid MDR-TB diagnostics (see page 28); and
- established an external quality assurance programme for second-line drug susceptibility testing, through the Supranational Reference Laboratory coordinating centre in Antwerp, Belgium.

## STOP TB RESEARCH MOVEMENT

The Stop TB Research Movement seeks to engage stakeholders in a collaborative, concerted and strategic effort to increase the scope, scale and speed of TB research. Its two main objectives are:

Its two main objectives are:

- to provide leadership and advocacy to mobilize increased resources in support of a coherent and comprehensive global TB research agenda; and
- to provide a forum for funders and implementers of TB research to coordinate plans and actions, with the result of ensuring that research needs are addressed, opportunities prioritized, and gaps filled.

The Movement's most important milestone in 2008 was its visibility at the Global Ministerial Forum on Research for Health in Bamako, Mali, a meeting of more than 1000 people from all over the world. At the Forum, six Stop TB Partners participated in a special session, which provided an overview of the aims of the Stop TB Research Movement, funding needs and gaps in TB treatment and research, advances in drug, vaccine and diagnostic product development, and incentive schemes that could help further stimulate engagement and results. The session was organized by the Stop TB Partnership Secretariat, with key partners, including the Aeras Global TB Vaccine Foundation, the Global Alliance for TB Drug Development, Médecins Sans Frontières, the Medical Research Council of South Africa, the Special Programme for Research and Training in Tropical Diseases, the Treatment Action Group, and the WHO Stop TB Department.



## THE GLOBAL DRUG FACILITY

In 2008, the Global Drug Facility delivered over 2.7 million anti-TB treatments to 69 countries worldwide, bringing the total number of patients treated through the Global Drug Facility to more than 13.9 million in 88 countries.

The Global Drug Facility continues to provide life-saving, high quality TB medicines and diagnostic products to countries in need through its grant and direct procurement services.

## First-line medicines (adult and paediatric)

In 2008, the Global Drug Facility approved, through its grant service, 110 orders from 47 countries for adult and paediatric first line anti-TB medicines. These orders had a total product value of over US\$ 38.0 million. During the same period, 54 grant recipients received a total of 133 deliveries worth about US\$ 35.3 million.

Through its direct procurement service, the Global Drug Facility placed 59 orders for 54 countries, worth US\$ 12.8 million. In 2008, 65 orders, totalling US\$ 18.2 million, were delivered to 31 countries.

## Second-line medicines

The Global Drug Facility provides qualityassured second-line anti-TB medicines to programmes approved by the Green Light Committee Initiative. In 2008, 29 grant orders, with a value of US\$ 3.0 million, were placed by 12 countries using funds provided by UNITAID. Also, 27 grant orders, valued at US\$ 2.1 million, were delivered to 12 countries. The Global Drug Facility placed 69 second-line medicine orders through its direct procurement service for 32 countries. These orders had a product value of US\$ 15.4 million. In 2008, 68 orders, valued at US\$ 9.9 million, were delivered to 30 countries.

## **Diagnostics**

In 2007, the Global Drug Facility added diagnostic equipment to its product catalogue. The year 2008 saw growth in this service area, with further growth anticipated for 2009. The diagnostic products include consumables kits, microscope kits, sputum containers and equipment starter kits. Table 1 outlines the orders placed for diagnostics through the Global Drug Facility in 2008.



TABLE 1.
ORDERS PLACED
FOR DIAGNOSTICS
THROUGH THE
GLOBAL DRUG
FACILITY IN 2008

Category	Values for 2008
Number of countries placing diagnostic equipment orders	9
Number of consumables kits	1786
Number of microscope kits	131
Number of sputum containers	1755
Number of equipment starter kits	450
Total value	US\$ 559 089

## **Support to programmes**

As part of its efforts to increase the drug management capacity of countries, the Global Drug Facility provides technical support to national TB programmes, primarily via in-country missions. These missions monitor the various aspects required to ensure that access to treatment supports successful implementation of national TB programmes according to the Stop TB Strategy. These missions also allow the Global Drug Facility to identify any existing bottlenecks within the supply chain that could affect the programme's level of care and the effectiveness of programme implementation.

These missions are provided to countries with Global Drug Facility grants or those using direct procurement services, or they provide information and assistance to countries that consider using the Global Drug Facility's services. Four types of missions are conducted:

- Pre-delivery country visits for countries that are approved or placed "under consideration" for Global Drug Facility grant support;
- Grant Monitoring missions, which are annual visits conducted to all grant supported countries;
- Direct Procurement technical support missions for countries using the Global Drug Facility Direct Procurement Services; and
- 4. Technical Assistance missions, covering areas that fall outside of the regular scope of a monitoring mission, including training and specific drug management technical support.

The Global Drug Facility performed 76 missions in 63 countries in all six WHO Regions in 2008 with the support of Stop TB Partners. The increase in missions in 2008 (76) as compared with 2007 (57) illustrates the Global Drug Facility's growing commitment to provide support for technical assistance and increase awareness of its importance for effective drug management.



## **Quality Management System**

In 2008 the Global Drug Facility solidified its commitment to providing the highest quality service. Through the operational streamlining of many processes, the Global Drug Facility continued to adhere to the business principles that comply with ISO 9001:2000 (a standard certification for quality management systems maintained by the International Organization for Standardization). In December 2008, the Global Drug Facility received its recertification for ISO 9001:2000 and formed a subsection of its Business Advisory Committee dedicated to performing biannual management reviews that ensure regular monitoring of the effectiveness and efficiency of the Global Drug Facility services.

## Spotlight on a key donor: Partnership with UNITAID

of new initiatives and the scaling up of several existing projects with UNITAID. In November, the Global Drug Facility and UNITAID signed an Agreement for the MDR-TB Acceleration of Access Initiative: Strategic Rotating Stockpile. This Agreement will allow for the establishment of a Strategic Rotating Stockpile: an increase of the current stockpile from 800 patient treatments worth of second-line drugs to 5800. The Strategic Rotating Stockpile is expected to become fully operational in the second quarter of 2009. An addendum to the original agreement for the MDR-TB Scale-up Project funded by UNITAID was signed in July 2008, raising the budget ceiling from US\$

20.8 million to US\$ 37.7 million, thereby enabling an increase in the total number of patients receiving treatment, from 4716 to 5756 MDR-TB patients in 17 countries through the Project (2007–2011). Also in 2008, UNITAID increased its financial commitment, from US\$ 5.7 million to US\$ 11.6 million, for the Global Drug Facility to procure and supply quality-assured paediatric drugs from 2007 to 2011. In the first year of project implementation, operations focused on the rapid scale-up of supply capability through aggregated demand and pooled procurement, as a means of expanding access and positively impacting the limited market for paediatric TB drugs.

# RESOURCE MOBILIZATION & FINANCIAL MANAGEMENT

Resource mobilization efforts continued apace. These efforts were bolstered by high-level political advocacy efforts of the United Nations Special Envoy for TB, Dr Jorge Sampaio; the Stop TB Partnership Coordinating Board, the Secretariat and key partners.

The first United Kingdom Department for International Development multiyear grant came to an end in December 2008 and was renewed by a three year grant for £4.0 million. Close discussions held with the United States Agency for International Development during the year led to the signing of a US\$ 200.0 million five-year grant from the Agency. A new donor, Spain, joined the core group of donors to the Stop TB Partnership by signing an initial grant of €1.0 million for 2009.

Close relationships with core donors were maintained by providing them with regular progress reports during the year. During 2008, new relationships were forged with UNITAID and the Global Fund

to Fight AIDS, Tuberculosis and Malaria. Substantial funding agreements on the MDR-TB Strategic Rotating Stockpile (US\$ 11.5 million for three years), paediatrics (US\$ 5.6 million for three years) and diagnostics (US\$ 26.1 million for five years) were signed with UNITAID. Norway provided US\$ 788 000 for the year for the Global Drug Facility while the Canadian International Development Agency increased its contribution to the Global Drug Facility to US\$ 9.2 million (from US\$ 7.2 million in 2007). Summary financial statements for the Stop TB Partnership as a whole and

Stop TB Partnership as a whole and for the Global Drug Facility are given in Annexes 1 and 2. The following key financial points were of note during 2008.

- The total income of the Secretariat was maintained at the same level as in 2007, at US\$ 80.0 million, while its operating expenditure increased to US\$ 71.0 million (from US\$ 58.0 million in 2007), resulting in a surplus of US\$ 9.0 million.
- Interest totalling US\$ 1.0 million was credited to the Stop TB Partnership Trust Fund in 2008.
- In 2007, reserves were reduced to US\$ 0.9 million (from US\$ 2.0 million), as requested by the Coordinating Board, to finance the working groups. In 2008, efforts were made to re-establish the US\$ 2.0 million level, but a level of only US\$ 1.2 million was reached. In 2009, reserves will need to be built to a higher level, as required by the Partnership's financial management policy.
- Contributions in kind were
   US\$ 1.5 million, due in part to
   donations by Novartis of anti-TB
   drugs (valued at US\$ 1.0 million) for
   the United Republic of Tanzania.

- Partnership contribution to WHO for Programme Support Costs, which is part of the general management and administration costs, increased to US\$ 1.8 million.
- The Global Drug Facility expenditure, reflecting increased activity in procurement of anti-TB drugs, rose by 41%, to US\$ 52.0 million. Higher activities resulted from secure and steady donor funding from the Canadian International Development Agency, the United States Agency for International Development and UNITAID.
- Partnership expenditure declined by US\$ 4.8 million (60%) in 2008, compared with 2007, for two reasons.
  - The special activities for XDR-TB, for which emergency money was received in the Trust Fund in 2007, were completed in that year and no new money was received for that area of work.

Working groups were given a
 US\$ 1.0 million cash advance in
 December 2007 to provide them
 with the money before the start of the
 new year. Thus the working groups
 received US\$ 1.5 million in 2007 and
 US\$ 411 000 in 2008.

The financial risk of Global Drug Facility operations was reduced by developing and implementing a computerized system to link the procurement supply chain to the financial supply chain.

The implementation rate of the Stop TB Partnership Secretariat workplan for first year of the biennium, ending December 2008, was 43% of the approved workplan, which represents 50% of the plan for the entire biennium.

## ANNEX 1. STOP TB PARTNERSHIP SECRETARIAT SUMMARY STATEMENT OF INCOME AND EXPENDITURE

Table A1. Summary statement for the year ending 31 December 2008 (all figures in US\$ 000)

	Year	
Voluntary contributions	2007	2008
In cash		
Governments and their agencies	72 625	74 917
Multilateral organizations	700	700
Foundations and others	2 633	2 129
Interest income	1 578	1 017
Subtotal	77 536	78 763
In kind		
Multilateral organizations and foundations	451	427
In-kind contribution for drugs (Novartis)	2 340	1 033
Subtotal	2 791	1 460
Total income	80 327	80 223
Expenditure		
Partnership	13 313	8 517
Advocacy and communication	2 566	3 278
Global Drug Facility	39 519	55 537
General Management and Administration	2 537	3 592
Total expenditure	57 935	70 924
Transfer to reserve		300
	22 392	8 999

### ANNNEX 2: STOP TB PARTNERSHIP GLOBAL TB DRUG FACILITY SUMMARY FINANCIAL MANAGEMENT REPORT

Table A2. Summary statement of income, contributions received for direct procurement and expenditures for the year ending 31 December 2008 (all figures in US\$ 000)

	Year	
Income and expenditure	2007	2008
Income		
Governments and their agencies: specified	59 167	62 032
In-kind contribution for drugs from Novartis	2 340	1 033
Contribution for direct procurement	12 500	15 463
Other income (Gates Foundation US\$ 113 and Management Sciences for Health US\$ 114)	0	227
Total income	74 007	78 755
Expenditure		
Grant procurement of anti-TB drugs (1)	36 847	52 098
Direct procurements	12 500	15 463
Quality assurance and pre-qualification (2)	106	140
Technical assistance, monitoring and salaries (3)	2 384	3 068
Advocacy and communication (4)	182	231
Indirect costs	893	982
Total expenditure	52 912	71 982
Surplus of income over expenditure	21 095	6 773

Note: Items (1), (2), (3) and (4) together amount to US\$ 55 537 for 2008 and US\$ 39 519 for 2007 (the total expenditures for the Global Drug Facility indicated in Annex 1).



