STOP TB PARTNERSHIP

Annual Report 2014

UNOPS

Stop TB Partnership

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Annual Report 2014

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2014 AT A GLANCE

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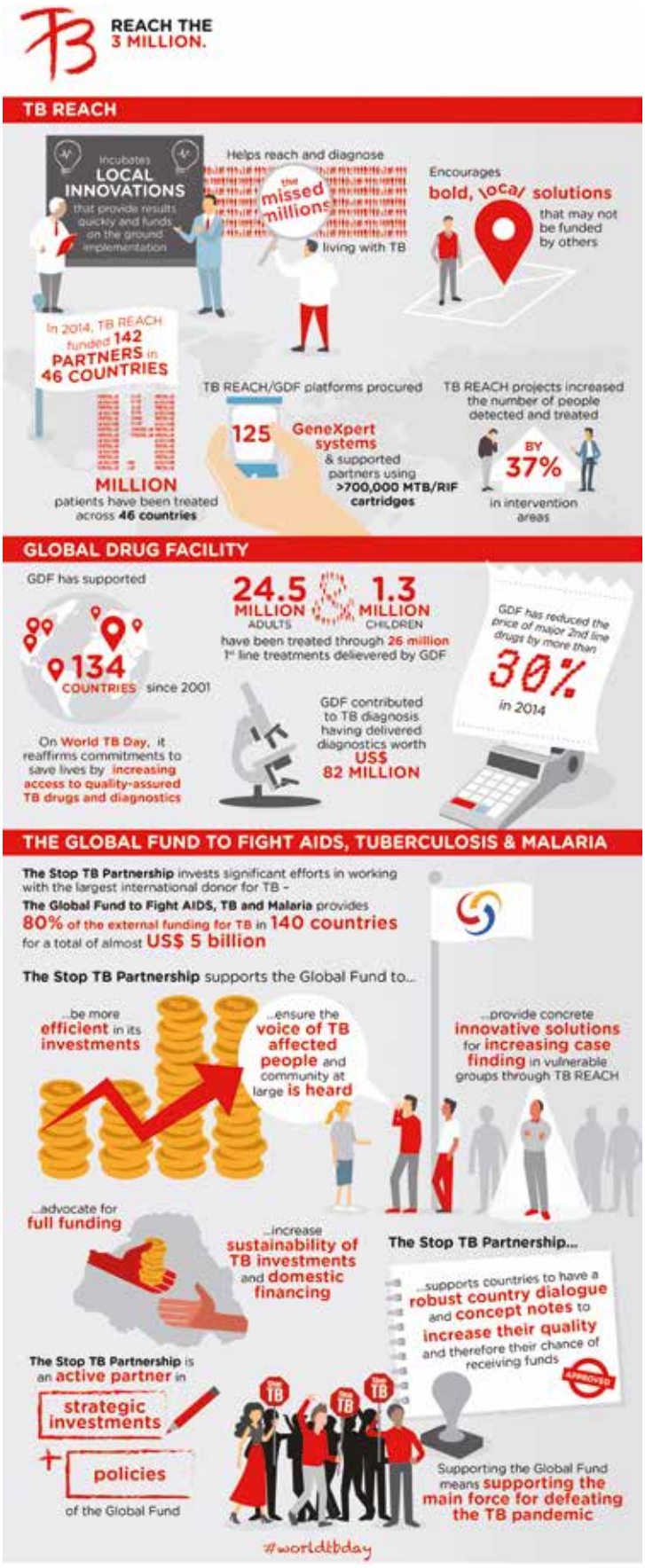

REACH THE 3 MILLION.
TB REACH
Incubates LOCAL INNOVATIONS that provide results quickly and funds on the ground implementation
Helps reach and diagnose the missed millions living with TB
Encourages bold, local solutions that may not be funded by others
In 2014, TB REACH funded 142 PARTNERS in 46 COUNTRIES
4.4 MILLION patients have been treated across 46 countries
TB REACH/GDF platforms procured
125 GeneXpert systems & supported partners using >700,000 MTB/RIF cartridges
TB REACH projects increased the number of people detected and treated
BY 37% in intervention areas
GLOBAL DRUG FACILITY
GDF has supported
134 COUNTRIES since 2001
24.5 MILLION ADULTS
1.3 MILLION CHILDREN
have been treated through 26 million 1st line treatments delievered by GDF
GDF has reduced the price of major 2nd line drugs by more than 30% in 2014
On World TB Day, it reaffirms commitments to save lives by increasing access to quality-assured TB drugs and diagnostics
GDF contributed to TB diagnosis having delivered diagnostics worth US$ 82 MILLION
THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS & MALARIA
The Stop TB Partnership invests significant efforts in working with the largest international donor for TB – The Global Fund to Fight AIDS, TB and Malaria provides 80% of the external funding for TB in 140 countries for a total of almost US$ 5 billion
The Stop TB Partnership supports the Global Fund to...
...be more efficient in its investments
...ensure the voice of TB affected people and community at large is heard
...provide concrete innovative solutions for increasing case finding in vulnerable groups through TB REACH
...advocate for full funding
...increase sustainability of TB investments and domestic financing
The Stop TB Partnership...
...supports countries to have a robust country dialogue and concept notes to increase their quality and therefore their chance of receiving funds
APPROVED
The Stop TB Partnership is an active partner in strategic investments + policies of the Global Fund
Supporting the Global Fund means supporting the main force for defeating the TB pandemic
#worldtbday

MESSAGE FROM THE EXECUTIVE SECRETARY

02

Dr Lucica Ditiu

Executive Secretary of the Stop TB Partnership

Dear Colleagues and Friends,

This past year for the TB community may be best described as one of incremental, but noticeable advancement.

Ministers of Health from Brazil, Russia, India, China and South Africa made historic commitments towards addressing TB.

In the fourth wave of funding by TB REACH, 33 projects were selected, backed by US$ 13.9 million in 2014. 1.4 million patients have been treated with support from TB REACH across 46 countries.

The Global Drug Facility reduced the price of some major 2nd line drugs by more than 30% in 2014. So far, GDF has delivered 26 million 1st line drugs, treating 24.5 million adult patients and 1.3 million paediatric patients.

The Stop TB Partnership – in close collaboration with UNAIDS, Global Fund's Communities, Rights, and Gender Team, and other partners – developed for the first time a gender assessment tool for TB, which is now integrated into UNAIDS' existing HIV gender assessment tool.

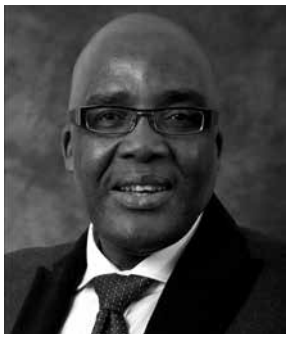
The Stop TB Partnership's Coordinating Board made an important decision to move the Secretariat from the World Health Organization (WHO) to the United Nations Office for Project Services (UNOPS) in order for it to better fulfil its mandate. Amidst these innovations and game changing moments, the Stop TB Partnership committed itself to today's and tomorrow's challenges and complexities with renewed vigour.

Clearly, there is a huge amount of work to be done. It is unacceptable that in this day and age, 3 million people are "missed" each year by health systems, and 4000 people die of TB every single day. The Stop TB Partnership is working closely with the TB community to develop a "Global Plan to Stop TB, 2016-2020", calling for a paradigm shift in how countries, regions and the world can work, in order to end TB by 2035.

At the Stop TB Partnership, we will continue to serve the TB community and our key stakeholders with ambition, ideas and passion. We will seek change that is positive, improves the quality of people's lives and makes the world a better place. We look forward to working closely with you to make that happen.

MESSAGE FROM THE CHAIR OF THE BOARD

03



Dr Aaron Motsoaledi

Minister of Health for the Republic of South Africa and Chair of the Stop TB Partnership Coordinating Board

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As the Millennium Development Goals finish line draws closer, this is a crucial time for the TB community to reflect on progress and the future. While the world will meet the modest MDG goal to halt and reverse the spread of TB, we face an uphill battle to reach the Stop TB Partnership targets to halve TB mortality and prevalence rates by 2015 compared with 1990. With adequate resources and political commitment we can still reach the mortality target, but it looks increasing unlikely that the world will meet the goal to halve prevalence.

The challenge ahead should not be underestimated. By some estimates, TB may be killing as many people each year as HIV/AIDS. Yet our ambitions are far outpaced by those of the AIDS community, despite the fact that most TB cases can be cured with an inexpensive six month course of medication. At the World Lung Conference in Barcelona in October, I called on the TB community to close this gap, inspired by the ambitious 90-90-90 targets adopted by the AIDS community.

As a community, we must no longer define a two percent decline in TB rates a year as a success. We need to accelerate bending the curve of new infections downward, from the current reduction of less than 2 percent per year, to at least 10 percent per year by 2025.

Global momentum is now building towards an ambitious but achievable 90-90-90 targets for TB which will unite stakeholders in a common effort and drive political momentum: at least 90% of vulnerable groups reached, at least 90% diagnosed and started on treatment, and at least 90% treatment success.

The key to achieving this acceleration will be the new Global Plan to Stop TB 2016-2020. In order to reach the targets set out in the End TB Strategy endorsed by governments last May, we must be more ambitious and focus on a set of interventions tailored to each region's unique TB challenges to bend the incidence curve. Complementing WHO's Implementation Guidelines, the new, five-year Global Plan will aim to turn the fight against TB from merely controlling the epidemic to a campaign to end TB as a public health problem. The work to create the Global Plan was a central part of the Stop TB Partnership's work in 2014, continuing into 2015.

The TB community must find new ways of reaching the most vulnerable and marginalized populations, who should be at the centre of our focus in the new Global Plan. This includes miners, prisoners, refugees, migrants, drug users and slum-dwellers, all of whom should have a much bigger voice and role in the global fight against TB. And this means that our interventions must go beyond purely medical interventions.

Ministers of Health from the BRICS countries, which account for 50% of global TB cases, have given their support to 90-90-90 TB targets when they met in Brazil in December 2014. Together with their commitment to develop a cooperation plan for universal access to anti-tuberculosis medicines, these commitments represent a new era for BRICS cooperation in global health.

While 2014 was a year of transition for the TB community as the MDGs deadline draws near, 2015 presents a fork in the road. Will we continue down the same path for the next five years, using the same approaches that have resulted in the steady but slow decline of the last 10 years? Or will we dare to be more ambitious and challenge ourselves to adopt new and innovative approaches to fighting TB?

We have no choice but to be ambitious as far too many people contract TB each year and too many still die. Let's make 2015 a year in which we unite to bring the collective strength and determination needed to defeat this disease.

INTRODUCTION

04

4.1 ABOUT TUBERCULOSIS

Tuberculosis (TB) is a significant global public health threat. Despite being preventable and curable, the disease is widespread. In 2013, 9 million people fell ill with TB and 1.5 million people died from the disease – including 360,000 people co-infected with HIV. An estimated 550,000 children became ill with TB. The burden of this disease is disproportionately borne by relatively few countries, primarily in the developing world, with the majority of the global TB burden, spread across 22 high-burden countries.

Globally in 2013, an estimated 480,000 people developed multidrug-resistant TB (MDR-TB), with extensively drug-resistant TB (XDR-TB) reported by 100 countries. There is slow progress in tackling drug-resistant TB – 3 in 4 drug-resistant TB cases remain without a diagnosis, and only 97,000 patients were started on MDR-TB treatment last year. Around 39,000 diagnosed patients (plus an unknown number detected in previous years) were on waiting lists, and the gap between people diagnosed and people treated widened between 2012 and 2013 in several countries. For TB patients known to be living with HIV, only 70% of TB patients known to be HIV-positive were on antiretroviral therapy (ART). This level however falls short of the 100% target set for 2015.

Around 3.3 million people (equal to 1 in 3 falling ill with TB) are currently 'missed' by health systems. This means that consistently more than 3 million cases were either not diagnosed, not treated, or not registered by national TB programmes. Major efforts are needed to close this gap.

Despite this, some progress has been made. The number of people falling ill with TB is very slowly declining and the TB death rate dropped 45% between 1990 and 2013. Between 2000 and 2013, an estimated 37 million lives have been saved through TB diagnosis and treatment.

Despite substantial growth in funding for TB prevention, diagnosis and treatment since 2002, an annual gap of around US$ 2 billion is still needed to ensure a full response to the global TB epidemic. And critically, although new tools are emerging from the pipeline, much more investment is needed to reach, treat and cure all people with TB and accelerate progress towards the bold goal of ending TB by 2035.


REACH THE 3 MILLION.
TB is one of the world's top health challenges:
MORE THAN 2 BILLION PEOPLE, equal to a QUARTER of the world's population are infected with TB
EACH YEAR
9 MILLION NEW CASES
1.5 MILLION DEATHS
EACH DAY
24,000 NEW CASES
4,000 DEATHS
8,000 MISSED
Despite our best efforts...
...there is an unacceptable low rate of decline in incidence each year
3.3 MILLION
people are either not diagnosed or not treated
The proportion of missed cases remains the same each year
Among those missed are those most vulnerable
Children and women
The very poor
Malnourished or undernourished people
People living with HIV/AIDS
Indigenous populations
The elderly
Many of those missed will either die, follow some unknown treatment but most will continue to infect others
Yearly AROUND 50,000
people will develop multidrug-resistant TB (MDR-TB)
There is slow progress in tackling MDR-TB
ONLY 1 IN 4
MDR-TB cases is diagnosed
ONLY 97,000
patients were started on MDR-TB treatment last year
ONLY 1 IN 10
MDR-TB cases is successfully treated
Each dollar invested in TB yields US $30 in return
TOGETHER WE MUST
Increase and provide access to diagnosis, treatment and care for everyone
Focus on empowering and serving the most vulnerable
Create innovative, effective and sustainable solutions and tools
Help us work towards eliminating TB
Stop TB
#worldtbday

4.2 MOVING FORWARD: THE STOP TB PARTNERSHIP

In July 2014, the Coordinating Board of the Stop TB Partnership selected the United Nations Office for Project Services (UNOPS) as its new host and administrator. This move establishes a close working relationship between the two organizations. UNOPS is dedicated to helping partners manage projects, infrastructure and procurement in a sustainable and efficient manner, and looks forward to serving the Stop TB Partnership's administrative needs, enabling it to focus on its mission to save the lives of people with TB. The Stop TB Partnership will continue to lead the global advocacy effort to raise awareness, funding and action against TB, coordinating the effort of its 1300 partner organizations.

The new hosting arrangement will focus on providing human resources, procurement, contracting and other administrative services for the Partnership. A dedicated team within UNOPS will focus on servicing the Partnership's needs.

The Stop TB Partnership Secretariat has been hosted and administered by the World Health Organization (WHO) since its founding in 2001. The decision to move its administration to UNOPS was the culmination of a process as the Partnership has matured and expanded. The move will not change the close and complementary collaboration and working relationship between WHO and the Stop TB Partnership as they fulfil their respective mandates.

WHO will remain a central partner and will continue to sit on the Partnership's Coordinating Board and its Executive Committee. The Partnership will draw on WHO's expertise, use its global data and information as the base for its own advocacy material and will coordinate its actions and initiatives closely with WHO.

The Stop TB Partnership remains in Geneva, but relocated to offices subleased from the Global Fund to Fight AIDS, Tuberculosis and Malaria on 1 January 2015.

OUR STRATEGIES IN ACTION

05

5.1 Working Together > Facilitate meaningful and sustained collaboration among partners

5.2 Engage & Be Heard > Increase political engagement by world leaders and key influencers to double external financing for TB from 2011 to 2015

5.3 Innovate for Access and Service to All > Promote innovation in TB diagnostics and care through TB REACH and other innovative mechanisms and platforms

5.4 Providing Access > Ensure universal access to quality assured TB medicines and diagnostics in countries served by the Global Drug Facility (GDF)

5.1 WORKING TOGETHER > FACILITATE MEANINGFUL AND SUSTAINED COLLABORATION AMONG PARTNERS

a) Partner engagement: building an evidence base and communicating with partners

The Stop TB Partnership's Directory of Partners currently includes 1303 members, including international and technical organizations, government programmes, research and funding agencies, foundations, NGOs, civil society and community groups and the private sector. A key aspect of the Partnership's work with partners is to help them link and interact with other partners in their countries and regions to develop and implement shared action plans to tackle TB. In 2014, Tajikistan and Romania announced the creation of their countries' national platforms to better address the TB situation.

The Partnership conducted an annual partner's survey in 2013 and 2014 to evaluate the level of satisfaction with the services and support provided by the Partnership. The aim was to collect feedback and ideas on the services that partners would like the Partnership to provide, and to evaluate our work moving forward. A large majority of the respondents (77%) said that they were either "completely satisfied" or "satisfied" with the Partnership's work and 96% of respondents said that the work of the Partnership was either "very important" or "extremely important" in the fight against TB. The report is available at http://stoptb.org/about/partners_who.asp

Partners are kept informed of new developments in TB care and shared opportunities on available positions in TB related Boards and Committees. Partners are invited to be a part of or to contribute to various Working Groups, and they have attended events organized by the Working Group Secretariats. The 2nd Forum of the National Stop TB Partnerships from the South-East Asia, Western Pacific and Eastern Mediterranean regions was held in March 2014 focussing on the urgency to find, treat and cure the 'missing cases' through the involvement of the private sector and wider communities.

A meeting was organized during the 45th Union Conference on Lung Health in October 2014 to enable the Stop TB Partnership to interact with several partners and to gather suggestions on the improvement on engagement of the Partnership with partners and on partner-to-partner engagement.

b) Strengthening support to Partnership Working Groups and facilitating collaboration between them

The Working Groups of the Stop TB Partnership provide inputs on critical strategic issues for TB globally, based on which the Coordinating Board takes decisions.

STOP TB PARTNERSHIP WORKING GROUPS
Implementation Working Groups

01 **Global Drug-resistant Initiative (GDI).** The mission of the GDI is to serve as a multi-institutional, multi-disciplinary platform organizing and coordinating the efforts of stakeholders to assist countries to build capacity for programmatic management of drug-resistant TB in the public and private sector. The ultimate aim is to ensure universal access to care and appropriate treatment for all DR-TB patients.

02 **Global Laboratory Initiative (GLI).** The Global Laboratory Initiative (GLI) is a network of international partners dedicated to accelerating and expanding access to quality assured laboratory services in response to the diagnostic challenges of TB, notably HIV-associated and drug-resistant TB. The GLI provides a focus for TB within the framework of a multi-faceted yet integrated approach to laboratory capacity strengthening.

03 **TB/HIV Working Group.** The TB/HIV Working Group is committed to reducing the global burden of HIV related TB through effective collaboration between National TB and AIDS Control programmes and other stakeholders, and through the generation of evidence based policy and programme guidance in order to achieve the global TB/HIV targets set for 2010-2015 in the Global Plan to Stop TB.

04 **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 (GDF), and community representatives to expand access to TB diagnosis and treatment in line with the MDG and Stop TB Partnership targets.

A **TB Infection Control Subgroup.** The mission of the subgroup is to reduce the transmission of TB in health care and congregate settings, e.g., prisons, nursing homes, military compounds, refugee settlements with special attention to HIV prevalent settings and the emerging MDR and XDR TB context, through the development, implementation, and evaluation of TB infection control policies and strategies.

B **Public-Private Mix (PPM) for TB Care and Control Subgroup.** The Public Private Mix (PPM) Initiative was set up to develop effective mechanisms and approaches to involve and link relevant public and private health care providers in the delivery of TB care and control services.

C **Childhood TB Subgroup.** The objective of the subgroup is to promote research, policy development, the formulation and implementation of guidelines, the mobilization of human and financial resources, and collaboration with partners working in relevant fields (including maternal and child health, the extended programme on immunization, and HIV) to achieve the goal of decreased childhood TB mortality and morbidity.

Research Working Groups

05 **New Diagnostics Working Group.** This Working Group supports the Partnership in its goal of elimination of TB, in particular by promoting the development and evaluation of new diagnostic tools.

06 **Working Group on New TB drugs.** This group is a network of experts committed to accelerating the development of effective and affordable new therapies for TB. The WGND acts as a forum to facilitate global collaborations and joint projects for the development of new TB drugs and promotes coordination of all stakeholders in this process.

07 **Working Group on New TB Vaccines.** The group facilitates the development of new, more effective TB vaccines by promoting collaboration and coordination amongst multiple stakeholders. The Working Group serves as the mechanism of exchange and dialogue between the Stop TB Partnership and the research community, provides a forum to discuss challenges to TB vaccine development and identify solutions, and to build consensus on key issues and questions related to TB vaccine research and development.

The Operational Strategy 2013-2015 mandated the Partnership to strengthen support to the working groups and facilitate collaboration among them. As part of this effort, it encouraged the need to standardize how working groups report, interact and communicate with the Partnership and the Coordinating Board, including the use of harmonized key performance indicators. Developing standard operating procedures for the Working Groups was identified by the Executive Committee as an important means to achieve this, and the Partnership supported an extensive process to develop them. The Standard operating procedures focus on three pillars enabled by supportive communications. The three pillars are: consistent governance structures, transparent planning and budgeting, strengthened accountability and evaluation.

A focal point for working groups has been assigned within the Partnership. Monthly updates listing the organizations that joined the Partnership as new Stop TB partners are sent to working group leadership and secretariats in order to inform working groups about organizations joining the Partnership that demonstrated an interest for the area of work covered by each working group. Working groups are encouraged to contact the organizations to introduce the working group and explore any potential collaborative activity. The Partnership requests the working groups to share in advance key events planned and organized by the working groups or by partners related to working group activities. This information is then disseminated among Stop TB partners through communication channels and the Partnership calendar of events. The Secretariat collated the first issue of a biannual bulletin[1]. Both implementation and research working groups had a representative attending the Coordinating Board meetings and retreats held on 30-31 January 2014 in Cape Town, South Africa and 14-15 July 2014 in Seattle, USA. Research working groups contribute directly to the process for the development of the new tools section of the Global Plan to Stop TB 2016-2020.

Three new chairs have joined the working groups: for the Global TB/HIV Working Group, Ambassador Eric Goosby MD, for the Global Drug-resistant TB Initiative, Professor Charles Daley MD and for the Working Group on New Vaccines, Dr David Lewinsohn. The secretariat of the Working Group on New Vaccines has transitioned from WHO to AERAS.

c) Working with civil society: building an integrated approach

Through coordinating the efforts and activities of its global network of civil society members, the Global Coalition of TB Activists (GCTA) has been striving to ensure that the communities affected by TB are at the centre of most advocacy efforts.

GCTA developed guidelines on the modus operandi outlining the immediate objectives to be achieved within the year to establish a physical space for the Secretariat, bring on board the requisite human resources, and support for countries engaged in concept note development to include relevant communities' components.

The efforts of all members of the Steering Committee has facilitated the growth of the GCTA network to include over 135 members, both individuals and organizations, in over 30 different countries. Over the past year the GCTA has worked closely with the Partnership to facilitate the participation of civil society in all of the Global Fund processes in the new funding model.

In 2014, GCTA and the Stop TB Partnership working with different partners organized five regional workshops to build the capacity of local activists in understanding and implementing the Global Fund NFM, in countries ensuring the inclusion of key affected populations, human rights and gender in the country dialogue and the development of the concept note, and how to address critical issues in the process.

These workshops also served as platforms to build the global network of activists into a vibrant, interconnected community who regularly share information, issues they are facing, and best practices being adopted across the world.

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

Digital presence and membership:

The creation of the website (http://www.gctacommunity.org) was a priority for the GCTA, as the site is an additional way to formalize the Coalition. The registered GCTA membership has reached over 135 individuals and organizations in 30 countries and the website is used by the GCTA to connect with its ever-increasing and active membership.

Beyond the website, it was important to be in active contact with the GCTA members as well as the general public. In order to accomplish this goal, the Stop TB Partnership's Civil Society Officer has actively monitored and moderated the GCTA listserve. This forum allows anyone to post TB related material and it is circulated to all GCTA members, ensuring exposure to numerous updates relating to TB. This goal has also been supported through the creation and curating of an official GCTA Facebook page.

Feeding into the Global Fund processes:

Over the past year GCTA has worked to ensure that the civil society perspective was represented and integrated into all Global Fund processes for the New Funding Model. The GCTA with input and the support of different civil society experts has developed TB recommendations related to Global Fund discussions and decisions during the national strategic planning, country dialogue, and the development of the concept note.

Network building and support:

Beyond the initial capacity building of country representatives and other civil society actors involved in the New Funding Model training, GCTA has provided continuing support to those participants far past the conclusion of the meetings. GCTA has provided knowledge and technical support in relation to the concept note development after the participants returned to their home country. The Coalition has also provided members and non-members its expertise and support in grant writing, policy implementation, and community mobilization.

d) Kochon Prize 2014

The theme for the 2014 Kochon Prize was Innovators Working with TB communities to Reach the Three Million People who are Missed Every Year. The prize was awarded to REACH Ethiopia at the Global TB Symposium, an annual event at the 45th World Conference of the International Union Against Tuberculosis and Lung Disease in Barcelona, Spain. REACH ETHIOPIA is a small locally registered entity who successfully implemented a TB REACH project in the Sidama zone of Ethiopia. REACH Ethiopia made a concerted effort to engage community members, councils, other stakeholders, TB programmes, former TB patients and religious and community leaders to increase awareness about the disease as well as expanding availability of TB services at the community level. TB case finding nearly doubled in the first nine months of the initiative. Focussing on the elderly and disabled, women and children, the project has not only brought the three million people living in Sidama Zone within the healthcare system, but the team turned TB into a disease that can be talked about without shame.

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

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5.2 ENGAGE & BE HEARD > INCREASE POLITICAL ENGAGEMENT BY WORLD LEADERS AND KEY INFLUENCERS TO DOUBLE EXTERNAL FINANCING FOR TB FROM 2011 TO 2015

a) High level advocacy missions to high burden and donor countries

The Stop TB Partnership organized several high-level advocacy missions to high-burden countries in 2014, including a mission to Nigeria to attend the African Union Finance Minister's meeting to advocate for increased domestic financing for TB, a mission to South Africa for a Regional Summit on TB and Mining where the Partnership convened partners to advance development of an Expression of Interest to the Global Fund for a regional TB and Mining grant. In May 2014, the heads of the Global Fund and the Stop TB Partnership undertook a high-level mission to Pakistan to meet with President Mamnoon Hussain. The meeting was an occasion to discuss the Fund's new funding model as an opportunity to ensure increased investments in Pakistan and discuss the main achievements of the TB Programme in Pakistan. The delegation also met with the National TB Control Programme and Stop TB Partnership in Pakistan who launched their National Strategic Plan for TB: Vision 2020. A high-level mission to Washington and New York was also organized for Dr. Aaron Motsoaledi, Chair of the Stop TB Partnership Coordinating Board and South Africa Minister of Health in September 2014, during which he met with Members of Congress and the Senate. Minister Motsoaledi delivered a briefing on TB to a meeting of UN Ambassadors from the Africa Union Region, where several high burden countries were represented. While in New York, the Minister gave interviews focusing on TB with the New York Times, Bloomberg and other media outlets. The Minister also met the Canadian Minister for International Development, whom he thanked for Canada's strong support for the Stop TB Partnership's TB REACH and GDF programmes. He also addressed the UN General Assembly on the growing Ebola crisis.

b) High level advocacy during the World Health Assembly

The Partnership contributed to a number of sessions related to TB held during the World Health Assembly in May. Minister Motsoaledi, delivered a keynote presentation titled 'Tuberculosis: An Opportunity to Reach Zero Deaths in Our Lifetime' to African Ministers of Health on 17 May. His key message was the need to accelerate action to reach underserved populations, including people living with MDR-TB, inmates, and miners. The Minister hosted an informal lunch for Ministers following the presentation to discuss tuberculosis control in Africa.

The Brazil Ministry of Health and WHO TB Department hosted a session titled "Winning the Global Fight Against TB", which was well attended by government delegations. The Brazil Minister of Health, Ademar A. Chioro dos Reis spoke on the importance of focusing resources on poor and marginalized populations. The session was also addressed by WHO Director General Dr Margaret Chan, who congratulated countries on the passing of the historic resolution on the new global strategy for TB. The Partnership's Executive Secretary spoke on a high-level morning panel convened by the Center for Global Health Diplomacy on Financing Health in the post-2015 Era. An evening session on migration and TB was hosted by the International Organization for Migration and other partners. The session highlighted the growing evidence that social and economic inequalities sustain migrants' vulnerability to TB. Médecins Sans Frontiers hosted an event on overcoming MDR-TB featuring MDR-TB survivor Phumeza Tisile, who delivered a statement to governments and delivered 53,000 signatures from MSF's TB Manifesto.

c) Leading a coordinated effort for World TB Day 2014

On the occasion of World TB Day 2014, the Stop TB Partnership called for a global effort to find, treat and cure the three million people who are missed by health systems. Together with WHO and the Global Fund, the Partnership issued a joint brochure which highlighted the problem of the millions missing out on quality care. Connecting through social media during the week of World TB Day, there were nearly 1000 tweets an hour and we reached 100 million unique visitors with the #WorldTBDay hashtag on 24 March.

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

In the lead up to World TB Day, the Stop TB Partnership played a lead coordination role to improve communications and knowledge sharing among partners. The Secretariat organized regular communication calls in the lead up to World TB Day. The Partnership compiled regular updates of partners' World TB Day activities and shared these so partners could align plans and collaborate to ensure maximum impact. As an example, the Partnership's global partners worked together to ensure the success of a campaign by RESULTS UK to have parliamentarians from G7 countries sign a pledge to take action on tuberculosis.

d) Communications and knowledge sharing among advocates through the development of web-based platforms and the media

Through our revamped online communications platform, MailChimp, we have greatly improved the ability of advocates to share knowledge and news. This new platform allows instant information sharing to our network of advocates, instant online sharing through social media, and automatic translation of all communications to over 15 languages. For example, an update to our network on preparations for the 2014 World Health Assembly galvanized over 3000 signatures in a single day in support of a petition by Medicines Sans Frontiers to World Leaders to act on MDR-TB.

We've greatly increased our presence on Twitter, which now stands at 6724 followers. On World TB Day, through all our partners, over 100 million people were reached with TB messages.

The official Stop TB Partnership Facebook page currently has close to 6000 likes and is a forum for partners to share the latest TB-related news and information on current campaigns. A total of 85 news stories published on the website were written by the Partnership.

The Partnership has made particular efforts to strategically align its work to ensure that advocacy and communication objectives are met at a global level. The Partnership distributed and disseminated messaging to key partners and contacts according to a set calendar of events, thereby supporting key report launches and events and generating media coverage. Regular news e-alerts are sent to partners on the work of the Partnership and its flagship programmes – TB REACH, the Global Drug Facility (GDF) and the Challenge Facility for Civil Society.

The Stop TB Partnership's media strategy media strategy continued to focus on galvanizing political support ahead of and around key meetings. In addition, the Partnership engaged with key journalists to develop the long-standing relationships necessary to elevate the profile of TB.

A workshop was organized by the Stop TB Partnership at the 20th International AIDS Conference in Melbourne, Australia titled 'Renewing the Fight Against TB'. The session focused on key challenges in communicating TB messages to decision makers and media and featured an interactive conversation among participants on TB messaging. The session was attended by over 70 conference attendees including journalists and National TB Programme representatives.

The Stop TB Partnership collaborated with the United Nations Foundation and other partners to bring attention to TB on the 500 Day Countdown Milestone to the Millennium Development Goals on 18 August 2014. The Partnership also promoted the date and an infographic on the need to accelerate action on TB to our country networks and highlighted it as an opportunity to bring increased political and media attention to TB.

e) BRICS Engagement

On 24 March 2014, Stop TB Partnership brought BRICS Health Ministers together for World TB Day under the global theme 'Reaching the missing 3 million TB cases' to issue a common statement highlighting their joint leadership on TB and HIV.

An informal BRICS technical experts meeting on TB and HIV was subsequently convened by the Partnership on 20 May 2014 in Geneva, Switzerland. In June, a panel discussion, with the Partnership present, was held in India on tackling TB in BRICS countries as part of the event to launch the WHO Bulletin special issue on BRICS. The BRICS-focused issue of the WHO Bulletin was centred around a paper called TB in BRICS: *challenges and opportunities for leadership within the post-2015 agenda*.

On 28 October 2014, ahead of the 45th Union World Conference on Lung Health in Barcelona Spain, a further meeting on BRICS engagement was addressed by Minister Motsoaledi, and the then Minister of Health of India, the Honourable Dr. Harsh Vardhan, who together identified two key priorities for consideration at the BRICS Ministers of Health Meeting which took place in December in Brazil – endorsement of the BRICS Technical Taskforce on TB and HIV, shared research platforms and ambitious targets, and consideration of a proposal for pooled TB medicines among BRICS countries, which the Stop TB Partnership would have a key role in implementing and supporting. On 5 December 2014 in Brazil, Ministers of Health from Brazil, Russia, India, China and South Africa made historic commitments in the fight against TB at the BRICS Health Ministers Meeting through a Declaration: http://www.stoptb.org/news/stories/2014/ns14_081.asp. This is a historic agreement because it is the first time that BRICS Ministers of Health have agreed to common health targets and cooperation on medicines.

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

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

f) EU Campaign to Raise Awareness for Drug-Resistant TB in the European Union

Worldwide, almost half a million people developed Multidrug-Resistant TB (MDR-TB) in 2013 and the European Region continues to bear a quarter of the global MDR-TB burden, with some of the highest rates of drug-resistance among new TB cases. Fifteen of the 27 high MDR-TB burden countries are situated in Eastern Europe and Central Asia. With low MDR-TB treatment success rates, this effectively means that only one in three MDR-TB patients in the European Union – one of the richest regions in the world – is successfully treated. Latvia, which is holding the Presidency of the European Union in the first half of 2015, host the first European ministerial conference on tuberculosis and drug resistance on 30-31 March 2015 in Riga. Working together in planning this throughout 2014, the Stop TB Partnership along with the TB Europe Coalition, the Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO's European Region, Global Health Advocates, ECDC and the EC have advocated to make TB a political priority higher on the European political agenda and to ensure sustainability of domestic investments in TB with country ownership.

g) Development of an identity for TB

The Partnership progressed with the initiative to create a new identity for TB that would better reach and engage audiences in seeing TB as an important, urgent but solvable problem in our time. In early 2014, the Partnership formed a Steering Group to guide progress on the identity work. This group is chaired by Jon Lidén, the Partnership's Head of Advocacy and Strategy and Project Coordinator for the development of the Global Plan to Stop TB 2016-2020. 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).

The branding company, Siegel & Gale, developed a work plan for delivering the identity work and entered into the research phase of the project towards the end of 2013. The team spoke to a cross-section of Stop TB partners, stakeholders, external commentators and audiences to get both an objective and personal sense of what the key issues and opportunities are when it comes to building an inclusive and engaging identity for TB.

In April 2014, once this process had concluded, Siegel & Gale presented the findings from the key interviews to the Steering Group – essentially a culmination of all the research conducted over five months with a detailed presentation on insights and opportunities for TB. Following the key findings presentation and subsequent feedback received from the Steering Group, Siegel & Gale then developed two strategic directions for the future identity of TB. In June 2014, they presented the identity platform options for consideration. The Steering Group sought and forwarded a broad range of comments and thoughts on the work so far. This feedback was then fed into the revised work that was eventually presented at the Board Meeting in July 2014 in Seattle where it was endorsed with several comments.

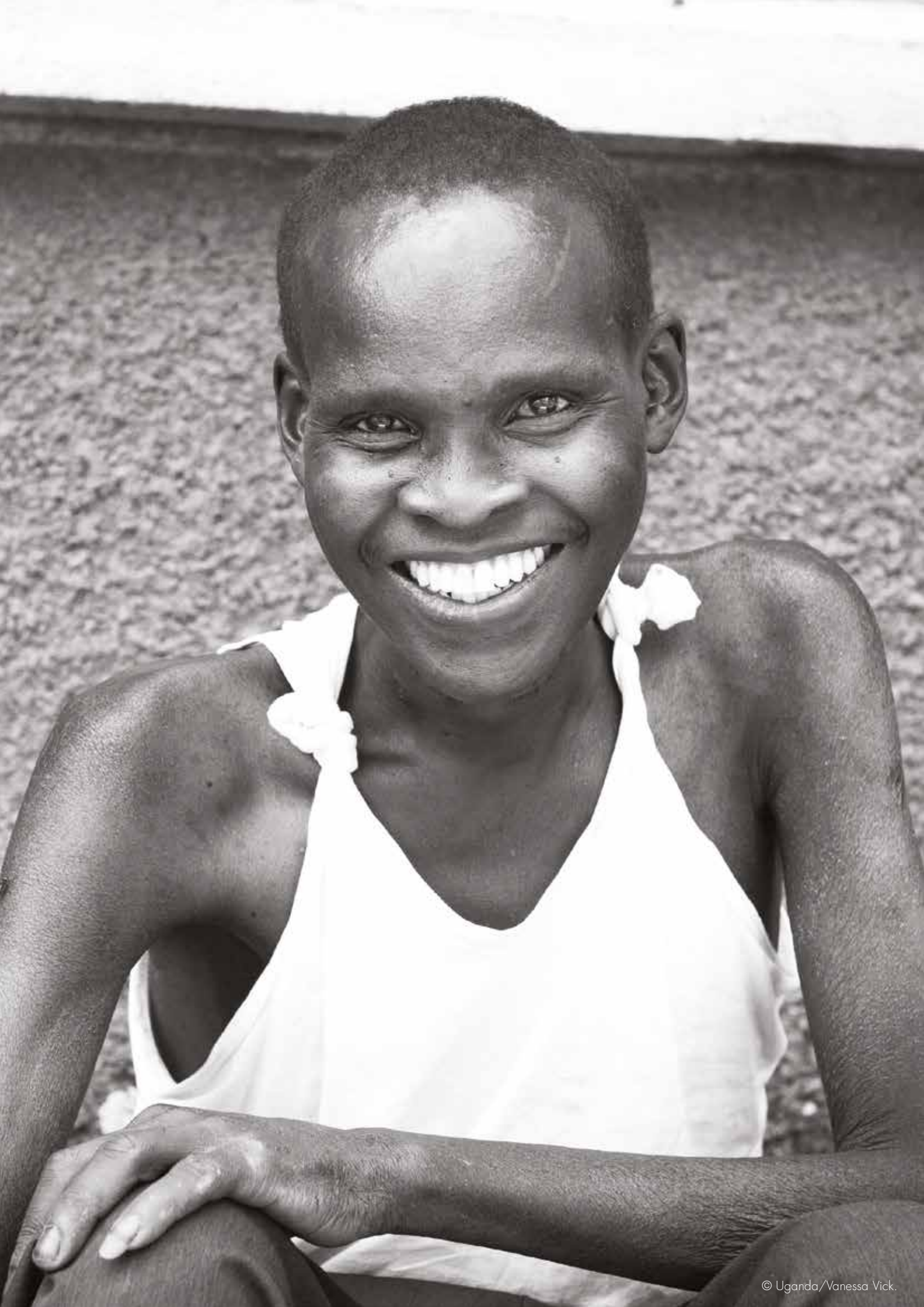
In August 2014, Siegel & Gale presented the communications and messaging guidelines toolkit which would form the basis of the high-level guidance on the voice and messaging of the identity. Siegel & Gale also presented the initial visual identity concepts. The purpose of the visual identity presentation was to determine which directions (up to 3) will be taken forward into validation testing. The research comprised of four specific target audiences.

Current supporters and partners (sample provided by the Partnership) - 13,000. Stop TB Partnership Staff - 45. Consumers (sample coming from the online panel) - 900 completed surveys including:

01 **Opinion leaders:** Individuals with high news consumption who are active in their communities, and who are at least somewhat interested in global health issues.

02 **Prospective donors:** Individuals who have donated time and/or money to a non-religious organization in the past two years and are at least somewhat interested in global health issues. Geographies include Australia, India, South Africa, the United Kingdom and the United States. All survey interviews were conducted in English.

In October 2014, Siegel & Gale commenced analysis of the survey and the results were fed back to the Stop TB Partnership's Executive Committee in the last quarter of 2014. Further to the feedback that was received from the Executive Committee, Siegel & Gale were asked to do a further set of refinements to the concept and visual identity. This is expenced to be delivered in early 2015.



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h) Creation of the First Global TB Caucus

The Partnership supported the inaugural Global TB Summit, which was held at the 45th Union World Conference on Lung Health in Barcelona in October 2014. The meeting brought together parliamentarians from around the world to discuss TB. The Barcelona Declaration formalized their commitment to work together for accelerated action and significant investment in the fight against TB in their countries and globally. It was signed by representatives from Brazil, Canada, France, Kenya, India, South Africa, Tanzania, the United Kingdom and the United States. Minister Motsoaledi endorsed it on behalf of his country. The meeting was co-chaired by Minister Motsoaledi, and Nick Herbert, a Member of Parliament for the UK.

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

During the Summit, parliamentarians also committed to establishing a Global TB Caucus - a body that will work with NGOs and other international institutions to build commitment in their own countries and beyond for the fight against TB. The Summit was co-hosted by the International Union against Tuberculosis and Lung Disease and the UK All Party Parliamentary Group on Global TB, and preceded the annual Union Conference on Lung Health.

The Partnership is working to support the initiative to have parliamentarians from at least 50 countries sign the declaration by World TB Day on 24 March 2015.

i) Addressing TB in the mining sector

The Stop TB Partnership, working with the World Bank, played a catalytic role in bringing together partners in the development of the Regional Concept Note on TB and mining in Southern Africa. The Partnership provided critical inputs in the Regional Dialogue and in the Regional Coordination Committee meetings leading up to the Concept Note application for US$ 40 - 50 million.

In a unique event that took place on 25-26 March 2014 in Johannesburg, South Africa, high level representatives from Lesotho, Mozambique, Swaziland, Zimbabwe, South Africa, Zambia, Malawi, Tanzania and Namibia agreed on a regional harmonization approach in addressing TB in mining. Minister Motsoaledi officiated the event, also attended by Deputy President Kgalema Motlanthe in the presence of Ministers of Health, Ministers of Finance, Ministers of Labour and Minsters of Mineral Resources from the entire SADC region, CEOs of mining companies, ex-miner organizations and miners, development partners, donors and civil society. The event addressed the implications of having common systems for tracking and tracing patients through common referral procedures and common databases; applying the same

treatment regimens and protocols; and ensuring that communities and families of miners with TB are screened.

This TB and mining initiative started at the Stop TB Partnership Coordinating Board, which subsequently evolved towards a platform strongly supported by the World Bank and the Global Fund to Fight AIDS, TB & Malaria, along with other partners such as WHO, the UK's Department for International Development and the IOM.

A full day capacity building workshop was hosted in Cape Town on 30 September 2014 with the aim of sharing insights and exchanging knowledge from this innovative regional approach and engaging key stakeholders on how to successfully apply the science of service delivery to address this multi-sector, multi-country challenge. Panel discussions and group work were facilitated by various high-level stakeholders, including Ministers of Health and Minerals, policy makers, mining industry executives and development partners.

j) Advocating for TB and TB/HIV investment and political priority

Minister Motsoaledi, concluded a series of high-level meetings in Washington and New York on the margins of the opening of the UN General Assembly in September. On Thursday, 17 September, the Minister met with senior members of Congress including Congressman Elliot Engel, ranking member of the Foreign Relations Committee and co-chair of the congressional TB Elimination Caucus, Senator Sherrod Brown, long time TB champion, and key Senate Foreign Relations Committee staff. The U.S. Congress has played a critical role in prioritizing the funding for global TB programs. The Minister was accompanied by Dr. Joanne Carter, Vice-Chair of the Stop TB Board and Executive Director of RESULTS.

In his meeting with Congressman Engel, co-chair of the US House of Representatives TB Elimination Caucus, the Minister emphasized the critical role of US support for global TB programs and highlighted the strong progress that has been made in Africa in part due to US government support. Minister Motsoaledi highlighted South Africa's roll-out of expanded access to rapid TB diagnosis with GeneXpert machines with support by the Global Fund and the US government. He shared the significant challenges posed by a lack of access and prohibitive costs of new TB drugs in South Africa and also emphasized the continued threat of drug resistant TB to nurses, doctors and other health workers. The threat of drug resistant TB is high on the agenda due to recent global concern for antimicrobial resistance.

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

k) Development of the next Global Plan to Stop TB 2016-2020

In July 2013, the Stop TB Partnership's Coordinating Board approved an overarching process and overall structure for the development of the next Global Plan to Stop TB 2016-2020. The Board decided that the Stop TB Partnership, in close collaboration with WHO and partners, will develop the new Global Plan for the period 2016 to 2020 that will be based on the End TB Strategy.

In January 2014, the Stop TB Partnership's Coordinating Board reached consensus that the Plan will focus on the a differentiated approach based on different settings. More specifically, it will provide a large-scale, costed blue-print for how global TB efforts can become significantly more ambitious and effective over the next five years. The budget and timeline for the Global Plan was approved and is envisaged to take 18 months from its Board initial go-ahead. The work is envisaged in seven phases: preparatory work; modelling/country research; drafting; community and stakeholder consultations; invitations for web-based comments and finalization of draft; Board endorsement; and launch. A start-up group consisting of four Board members was created to set the process in motion and select a Task Force that will lead the work to create the plan.

It was agreed that the next Global Plan should focus on the investment packages that are not uniformly applied across all countries, but are tailored to needs of different country settings considering their epidemiological, health system and socio-political status and trends.

In April, a call for applications for Task Force members was sent out, and applicants were supplemented by possible candidates identified by the Board start-up group who were encouraged to apply.

In May 2014, a task force of 10 people was selected by the start-up group to bring together organizations with different set of skills and TB experiences essential for the success of the Global Plan. The task force includes partners from TB-Mac/LSHTM, IHME, USAID, Portland VA Medical Center, Brazil country programme representative, RESULTS UK, UNSGO/UNAIDS, Global Coalition of TB Activists, WHO Global TB Programme and Stop TB Partnership.

An initial concept document was developed and presented to the Board. This document describes the overall purpose of the Plan. It functions as the basis for funding request documents developed for specific donors to seek closing the current funding gap for the development of the Plan.

The first meeting of the Task Force took place on 16-17 July 2014 in Seattle. During this meeting, discussion and agreement was reached on the broad content of the Plan. It was agreed that the next Global Plan should aim to provide investment packages that are not uniformly applied across all countries, but are tailored to needs of different country settings considering their epidemiological, health system and socio-political status and trends. This granularity in the Global Plan is absolutely essential for making it relevant to countries, donors and other stakeholders. Finally, the Task Force agreed on a working title that would emphasize the Plan's role as an investment framework for the first five years of the WHO End TB Strategy.

The Task Force agreed to the following working title for the report: "Bending the Curve: A global investment framework to win the fight against TB: The Global Plan to Stop TB 2016-2020". Paula Fujiwara, Scientific Director of the Union, was proposed and selected as Chair for the Task Force and became its 11th member.

A request for proposal (RFP) was developed to initiate competitive bidding for the work relating to country grouping modelling. It was sent to three independent organizations (Futures Institute, McKinsey, HLSP) on 25 August 2014, giving a submission deadline of 5 September 2014. In accordance with WHO processes, Futures Institutes was engaged to carry out this task.

The Task Force reached a consensus on key features of the next Global Plan when they met in October at the 45th Union World Conference on Lung Health. The Task Force hammered out nine groups of countries based on how they face similar challenges in fighting TB and outlined specific "investment packages" tailored to the needs of each of these nine groups.

The Task Force discussed in depth the methodology for modelling cost and impact of investment packages. The group endorsed use of modelling methodology that has already effectively modelled impact of interventions for South Africa, India and China. The challenges of modelling the impact of enabling interventions such as advocacy, system strengthening or activities to reach and treat vulnerable groups were highlighted. With regards to costing, the group proposed to assess the cost of interventions needed to achieve necessary impact, rather than set a ceiling for costs and calculate the impact that could be achieved within such a ceiling.

The Task Force recommended that a workshop of five countries plus several in-country visits be conducted to gather data for use in impact and costing modelling.

In December 2014, TB experts and civil society representatives from eight country groupings met, as well as experts from WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The participants provided national TB data to develop scale-up scenarios for eight different disease and health systems settings. This three-day workshop forms the basis for assessing the potential impact and cost needed to meet the 2020 milestones for the End TB Strategy.

Separately, the Stop TB Partnership's New Tools Working Group has proposed a structure of the Research and Development (R&D) section in the Global Plan, which includes the actions needed to be taken between 2016 and 2020 to ensure that new technology becomes available as soon as possible - even if this is after 2020. They suggested exploring ideas and innovation necessary to break the current stagnant funding levels for TB R&D, especially working with private sector, GAVI, UNITAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria to identify possible incentives and market-influencing actions.

The first draft of the Global Plan will be shared for consultation in the second quarter of 2015.

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5.3 INNOVATE FOR ACCESS AND SERVICE TO ALL > PROMOTE INNOVATION IN TB DIAGNOSTICS AND CARE THROUGH TB REACH AND OTHER INNOVATIVE MECHANISMS AND PLATFORMS

a) Working in Partnership with the Global Fund to Fight AIDS, Tuberculosis & Malaria

The Global Fund is the largest international donor for TB providing over 80% of the external funding for TB globally, to supplement domestic health budgets. The Stop TB Partnership works closely with the Global Fund. According to its estimates, TB accounts for more than half the estimated 8.7 million lives saved by the Global Fund since its launch in 2002. In 2013, 11.2 million people were treated for TB according to figures from the Global Fund. Supporting the Global Fund therefore means supporting the leading source of finance for defeating the pandemic.

Technical Cooperation Agreement

In May 2014, the Stop TB Partnership entered into a Technical Cooperation agreement with the Global Fund to support demand-based technical assistance to countries as they develop their concept notes under the new funding model grant process. Through the technical cooperation agreement, the Partnership provides support to countries that go through the pre-Technical Review Panel (TRP) stages of the new funding model grant process in 2014 and 2015. The objectives of this agreement are:

- To enable countries to meaningfully collaborate with TB communities throughout the pre-TRP stages of the new funding model grant process.
- To ensure TB communities meaningfully contribute to the development of ambitious and robust National Strategic Plans and TB and joint TB-HIV concept notes.
- To ensure national strategic plans and TB and joint TB-HIV concept notes clearly address and include community, gender, human rights and other key affected population perspectives and programmatic needs.
- To build the capacity of TB communities at the local, country and regional level so that they can provide countries with technical assistance both in the short and long term.

In 2014, the Stop TB Partnership provided support to 38 countries under the technical cooperation agreement including in-kind support from the Partnership's staff.

- Five TB Programme Reviews Supported
- Facilitated engagement of key affected populations in country dialogue in 20 countries
- 15 concept notes and National Strategic Plans (NSPs) reviewed
- 166 people trained on communities, rights and gender in five regional meetings
- Four guidance notes and a gender assessment tool on TB, HIV and TB/HIV

Additionally, 10 countries were supported by the TB REACH project team with regards to best practice experiences in increased case detection and care delivery. Five countries were supported through the Global Drug Facility for pre-Technical Review Panel procurement and supply management, information sharing and in the planning for effective drug supply for improved forecast.

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

National Strategy Plan and Concept Note development: In collaboration with the TB Situation Room, trained TB community and civil society partners, TB REACH, the Global Drug Facility, and the Communities and Global Fund Team, technical support was provided to TB and TB/HIV concept notes and National Strategic Plans. Out of these countries:

- Fifteen were supported to enhance the community contribution in design, planning and implementation of TB programmes and to integrate gender, human rights and community systems strengthening. Most of these were led by in-country community organisations.
- Ten were supported through TB REACH which looks at scaling up innovative TB case finding and presents these innovations to in-country partners. Through this initiative, best practices on case detection and peer to peer model is being scaled up as a contribution to the concept note development – DR Congo and Ethiopia are among the countries benefiting.
- In five countries, the opportunity of the Global Drug Facility annual assessments of TB program drug management was used to ensure that these assessments are aligned with timelines and country plans towards Global Fund concept note development. The five countries are Egypt, Laos, Solomon Islands, Zambia and Zimbabwe are currently ongoing.

Country dialogue processes: Financial resources and/or technical support from the Stop TB Partnership have been made available to support meaningful engagement of communities and civil society in 20 countries. This form of support specifically focusses on ensuring an enabling environment for TB communities to participate meaningfully in concept note writing teams, in Country Coordinating Mechanism (CCM) decision making sub-committees, caucusing of the views of communities and key affected populations in these processes and increasing their voice in the final outcomes of the concept notes submitted to the Global Fund.

Regional workshops: The Stop TB Partnership conducted six workshops to ensure there is a good support base of civil society who have a strong understanding of the new funding model, community systems strengthening, gender and human rights in the context of TB.

1. Johannesburg, South Africa, February 2014

A workshop on the new funding model was organized by UNAIDS, the Global Fund, WHO and Stop TB Partnership for Eastern and Southern Africa countries the week of 17 February 2014. Countries included: Angola, Botswana, Cameroon, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania (mainland and Zanzibar) and Zambia. Apart from a representative from the GCTA Network, each country sent a TB community representative. Countries participating at the workshop worked on various technical areas in TB and HIV, as well as to prioritize on the basis of these technical areas. The community's response in terms of critical enablers and barriers to TB services formed part of the discussions. Participants were requested to use collaborative thinking and planning to either develop or refine their priorities, and using roadmaps towards the submission of the joint TB/HIV concept notes and country dialogues. Each country submitted a roadmap highlighting a need for technical support particularly for the areas of work Stop TB Partnership can facilitate technical support for.

2. Nairobi, Kenya, April 2014

The Stop TB Partnership also hosted a similar meeting with EANNASO (The Eastern Africa National Networks of AIDS Service Organizations) in Nairobi, Kenya on 1 – 2 April 2014. Civil society participants invited came from the following countries: Burundi, Ethiopia, Kenya, Rwanda, Sudan, Tanzania, Uganda and Zanzibar. The key difference of this workshop was that it created a platform for those who primarily work in TB and those who work on HIV to look out for TB and HIV focussed civil society, in order to strengthen collaboration and implementation.

3. Harare, Zimbabwe, April 2014

Stop TB Partnership and Roll Back Malaria co-hosted two workshops for civil society and communities on the Integration of Community Systems Strengthening, Gender and Human Rights in the New Funding Model (NFM). The meeting was attended by 35 participants, comprising of civil society, Country Coordinating Mechanism Secretariats and technical providers from Botswana, Liberia, Namibia, North Sudan, Sierra Leone, Somalia, Swaziland, Tanzania, The Gambia and Zimbabwe. The meeting was held in Harare, Zimbabwe 15-16 April, 2014.

The workshop addressed the following aspects: the Global Fund's new funding model and the role of civil society and communities in the NFM, understanding key affected populations in the TB context and reaching the hard to reach in the malaria context, gender and human rights sensitive programming in the context of malaria and TB. The participants also learned about country dialogues and how to position communities and civil society through collaboration with the CCM, and other partners in the country dialogue process including lobbying and advocacy.

These were followed by regional meetings to develop a cadre of civil society technical support providers who are trained to support communities, rights and gender involvement in Global Fund processes. These civil society providers also provided key technical expertise in concept note peer reviews for both Anglophone and Francophone Africa peer concept note review meetings.

4. Europe- Kiev, Ukraine, April 2014

The Stop TB Partnership and TB Europe Coalition, with funding from GIZ and the Partnership, organized a regional meeting for civil society from Eastern Europe and Central Asia in Kiev on 22-25 April. The meeting focused on three areas: orientation around the new funding model, training on community systems strengthening, human rights, gender and political advocacy. Participants worked on their country plans to include community, rights and gender matters in Global Fund concept notes. The other aim of the meeting was to strengthen the European regional network of advocates working on Global Fund processes in their countries and their link to the overarching Global Coalition of TB Activists network.

5. Anglophone Africa- Cape Town, South Africa, June 2014

The Stop TB Partnership joined forces with the Global Coalition of TB Activists (GCTA) and a South African based TB and HIV care organization to host a training of trainers focusing on addressing community, gender, human rights and key affected population in TB programme reviews, country dialogues and concept note development in the new funding model. The purpose of the workshop was to build the capacity of civil society and communities technical support providers to include TB communities in a meaningful way while providing support to countries in concept note development and country dialogues. The workshop was building on and leveraging the global expertise of the GCTA in working with TB communities and advocacy for TB. It was also focussed on civil society organization technical assistance providers of Anglophone Africa in order to build a cadre of civil society experts who can support their own countries better and promote South to South collaboration in the preparation of meaningful engagement of key affected populations in the new funding model. A group of energetic civil society and communities technical assistance providers from ten countries attended. These providers will work in close collaboration with GCTA and the Stop TB Partnership to provide timely and meaningful support during the role out of the Global Fund's new funding model.

6. Latin America- Lima, Peru, July 2014

The workshop was organized by the Stop TB Partnership and Partners in Health Branch Peru (SES) in collaboration with the GCTA and the Ministry of Health in Peru. Representatives from civil society, TB activists and implementers from Bolivia, Guatemala, Honduras, Paraguay, Peru, Dominican Republic and El Salvador attended the meeting. It aimed to enable participants coming from communities affected by TB to engage and monitor the processes of the New Funding Mechanism of the Global Fund, as well as to support the significant participation of the people affected by TB in the development of Global Fund concept notes.

7. South East Asia- New Delhi, India, August 2014

The GCTA, in association with the Stop TB Partnership and Society for Promotion of Youth and Masses organized a unique Regional Workshop to build the capacity of activists from across Asia to advocate for enhanced TB control. The workshop brought together 25 leading activists from eight countries in Asia including Sri Lanka, Nepal, Bhutan, Mongolia, Indonesia, Laos, Vietnam and India. Over three days, participants discussed several TB-related issues including community systems strengthening, human rights, gender and the involvement of key affected populations in tuberculosis control and the Global Fund's new funding model.

8. Francophone Africa- Dakar, Senegal, August 2014

The GCTA, in collaboration with the Stop TB Partnership and the African Council of Aids Services Organization (AfriCASO) conducted a training workshop in Dakar - Senegal from 27 - 29 August. The training was intended for civil society representatives working on TB and TB/HIV issues across Francophone Africa countries on inclusion of key affected populations in the Global Fund's new funding model processes.

9. Middle East and North Africa- Beirut, Lebanon, December 2014

A number of countries from the Middle East and Northern African (MENA) region will submit concept notes in the first two quarters of 2015. It is critical to ensure meaningful and effective engagement of civil society and communities most impacted by the disease. The Stop TB Partnership, in collaboration with the Global Fund, organised this regional meeting for selected civil society and community representatives from MENA countries. The purpose of this meeting was to strengthen the capacity of participants to understand, navigate and engage in country dialogue and concept note development processes. The focus was on issues relating to community engagement, gender, key populations and human rights as they present in the MENA region.

Development of tools and guidance notes: The following resources were developed to facilitate CRG inclusion in Global Fund processes. Guidance Notes on:

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

Development of an HIV/TB Gender Assessment Tool: Gender dynamics in prevention, health seeking and treatment behaviour of men and women living with HIV, TB-HIV co-infection or suffering from TB is different and requires a systematic assessment from a gender perspective to inform national planning and budgeting for gender-responsive TB and gender-transformative HIV responses, including joint applications for the Global Fund New Funding Model. Recognising this, UNAIDS, the Stop TB Partnership and the Global Fund are working together to support countries that wish to improve their ability to analyse TB and HIV programming in a gender sensitive manner. The Stop TB Partnership has worked closely with UNAIDS to extend the existing HIV gender assessment tool to include TB and have developed the tool for national HIV and TB responses hereinafter the HIV/TB Gender Assessment Tool.

TB Situation Room

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

With 30 Executive Committee meetings held in 2014, the TB Situation Room provides a harmonized forum for collaboration and collective action. Situation Room partners have held more than 15 in-depth discussions, collectively reviewed Concept Notes for seven countries, and held five country levels calls to National TB Programme managers and stakeholders. The Situation Room also monitors key policy issues, with emerging lessons learned on TB-HIV integration through joint Concept Notes. The TB Situation Room has been a forerunner in providing best practices for others, with the HIV community recently establishing a Situation Room based on the TB Situation Room model. The TB Situation Room has proven itself as a model for strategic impact and a shining example of partnership in action.

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

Global Fund Board and Board Committees

The Partnership began serving its two-year term as the Board Member for the Global Fund's Partners Constituency in 2014. Additionally, the Stop TB Partnership started to serve on the Global Fund's Strategy, Investment and Impact Committee (SIIC). Over the year, the Partnership played an active role in overseeing the implementation of the New Funding Model and ensuring that it not only maximizes the impact of the Global Fund investments, but, more importantly, is serving the countries and the people in need properly and realistically. The SIIC also oversees the work on the three advisory groups (Technical Evaluation Reference Group, Technical Review Panel and Market Dynamics Advisory Group) and analyzes how best to approach countries transitioning from Global Fund support.

b) TB REACH

By the close of 2014, TB REACH had funded 142 partners in 46 countries who have continued to provide evidence on how different approaches can improve TB case detection and other lessons about innovation in TB care. New projects that received funding this year include ones focusing on improving case detection among children in Pakistan, streamlining TB services for migrants and miners in Zimbabwe, and introducing rapid Xpert MTB/RIF testing for case finding in Cameroon and Guatemala. In a response to calls to increase access for small NGOs and community based organizations, TB REACH awarded 11 'small track' grants to improve case detection through a variety of community-based approaches. One 'small track' project will procure microscopes and set up the first smear microscopy services in rural areas of Nigeria, greatly improving access for the local community.

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

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

In Tanzania, Swaziland and Zambia, TB REACH partners have seen their grant activities focused on improving case detection in rural areas, children and prisons sustained through support from PEPFAR.

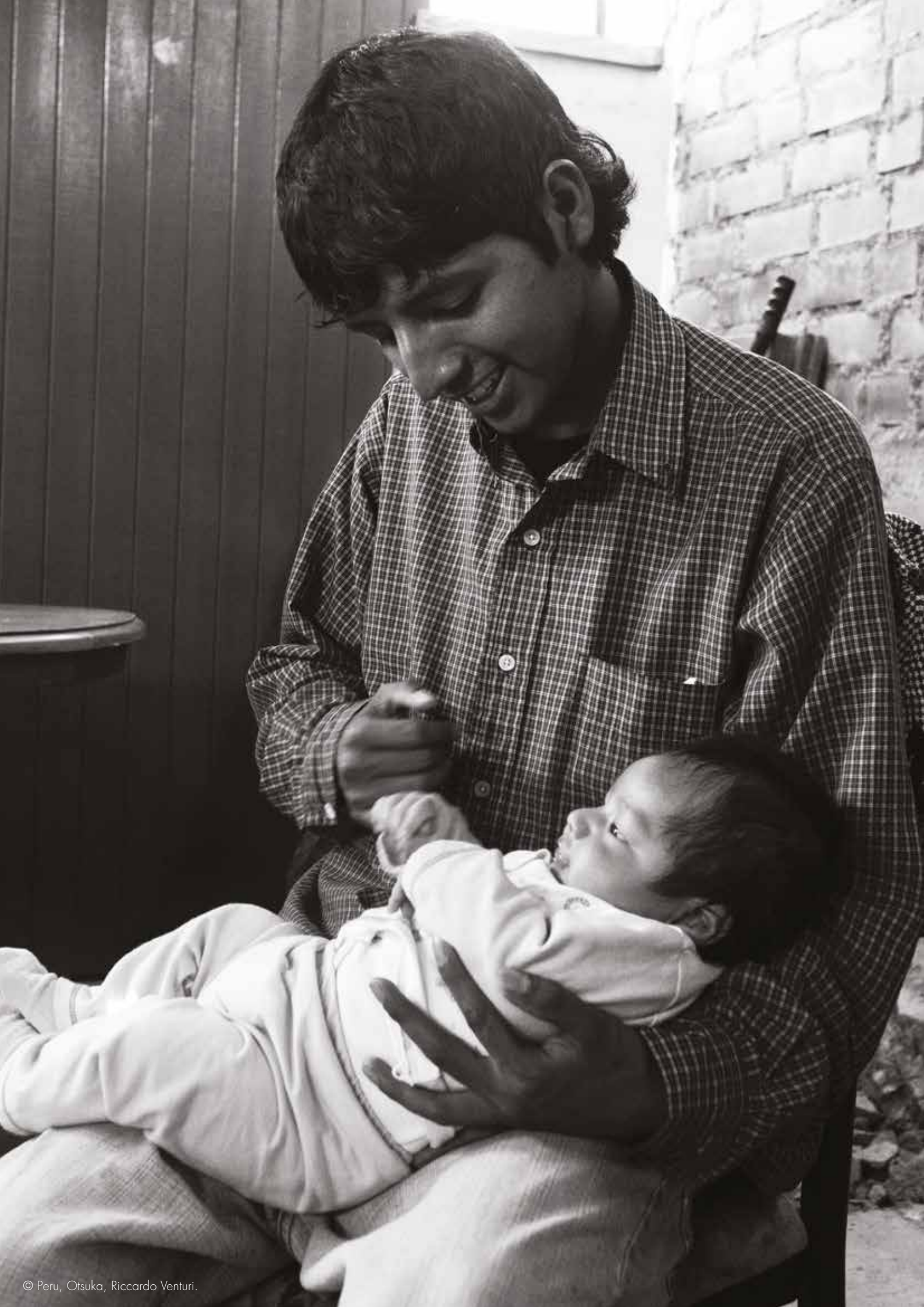
Recognizing the importance of sustained activities after TB REACH funding, the Partnership has been working closely with the Global Fund and TB programme managers in places where TB REACH projects have shown good results to incorporate the lessons learned into the national strategy and to ensure that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

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

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

The Partnership developed a compendium of TB REACH case studies, highlighting initiatives which were successful in improving TB care across 11 key populations. This document begins to address the 'how to' aspects of implementation which are often not addressed in WHO guidelines and helps partners to operationalize interventions to improve TB case detection. See here: http://www.stoptb.org/assets/documents/news/TB_Case_Studies.pdf

The results of the first wave of funding were published in early 2014, showing the huge impact that innovation can play in improving TB case detection. See here: http://www.stoptb.org/global/awards/tbreach/achievements1.asp. Experiences from early implementers of Xpert MTB/RIF testing and a comprehensive M&E framework for interventions to improve case detection were also published during the year. In addition, individual TB REACH grantees have continued to publish high-quality work, and the TB REACH Partnership has supported or been involved in numerous other peer reviewed publications on improved TB case detection, as well as dozens of oral and poster abstracts at the Union's World Conference on Lung Health in Barcelona. During the Conference, Mark Dybul gave an inspirational keynote address on the need to move beyond the 'business as usual' approaches to TB care in the post-2015 era. He highlighted the work of five TB REACH grantees as models for this needed change.



c) Challenge Facility for Civil Society

During 2014, 11 grantees from the fifth round of funding from the Challenge Facility for Civil Society (CFCS) successfully completed their projects.

The impact of the Challenge Facility for Civil Society grantees of the fifth round was based on a variety of outreach and TB awareness campaigns, advocacy, case detection, improvement of access to TB services and support of the Global Fund's processes. Through their activities, a total of 47,316 people benefitted through these campaigns and an additional estimated 216,453 people were reached by media.

With 11 grants, number of:	Total Number
Beneficiaries reached (excluding media)	**47,316**
People reached by media	216,453
People reached with IEC material	**15,257**
People reached through door-to-door campaigns	26,991
Meetings with decision makers	**59**
Adopted policies	8
Collaborations with partners	**62**
Community volunteers trained	971
People referred for TB testing	**2377**
People testing positive for TB	145
People lost to follow up traced	**186**
Trainings/Sensitization meetings	90
PLWH sensitized on TB	**769**
TB/ex-TB patients involved in the implementation of the grant	187

Numbers are based on the NGOs' proposals and telephone conversations.

The following grants from the fifth round have demonstrated great success in their communities.

See here for the Challenge Facility's Best Practices Round 5 Guide: http://www.stoptb.org/webadmin/cms/docs/FinalDesign StopTB R5 To Print.pdf

Support of Global Fund Processes

Positive Generation, Cameroon

This grant contributed to the completion of a renewal process for civil society organization representatives to the Country Coordinating Mechanism and in particular the selection of a TB representative and alternate representative to the seat of People Living with TB (PLWD-TB) in the Country Coordinating Mechanism. Furthermore, by conducting trainings, the project raised awareness among civil society about the importance of the Country Coordinating Mechanism and the newly elected representative of TB affected people and their role. Beyond the support of Global Fund processes, the project established a community network of watchmen and sentinels, who reported weekly on the quality of access to health care for TB patients in 25 Treatment and Diagnostic Centres. The work of the sentinels also allowed referring suspect TB cases to the Treatment and Diagnostic Centres at community level. By involving 150 TB patients who gave their testimony on the situation of TB programs in the field, the establishment of a task force consisting of civil society organizations, and use of the media, the project succeeded to increase political commitment and improve access to TB care in 25 health districts in Cameroon.

Empowering TB affected people

Rural Initiatives for Self-Empowerment (RISE), Ghana

The project has succeeded in identifying, capacitating and motivating community health advocates and TB affected people to develop and implement advocacy actions. Together with other civil society organizations an advocacy agenda was implemented which led to an increased accountability and responsiveness of duty bearers, who are now consulting TB-affected people and community volunteers and are using their evidence for interventions regarding better case notification, treatment and distribution of enabler packages. Working Groups met with traditional healers who committed to referring suspected cases to health centres which resulted in improved rates of case notification. In addition, accountability platforms were set up and endorsed by the Health Administration who is now working with the TB affected people and community advocates to improve services on case notification, stigma reduction and health systems strengthening. As a result of the grant, Local Government Agencies have been directed to release funds to People Living with HIV/AIDS and TB.

Bringing about Political Change

TB Alert, India

More than 200 of the leaders of Women Self-Help Groups (SHG) were trained on TB. They took up TB awareness programs and reached more than 25,000 individuals with messages on TB and stigma reduction, which in turn lead to increased case detection. The project successfully encouraged the participation and about 9% of the SHG leaders are also acting as DOTS providers. Furthermore, links with PLHIV Networks were established and the need for cross referrals between TB and HIV clinics was emphasized, resulting in a signed MOU and the agreement on mandatory TB testing for all newly identified HIV cases. To ensure this, health catalysts were recruited and a patient charter prioritizing the need for cross-referrals and testing was developed and distributed at testing facilities. Seven District level working groups with representatives from families affected by TB were formed and registered under the societies act. The working groups held meetings with district level TB program managers, and are acting as pressure groups for the rights and needs of people suffering with TB.

Building Capacity and Network Formation

SAfAIDS, Swaziland

The grant aimed at strengthening the capacity of two Mine Workers Associations to advocate for TB services for the miners: Swaziland Migrant Miners Association (SWAMIWA) and Swaziland Ex-Miners Association (SNEMA). The civil society organizations supported the miners associations to hold dialogues with employers and government on miners' living conditions and access to health and TB service. They achieved the signing of an MOU on the harmonization of treatment protocols on TB between neighbouring countries (South Africa, Mozambique and Swaziland), in line with the SADC Declaration on TB and the miners. By developing handbooks on TB and holding community trainings and dialogues for mine workers and for their families and friends, they strengthened the capacity of mine workers to advocate for their own health, particularly for the provision of TB services.

A sixth round of grants was launched and 22 civil society organizations were awarded with a grant of up to $20,000. In Round 6, the focus was on the work around Country Coordinating Mechanisms, Community System Strengthening, and the Global Fund's New Funding Model Country Dialogue among other processes to improve their access to health services.

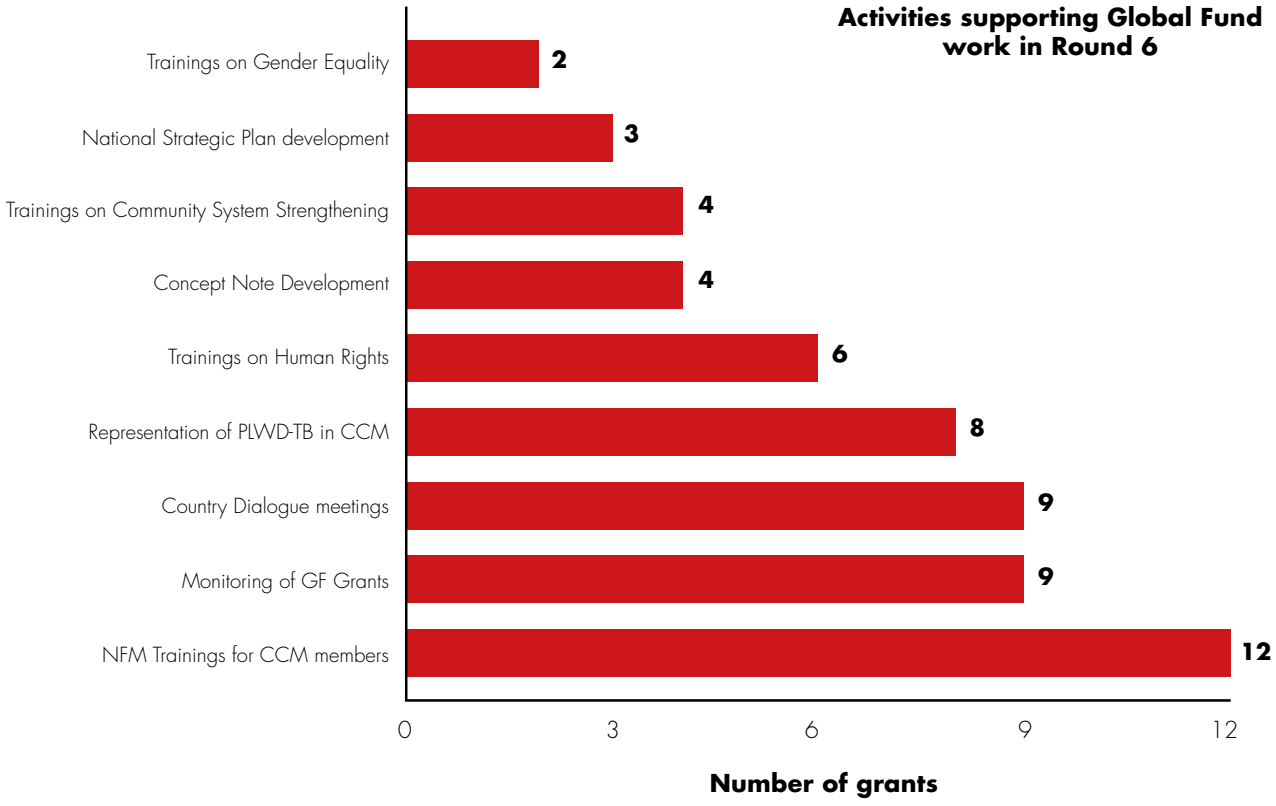
About half of the Round 6 grantees had completed more than 50% of the activities planned in 2014. Grantees are training Country Coordinating Mechanisms and civil society on different Global Fund related issues, contributing to the country dialogue process and are providing support in the development of concept notes. Additionally, they are identifying barriers to TB care, giving vulnerable populations a voice and are building links with other organizations.

The strong engagement of civil society organizations has achieved the following impact:

- increased participation of TB affected people in the Global Fund and decision making processes.
- increased links between communities and between organizations to strengthen the voice of TB affected people.
- identified barriers to access TB care and increased advocacy to tackle these barriers.

An overall increase in the involvement of civil society organizations in the Global Fund processes was achieved. In comparison to fifth round of grants, in which only five civil society organizations (42%) were engaged in Global Fund work, the sixth round has 18 civil society organizations (82%) supporting the Global Fund country dialogue and concept note development process through a variety of different activities (Fig.1).

Figure 1. Number and type of interventions to support Global Fund work in CFCS R6



Numbers are based on the NGOs' proposals and telephone conversations.

Eight civil society organizations (36%) are working on the election of a representative for the People Living with TB (PLWD-TB) seat in the Country Coordinating Mechanism. Twelve civil society organizations (55%) are engaging with and training Country Coordinating Mechanism members. Six civil society organizations (27%) have educated Country Coordinating Mechanisms on the issue of human rights. Two civil society organizations (9%) are training stakeholders (i.e. civil society organizations, community or Country Coordinating Mechanism members) on gender equality policy, and four civil society organizations (18%) are training them on community system strengthening. Nine civil society organizations (40%) are participating in country dialogue meetings, four civil society organizations (18%) in the concept note development and three civil society organizations (13%) in National Strategic Plan development. Nine civil society organizations (40%) are involved in the monitoring of Global Fund TB grants.

5.4 PROVIDING ACCESS > ENSURE UNIVERSAL ACCESS TO QUALITY ASSURED TB MEDICINES AND DIAGNOSTICS IN COUNTRIES SERVED BY THE GLOBAL DRUG FACILITY (GDF)

The Stop TB Partnership's Global Drug Facility (GDF), established in 2001 with support of United States Agency for International Development (USAID) and Department of Foreign Affairs, Trade and Development Canada (DFATD), is a one stop, bundled procurement mechanism for quality assured TB commodities through providing grants and direct procurement services to countries in need. Specific projects have been supported by other donors such as UNITAID and Kuwait Patients Helping Fund Society (PHFS).

GDF's strategic goals are to:

- **Save lives** by ensuring an uninterrupted supply of quality-assured, affordable anti-TB drugs and diagnostics to populations in need.
- **Strengthen national drug supply management systems and sustainable procurement capacity** by providing tailored technical assistance, innovative tools to countries/organizations in need and enhance partners' engagement for technical and financial support.
- **Contribute to TB commodities market shaping** by linking strategic interventions on the demand and supply sides with stakeholders/partners, focusing on market analysis, supply security, suppliers engagement, affordable and sustainable prices, innovation and new products introduction/uptake by countries.
- **Maximize impact and value for money** by enhancing efficiency and effectiveness of operations focusing on quality of services and clients/partners feedback.

GDF key contributions since its inception in 2001 include:

- **Country support:** GDF supported 134 countries since its inception thereby increasing access to quality-assured TB treatments. GDF also provided technical assistance and conducted trainings and monitoring missions in countries to ensure sustainability of national TB programmes.
- **Supplying life-saving treatments:** GDF provided total 26 million patient treatments including:
- First-line drugs (FLDs) for 24.5 million adult patients
- FLDs for 1.3 million paediatric patients
- Second-line drugs (SLDs) for 152,494 drug resistant TB patients
- **Active case-finding:** GDF supported 134 countries since its inception thereby increasing access to quality-assured TB treatments. GDF also provided technical assistance and conducted trainings and monitoring missions in countries to ensure sustainability of national TB programmes.
- **Market shaping:** GDF reduced the price of some major SLDs more than 30%, consolidated orders by using Strategic Rotating Stockpile (SRS), and increased number of eligible suppliers for TB products, contributing to a healthier market with improved security supply of TB commodities.

GDF's market shares in 2013 (for public sector) are:

25%

for FLDs
(all notified cases)

33%

for SLDs
(cases reported on treatment)

51%

for paediatrics
(all notified cases)

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

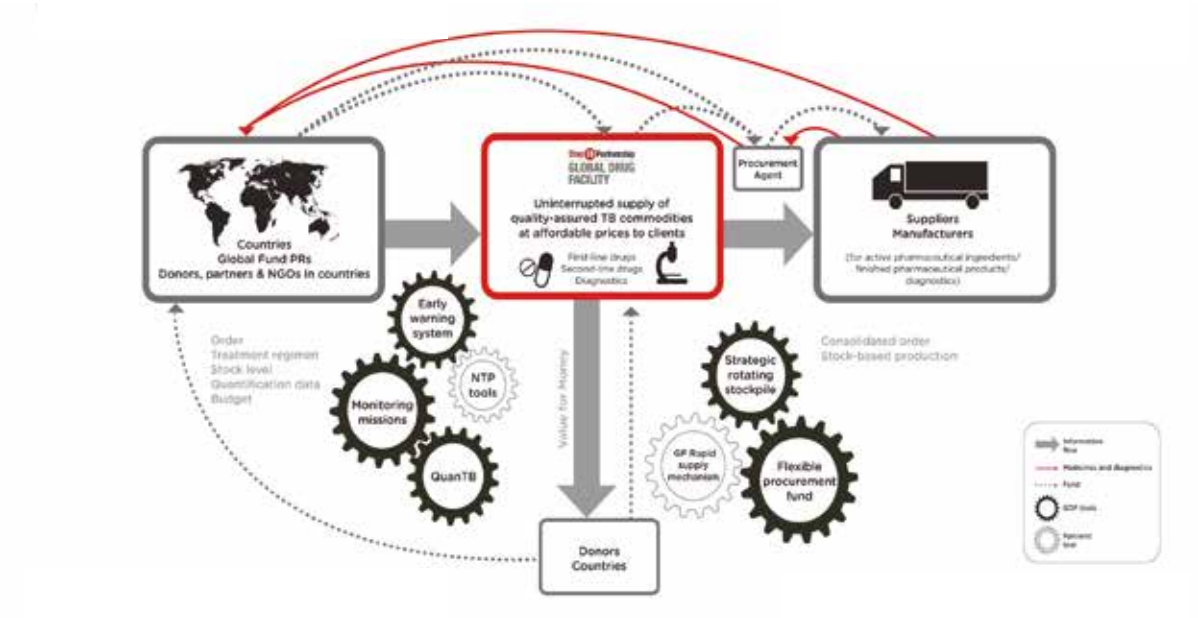
Figure 2. GDF Operational Model

COUNTRY SUPPORT

One-stop mechanism
Improved quantification at country & regional level
Capacity building to strenghten in-country supply chain system
TA coordination with partners and countries
Prevent stock-out

MARKET SHAPING

Visibility of Demand
Global Forecasting
Market landscape analysis
Diversifying Suppliers and product portfolio
Price reduction
Supporting new drugs and diagnostics introduction



CHANGES IN GDF OPERATIONS TO MAXIMIZE IMPACT

Evolve from Grant model towards Direct Procurement model
Foster closer/earlier interaction for GF NFM Order placement optimization by using advance ordering
GDF strategic stockpile to contemplate FLDs + SLDs
Financial flexibility

STRIVING SUPPLIERS ENGAGEMENT

Monitor key supply chain vulnerabilities with stakeholders
Change from production to order to production to stock
Increasing stockpile capacity to meet production challenges
Products: Unified/Multilingual packaging / Longer shelf life

Key milestones were achieved by the Stop TB Partnership's Global Drug Facility in 2014. These achievements are presented here, in the areas of provision of services and products, active market shaping, addressing stock-outs, procurement, capacity building/technical assistance and quality assurance. This report highlights critical new components that have been introduced in GDF's new strategic roadmap to maximize its impact and turn GDF's mechanism easier to access from a client and country perspective such as financial flexibility (through USAID flexible procurement fund), new tools, new stockpile policies, new systems and strategies.

Saving lives by expanding access to quality assured TB treatments and diagnostics.

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

Figure 2. Value of TB Commodities Procured

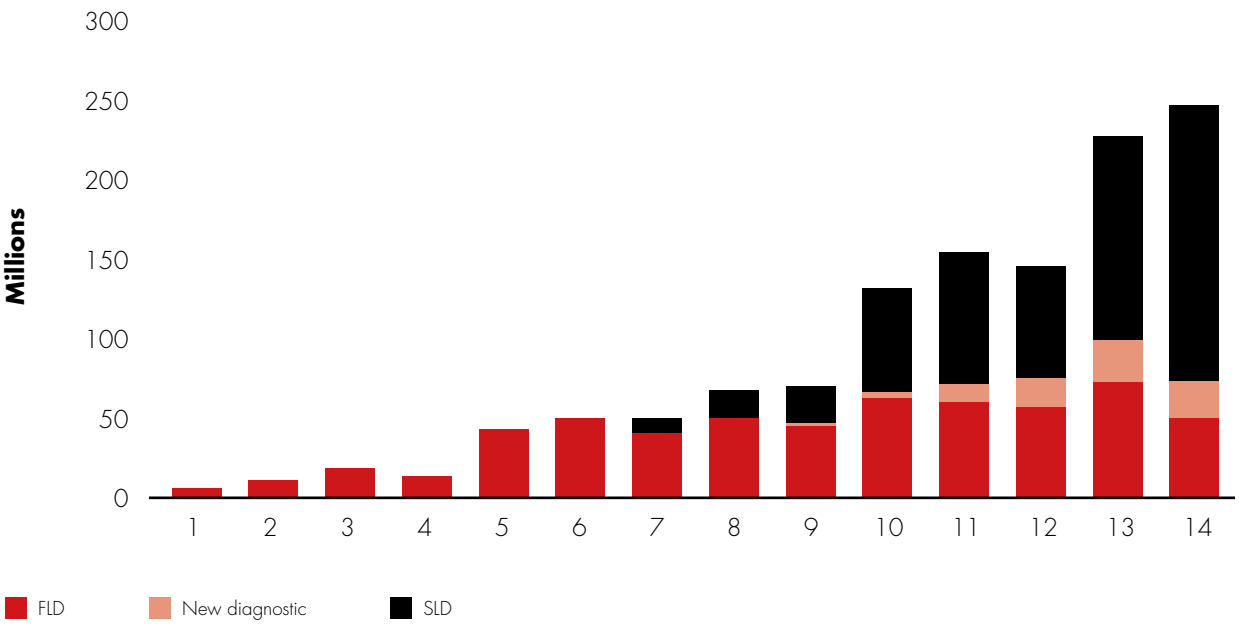
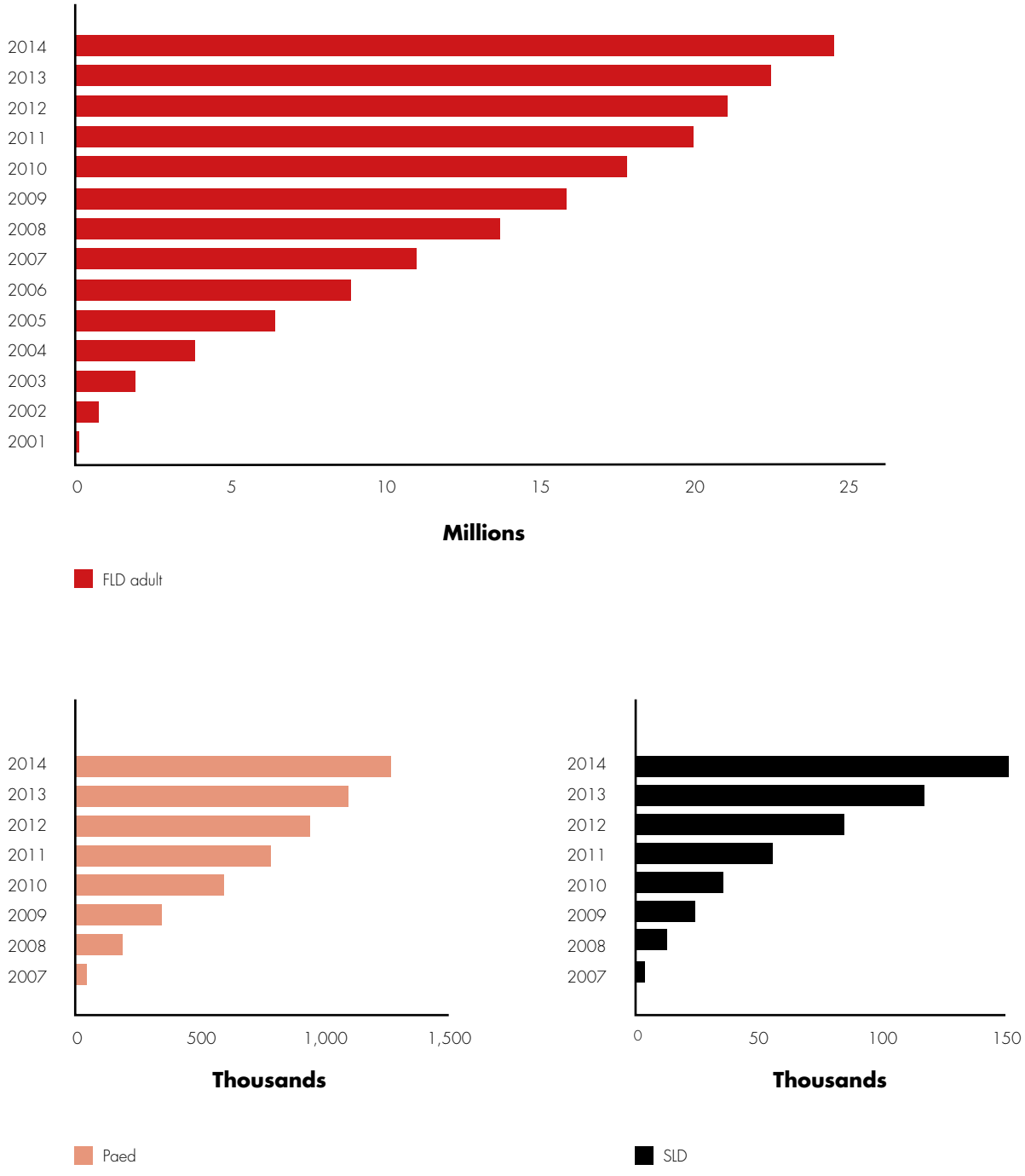
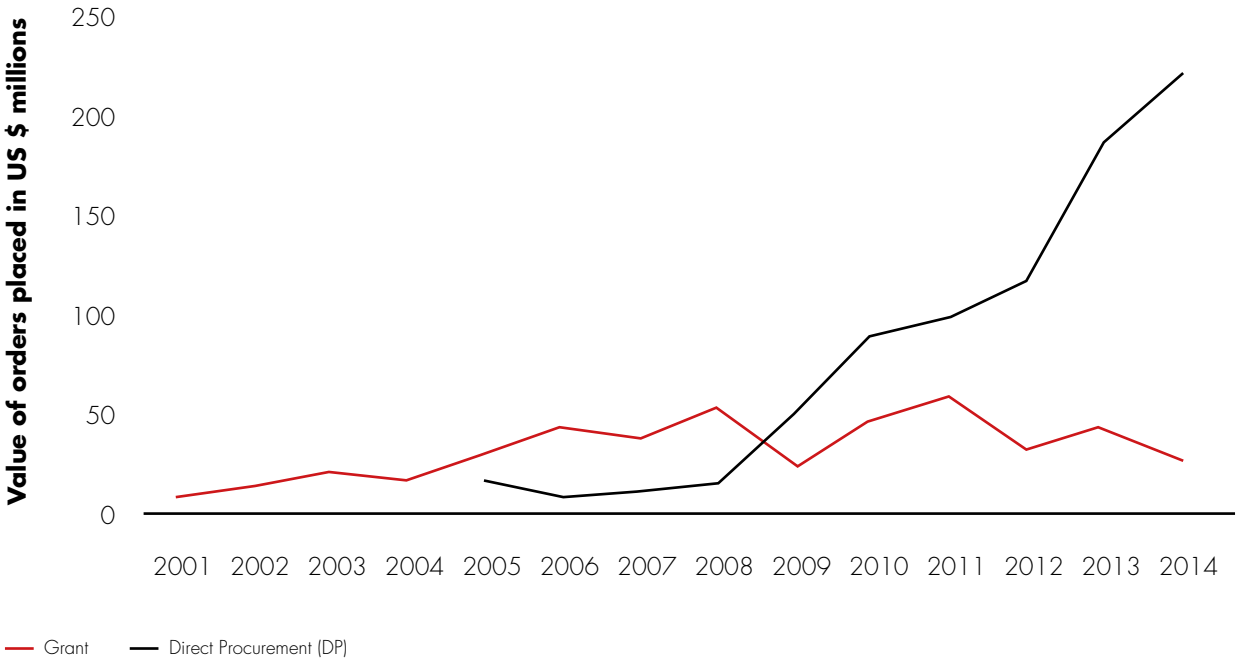


Figure 3. Cumulative Patient Treatments Delivered



Direct procurement service increased by 20% in 2014 compared to 2013, which accounts for 90% of total procurement value of orders placed (Fig. 4).

Figure 4. GDF Procurement Services



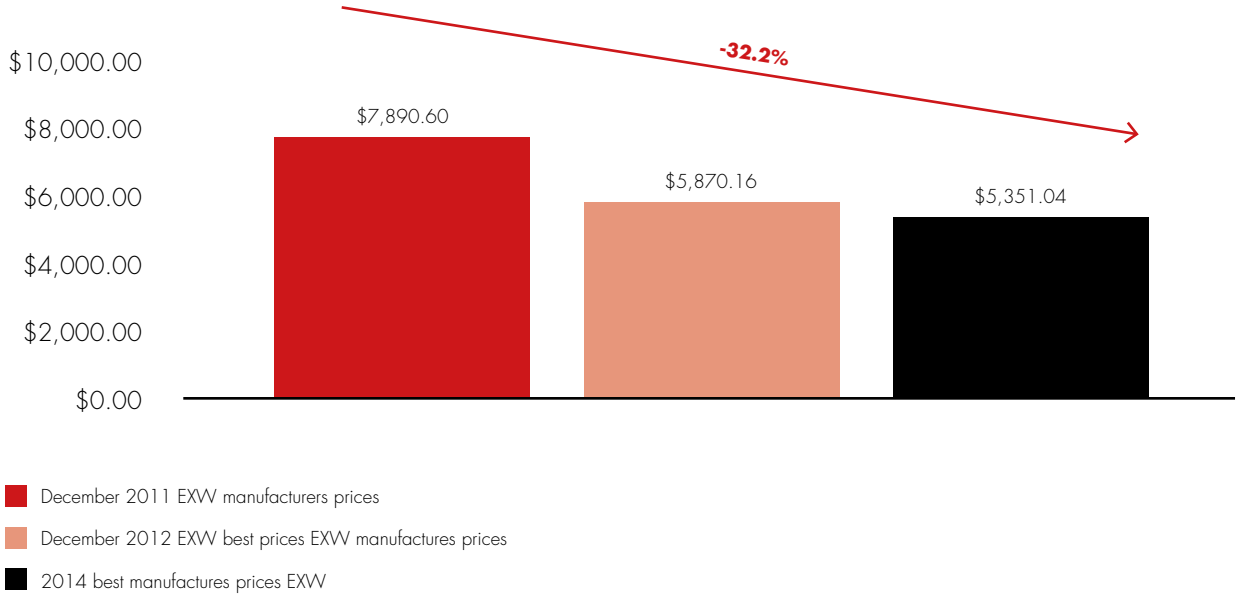
Active Market Shaping

GDF strived to ensure access to quality-assured TB commodities at affordable price by actively shaping the market. During the reporting period GDF reduced the price of several key SLDs it supplies for the treatment of multidrug resistant TB (MDR-TB), resulting in a substantial decrease in the overall cost of treatment up to 32% compared to 2011 (Fig. 5).

Figure 5. SLD Price Reduction

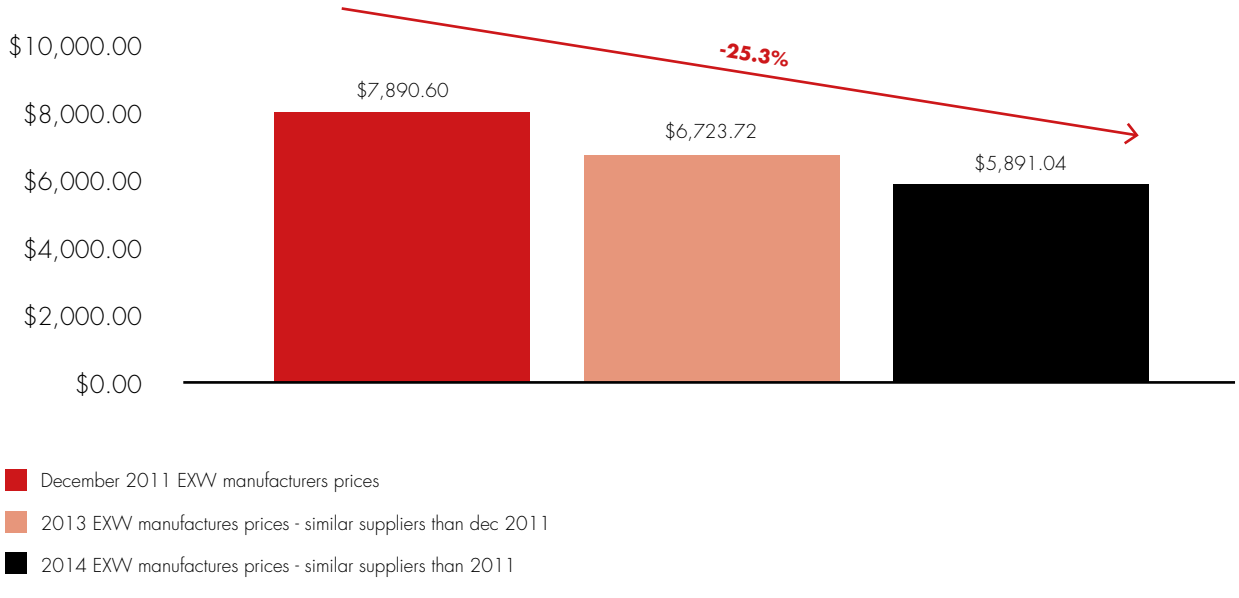
2011/2014 Change in Regiment costs: High end regimen cheapest suppliers

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



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

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



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

SRS has helped for volume consolidations through demand/supply pooling and therefore to achieve further SLD price reductions in recent years. The benefit from price reduction expressed in value is provided in Table 1. It demonstrates how much saving was achieved by July 2014 due to price reduction since 2011. Year-to-date July 2014 shows savings of US $ 21.3 million.

Due to the savings achieved, while successfully running the UNITAID-funded MDR-TB Scale Up project, GDF was able to support the treatment of an additional of 17,054 MDR TB patients from 2007 till 2013. In 2014, GDF continues to manage steadily the fragile supply of Kanamycin with its suppliers to support global demand without any stock-out registered in 2014.

Table 1. Savings Generated from Price Reduction in 2014

Year	Units	Products costs in 2011 prices, $	Products costs in 2014 prices, $	Savings, $
2014 YTD July	177,015,081	89,748,879	68,432,028	21,316,851

Ensuring Access to Quality-Assured Products

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

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

In April 2014, GDF conducted a stakeholder meeting in Hong Kong with all suppliers, donors and partners to reflect on the past years, determine lessons learned, discuss issues around access, market dynamics, quality assurance and procurement for TB products and review the past performance of the GDF model against defined key performance indicators (KPIs). The meeting was concluded with discussion on strategic issues for continuous improvements and moving forward in a coordinated approach between GDF donors, partners and stakeholders.

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

Addressing stock-outs in countries

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

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

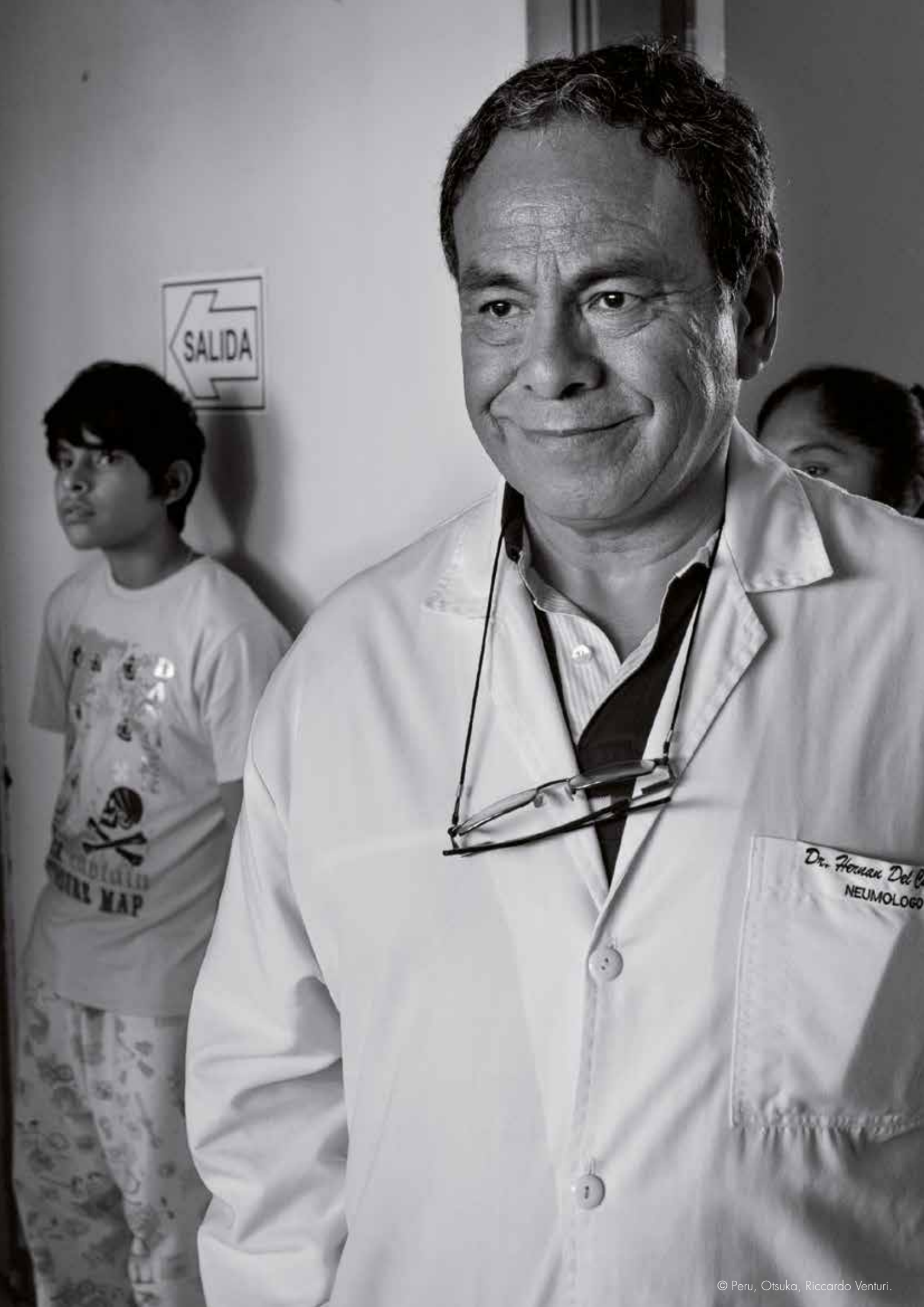
- Rapid Supply Mechanism (RSM): GDF contributed to developing the new concept of TB RSM with the Global Fund which will give the Global Fund-supported countries access to GDF expanded stockpile through a fast mechanism in emergency. GDF will act as RSM platform for TB commodities.

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

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

Table 2. USAID Flexible Procurement Fund Guaranteed for Placing Orders				
Line	**Country**	**Status**	**Order Placed**	**Total**
FLD	Dominican Republic	Completed	April 2014	$68,917.12
FLD	Central African Republic	Completed	February 2014	$15,898.23
FLD	Central African Republic	Completed	February 2014	$393,878.44
FLD	Maldives	Completed	April 2014	$236.86
FLD	Maldives	Completed	April 2014	$9,879.91
FLD	Kenya	Completed	May 2014	$5,039.54
FLD	Guinea	Order placed with supplier	November 2014	$195,504
			Total	**$689,354**

- Improved forecasting: GDF has supported the roll-out of new monitoring tools for regular planning and enhanced programming such as QuanTB, in close collaboration with MSH. A joint GDF/Global Fund training on QuanTB took place in April 2014, which was facilitated by MSH/SIAPS. GDF Regional and Country support staff and Global Fund Procurement and Supply Management Experts attended the 4 day workshop to learn the new quantification tool for 1st and 2nd line anti-TB medicines.



Procurement

Key procurement activities in 2014 include:

01 Tender for selecting a wholesaler for laboratory supplies was adjudicated and Long Term agreement (LTA) was signed

02 Tender for selecting suppliers of first line anti-TB drugs was adjudicated and 14 Long Term Agreements signed

03 20 Long Term Agreements with suppliers of second line anti-TB drugs were extended until March 2015

04 Tender for selecting a pre-shipment inspection and quality control agents was jointly launched and adjudicated with Global Fund

05 Contracts for procurement agents were extended and transferred to UNOPS

06 New Key Performance Indicators (KPIs) for monitoring the performance of suppliers and procurement agents were established

Capacity Building & Technical Assistance

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

43 monitoring/technical assistance missions were conducted in 2014 to support countries. Some of the missions were organized in conjunction with other TB programme reviews and Green Light Committee missions. GDF missions are linked to support the Global Fund New Funding Model as the quantification and forecasting that the countries get from the mission can be used to help budget during grant making and concept notes preparation. In particular, GDF consultants conducted a monitoring mission in Zimbabwe for the sole purpose of supporting the Global Fund Concept Note and grant making development and following up on some procurement and supply management requests from the Global Fund.

GDF, in collaboration with MSH/SIAPS, organized the five-day GDF consultants' workshop in September 2014 in Addis Ababa, Ethiopia to provide hands-on training on QuanTB for consultants to fully adopt this new quantification tool for monitoring missions and technical assistance. 19 consultants attended the training from various regions (ARFO, EMRO, EURO, WPRO and SEARO) and partner organizations and discussed their commitments for the next year monitoring missions based on their availability, location and other factors (i.e. Concept Note development for the Global Fund New Funding Model). The new tools will not only enhance the data collection but also enable countries to improve their drug supply planning. The data collected from such monitoring tools will be linked to the Early Warning Stock-Out system of GDF.

The GDF Regional Support Officer for Francophone AFRO participated in the LMIS workshop in Ougadougou, Burkina Faso in May 2014 organized by the RBM Partnership, Global Fund, UNAIDS and the Stop TB Partnership. This workshop helped countries in developing an action plan to strengthen their information systems that support PSM across program areas including malaria, HIV, TB and essential medicines.

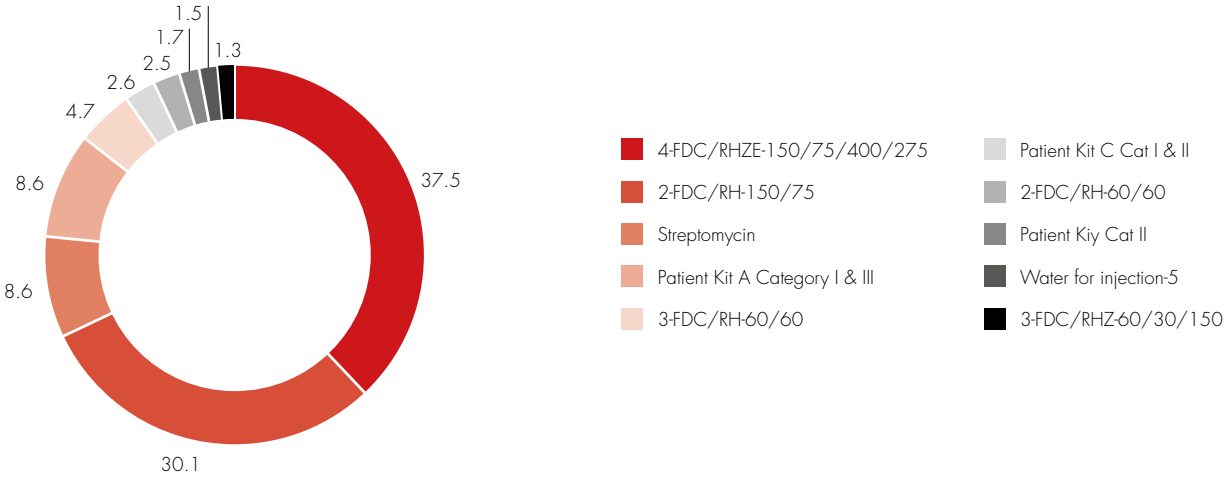
The GDF Regional Support Officer for Francophone AFRO and the GDF Country Support Officer for Anglophone AFRO participated in two workshops in support of Concept Note review. For Francophone Africa, the workshop took place 22-27 September 2014 in Ouagadougou, Burkina Faso to review five single TB/HIV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

Overview by product line

First-line drugs

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

Figure 6. Top 10 FLDs, 2014 (Procurement in value US $ million)

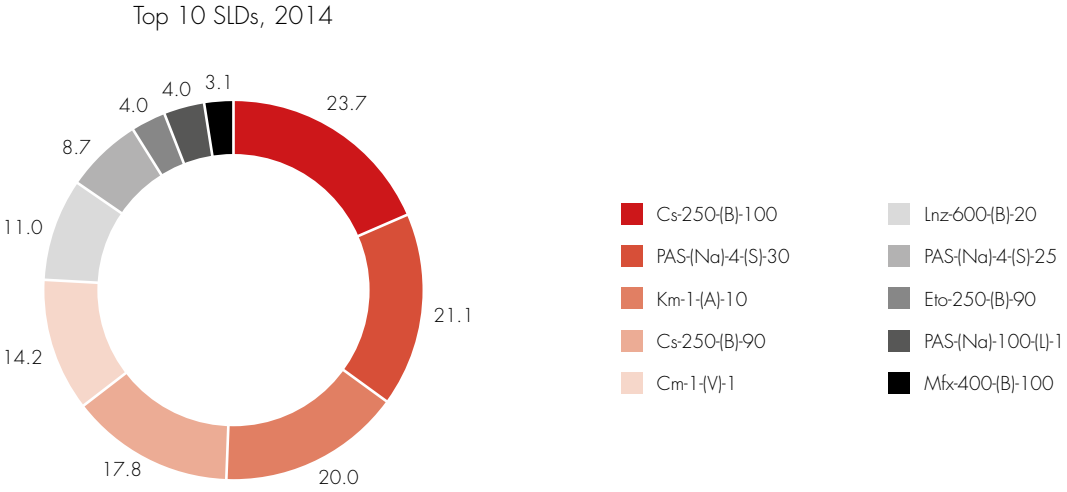


(Note: The figures presented here are only the value of goods procured for both adults and paediatrics and do not include the cost of freight, insurance, procurement, agent handling fees, quality control and pre-shipment inspection charges. The procurement value is based on the GDF's dynamic Order Monitoring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

Second-line drugs

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

Figure 7. Top 10 SLDs, 2014 (Procurement in value US $ million)



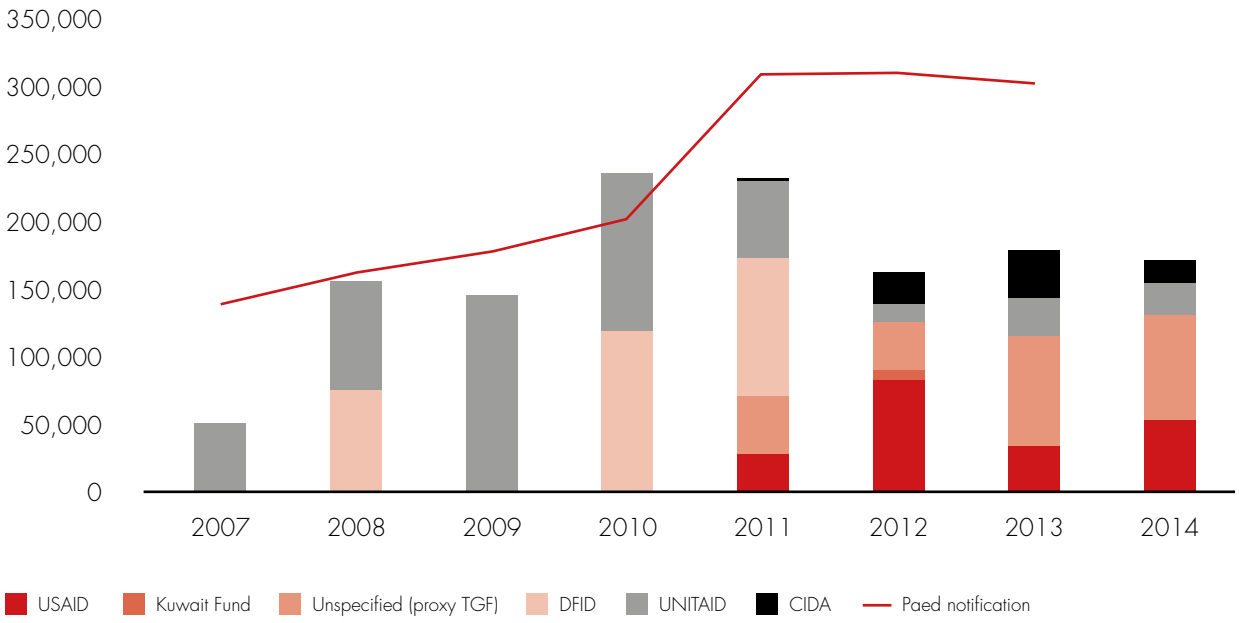
Diagnostics

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

Paediatric drugs

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

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



WORKING GROUPS: 2014 HIGHLIGHTS

06

a) Working Group on New TB Vaccines

Significant progress was made in 2014 toward the planning of the 4th Global Forum on TB Vaccines, which will take place in Shanghai, China from 21-24 April 2015. The Global Forum on TB Vaccines is a biannual event, convened under the auspices of the Working Group on New Vaccines, and is the only conference that brings together stakeholders from across the full spectrum of TB vaccine R&D and across all sectors to share the latest research data and findings, discuss and debate the path forward for this research, and to form new partnerships and collaborations. Each session has dedicated time for discussion about challenges, opportunities, and the path forward in different areas of TB vaccine research. The discussion will be captured by rapporteurs, and the Global Forum Advisory Panel is currently discussing the possibility of an outcomes document from the Forum.

In September 2014, the Working Group on New Vaccines collaborated with Aeras and KANCO to conduct a TB Advocacy Literacy Material Workshop for community-based advocates from across Kenya and to launch a TB Vaccine Advocacy Handbook that was developed by Aeras and the Working Group on New Vaccines. Amongst the people who attended were members of Community Advisory Boards, activists and 38 advocates representing community based organizations, faith based organizations, and the media.

The workshop built on an introductory advocacy workshop that was put on by Aeras, the Working Group on New Vaccines and KANCO in October 2013. Workshop participants were able to share experiences from the advocacy work that they have been able to do since the first workshop. Best practices were shared by participants who had an opportunity to learn from each other. KANCO worked with participants from the different regions to develop synergised regional plans on advocacy activities.

The TB Vaccine Advocacy Handbook is being finalized, with input from participants in the September workshop, and will be launched online in early 2015.

b) New Diagnostics Working Group

The New Diagnostics Working Group (NDWG) recognized the need for collaboration and coordination of global partners to develop a unified system for integration of genomic, phenotypic and clinical outcome data on TB drug resistance. In 2014, the working group launched a first stakeholder forum to initiate discussions and identify a mechanism for sharing and making accessible standardized data to researchers, clinicians and test developers. The initiative encountered an enthusiastic response from the field and during two days the forum gathered 55 TB experts representing researchers, clinicians, test developers, sequencing groups, reference laboratories, NGOs, funding bodies and multilaterals. As a result, the group agreed on an action plan for defining global data standards, establishing a common platform for sharing and integrating comprehensive data and identifying funding needs and opportunities to ensure sustainability.

The forum promoted global collaboration towards the development of a unique TB data sharing platform and contributed to build awareness for the need for researchers and countries to contribute with next generation sequencing data, as well as with clinical information. The event also led to a collaborative effort by a group of international partners, including the NDWG, to develop the Rapid DST Data Sharing Platform under the responsibility of CPTR. This data repository aims to centralize and standardize data that will be contributed by multiple sources and eventually made accessible to TB researchers and clinicians. This effort will help advancing the understanding of genetic mutations and mechanisms associated with resistance to first- and second-line drugs, which is required for accelerating the development of diagnostic assays to detect drug-resistant TB.

On 3-4 February 2014, the NDWG convened a first two-day workshop in London, UK on the theme of *"Coordination of TB diagnostics research: Enabling standards and sharing of data on the molecular basis of drug resistance"*.

A second workshop organized in partnership with CPTR was held on 28 October 2014 in Barcelona, Spain, to update the group on progress made and on plans to develop the Rapid DST Data Sharing Platform.

c) Working Group on New TB Drugs

In 2014, TB drug development advanced further towards the target of better treatment for TB with increased introduction efforts for bedaquiline and delamanid for MDR-TB including the publication of interim guidelines by the WHO; the progression to phase 3 of the novel regimen pretominid-moxifloxacin-pyrazinamide; and the completion of the REMox trial which showed that a rigorous large-scale clinical trial could be conducted in resource-poor regions and paved the way for future TB trials. Rifapentine in combination with isoniazid was approved for a new indication for the treatment of latent TB infection by the U.S. Food and Drug Administration. In TB drug discovery, the TB Drug Accelerator Program funded by the Bill and Melinda Gates Foundation is expanding and adding to the knowledge of the pathogen, to innovative tools to advance drug discovery, and to the pool of potential candidates for the pipeline.

To continue to support the progress and bring together all the key stakeholders in TB drug development, the Working Group on New Drugs (WGND) convened its Annual Meeting in Barcelona, Spain in conjunction with the 45th Union World Conference and approximately 100 participants in attendance. Presentations, synopses, and photos are available on the WGND website at http://www.newtbdrugs.org/meetings/annual-meeting-2014.php. Host-directed therapy (HDT) is an emerging topic with the promise of enhancing TB treatment and/or helping to combat drug resistance. The WGND co-hosted a workshop entitled "Advancing Host Directed Therapy for Tuberculosis" with the National Institute of Allergy and Infectious Diseases and the Bill and Melinda Gates Foundation to review available information and ongoing research on the topic. Agenda and presentations are available on the WGND website at http://www.newtbdrugs.org/meetings/hdt-2014.php.

d) Working Group on the Global Drug-resistant Initiative (GDI)

Three Task Forces were established by the GDI at the Core Group (CG) meeting in May 2014:

A Task Force on patient-centred care: an international training for Nurse Consultants on PMDT was held in the Philippines from 17-21 November 2014 in collaboration with the Western Pacific regional GLC, the WHO Western Pacific Regional Office, the Philippines National TB Programme and the Philippines Nurses Association. The 13 participants came from Cambodia, Ethiopia, Laos, Latvia, Papua New Guinea, PR China, the Philippines, South Africa, Thailand and Viet Nam.

B Task Force on research for drug-resistant TB: a draft generic protocol for shorter MDR–TB treatment regimens was developed, a list of all identified research related to drug-resistant TB was compiled in collaboration with RESIST TB, and a draft updated drug-resistant TB research agenda was developed.

C Task Force on advocacy for drug-resistant TB: a launch event was held at the Union World Conference on Lung Health in Barcelona, Spain on 27 October 2014. The event brought together speakers to highlight the human experience of drug-resistant TB treatment, and advocated for the core elements of the GDI's Advocacy Initiative. Additionally, the premiere of the first in a series of films of patients' journeys through MDR–TB treatment was shown at the event. An estimated 150 people attended the event.

The Core Group of GDI was established following an open "Call for Applications" and a structured selection process. Two face to face meetings of the GDI's Core Group was held on 1–2 May 2014 and 27 October 2014 (meeting reports available at http://www.stoptb.org/wg/mdrtb/meetings.asp). GDI also published and disseminated the first issue of its newsletter published in August 2014. The GDI website and GDI members listserv currently has approximately 320 members.

Regional Green Light Committees (rGLC) and Secretariats are now functioning in all six regions, with technical assistance and monitoring activities provided to respective countries.

e) Working Group on TB/HIV

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

f) Childhood TB Subgroup

In the reporting period (period October 2013 – September 2014), the Childhood TB subgroup launched a Childhood TB roadmap on 1 October 2013 in Washington DC. The roadmap outlines a framework for improving prevention, diagnosis, treatment and care for children with TB and children living in families with TB with actions both for the global and national levels. The actions include training and fostering leadership among health workers, actively seeking out children at risk and providing preventative therapy, develop integrated, family and community-centered strategies to provide more comprehensive and effective services at the community level, and closing the funding gap for childhood TB. If implemented, the actions included in the "Roadmap for Childhood TB: Towards Zero Deaths" could help save tens of thousands of children's lives, including children infected with both TB and HIV. Reaching out to other sectors including the MCH and nutrition, the Childhood TB Roadmap was also presented to the Save the Children Health and Nutrition Global Initiative's Programme Learning Group from 10-14 March 2014 in Kathmandu, Nepal.

The annual meeting of the childhood TB subgroup was organized on 29 October 2013 in Paris France and focussed on scaling up childhood TB activities at regional and country level. The meeting report is available on the Stop TB Partnership website. The childhood TB subgroup ensured participation of paediatricians (child TB experts) in the national TB Programme Reviews in Tanzania, 16 - 28 February 2014, and, Kenya from 28 February - 13 March 2014.

g) Global Laboratory Initiative

The Global Laboratory Initiative (GLI) Stepwise Process towards TB Laboratory Accreditation continues to be rolled-out and harmonized with other tools developed to improve laboratory quality. This GLI tool translates the ISO15189 standard into a guideline, roadmap and checklist to guide TB laboratories to meet the requirements necessary to comply with this standard. In early adapter countries, National TB Reference Laboratories have made considerable progress towards accreditation. The GLI tool is available online at www.GLIquality.org.

New GLI resources for laboratory strengthening were developed and endorsed by the GLI in 2014. Available at: http://www.stoptb.org/wg/gli/default.asp

A Xpert MTB/RIF Training Package (English, French, Russian and Portuguese)

B Mycobacteriology Laboratory Manual

C High Priority Target Product profiles for new TB Diagnostics: Meeting Report

D GLI Newsletter – Momentum (April and October 2014)

The 6th Annual GLI Partners Meeting was convened by Global TB Programme, WHO, Geneva 30 April – 2 May 2014: http://www.stoptb.org/wg/gli/meetingarchive.asp. The meeting brought together country representatives, technical agencies, nongovernmental agencies, and other GLI partners working to strengthen TB laboratories and laboratory networks. 150 participants from 40 countries including representatives from high TB-burden countries attended the 6th Annual GLI partners meeting

New laboratory infrastructure and successful transfer of liquid culture and LPA technologies have been established in 97 laboratories of the 27 countries of the EXPAND-TB Project. All 27 countries in the EXPAND-TB project have reached the stage of routine testing (after extended phases of laboratory preparedness and technology transfer) and are now diagnosing patients with MDR-TB. Up to the end June of 2014, more than 90,000 patients were diagnosed with MDR-TB under the EXPAND-TB project.

h) Subgroup on Public-Private Mix for TB Care and Control

Besides effective advocacy for public-private mix expansion which has shown positive results, ensuring incorporation of public-private mix as an important component in the Global Fund concept notes of all high TB-burden countries, particularly in Asia, was the most important achievement for the public-private mix subgroup over the year 2014.

Advocacy for public-private mix is the main function of the public-private mix subgroup. The contribution of public-private mix to case notifications in selected countries published in the 2014 Global TB Report provides a good indication of the achievement of the public-private mix subgroup. It also indicates the great need and potential that public-private mix has to increasing TB case notifications in Asia and Africa. Almost every third TB case in the countries of Asia and every fifth case in countries of East Africa and Eastern Mediterranean is currently contributed by public-private mix interventions. The guidelines, the tools and most importantly, the provision of a platform to share country and partners experiences, challenges and solutions have helped countries to make significant progress in this not-easy-to-implement work area.

The public-private subgroup receives only modest funding to carry out its functions. The Secretariat therefore largely supports activities of partners, holds periodic teleconferences and organizes, when resources are available, a face-to-face meeting of the subgroup generally around other major TB events such as the Union Conference. The important highlights of this year were the three meetings and workshops supported technically and/or financially by the public-private subgroup Secretariat:

01

A working meeting on "Public Private Mix (PPM) Models for the Sustainability of Successful TB Control Initiatives" was held on 27-29 May in Washington DC with outcomes of delivering key themes for future financing and sustainability of PPM efforts including adapting to the increasingly domestic sources of financing. The meeting was co-convened by USAID and the World Bank, in cooperation with the public-private mix subgroup, and organized by PATH. Approximately 70 participants contributed inputs on health financing, private sector engagement, and TB, and provided important insights on adapting to insurance schemes, results-based financing, and private sector business models. The meeting report is available: http://www.who.int/tb/careproviders/ppm_tb_dcmeeting_report.pdf?ua=1

02

A multi-country workshop on "reaching the 'missing million' through scaling up public-private mix for TB care and control in high-impact Asia" was organized jointly by WHO and the Global Fund at WHO/SEARO on 25-27 July 2014. Six "high-impact Asia" countries participated in the workshop: India, Indonesia, Bangladesh, Myanmar, Pakistan and the Philippines. Over 80 participants attended the workshop including National TB Programme managers, Global Fund staff including country portfolio managers and national and international partners interested in public-private mix for TB care and control. The workshop outlines of country-specific public-private mix scale-up plans of six countries was highlighted for possible incorporation into the national TB strategic plans and concept notes for the Global Fund's new funding model. The meeting report has been published: http://www.who.int/tb/careproviders/ppm/WHOGF_workshop_Delhi.pdf

03

A meeting to help strengthen collaboration between National TB Programmes and national professional associations was organized by the American Thoracic Society in collaboration with WHO as part of TB CARE I project. This meeting, held on 7-8 September 2014 in Denpasar, Indonesia, was a follow up to the above WHO/Global Fund Workshop in which National TB Programme managers and representatives of national professional associations of the same six high-impact Asia countries mentioned above participated. The meeting reviewed the current status and results of collaboration, identified knowledge-gaps and constraints to collaboration and suggested approaches to strengthen and sustain collaboration between National TB Programmes and national professional associations. The meeting recommended development of business plans by participating professional associations in collaboration with the respective National TB Programmes. Setting up of a professional associations' "Regional Coalition to Stop TB" was also presented by the representative of the Indian Medical Association and discussed.

In the first half of 2015, at least two teleconferences of the Core Group of the public-private mix subgroup will be organized. These will help outline and pursue activities to be undertaken and supported this year. The subgroup has yet to receive any funding for the activities during the current year. If funding is available, a meeting of the subgroup will be organized sometime during the year. It is proposed that the meeting examines the scope for public-private mix expansion within the context of the End TB Strategy and focuses on sharing early experiences of countries with implementing regulatory approaches such as mandatory TB case notification and rationalizing the use of TB medicines in the private sector and mechanisms to both incentivise and regulate care providers.

GOVERNANCE

07

In 2014, there were two Coordinating Board meetings and seven Executive Committee calls, two video conferences and three face-to-face meetings. The Coordinating Board held its 24th meeting on 30-31 January 2014 in Cape Town, South Africa. The Board approved the Secretariat work plan 2014-2015 and committed to provide support to the Secretariat in resource mobilization efforts to implement the work plan. The Board requested dialogue with WHO continued regarding hosting operations as well as costed options for alternative hosting options be developed which the Executive Committee should analyse against the Ottawa Principles. The Board approved the strategy to develop the new Global Plan to Stop TB (2016-2020) and formation of a task force to oversee the planning.

Throughout 2014, Executive Committee held several in person meetings, two of which were held around the Board meetings, and one in March specifically to guide the exploration of alternative hosting arrangements. During the EC meetings calls in 2014 the EC approved the recommendations of the Proposal Review Committee for TB REACH Wave 4 funding as well as funding for Wave 3, Year 2, and the Standard Operating Procedures for Working Groups. The Executive Committee discussed an extension of GDF funding to Democratic People's Republic of Korea, Kenya, Nepal, and Somalia. Also discussed by the Executive Committee were the vacant seats on the Board representing TB Affected Countries, and new representatives were selected.

The 25th Coordinating Board meeting was held on 14 July 2014, hosted by the Bill and Melinda Gates Foundation, in Seattle, USA. The Board decided to move the Stop TB Partnership Secretariat from the World Health Organization to the United Nations Office for Project Services (UNOPS) early in 2015. The Board requested that a written understanding on programmatic collaboration with WHO be developed and presented to the Board at its next meeting. At the same meeting in Seattle the Board welcomed the update on the progress of the TB identity work. The Board acknowledged the enhanced relationship with the Global Fund Secretariat and Committees, and congratulated the Secretariat and partners for the work done in supporting the roll-out of the New Funding Model. Finally the Board welcomed the appointment of the Task Force to guide the development of the next Global Plan to Stop TB 2016-2020.

7.1 TRANSITION

At the 24th Board meeting in Cape Town, in January 2014, the Board decided to explore alternate hosting arrangements to WHO, and to present a costed proposal for alternate hosting arrangements to the Board at its next meeting. In Seattle, in July 2014, the Board considered the proposal for a transition of the Partnership Secretariat hosting arrangement to UNOPS, as well as a costed road map for a transition. The Board decided to transition the Partnership Secretariat to UNOPS effective 1 January 2015.

FINANCIALS

08

An insert into this Annual Report will be added when the Financial Summary is approved in the second quarter of 2015.

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09

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FUNDERS

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Bill & Melinda Gates Foundation

Department of Foreign Affairs, Trade and Development, Canada

Centers for Disease Control and Prevention, USA

Department for International Development, UK

Eli Lilly & Company

Ministry of Foreign Affairs, The Netherlands

United Nations Foundation

USAID

The Global Fund to Fight AIDS, Tuberculosis & Malaria

Kochon Foundation

Management Sciences for Health (MSH)

UNITAID

World Bank

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