STOP TB PARTNERSHIP ANNUAL REPORT 2011

Leading the way to a world without tuberculosis.

Stop TB Partnership

World Health Organization

ABOUT THE STOP TB PARTNERSHIP

The Stop TB Partnership is leading the way to a world without tuberculosis (TB), a disease that is curable but still kills three people every minute. Founded in 2001, the Partnership's mission is to serve every person who is vulnerable to TB and ensure that high-quality treatment is available to all who need it.

Together our more than 1000 partners are a collective force that is transforming the fight against TB in more than 100 countries. They include international and technical organizations, government programmes, research and funding agencies, foundations, nongovernmental organizations, civil society and community groups and the private sector.

We operate through a secretariat hosted by the World Health Organization (WHO) in Geneva, Switzerland and seven working groups whose role is to accelerate progress on access to TB diagnosis and treatment; research and development for new TB diagnostics, drugs and vaccines; and tackling drug resistant- and HIV-associated TB. The secretariat is governed by a coordinating board that sets strategic direction for the global fight against TB.

The Stop TB Partnership secretariat serves and supports the Stop TB Partnership. Our role is to ensure a bold vision for addressing TB and to coordinate and catalyse global efforts towards elimination of the disease.

A unique international body
The Partnership is recognized as a unique international body with the power to align actors all over the world in the fight against TB. The participation of a wide range of constituencies gives us credibility and the broad range of medical, social and financial expertise needed to defeat TB. Leadership is provided by our Executive Secretary, who is responsible for developing the secretariat's work plan and for facilitating achievement of the aims and decisions of the Partners' Forum and Coordinating Board.

Vision
Our vision is a TB-free world. Our children will see TB eliminated in their lifetime.

Key objectives of the Stop TB Partnership Secretariat:

- raise the profile of TB among decision makers to mobilize resources and increase political commitment
- get high-quality TB care to more people, especially poor, marginalized and vulnerable groups
- strengthen engagement of existing and new partners
- catalyze partner initiatives, including national partnerships, which aim to harmonize efforts by key players including the Global Fund, WHO and civil society.

STOP TB PARTNERSHIP ANNUAL REPORT 2011

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(Photo by Damien Schumann)

MESSAGE FROM THE EXECUTIVE SECRETARY

It is with great pleasure that I introduce the 2011 Stop TB Partnership Annual Report. I believe the report tells an important story: the joint accomplishments in 2011 of the secretariat and partners; people doing their best in the face of growing difficulties.

The report speaks for itself, and I am proud of our achievements and honoured to have worked together. Yet we must acknowledge that developments in 2011—the serious financing constraints, the deep cuts in available funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the multiple agendas that countries have to fulfill in health with fewer resources—will surely have an impact on our ability to make progress in the global fight against TB.

Looking ahead to 2012 and beyond, I believe we all need to consider honestly what it will take to meet the goals of the Global Plan to Stop TB. At the risk of repeating myself I would like to reiterate recommendations I made in a message to all our partners at the end of 2011.

First, we need a change in tone. We need to shake things up. We need to put the people suffering because of TB at the centre of all our work and give it a greater feeling of urgency. We need to voice our outrage that a million and a half people are still dying every year of a curable disease, that there are 10 million children in the world orphaned by TB, that we have hundreds of thousands of people with MDR-TB without proper diagnosis and treatment. We will have to fight for more money and fight hard, because we have a righteous cause.

Second, we need to find the people with TB, TB/HIV and MDR-TB we have never succeeded in finding. We've been doing a really good job getting TB treatment to the kind of people who know where to go if they are sick, the sort of people who come to hospitals and clinics. But so many of the people suffering from TB are poor and vulnerable. Their illness goes undetected, unreported and often untreated. They are shy, sick, scared, lonely, feel ashamed, worried and stigmatized, and most don't know how to fight for themselves or their rights. We have to fight for and with them—and we have to empower them to fight for themselves by working with civil society and communities.

Third, we need to be more ambitious. If you speak to a cardiovascular surgeon, he might say that he has had five deaths in his ward this year, but next year, he aims for zero. Why then, in TB—where the drugs to treat someone cost only US$ 25 dollars—are we talking about reducing deaths by such a modest amount? We need to be more ambitious in fundraising— being bold accountable and showing the results to the donors—but also showing stakeholders in countries the need for domestic investments in TB.

Fourth, we need to be wise, smart and rapid and do more with less. Value for money is not just a slogan, it is a reality and it is working! We will have fewer resources in future. But that does not necessarily have to impair progress if we use what we have more effectively. Every country has to take a close look at what is going well, and what is not being done the way it should. Then they need to reorient the way they approach their TB epidemic so they can have the biggest impact on saving lives and preventing transmission.

Fifth, we must resolve to shake up the research community and donors to bring TB care into the 21st century. Where is a simple, inexpensive test for TB, like we have for HIV and malaria? Where is a form of treatment that takes less than four months? Where are the new drugs for MDR-TB? Where is our vaccine? Investment in TB research is not increasing—in fact it has flattened. I hate flat lines—let us have an upturn by the end of 2012!

Five resolutions: you can count them on one hand. Outrage, reaching the unreached, ambition, doing more with less, demanding new tools.

I am committed to them. I hope we can commit to them as a partnership.

RAISING THE PROFILE, SECURING SUPPORT

Turning up the volume on TB

At a time when the world's attention is focused on financial crises, conflict and environmental catastrophe, it is more difficult than ever to inspire outrage over the devastation caused by TB all over the world.

Four year old Yamilet Valdivia Pino is suffering from abdominal TB. Here she sits on her bed at the ISN (National Institute for Children's Health) in Lima, Peru where she has been hospitalized for two months.
Photo by Carlos Cazalis

Stop TB Partnership Coordinating Board members Dr Aaron Motsoaledi, Minister of Health of South Africa; Dr Mphu Ramatlapeng, Minister of Health of Lesotho; and Benedict Xaba, Minister of Health of Swaziland joined forces for a high-level mission to Washington, DC in March. *Photo by Nick Gingold*

Trio of Southern African health ministers take Washington by storm

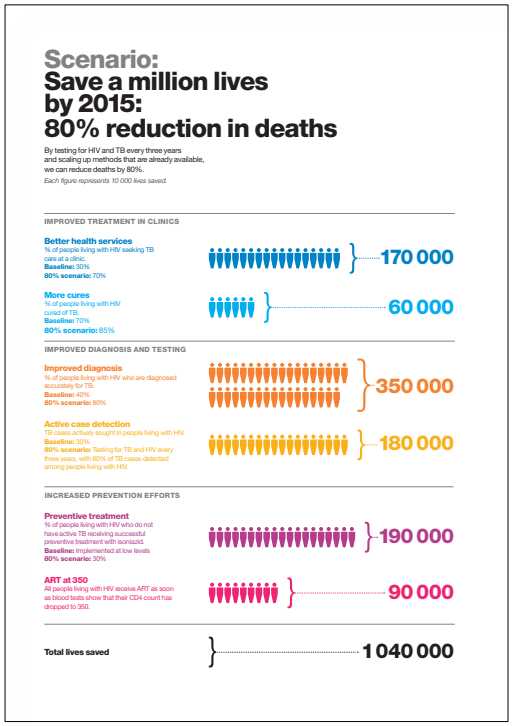
In April the health ministers of Lesotho, South Africa and Swaziland joined the Stop TB Partnership's Executive Secretary and the Chair and Vice-Chair of the Stop TB Partnership Board on a mission to Washington D.C. to spur policy-makers to ramp up their support for the fight against TB.

The three ministers took the city by storm, leaving in their wake a great many transformed hearts and minds. They made their case, among others, with Representative Eliot Engel, member of the Foreign Affairs Committee; Lois Quam, Executive Director of the Global Health Initiative at the US State Department; Dr Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases; and World Bank Vice President for Africa, Oby Ezekwesili.

During the mission, the US News and World Report website published an opinion piece in which the three ministers made the case for consigning TB to history.

At the end of 2011, despite pressure to cut global health funding, the US Government announced that it would increase the budget for USAID's TB programme by 5% and maintain its Global Fund contributions.

The three ministers followed up their visit with a call to fellow ministers of health of Southern African Development Community (SADC) countries to urgently address the issue of TB in mining communities. This led to SADC tabling a series of meetings in 2012 at which member countries will draft a declaration on TB and mining to be signed by SADC heads of state.



To save a million lives

In 2011 the Stop TB Partnership, with WHO and UNAIDS, produced a model which could pave the way to dramatic progress in the fight against the TB and HIV co-epidemic. The model shows that by scaling up activities that are already in place, more than a million lives could be saved by 2015 at a cost of around US $400 per person a year.

The Partnership launched *Time to act: Save a million lives by 2015*, a publication featuring the modelling, at an event during the UN High-Level Meeting on AIDS in June. Hosted by Ray Chambers, the UN Secretary General's Special Envoy for Malaria and MDG Advocate, the event featured pledges from Michel Sidibé, Executive Director of UNAIDS; Michel Kazatchkine, Executive Director of the Global Fund; and Eric Goosby, US Global AIDS Coordinator to work with the Stop TB Partnership to save a million lives by 2015.

Together with UNITAID, the Stop TB Partnership reinforced this call at an Every Woman, Every Child event on maternal and child health in September, convened by Ray Chambers.

On World AIDS Day in December, the South African Government launched a new strategic plan which for the first time tackles TB and HIV together. The plan includes many of the activities recommended in the model and sets a bold vision of zero TB deaths, zero new TB infections and zero stigma from TB.

"FROM NOW TO 2015 A MILLION LIVES CAN BE SPARED IF WE SIMPLY INTEGRATE, IF WE SIMPLY COORDINATE,"

Dr Jorge Sampaio,
the UN Secretary General's
Special Envoy to Stop TB.

The Honorable Cory Booker, Mayor of Newark New Jersey and Osas Ighodaro, Miss Black USA, joined the launch event for *Time to act: Save a million lives by 2015* and pledged to leverage their fame in the United States as a platform to raise awareness about TB/HIV worldwide.

Bringing the research community together to stop TB

The Stop TB Partnership Research Movement works with partners to increase the scope, scale and speed of TB research. In 2011, the Partnership published two landmark TB research documents.

In August, the Partnership launched *Priorities in Operational Research to Improve TB care and Control* at a meeting in New Delhi, India. The meeting was attended by Dr Vishwa Mohan Katoch, Director of the Indian Council of Medical Research and Dr Ashok Kumar, Director of the Indian Revised National TB Control Programme.

This was followed in October by the launch of a second document, the International Roadmap for TB Research at the World Conference on Lung Health in Lille, France. The road map is designed to promote the harmonization of TB research efforts globally and the development of new research collaborations to address difficult and yet unanswered questions in TB. Following its launch, several institutions, agencies and foundations for international coordination of TB research have referenced the document in their own publications and programmes. The United States National Institute of Allergy and Infectious Diseases praised the roadmap as 'critical for developing new interventions and control strategies' .

The roadmap appeared at a critical moment. A report released in October by the Treatment Action Group and the Stop TB Partnership found that in 2010 just US$ 617.1 million was spent on TB research and development, down 0.3% compared to 2009 funding levels.

Goodwill Ambassadors against TB

Goodwill Ambassadors Luis Figo

Goodwill Ambassadors Craig David
Photo by Brad Hamilton

The Stop TB Partnership works with two Goodwill Ambassadors to raise awareness about TB among broad audiences: football legend Luis Figo and British pop star Craig David.

For World TB Day Craig David released a short video-clip in which he highlights the unnecessary toll of TB. Filmed in South Africa, the clip was viewed by his thousands of followers on social media channels. An interview with David was featured in the Kempinski hotel group's magazine and distributed in all its hotels worldwide. He also appeared in a video developed by the UN Secretariat for World Humanitarian Day which was viewed by some 30 000 people.

"Score the Goals—Teaming Up to Achieve the Millennium Development Goals" comic book, co-produced with UNOSDP, FAO, UNDP, UNAIDS, UNDPI and featuring Luis Figo and TB, was awarded with the prestigious Special Jury Prize at the 2011 Peace and Sports Awards. The comic book, now available in nine languages, is available as an application for smartphones and tablet computers.

Photo by Misha Friedman

Launch of the *Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the who european region*

With MDR-TB and XDR-TB spreading at an alarming rate across the European continent WHO's Regional Office for Europe has developed an ambitious plan to arrest the pandemic in its tracks. The *Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the who european region 2011-2015*—which sets out to prevent 263 000 cases of MDR-TB and XDR-TB and 120 000 deaths from the two conditions—was launched in Baku, Azerbaijan in September. A parallel press event in London was organized and supported by the Stop TB Partnership Secretariat.

If the plan is fully implemented, 127 000 people will be successfully treated for drug-resistant TB and 120 000 deaths will be averted. The plan will cost an estimated US$ 5 billion, but this cost will be recouped, since 250 000 MDR-TB and 13 000 XDR-TB cases will be prevented, resulting in a saving of $US 7 billion. Prevention of premature deaths among patients with drug-resistant TB, with consequential increased productivity for the region, will generate an additional US$ 5 billion.

The London press event was generously hosted by Kempinski Hotels, a close partner of the Stop TB Partnership. The launch of the action plan was covered by every major news wire service and was picked up by major newspapers around the world such as the Washington Post, The Mail, USA Today and the Hindu Times. Dr Ditiu, the Stop TB Partnership's Executive Secretary, appeared on BBC World and Al Jazeera news; and was featured on BBC's morning radio programme, which reaches millions of people all over the globe.

"The action plan shows a fantastic collaboration between WHO/European Region Office and its partners in the region," said the Executive Secretary of the Stop TB Partnership. "In addition, the events in London are a great example of the Stop TB Partnership working with WHO regional offices and the private sector—in this case Kempinski Hotels — to press for action to stop TB in its tracks

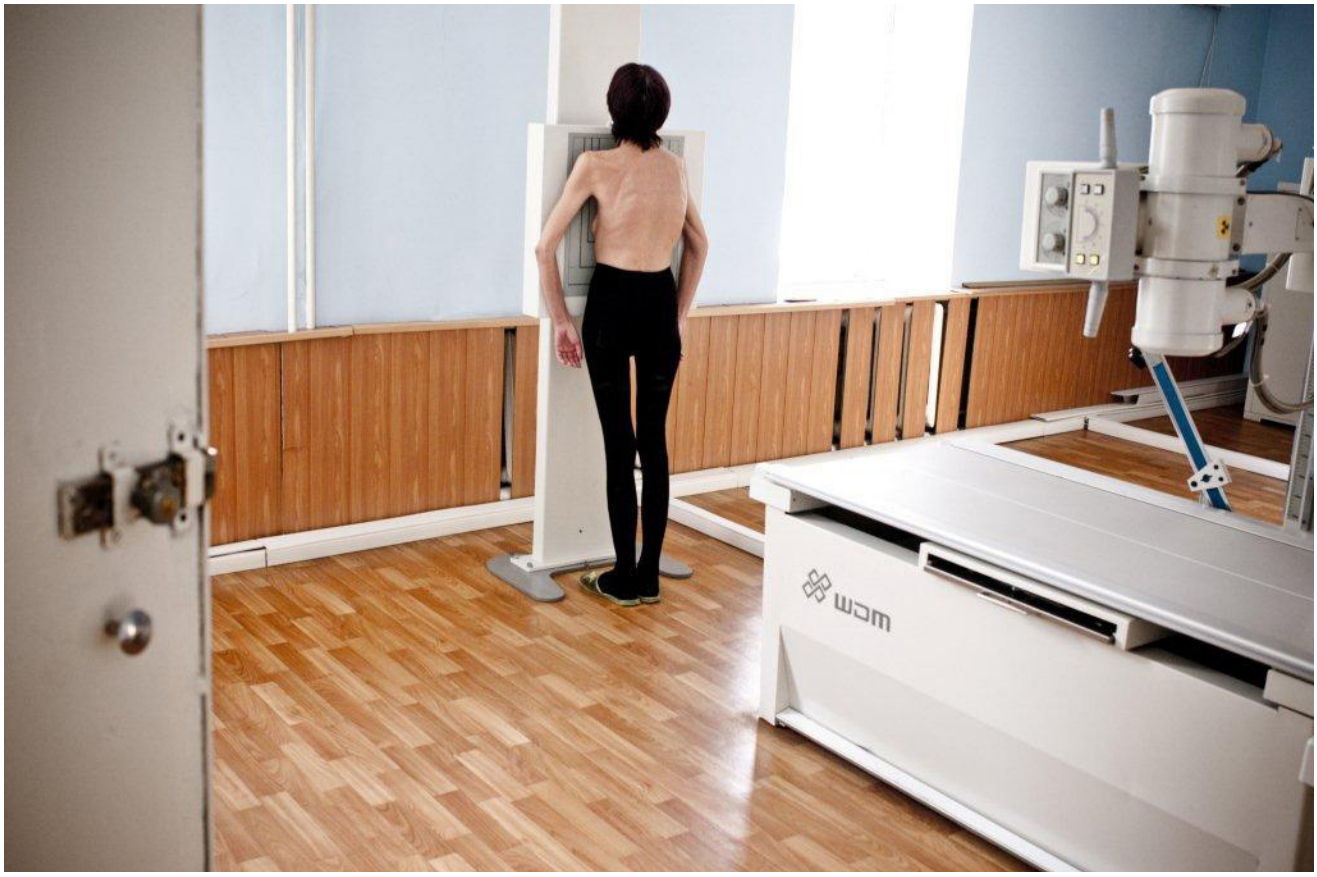


Photo by Misha Friedman

A make-over for the TB brand

In July, marketing and public relations experts from the private sector, global health advocates and the Stop TB Partnership Secretariat came together with a common purpose: to achieve a breakthrough on TB messaging. At a two-day 'think tank', hosted by the Harvard School of Public Health and Partners in Health, the group was challenged to develop the seeds of a revitalized and inspiring messaging campaign that can drive a new level of political commitment to TB.

The think tank followed an offer from the Partnership's private sector constituency to volunteer its expertise in developing marketing and communications campaigns. Answering a call from Becton, Dickinson and Company and Heineken International, the Harvard event was joined by experts from BASF Corporation, Kempinski, Eli Lilly and Company, Edelman, Neucom Consulting and Vbat, as well as campaigners from Global Health Advocates, Malaria No More, Médecins sans Frontières, PATH, RESULTS and Treatment Action Group.

The messaging and branding concepts developed at the think tank were refined throughout 2011 by a smaller group of private sector partners and for presentation to the Coordinating Board in 2012.

WORLD TB DAY 2011

On the move against tuberculosis—transforming the fight towards elimination

Staff from the Hotel Indonesia Kempinski show their support for World TB Day, with the help of goodwill ambassador Craig David

School girls singing at an event organized by management Sciences for Health and its partners in Afghanistan

A football match for World TB Day in Jawzjan province, Afghanistan

Staff from the Kempinski Hotel Ajman, United Arab Emirates, take the Stop TB message onto the beach

Volunteers registering visitors at a World TB Day event in Namutumba, Uganda, organized by the Mpolyabigere community centre

A play organized for World TB Day in Namutumba, Uganda by the Mpolyabigere community centre

Students in Mogadishu, Somalia, at a workshop on TB elimination organized by FENPS

The World TB Day roadshow on the move in Namibia

Awareness raising at the tibetan refugee settlement, Bylakuppe, India

School children at a rally organized by BRAC Uganda and the Ministry of Health and local Government in Kitgum District, Uganda

School children in Mumbai show off the Indian Development Foundation's World TB Day poster, featuring Mary Kom, the women's boxing champion in India

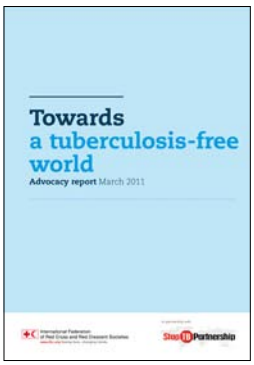
Employees and their families at Zifasing Cattle Ranch in Morobe Province, Papua New Guinea, after recieving TB training

Demonstration of sputum cups at Zifasing Cattle Ranch, Morobe Province, Papua New Guinea

Doctors and Nurses in Vellore, India, distribute educational leaflets on a World TB Day 'walkathon'

Street drama helps to raise awareness about TB in Nepal

The Stop TB team celebrate World TB Day in Geneva, Switzerland



On the occasion of World TB Day, the Stop TB Partnership Secretariat and IFRC jointly released *Towards a tuberculosis-free world*, a report offering a window on the human side of the global TB pandemic and efforts to reach the unreached millions of people affected by TB. The Red Cross Red Crescent is fully aligned and fully committed to mobilizing its national societies to help meet the goals of the *Global Plan to Stop TB 2011–2015*.

Turning up the volume at the highest political level: The UN Secretary-General's Special Envoy to Stop TB

For World TB Day, Dr Jorge Sampaio, the UN Secretary-General's Special Envoy to Stop TB convened a round table entitled "The fight against tuberculosis: what's new in research?". The event, organized in Paris by the Stop TB Partnership, TB Vaccine Initiative and the Gulbenkian Foundation focused on the need to stimulate investments in TB research.

In June Dr Sampaio was invited to be a principal speaker at the United NationsHigh Level Meeting on AIDS. Dr Sampaio delivered an impassioned speech at a panel discussion on TB and HIV integration at UN Headquarters, calling for political leadership and concrete action to save a million lives by 2015 and also spoke at the launch of *Time to Act: Save a million lives by 2015*.

To coincide with events at the high-level meeting, the *Huffington Post* published an opinion piece by Dr Sampaio and Michel Sidibé, Executive Director of UNAIDS, in which they argue that countries must scale up the activities outlined in *Time to Act* in order to save a million lives.

Dr Jorge Sampaio, the UN Secretary-General's Special Envoy to Stop TB

Engaging new audiences through social media

Recognizing the enormous potential to reach new audiences and better connect with supporters, the Stop TB Partnership significantly increased its social media activities in 2011. There were three main objectives: increasing the readership of the stoptb.org website; building a community of followers to quickly disseminate messages; and attracting more media coverage. Highlights from the year included:

- 50 million mentions of Stop TB on the micro-blogging website Twitter following the launch of the *Time to act: Save a million lives* publication. This led to more than 10 000 people reading the publication online and thousands of referrals to the ACTION project's website where visitors were encouraged to speak out about TB and HIV
- Wide dissemination of World TB Day messages on Twitter, thanks to partner organizations, stop TB champions and other celebrities
- More than 20 000 views of videos featuring Goodwill Ambassadors against TB Craig David and Luis Figo on the Stop TB Partnership's You Tube channel
- Partners' World TB Day photos featured on the Guardian's website, following the creation of a gallery on the Partnership's Flickr page
- Articles on TB REACH projects, first published on the Stop TB Partnership's website, shared by the UN and other international organizations on twitter. This generated interest in the projects from partners and potential funders from around the world.

The Award for Excellence in Reporting on Tuberculosis and the Images to Stop Tuberculosis awards were presented in Lille, France in October at a joint ceremony with the Lilly MDR-TB Partnership, which supports the awards. On the podium from left to right were: Paul Thorn (presenting the TB Survival Prize), Dr Lucica Ditiu (Stop TB Partnership), Bharathi Ghanashyam (first prize, lower-income country, journalism award); Tracy Sims (Lilly); Dr M A Tag Eldin of Egypt, accepting the photo award on behalf of Mr Cazalis; and Michael Specter (first prize winner, high-income country, journalism award). *Photo by Sam Nuttall*

Photo by Misha Friedman, winner of the 2010 the Images to Stop TB award

Stop TB Partnership Awards

The Stop TB Partnership confers three prestigious awards each year.

KOCHON PRIZE

The annual Kochon prize recognizes significant contributions to combating TB. The prize is fully funded by the Kochon Foundation, a non-profit foundation registered in the Republic of Korea.

The International Nepal Fellowship (INF), a Nepali faith-based organization, and Professor Alimuddin Zumla of the United Kingdom (UK) shared the 2011 Kochon prize.

INF has been working on TB in Nepal since 1973 and in 1985 took charge of implementing TB activities in all 15 districts of Nepal's mid-western region. In addition to providing basic TB services, INF trains staff from various organizations and operates a fund that provides medicine, tests and help with transport costs to vulnerable patients.

Professor Alimuddin Zumla is renowned internationally for his leadership in TB and TB/HIV research and for establishing partnerships for TB research. His collaborations now span five countries in Europe and 10 in sub-Saharan Africa, where he leads several multi-country research projects. His team's research findings have contributed to the development of WHO guidelines on treatment and prevention of TB and HIV and have led to improvements in the care of patients worldwide.

AWARD FOR EXCELLENCE IN REPORTING ON TB

The journalism award recognizes outstanding reporting and commentary in print and online that increases the public's knowledge and understanding of TB.

In 2011, the first prize in the low- and middle-income country category went to Bharathi Ghanashyam of India. Her blog, *Children and TB—the diagnostic challenges* tells the moving stories of three children affected by TB while highlighting the challenge of diagnosing the disease in this age group in India, where the problem is rampant.

The first prize in the high-income country category went to Michael Specter of the United States. His feature in the New Yorker, "A Deadly Misdiagnosis", warns of the dangers of TB misdiagnosis in India and points to recently developed molecular tests as offering hope.

IMAGES TO STOP TB AWARD

The Images to Stop TB award seeks to raise awareness about TB through photography. The award provides a talented photographer with the support needed to generate outstanding photographs and photo stories depicting the impact of TB on individuals and communities and successful responses to the disease.

The winner of the 2010 award, Misha Friedman, travelled to Donestk, Ukraine, to produce a reportage on TB and HIV. His photos captured difficult by moving instants in the daily lives of people ill with TB and those who care for them. The photos were published in major online media channels, including TIME magazine online.

The 2011 winner was the Mexican photographer Carlos Cazalis. His portfolio, which chronicles the health challenges faced by the people of Haiti, was selected by an international jury from among 50 entries.

David Rochkind, the winner of the 2009 award, continued to support the fight against TB in 2011 with the launch of an educational website. The website tells the story of the TB epidemic through a photographic lens and provides teachers with ready-made class plans on TB.

COUNTRY FOCUS

ENGAGING WITH PARTNERS, STRENGTHENING PARTNERSHIPS

A country-wide assessment of TB care in Nigeria, which was supported by the Stop TB Partnership Secretariat, resulted in a successful TB REACH proposal to find TB cases among Fulani nomads.

National Partnerships in Action

A key aspect of the Secretariat's work with partners is to help them develop national partnerships, which bring varied partners together to develop and implement shared action plans to tackle TB. These voluntary alliances draw on the skills and competencies of partners to increase efficiency, avoid duplication of effort and extend the reach of TB services. In 2011 the Secretariat launched a new section of the web site—National Stop TB Partnerships in Action—that highlights the latest information on national partnerships' activities and future plans. There were 25 national partnerships featured on the website at the end of 2011.

UGANDA

The National TB Programme of Uganda asked the Secretariat to assess the status and operations of the Uganda Stop TB Partnership and help develop a shared action plan for its partners. With assistance from the Secretariat, the Ugandan partners agreed to map the services provided by each partner according to geographic area and resources as a first step to developing a unified work plan and approach to resource mobilization. The Secretariat also advised the partners on how different organizations could contribute to the implementation of Global Fund grants.

VIET NAM

The Viet Nam Stop TB Partnership, with assistance from the Stop TB Partnership Secretariat in Geneva, has developed an innovative approach to increase care-seeking behaviour among people affected by TB.

In April, at the request of the National TB Programme, Secretariat staff travelled to Viet Nam to brief policy-makers about national partnerships and have a dialogue with the partnership's Coordinating Board about how to maximize the contribution of all partners. The Secretariat noted that the Viet Nam partnership includes three major unions: the Farmer's Union (10 million members); the Women's Union (14 million members); and the Youth Union (6 million members). These unions had untapped potential for raising awareness about TB and increasing care-seeking behaviour. As an outcome of this meeting, the unions agreed to strengthen their TB awareness-raising and advocacy activities, with the potential to reach an estimated 38 million people—almost half the country's population.

This partnership, established in 2010, includes (in addition to the unions) a broad array of government ministries responsible for health, social and labour matters; community institutions such as the Viet Nam Veteran Association and the Centers for Community Health Development; the Viet Nam Medical Association; and major international organizations.

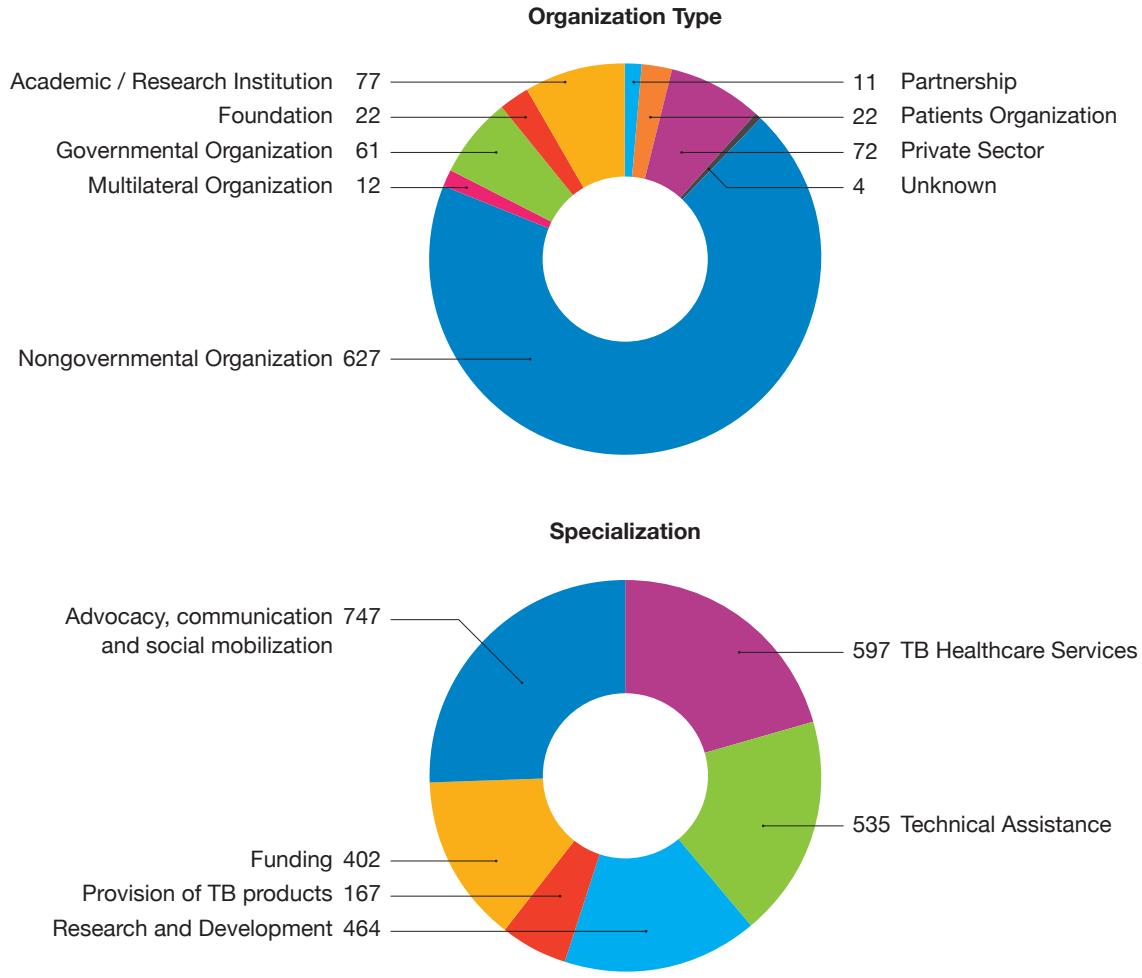
Building an evidence base for partner engagement

The Partners Directory is a web-based repository of the skills, areas of work and activities of our partners. Maintaining an up-to-date directory of all partner organizations and making it simple for them to connect with one another are key roles of the Stop TB Partnership Secretariat. In 2011 it was clear the time had come to check in with all partners, validate their information and request that they make any needed updates to their profiles. Our goal also was to make the directory more user-friendly and allow users to search for organizations by geographical region and organization type so that they can easily find and contact partners engaged in an area of work related or complementary to their own.

As an outcome of this project, the Secretariat had a clearer overview of our partner organizations, among which over 70% are NGOs. Another outcome was that the secretariat recognized the need to actively recruit partners in regions that are under-represented.

BREAKDOWN OF PARTNERS OF THE STOP TB PARTNERSHIP, 2011

(Actual number of partners)



The data for this chart was generated through the partner survey conducted in 2011.

The national champions who gathered in Geneva in December are, from left to right: top row, Zaal Chikobava (theatre director, Georgia), Sonia Goldbenberg (journalist, Peru), Gerry Elsdon (TV presenter, South Africa), Behrooz Sabzwari (actor, Pakistan) and Deepasri Niraula (actress, Nepal); bottom row, Obour (pop singer, Ghana), Rania Ismail (actress, Jordan), Awad Ibrahim Awad (TV presenter, Sudan) and Deepak Raj Giri (actor, Nepal). *Photo by Didier Ruef*

Cultivating national champions

In December the Stop TB Partnership Secretariat and the International Federation of Red Cross and Red Crescent Societies hosted, for the first time, a meeting in Geneva of nine celebrities who are lending their images and voices to the fight against TB in Georgia, Ghana, Jordan, Nepal, Pakistan, Peru, South Africa and Sudan. These actors, film-makers and media stars are helping to frame an initiative aimed at enhancing the impact of national TB ambassadors.

The celebrities shared their experiences and their views on what it takes to be a strong national TB champion. They agreed that their role is to raise awareness about TB at all levels, with special sensitivity to the fact that many people with TB belong to marginalized groups—but also that the disease has a marginalizing impact on anyone affected by it. The group travelled to Italy to brief members of the Regional Government of Lombardy in Milan about the urgent need for continued support for the fight against TB.

The Secretariat produced short video clips about the champions and their visit which are available on YouTube and the national champions' own channels. Their contributions at the December meeting will be reflected in a handbook on working with national TB champions, to be released in 2012.

In May the Stop TB Partnership organized an ACSM workshop with the Ministry of Health of Peru and Partners in Health, where participants developed ACSM action plans for their local areas. Following the workshop two municipalities in Southern Peru secured the help of multiple partners, including universities and the media, to develop a series of dramas on TB which were aired for free on local radio. Radio drama is highly popular in Peru. The dramas focused on how to prevent TB and the need for family support while TB patients complete their treatment.
Photo by Carlos Cazalis

Advocacy, communications and social mobilization at country level

CAMBODIA

Secretariat staff helped develop an advocacy, communications and social mobilization (ACSM) plan that aims to increase awareness about TB, improve access to diagnosis and treatment and address TB among migrants, the elderly and disadvantaged groups. An innovative solution was proposed. Some 97% of Cambodia is Buddhist; temples and monks are therefore ideally placed to help improve access to TB care. Therefore as part of the ACSM plan, local actors agreed to engage with Ministry of Religion in order to secure their support in bringing TB patients and their families through their network of temples.

INDIA

Secretariat staff travelled to India to review and provide assistance to Project Axshya. This is one of the largest Global Fund-financed projects focusing on community involvement and ACSM, targeting more than 750 million people. The review mission was held during the first year of the grant, which provided the opportunity to give concrete recommendations at this beginning stage to improve coordination and overall grant performance and help achieve the objectives set forth within the grant. At the end of the first year of the project, there was already an increased number of referrals of symptomatic people made by communities. These referrals were documented by a real-time monitoring system developed on the recommendation of the review team.

Fostering access to funding and technical assistance

THE TB TECHNICAL ASSISTANCE MECHANISM (TBTEAM)

TBTEAM, a partnership mechanism managed by WHO's Stop TB Department, links TB programmes (including government and civil society organizations) with technical assistance (TA) to improve TB programme functioning and implementation of large grants, such as those from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

TBTEAM plans and coordinates with country partners and technical partners (for a full list, link to http://www.stoptb.org/countries/tbteam/partners.asp). Regular discussions facilitated by TBTEAM among the Global Fund and partners help relieve bottlenecks to grant implementation and disbursements being processed, anti-TB drug orders being fulfilled, and grants being signed.

During 2011, TBTEAM assisted with the coordination and planning of 635 missions. Fifteen countries received technical support with their Round 11 applications. In addition TBTEAM conducted a Global Fund consultants training workshop with more than 20 participants from around the world and regional Global Fund orientation workshops in the African, American, Eastern Mediterranean, and South East Asian regions. Following the cancellation of the Global Fund's Round 11, TBTEAM partners and consultants supported 21 countries with the preparation of Transitional Funding Mechanism applications.

WORKING TOGETHER FOR A STRONG TB AGENDA AT THE GLOBAL FUND

In 2011, the Stop TB Partnership increased its engagement with the Global Fund, which provides about 80% of the external funding for TB care. From the second half of 2011, the Executive Secretary of the Stop TB Partnership represented the Partners Constituency (which consists of Roll Back Malaria and UNITAID as well as the Stop TB Partnership) on the Global Fund Board. The Stop TB Partnership also served as the communications focal point for the constituency and had as its task the alignment of the positions of the three organizations. In an unprecedented move, the Stop TB Partnership organized a TB Session for Board Members at the 25th Global Fund Board Meeting held in Ghana in November 2011. The Stop TB Partnership was also well represented on the Board committees and technical bodies of the Global Fund

Dr Ditiu was part of the Strategy Working Group that led the development of the Global Fund Strategy 2012–2016. Additionally, the "Global Fund TB Friends" group was established to assist the Partnership Secretariat in getting feedback from a number of partners and for better representation of the TB community views on the Global Fund policies and governance mechanisms.

In collaboration with several partners and country representative from national TB programmes and civil society, the Secretariat conducted an analysis on the impact of the cancellation of Global Fund round 11 on TB investments. The Secretariat also organized and facilitated regular meetings with Global Fund portfolio managers to discuss challenges and obstacles and technical support needed for Global Fund-funded projects.

The strong engagement of the Stop TB Partnership in the Global Fund ensured that Global Fund policies are TB-friendly. The Global Fund Strategy 2012–2016 has bold TB targets consistent with the Global Plan to Stop TB, and TBTEAM is more aligned than ever before in working closely with the Global Fund secretariat.

FOCUS ON PEOPLE AFFECTED BY TB

The Global Drug Facility (GDF)

The Global Drug Facility has changed the landscape of TB care since its creation in 2001 by providing high-quality anti-TB drugs to countries that could otherwise not afford them, either in the form of grants or at the lowest possible price. Through this work, GDF has contributed to the scale-up of DOTS and uptake by countries of international recommendations and guidelines on TB treatment. At the end of 2011, GDF had delivered more than 20 million treatment courses to 101 countries.

In addition, GDF provides technical assistance by way of monitoring missions and workshops and carries out activities to ensure access to high-quality anti-TB drugs and diagnostics.

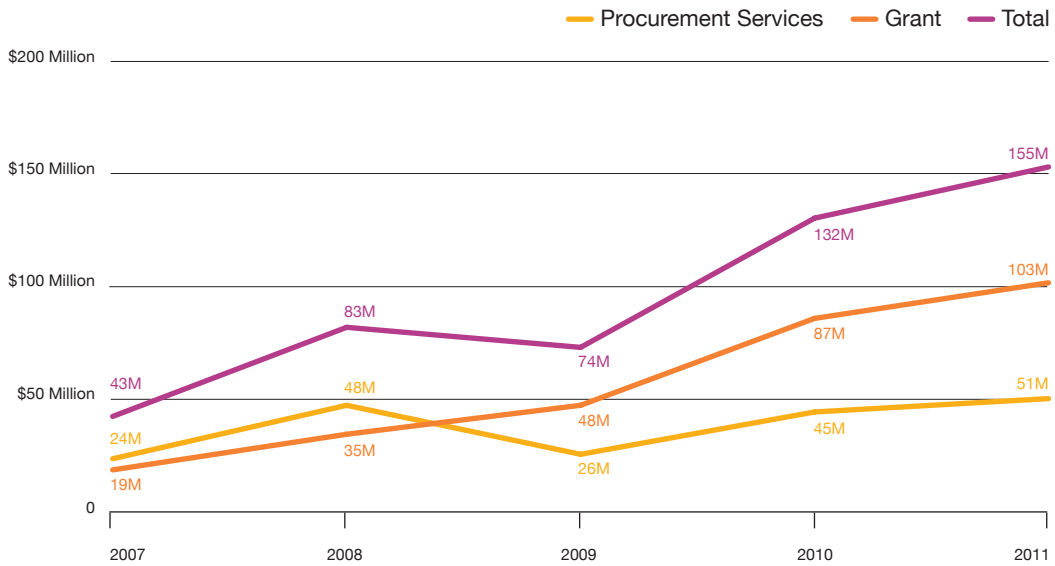
Business volume

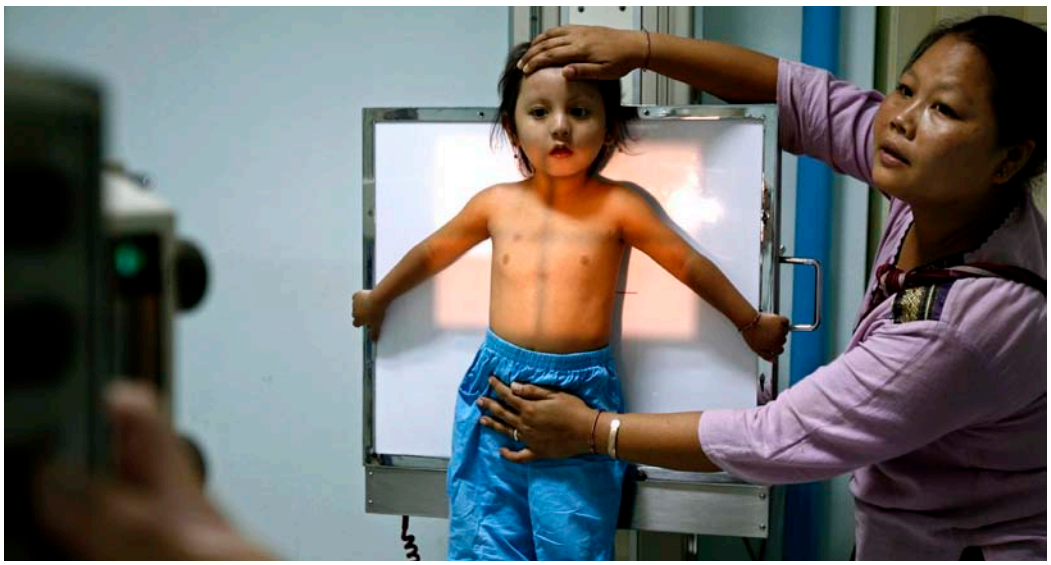
GDF's business volume, including both grant and direct procurement activities, increased steadily in 2011, from $132 million in 2010 to $155 million. These figures include all costs: the value of goods procured, freight insurance, procurement agent fees, quality control and pre-shipment inspection.

The increase in volume can be primarily attributed to the high demand for second-line drugs (SLDs) from countries who had received grants from the Global Fund and UNITAID to combat drug-resistant TB.

In 2011, GDF procured 2,029,124 adult treatments for drug-sensitive TB (first-line treatments), 280,526 paediatric first-line treatments and 19,605 second-line patient treatments.

BUSINESS VOLUME 2007- 2011





Funding Sources

GDF's major donors since 2001 have been the United States Agency for International Development (USAID), UNITAID, the Canadian International Development Agency (CIDA) and the United Kingdoms' Department for International Development (DFID). In 2011, GDF continued to use donor funds primarily for the procurement of first-line drugs and diagnostics for countries receiving GDF grants and to provide technical assistance. Figure 2 outlines commodity expenditure, against the various funding sources. Expenditure includes the value of goods procured, the cost of freight, insurance, procurement agent handling fee, quality control and pre-shipment inspection charges.

Figure 2

FUNDING SOURCES
COMMODITY EXPENDITURE 2011
(All figures in US$)

FUNDING CEILING/SOURCE	FLD	SLD	New Diagnostics	Total
DFID India	$9 977 968			$9 977 968
UNITAID 2nd Line		$16 537 103		$16,537,103
UNITAID Diagnostics			$6 405 636	$6 405 636
UNITAID Pediatrics*	$1 222 757			$1 222 757
CIDA - TB REACH	$47 641		$6 363 807	$6 411 448
CIDA GDF Unspecified	$5 045 911			$5 045 911
Government	$2 837 349	$2 780 281		$5 617 630
KNCV		$127 203		$127 203
Kuwait Fund	$81 068			$81,068
MSF	$2 444	$1 898 322		$1 900 766
Novartis	$3 468 206			$3 468 206
Other	$1 785 600	$678 355		$2 463 955
TB Reach Other Sources			$125 490	$125 490
The Global Fund	$23 101 018	$63 212 058		$86 313 076
USAID	$8 505 151			$8 505 151
USAID Mission Buy	$245 423			$245 423
WHO DP	$190 724	$58 130		$248 854
Grand Total	**$56 511 260**	**$85 291 452**	**$12 894 933**	**$154 697 644**

$136 454 469

Value of goods procured

$40 622 616
Value of adult first-line drugs procured

$3 928 781
Value of paediatric FLDs procured:

$77 706 424
Value of SLDs procured

$935 099
Value of consumables

$5 204 710
Value of diagnostics procured for the Expand TB Project

$2 037 545
Value of GeneXpert machines procured for TB Reach:

$45 010 791
Value of GDF grant expenditure, including GeneXpert cartridges

$91 443 677
Value of direct procurement services expenditure

$8 333 093
Cost of air and sea freight

$437 706
Cost of pre-shipment inspections

$194 510
Cost of insurance

$2 492 785
Cost of quality control

$5 372 087
Cost of procurement agents

1391
Shipments delivered

549
Purchase orders

43
Emergency and urgent purchase orders

101
Countries using GDF services

2.17 million
FLD patient treatments including 188,000 paediatrics

19 592
SLD patient treatments

20 600 000
Cumulative total of patient treatments, 2001–2011

92 days
Average lead time for delivery of FLDs from the date of order placement to the date of receipt in country

85 days
Average lead time for delivery of SLDs from the date of order placement to the date of receipt in country

*The figures for drugs and all other commodities procured do not include the cost of freight, pre-shipment inspection, insurance, quality control and procurement agents. The figures shown here are key expenditures and are not an exhaustive list of expenditures in 2011.

Saleem Ahmed, Tasweer-e-Zindagi/Indus Hospital

Health worker on horseback in Lesotho are reaching out to remote communities.

TB REACH

Each year some 3 million people affected by TB are not diagnosed and treated according to international recommendations. This gap remains one of the most daunting challenges to eliminating TB.

The Stop TB Partnership's TB REACH initiative is pathfinding new ways to bring TB care to these unreached millions. The initiative, which is funded by a multi-year grant, from the Canadian International Development Agency, finances innovative and ground-breaking projects targeting poor and vulnerable communities that result in early and increased detection of TB cases and ensure their timely and successful treatment. Launched in 2010 TB REACH has so far funded 75 projects in 36 countries. The first wave of 30 projects (which were approved in 2010) began activities in 2011, and the results were impressive. In a target population of more than 65 million people, TB REACH projects increased case finding by 33% in a single year, reaching 80 000 people with active TB. In human terms, this translates into over 80 000 cases of infectious TB identified. During 2011, TB REACH projects saved an estimated 13 000 lives, and prevented almost 170 000 new infections. The average spent per capita of population covered per year was US$ 0.28.

In February a call for a second wave of proposals was launched. Of the 318 proposals received 45 projects were approved. This second wave of projects will play a critical part in rolling out the Xpert MTB/RIF assay, a recently developed rapid diagnostic test that uses modern DNA technology. The test provides an accurate diagnosis for many patients in about 100 minutes, compared to current tests that can take up to three months to have results. Thirty wave 2 projects will implement Xpert, using 149 machines procured through the Stop TB Partnership's Global Drug Facility, and together they will perform 250 000 tests in the context of their projects. In 2011 TB REACH procured more Xpert machines for use in multiple countries than any other single entity.

TB REACH has an independent monitoring and evaluation agency whose role is to establish baseline, monitor progress and review and validate results. Each project is also required to provide a quarterly report on the technical and financial aspects of the project quarterly. Each project receives individualized feedback on its progress and at least one visit by the TB REACH Secretariat or monitoring and evaluation agency staff during their implementation and a number of projects receive multiple visits to monitor progress and address any issues, as well as promote successes.

HIGHLIGHTS FROM SOME TB REACH PROJECTS

In **Karachi, Pakistan**, community health workers working for private clinics are using electronic scorecards on mobile phones to identify people that need a TB test. People who have TB are given treatment immediately at the local hospital. So far the health workers have identified six times more cases of childhood TB than in previous years.

In remote villages of **Lesotho**, health workers on horseback are reaching out to communities which previously had little or no access to healthcare. The horse riders pick up samples from villagers and take them to laboratories for analysis. The test results are reported via text messages and people with TB are provided with life-saving drugs.

Photo by Stephenie Hollyman

The Challenge Facility for Civil Society: strengthening communities' response to TB

The Stop TB Partnership's Challenge Facility for Civil Society (CFCS) provides grants of US $5 000 to 20 000 to small community organizations that are working to raise awareness about TB and empower communities to respond to the disease.

The grants support a wide variety of activities. Some grantees use media workshops to teach journalists about TB issues. Others train health workers who go from door to door referring TB patients for testing and treatment. In all cases, the CFCS encourages small grassroots responses that lay down a foundation for larger projects in the future.

In 2011, 22 organizations—which together had received $US 350 000 in CFCS's third round—reported their results. Through the projects 53 834 people acquired potentially life-saving knowledge about TB. Some of those people were reached directly by grantees; others were reached through individuals or other organizations the grantees had trained. The activities were wide-ranging — everything from street theatre performances to lectures by doctors to poster campaigns.

As a result of these community-level activities, 3000 people were referred for a TB test, of whom 1400 tested positive for TB disease and accessed life-saving TB treatment. In addition, the grantees found 1000 people who had stopped taking their TB drugs and helped them to continue treatment.

In February, the CFCS awarded its fourth round of grants to 21 organizations from Africa, Asia, Eastern Europe and Latin America.

THE CHALLENGE FACILITY IN ACTION

Malawi: The Mwanza AIDS Support Organization (MWASO)

It is well known that people affected by TB are far more likely to complete their treatment successfully when they have access to nourishing food. MWASO used its grant to set up TB patient clubs that provide food and nutritional counselling. The clubs planted small vegetable gardens and sell the produce to cover the transport, both for volunteers and for patients going to hospital for their daily TB treatment. By using their grant to help set up a sustainable source of funding, the organization has brought about lasting improvements in TB patients' lives.

Kazakhstan: The Committee on Monitoring of Penal Reforms and Human Rights

This nongovernmental organization aimed to reduce the number of prisoners becoming ill with TB by ensuring prompt treatment and reducing transmission of the disease. They led education sessions on TB and drug-resistant TB and provided counselling and treatment for all prisoners who needed it. In addition, they set up a tracking system to ensure that prisoners continued their treatment when released. The number of TB and MDR-TB cases in prisons in the region where the project operates has since declined.

WORKING GROUPS AND TASK FORCES: HIGHLIGHTS OF 2011 ACHIEVEMENTS

DOTS EXPANSION WORKING GROUP

Spearheading a new effort to draw the world's attention to the neglected epidemic of childhood TB, this working group's subgroup on childhood TB and the European Centre for Disease Prevention and Control together organized an international meeting in March that culminated in the development of a call to action on childhood TB, which was made available on the Stop TB Partnership website (http://www.stoptb.org/wg/dots_expansion/childhoodtb/new.asp). The group also moved forward on plans to develop a roadmap for scaling up diagnosis and treatment of childhood TB, to be published in 2012.

The Subgroup on Public-Private Mix supported the development of a joint statement between WHO and the International Pharmaceutical Federation (FIP) on strengthening the contribution of pharmacists to TB care and control. The statement was launched in September 2011 at the annual FIP global conference in Hyderabad, India. This subgroup also partnered with WHO, the International Labour Organization, UNAIDS and USAID on the development of *Guidance on TB and TB/HIV prevention, diagnosis, treatment and care in the workplace* (http://whqlibdoc.who.int/publications/2012/9789241503228_eng.pdf).

The sub-group on introducing new approaches and tools developed and launched *Tuberculosis prevention, care and control: A practical directory of new advances* (http://whqlibdoc.who.int/publications/2011/9789241502658_eng.pdf).

The subgroup on advocacy, communication and social mobilization (ACSM) developed monitoring and evaluation guidelines to help partners measure the impact of their ACSM activities. The guidelines were piloted in several countries.

TB/HIV WORKING GROUP

The TB/HIV group continued to serve as a galvanizing force in promoting implementation of collaborative TB/HIV activities. By the end of 2010, more than 170 countries reported implementing components of the TB/HIV policy, resulting in 34% of TB patients worldwide tested for HIV. Coverage of antiretroviral therapy among TB patients testing positive for HIV reached 46% and global coverage of TB screening among adults and children enrolled in HIV care was 58%. Of those newly enrolled in care in whom active TB had been ruled out, 24% received Isoniazid Preventive Therapy.

MDR-TB WORKING GROUP

The group produced a new framework for coordinating and delivering support for drug-resistant TB to national programmes, which was endorsed by the Stop TB Partnership Coordinating Board in March. This new framework emphasizes advocacy to ensure countries reach the targets set in the *Global Plan to Stop TB 2011–2015*. There was a 50% increase in the number of patients enrolled on MDR-TB treatment in 2010 compared to 2009. The group was a major contributor to the WHO 2011 update of the guidelines for the programmatic management of MDR-TB and many other WHO policy documents.

GLOBAL LABORATORY INITIATIVE (GLI)

As a result of technical assistance provided by GLI and favourable evaluations, national TB reference laboratories in Benin, Denmark, Pakistan and Uganda were designated as candidate supranational reference laboratories. GLI additionally launched a new tool—Stepwise Process towards TB Laboratory Accreditation—aimed at helping national TB diagnosis laboratories meeting international standards for quality management. Through GLI's technical assistance and collaboration with a variety of partners, 18 countries succeeded in adopting liquid culture and line probe assay technologies. Eight of these countries reached the stage of performing routine diagnosis of MDR-TB.

WORKING GROUP ON NEW DIAGNOSTICS

The New Diagnostics Working Group subgroup on evidence synthesis and policy supported a project that used decision analysis to estimate the cost-effectiveness of serological tests in India, where these tests are widely used. The group found that compared to examination of sputum via microscopy, commercial serological tests generated eight false-positive results for each true-positive one, and that the cost per diagnosis was approximately four times higher. This work was acknowledged as important evidence when WHO issued its recommendation against the use of serodiagnostic TB tests and was also published in PLoS Medicine in August 2011. The Subgroup on Drug Susceptibility Testing (DST) established two pilot training centers for new non-commercial methods of culture and DST, one in India with the All India Institute of Medical Sciences and the other affiliated with Makerere University in Uganda.

WORKING GROUP ON NEW DRUGS

The new drugs group collaborated with the Critical Path to TB Drug Regimens to develop a Clinical Trials Database hosted on the Working Group's web pages (http://www.newtbdrugs.org/tbsites. The microsite features a searchable and filterable database and provides specific information on clinical research sites conducting TB trials and planned clinical trials. At the end of 2011, four TB drug candidates were in Phase 3 testing and 9 candidates in Phase 2 testing. One new candidate had entered preclinical testing.

WORKING GROUP ON NEW VACCINES

At the annual meeting of the African Vaccine Regulatory Forum (AVAREF), the Working Group on New Vaccines organized a session during which participants from the national regulatory agencies of six African countries reviewed and debated a mock Phase III clinical vaccine trial scenario. This was the first time they were confronted with the challenge of reviewing a TB vaccine efficacy protocol and this exercise provided them with the tools to independently evaluate such protocols.

HUMAN RIGHTS TASK FORCE

The Stop TB Partnership's Task Force on TB and Human Rights has as its mission to contribute to the protection and promotion of human rights, including universal access to TB prevention, diagnosis and treatment. The Task Force is composed of representatives of UN agencies, affected communities and risk groups, human rights organizations, civil society organizations; health and human rights experts; and development partners. Its Secretariat is provided by the WHO Stop TB Department and UNAIDS. In 2011 The Task Force developed a policy framework for a human rights-based approach to TB prevention and care. It lays out necessary steps to empower individuals and communities, address TB determinants, expand access to quality care, create an enabling policy environment and develop and implement accountability mechanisms. In 2012, the policy document supporting this framework will be finalized for joint publication by the Stop TB Partnership, WHO, UNAIDS, and the UN High Commissioner for Human Rights.

Dr Rajiv Shah, USAID Administrator, opened the 20th Stop TB Partnership Coordinating Board. Also on the podium, from left to right, were Dr Rifat Atun, Chair of the Board; Lois Quam, Executive Director of the Global Health Initiative at the US State Department; and Dr Howard Koh, Assistant Secretary for Health of the US Department of Health and Human Services.

COORDINATING BOARD

The Stop TB Partnership Coordinating Board met once in 2011, in Washington, DC, USA in April. The second meeting, scheduled for November in Bangkok, Thailand, was postponed until January 2012 due to flooding in the Thai capital.

At its April meeting the Board endorsed a transition plan under which regional Green Light Committees on multidrug-resistant TB will be hosted by Stop TB partners. To improve efficiency and effectiveness, the Board established a time-limited task force to explore ways to refine the structure of the Working Groups as well as a Subcommittee on Governance, Performance and Finance. The Board also requested that the Secretariat work with the private sector constituency to develop clear advocacy messages.

Following the Coordinating Board meeting and Executive Committee meetings held throughout 2011, the Stop TB Partnership started work to increase its efficiency and effectiveness. This included clarifying the hosting arrangements of the Stop TB Partnership, refining and strengthening the structure of the Working Groups and improving governance mechanisms.

FINANCIAL REPORT

In 2011, the resource mobilization efforts of Partnership resulted in a new Memorandum of Understanding with the UK's Department for International Development (DFID) to continue to provide core funding to the Partnership Secretariat for £ 4.6 million for the coming four years.

Continued contributions from DFID, USAID, the Bill & Melinda Gates Foundation, the World Bank, the Netherlands, the Eli Lily foundation, the Centre for Disease Control and Prevention, the Global Fund and the Kochon foundation supported the efforts of the Partnership. As part of its long-term agreement to support TB REACH, the Canadian International Development Agency brought forward US$ 22 million of funding planned for 2012 in order to meet higher than expected demand for TB REACH grants.

Sustained contributions from CIDA, USAID and UNITAID allowed GDF to continue to procure first line, second line and paediatric drugs as well as diagnostic equipment.

Summary financial statements for the Stop TB Partnership as a whole and for GDF appear in Annexes 1 and 2, respectively. Some key financial points have been noted during 2011.

- The total income of the Secretariat was US$ 102 million, a 7% drop compared to 2010 when income stood at US$ 110.2 million.
- Operating expenditure was US$ 106.9 million, considerably higher in 2010 when total expenditure was US$ 82.4 million. This increase reflects a rise in value of orders placed by the Global Drug Facility and disbursements under the second wave of TB REACH grants. With the second wave of 45 grants awarded in 2011, TB REACH expenditures increased to US$ 21 million for the year compared to US$ 10 million in 2010. The total value of the second wave grant (commitment) was US$ 29 million.
- Advocacy and Communication expenditures increased in 2011 to US$ 2.4 million, a 38% increase from the preceding year due to vacant positions filled and increase in activities.
- The cost of general management and administration increased by 47% based on higher overall expenditures, resulting in a proportional increase in WHO Programme Support Costs.
- The balance of expenditure over income was US$ 6.9 million compared to a surplus of U$27.8 million in 2010. The excess of expenditure over income was covered by previous year surplus.

Annex I

Stop TB Partnership Secretariat Financial Management Report

Summary Statement of income and expenditure for the year ending 31 December 2011

(All figures in US$ '000)

	2010	2011
VOLUNTARY CONTRIBUTIONS		
In cash		
Governments & their agencies	66 676	76 649
Multilateral organizations	22 373	15 030
Foundations and others	4843	3748
Total voluntary contributions [1]	**93 892**	**95 427**
In kind		
In kind contribution for drugs (Novartis) [2]	2005	-
Total voluntary & in kind contribution	**95 897**	**95 427**
Interest income	950	-
Other income and adjustments		
WHO in kind contribution	56	56
Prior year adjustment [2A]	13 347	6 537
Total income	**110 250**	**102 020**
EXPENDITURE		
Partnership building	14 455	12 797
Advocacy and communication	1741	2399
Global Drug Facility (GDF) [3]	52 049	64 984
TB REACH	10 417	21 314
General management and administration [4]	3739	5498
Total Expenditure	**82 401**	**106 992**
Transfer to reserve [5]		2000
Surplus / (deficit) of income over expenditure [6]	**27 849**	**(6972)**

This is a financial management report and has not been certified by the World Health Organization.

(1). As per WHO published financial report for the biennium 2010-2011, total voluntary contributions to the Stop TB Partnership and the Global Drug Facility were US$ 189 318 thousands, of which US$ 84 393 thousands were received for Stop TB Partnership, and US$ 104 925 for the Global Drug Facility.
(2). The total for voluntary in-kind contributions in 2010 has been restated; the in-kind voluntary contribution by Novartis for anti-TB drugs of US$ 2005 has been recognized by WHO in the biennium and thus accounts for a decrease by the same amount to prior year adjustments in 2010.
(2A). Prior year adjustment arises due to the alignment of the Stop TB Partnership financial management report to WHO accounts
(3). This report does not include US$ 96 672 thousands for income and expenditure related to GDF direct procurement in 2011 (2010, US$ 87 254 thousands), as these transactions do not pass through the Stop TB Partnership Trust Fund. These details have been explicitly shown in the GDF Financial Statement as there is an associated cost related to operating the Direct Procurement process.
(4). Expenditure for General management and administration rose as a result of greater overall expenditures, which resulted in proportionately higher WHO Programme Support Costs in 2011 of US$ 4343 thousands out of US$ 5498 thousands (2010, US$ 2878 thousands of US$ 3739)
(5). As mandated by the Coordinating Board at its 20th meeting in 2011, the cumulative reserve position was increased to US$ 4.5 million until such time as core funding is secure; therefore, US$ 2 million were transferred in 2011 to the reserve in order to bring its cumulative position in line with the Board decision.
(6). The deficit for the year is covered by surplus brought forward from the previous years.

Annex II

Stop TB Partnership Global TB Drug Facility
Summary Financial Management Report

Summary statement of income, contributions available for Direct Procurement and Expenditures for the year ending 31 December 2011
(All figures in US$ '000)

	2010	2011
VOLUNTARY CONTRIBUTIONS		
In cash		
Government and their agencies	34 728	33 506
Multilateral organizations	21 753	14 420
Foundations and others	426	93
Total voluntary contributions	**56 907**	**48 019**
In kind voluntary contributions		
In kind contribution for drugs from Novartis	2005	-
Total voluntary & in kind contributions	**58 912**	**48 019**
Other income and adjustments		
Transfer from TB REACH for special direct procurement	-	6411
Income for direct procurement	87 254	96 672
Prior year adjustment [1]	11 792	4758
Sub-total	**99 046**	**107 841**
Total income	**157 958**	**155 860**
EXPENDITURE		
Grant procurement of anti-TB drugs [2]	42 748	51 382
Special direct financing of procurement by countries [3]	1 850	6 782
Direct procurement	87 254	96 672
Quality assurance and prequalification [4]	784	846
Technical assistance, Monitoring and Salaries [5]	4155	4863
Advocacy and communications & management [6]	545	424
Funds transferred to Stop TB Department [7]	-	687
Indirect costs	1010	1196
Total Expenditure	**138 346**	**162 852**
Funds received for and transferred to GLI [8]	1967	-
Total of expenditures and fund transfers	**140 313**	**162 852**
Surplus / (deficit) of income over expenditure [9]	**17 645**	**(6992)**

1. The total for prior year adjustments in 2010 has been restated; the in-kind voluntary contribution by Novartis for anti-TB drugs of US$ 2005 has been recognized by WHO in the biennium and has now been stated under the corresponding line, thus accounting for the decrease to prior year adjustments in 2010 by the same amount.
N.B. Items (2), (3), (4), (5), (6), (7) and (8) together amount to US$ 64 984 thousands for 2011 and US$ 52 049 thousands for 2010 showing the total direct expenditures of the Global Drug Facility indicated in Annex I.
(9)The deficit for the year is covered by surplus brought forward from the previous years.
Contributions for Direct Procurements (DP) are funds made available for procurement of anti-TB drugs to countries from various sources, for example the Global Fund. These funds do not pass through the Stop TB Partnership Trust fund, hence they do not feature in the Summary Statement of Income and Expenditure of the Stop TB Partnership Financial Management Report, but are reported here as there is an associated cost with managing the DP process in terms of staff time.

Atang Motebele (L) and Lerata Macapha (R) take their TB treatment under supervision at the home of village health worker Malithakong Mahana. It is important to complete the full six month course of drugs to make sure TB doesn't come back or evolve into a drug-resistant form.

Stop TB Partnership – Annual report 2011

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