

# Coordinating Board Meeting

Berlin, 17-18 May 2017

## Executive Director's Report

### Foreword

**Honorable Ministers, Ladies and Gentlemen, Dear Friends, Colleagues and Members of the Coordinating Board.**



**DR. LUCICA DITIU**  
Executive Director

Good morning, and welcome to our 29th meeting of the Coordinating Board in Berlin.

We are very happy to be in Germany, the country that contributed so much to fight TB, including giving the world Dr. Robert Koch, the scientist who discovered mycobacterium tuberculosis. We are honored to have the Board co-hosted by the German Ministry of Health and we are grateful for their support to make this Board a success.

During the months that passed

since our last Board meeting in New York, we, the TB community, went through a roller coaster of emotions.

In September we launched the call and campaign for a UN High Level Meeting (UN HLM) on TB, and in December, the UN General Assembly voted in favour of a resolution tabled by the Global Health and Foreign Policy Group (Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand) to hold the UN HLM on TB in 2018. We do not however have much time to celebrate this achievement as so much must happen in order to secure the fi-

nal dates of the meeting, the modalities of organizing it, to develop strong and clear outcomes, to ensure everyone is consulted and engaged, starting with civil society and communities.

We went from the celebratory mood of a great Global Fund Replenishment to the urgent need to ensure that all Global Fund grant funding is used for greater impact and to support country programme applications for the current funding cycle, with all the challenges that this implies. We went from a very successful TB REACH call with an incredible number of applications (659 applications), to the sad reality of being able to fund only 38 of them and to the challenging work of ensuring that in just three months, all of them had signed their grants and received their first funding.

We are very excited by the opportunities presented by the new optimized pediatric TB formulation, the shorter MDR-TB regimen, the new Xpert Ultra cartridges and Omni machine, and the availability of bedaquiline and delamanid. At the same time, we feel frustrated by the slow uptake and rollout of these and other tools in countries. Therefore, our Secretariat staff – GDF, TB REACH, SIIF, CRG/

Global Fund are working hard to ensure that country programmes are encouraged and supported to introduce, roll out and use of all these tools, forecast and quantify their needs, and use innovative approaches to ensure increased access and scale-up. We are working closely with all partners and the Global Fund Secretariat to ensure that Global Fund grants – as applicable – will cover all costs associated with the introduction and scale-up of new tools. We are very happy with the development of the gender assessment tool, the legal assessment tool, the Human Rights Nairobi Strategy, and the vulnerable groups and key populations briefs and data frameworks. But, we are concerned about the capacity and availability of resources to ensure country programmes are supported in their efforts to address barriers linked to gender, human rights and stigma in their new National Strategic Plans and Global Fund grant applications.

We were very happy that TB is now highlighted as being an essential part of the AMR agenda, but we were very upset when the WHO list of “bacteria for which new antibiotics are needed urgently” did not include mycobacterium tuberculosis. We, with

partners, came together to address this situation. The TB community has gone through a wide range of emotions over the past year. However, as much as the

“lower” part of the rollercoaster of emotions is difficult to handle, we have to admit that we are living in some amazing times with historical engagement and com-

mitment from some of the high burden TB countries such as India, South Africa, Indonesia and Nigeria towards ending TB by 2030, and even 2025.

I hope that the robust and rich discussions we will have at this Board meeting will convince us that it is feasible to take TB out of our lives. **Together.**

# Key Performance Indicators of the Stop TB Partnership Secretariat 2016-2020

The Stop TB Partnership Coordinating Board approved the first ever set of Key Performance Indicators (KPIs) and associated targets for the Operational Strategy 2016-2020 at the last Coordinating Board meeting in September 2016.

During the Coordinating Board meeting in May 2017, the Stop TB Partnership reports for the first time on the newly established KPIs – outlining the 2016 baseline and the Q1 2017 targets – as applicable. A total

of 17 KPIs under the four board goals of the Stop TB Partnership Operational strategy are being monitored. The 2016 Stop TB Partnership KPI Results can be accessed here: <http://bit.ly/2pqK2mm>.

## Governance

The Executive Committee guided the renewal of board members.



During the reporting period, the Executive Committee held ten teleconferences. The main areas in which the Executive Committee has provided guidance were: planning for the Stop TB Partnership 29th Board Meeting and mode of engagement for Stop TB Partnership in the Global Ministerial Conference on TB in Moscow, Russia in November 2017 and, the first report of the Key Performance Indicators to measure implementation against the 2016-2020 Operational Strategy. It also

provided oversight on the replacement of three board members and the renewal of another two board members from the rotating constituencies on the Stop TB Partnership Coordinating Board.

The Finance Committee had one face-to-face meeting on 7-8 September, 2016 in Washington D.C. It had a teleconference on 7 November, 2016 and another one where it reviewed the 2016 Annual Financial Report and quarterly expenditure Q1 2017 on 2 May 2017.



“I was diagnosed with HIV in 1999, and two years later my husband got pulmonary TB. We felt we had a lot of difficulties in health care settings. When it comes to TB and HIV, people do not treat you as humans. Nursing staff would come to inject my husband’s medicine and they would make a face when they read his status ‘Oh, he has TB and HIV...’. After that they would throw the injection from a distance, rather than administering it correctly.”

MONA BALANI, INDIA  
“TB Champion”

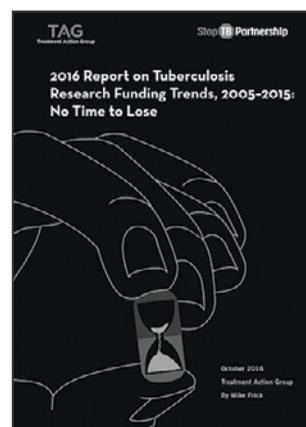
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ACTIVE PARTNERS

STOP TB PARTNERSHIP  
KPIs PROGRESS REPORT

FIRST PROGRESS REPORT  
for the 90-(90)-90 targets  
of the Global Plan

FOR TB  
UP  
STEP  
STEPUPFOR.TB.ORG

STEP UP FOR TB  
CAMPAIGN LAUNCHED  
at the Union Conference  
in Liverpool



The 2016 report on TB research funding trends with TAG

WORLD  
TB DAY  
March 24 →

VERY SUCCESSFUL  
WORLD TB DAY 2017



LAUNCHED A GLOBAL CHALLENGE TO  
'LIGHT UP THE WORLD FOR TB'  
with more than 30 landmarks lit in red

Stop TB Board  
CAMPAIGN FOR UN HLM  
ON TB IN NEW YORK

Formal establishment of the  
GLOBAL TB CAUCUS  
SECRETARIAT,  
FRANCOPHONE TB  
NETWORK AND  
AMERICAS TB  
COALITION

Campaign to  
KEEP TB ON THE GLOBAL  
AMR AGENDA

2016 KOCHON PRIZE  
awarded to  
★ GALINA ZAPOROJAN ★  
from Moldova

GENDER ASSESSMENT  
TOOLKIT LAUNCHED  
and rolled out in Cote D'Ivoire  
and DRC

Community Systems  
Strengthening in the NGO  
sector across  
9 CHALLENGE FACILITY  
FOR CIVIL SOCIETY  
ROUND 7 COUNTRIES

Stop TB Partnership signed  
MOU WITH KELIN AND  
THE UNIVERSITY OF  
CHICAGO LAW SCHOOL  
INTERNATIONAL HUMAN  
RIGHTS CLINIC

to develop a human rights  
based approach to end TB as  
outlined in the Global Plan

TB KEY POPULATION  
DATA FRAMEWORK AND  
ACTION PLANNING  
meeting held in Bangkok,  
Thailand

STOP TB PARTNERSHIP LED THE WAY TO  
SAFEGUARD THE RIGHTS OF PEOPLE WITH TB  
ON INTERNATIONAL HUMAN RIGHTS DAY,

holding the TB and Human Rights Nairobi Strategy Consultation and launching the TB, Human Rights and the Law Case Compendium and briefs on TB vulnerable populations, focusing on health care workers and PLHIV.



BERLIN TB SUMMIT,  
a meeting of  
Parliamentarians from  
G20 countries  
CONCLUDES WITH A  
CALL FOR TB ON THE  
G20 AGENDA

PRESENTED AND  
TRAINED LAWYERS  
at the Southern African  
Litigation Center training on  
prisons and health

★ FIVE AWARDS ★  
GIVEN OUT TO HONOR  
AND REWARD THE  
WORK OF PARTNERS  
at the Stop TB Partnership  
Awards Ceremony

Stop TB Partnership and  
Global Fund sign a  
co-operative agreement:  
“STRATEGIC INITIATIVE  
ON MISSING DATA IN  
TB (MDT) FOR OPERA-  
TIONALIZATION OF THE  
GLOBAL PLAN”



**RECEIVED OVER 600 APPLICATIONS REQUESTING OVER US \$ 260 MILLION** in the TB REACH Wave 5 call for proposals

**ANNUAL SURVEY OF PARTNERS CONDUCTED**

TB REACH awarded **US \$ 16 MILLION TO 38 PARTNERS TO SUPPORT INNOVATIVE SERVICE DELIVERY.**

**TB REACH LEVERAGE ITS FUNDING**

to secure a 1:2 match from Global Fund and USAID / Challenge TB to support scale up of innovative private sector engagement in Bangladesh.

**TB REACH FORMALIZED MULTI-YEAR PARTNERSHIPS WITH THE ROYAL TROPICAL INSTITUTE (KIT)**

for M&E services and the Research Institute of the McGill University Health Centre for knowledge management.

**TPMAT WORKED CLOSELY WITH THE GLOBAL FUND IN MODIFYING THE EXPERT REVIEW PANEL MECHANISM**

to allow for faster review and faster procurement of key priority products

**GDF AVERTED WASTAGE OF TB MEDICINES FOR A TOTAL VALUE OF US \$ 20.5 MILLION** from January 2016 to April 2017

**TPMAT MEMBERS HELPED GUIDE POLICY CHANGES**

to accelerate scale-up of new products (e.g., paediatric FDCs, shorter regimens) that removed the need to use current stocks of old, suboptimal products before transitioning.

In 2017, **GDF WILL DELIVER TO INDIA THE MEDICINES FOR**

- ★ **31,965 MDR** and
- ★ **3,500 XDR PEOPLE;**
- ★ **3,500 BEDAQUILINE TREATMENTS** through the USAID/JNJ donation program
- ★ **107 CBNAAT MACHINES,**
- ★ **1,477,050 XPERT MTB/RIF CARTRIDGES,**
- ★ **FIRST-LINE MEDICINES FOR ALMOST 700,000 TB SUSCEPTIBLE PEOPLE,**
- ★ and additional medicines to cover the program's transition to the shorter MDR treatment regimen.

As of March 2017, **20 COUNTRIES HAVE RECEIVED DELAMANID THROUGH GDF**

**STOP TB AND GLOBAL FUND SIGNED AN MOU**

which will facilitate countries scaling up impactful TB REACH projects with Global Fund support through Catalytic Funding and Concept Note development

**GDF RE-ENGINEERED AND LAUNCHED A NEW STRATEGIC ROTATING STOCKPILE** that will deliver second-line TB medicines to countries in less than 3 months.



**GDF DELIVERED NEARLY US \$203 MILLION WORTH OF TB PRODUCTS ORDERS IN 2016**

As of March 2017, **51 COUNTRIES HAVE DRAFTED OR ACTUALLY PLACED ORDERS WITH GDF FOR 8599 BEDAQUILINE PATIENT TREATMENTS** through USAID/JNJ Donation Program

In two priority countries - Indonesia and Cambodia - **GDF SUPPORTED NTPs TO INTRODUCE STRs SIX MONTHS EARLIER THAN INITIALLY PLANNED** which benefitted more than 8000 people with better regimens.

GDF conducted **36 TECHNICAL ASSISTANCE MISSIONS IN 2016-2017,** including participation in TB program reviews, advising on transition plans for the introduction of the new tools, and also more generally on optimizing PSM practices.

**A TOWN HALL MEETING WAS HELD FOR STOP TB PARTNERSHIP PARTNERS** bringing together almost 200 partners from all over the world - working in hospitals, dispensaries, ministries, laboratories and people affected by TB

Stop TB Partnership, UNITAID, FIND, and McGill International TB Centre to **CO-HOST ACCELERATOR FOR IMPACT'S (A4I) 1ST INNOVATORS & ADOPTERS WORKSHOP** in Guadalajara, Mexico

**CFCS ROUND 7 RECIPIENTS ARE BUILDING COALITIONS OF CIVIL SOCIETY AND COMMUNITY PARTNERS** and are using community mapping and monitoring tools, developed by the Stop TB Partnership to address the gaps and barriers preventing strong community systems and responses to TB.

**ALL STOP TB PARTNERSHIP DONOR GRANT REPORTS WERE SUBMITTED ON TIME AND WITH VERY LIMITED ITERATIONS**

**TWO REGIONAL WORKSHOPS FOR TB SURVIVORS WERE HELD** and one regional and national coalition of TB survivors are active today

Stop TB Partnership and FIND **SIGN AN MOU TO SUPPORT THE RAPID ROLL-OUT OF PROMISING, NEW TB DIAGNOSTICS**

**GDF HAS ASSUMED THE LEAD IN ROLLING OUT NEW, OPTIMIZED PAEDIATRIC FORMULATIONS**

through technical assistance and grants provided by Global Affairs Canada.



To date, GDF delivered **163,621 PAEDIATRIC TREATMENTS TO 27 COUNTRIES WITH ORDERS FOR AN ADDITIONAL 167,907 TREATMENTS IN PROCESS TO 30 ADDITIONAL COUNTRIES.**

Preparation of the **2016 ANNUAL REPORT** and preparation of **2017 STOP TB PARTNERSHIP DETAILED BUDGET**

**27 DONOR FINANCIAL REPORTS PREPARED** and submitted to donors in the last 6 months

**DEVELOPING NEW AND IMPROVING THE EXISTING CONTROL AND MONITORING FINANCIAL TOOLS** with increased efficiency of the finance function. Streamlining of the financial processes.

**PRIVATE SECTOR CONSTITUENCY SELECTS:**

**DR ROBERT NEWMAN,** Global TB Head, Johnson & Johnson and

**MS KATE ANTROBUS,** Executive Director, Lion's Heads Global Partners as their new Board and

Alternate Board Member, respectively.

Stop TB Partnership collaborates with the private sector to **BLENDED FINANCE MECHANISM AND INITIATIVES TO POOL BOTH PUBLIC AND PRIVATE CAPITAL**

Stop TB Partnership holds **1ST STAKEHOLDER CONSULTATION RE: ACCELERATOR FOR IMPACT**

In the last six months: **SUCCESSFUL FINANCIAL CLOSURE OF 45 WAVE 4 TB REACH GRANTS**

★ **PROCESSED MORE THAN 600 INVOICES AND PAYMENT REQUESTS** for a value of almost US\$ 33 million

★ **STOP TB PARTNERSHIP FINANCIAL MANAGEMENT POLICY OUTLINE** and Operating Principles of GDF Flexible Procurement Fund (FPF) defined, formalized and submitted to Finance Committee

**A4I'S PARTNERS TO LAUNCH A REFRESHED, WEB-BASED CRITICAL PATHWAY FOR TBDx** in Guadalajara, Mexico

a4i's partners to develop **COUNTRY-TAILORED ROADMAPS TO INTRODUCTION FOR TBDx IN HBCS** in Guadalajara, Mexico

**UNOPS PMT PROCESSED 2150 INVOICES FOR PAYMENT**

In 2016 UNOPS PMT supported **140 NEW RECRUITMENTS AND CONTRACT EXTENSIONS FOR STOP TB**

**AND ESTABLISHMENT OF 53 NEW GRANT AGREEMENTS/ AMENDMENTS**

**AND MADE 125 GRANT PAYMENTS**

Launched the **ZERO TB CITIES INITIATIVE WITH**

★ **HARVARD MEDICAL SCHOOL, INTERACTIVE RESEARCH AND DEVELOPMENT (IRD),**

and **ADVANCE ACCESS AND DELIVERY (AAD),**

and are supporting the work with **THE US GOVERNMENT AND OTHER PARTNERS IN HO CHI MINH CITY AND CHENNAI.**

In March 2017, **THE DELHI DECLARATION WAS SIGNED**

by the Ministers of 11 countries of the SEA Region representing together **45% OF THE GLOBAL TB BURDEN**

Stop TB Partnership and the O'Neill Institute at Georgetown University have a **COLLABORATION IN PLACE TO ROLL-OUT KEY COMPONENTS OF THE NAIROBI STRATEGY ON TB AND HUMAN RIGHTS.**



# Monitor the Global Plan to End TB 2016-2020 and progress in achieving targets

The Executive Board requested that the Secretariat should develop annual reports to monitor country efforts towards meeting the targets of the Global Plan.



This will be summarized in a progress report comprising of: (1) 90-(90)-90 targets and The Paradigm Shift, (2) Financing TB, (3) Monitoring TB Policies - Out of Step Report and (4) Monitoring TB funding for Research and Development.

## First progress report for the 90-(90)-90 targets of the Global Plan to End TB 2016-2020

The 90-(90)-90 targets of the Global Plan are designed to address the tremendous gap that exists in reaching people living with all forms of TB and ensuring they have access to appropriate treatment and care.

Currently, the burden of TB is a staggering 10.4 million worldwide, of which only 6.4 million people were started on treatment in 2015. This means that four million people were not reached. The only way to guarantee reaching these four million people is to accomplish these ambitious targets, adopting equal rights for all people living with TB to have access to quality TB diagnostic, care and treatment services.

The Secretariat will launch the first progress report for the

Global Plan in 2017. Using national data reported to the WHO and additional sources of information from NTPs, IHME, the World Bank and ECDC, countries have been assessed on how far they are from achieving these targets.

The first target measures the capacity to reach at least 90% of people who have TB and put them on appropriate treatment. The data shows that very little progress has been made in detecting more people with TB and putting them on treatment.

In 2015, there was a meagre 1.4% reduction in new TB cases and out of the global burden of TB only 62% of people received treatment. This means a staggering four million people did not have access to quality TB facilities. Among people living with drug-resistant TB, 22% were enrolled on second-line treatment, so the shocking truth is only one in five people with MDR is being diagnosed and receiving treatment. There are not many countries reporting on preventive TB therapy,

despite at least one-third of the world harboring TB infection which is a large reservoir for transmission. In 2015, out of 1.2 million child household contacts, only 7% were reported to be put on preventive treatment. Among the 36.7 million people living with HIV worldwide, who are vulnerable and at increased risk of developing TB, merely 2.5% were put on preventive treatment. The world is far from reaching the first 90% target.

The objective of the second 90% target is to reach the most

vulnerable people who are at increased risk of developing TB and to put them on treatment. Limited data is available on key populations at the national level. This year, some data was reported on PLHIV, child contacts, prisoners, immigrants, refugees and miners from various sources. However, these data presented considerable gaps in the cascade of care. For instance, ECDC only managed to report TB diagnosis and treatment in prisons from among 8 out of 48 high TB burden countries. It is evident that efforts need to intensify significantly to reach out to high risk populations in order to meet this target.

The third target focuses on ensuring that 90% of people who have started on treatment

successfully complete the course. Worldwide, the treatment success rate among people on first-line TB treatment was 83%, with in fact a few high TB burden countries having reached or surpassed the 90% target. Globally, among people suffering with drug-resistant TB, only 51% had successfully completed their treatment and of those people who did not complete treatment, one-third of them were lost to the TB facility and another one-third had died. None of the high MDR-TB countries have yet managed to approach the 90% target despite contributing to at least 80% of the global TB burden.

Whilst there have been some notable improvements in the measured outcomes for successful treatment completion among

people who are on first-line TB treatment, the evidence is still telling us the rate of improvement is slower than it should be in order to meet the End TB milestone of a 20% decline in TB incidence by 2020. National level data needs to improve in order to account for people who are not being reached. Appropriate individual data on different age groups, gender, people belonging to high-risk populations and linkage with other related social and healthcare services will strengthen the monitoring of the TB care cascade and drive progress towards the 90-(90)-90 targets to End TB. With concerted action from governments, political will and leadership, the delivery of TB care needs to make a paradigm shift in order to reach everyone.

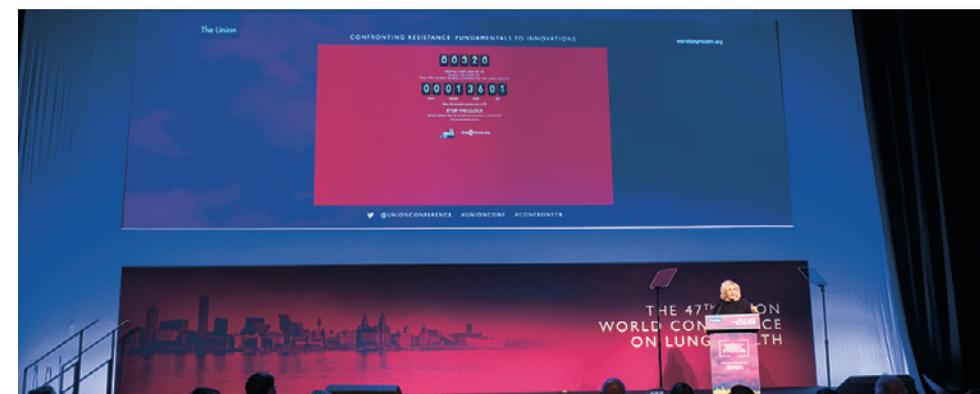
### Monitoring TB Funding for research and development



The 2016 report on tuberculosis research funding trends by TAG and the Stop TB Partnership found that TB research funding dropped by more than US \$ 53 million in 2015 despite the disease killing 1.8 million people in 2015. The Stop TB Partnership continued to use the report as the basis for continued global advocacy for TB R&D as well as for measurement against Global Plan targets.

## Out of Step: were are we with TB policies?

The development and data collection for the Out of Step 2017 report in partnership with Médecins Sans Frontières (MSF) began in the fourth quarter of 2016. It will expand the number of countries surveyed in the previous report from 24 to 30 high-burden countries and measure as well countries' adoption of new international TB guidelines.



The Step Up for TB campaign ([www.stepupfortb.org](http://www.stepupfortb.org)) was launched at the 2016 Union World Conference on Lung Health in Liverpool, featuring

a campaign website that asks people to call upon their governments to urgently update their key TB policies and practices in line with international guideli-

nes by World TB Day 2018. The website highlights their support on social media channels and challenges others to sign up. The website also features inte-

ractive maps showing the status of countries' key TB policies, as well as quotes from TB champions, and a TB policies checklist. A handbook for activists and civil society was unveiled on the website on World TB Day 2017.

In Liverpool as well, the Partnership developed a 'TB Death Clock' which counted the number of global deaths from TB since the Union Conference began, which promoted the Step Up for TB campaign. A large map showing the status of countries' TB Policies was also displayed. Hundreds of Out of Step reports were distributed at the booth and the Partnership met with TB program managers to discuss the report and the need for updated national TB policy guidelines.

# Board leadership engagement

**The Stop TB Partnership Board launched the campaign for a UN High-Level Meeting (HLM) on TB at its Coordinating Board Meeting in New York in September 2016.**

We are proud of the fact that the UN High-Level Meeting was first called for by Dr. Aaron Motsoaledi, Chair of the Stop TB Coordinating Board, who along with Her Excellency, wife of the President of the Federal Republic of Nigeria and other Ministers, led the subsequent campaign and secured the support of Ministers of Health around the world. In addition to calling for the UN HLM on TB on the floor of the UN General Assembly in September 2016, Minister Motsoaledi led outreach to Ministers of Health, the President of the UN General Assembly, and the incoming UN Secretary-General, António Guterres. Meetings with Thailand's Minister of Health also resulted in the country being one of the first supporters for the UN High-Level Meeting on TB.

Our partners and Coordinating Board members quickly mobilized the global TB community behind the campaign, ensuring that governments understood the scale of the TB epidemic and the need for urgent political action through a UN HLM on TB. We are proud of the amazing work of our partners and Board members in leading global outreach efforts to secure support from Ministers of Health, Foreign Affairs, and Development, as well as Parliamentarians, UN Ambassadors, and other key allies. Just four months after the Partnership launched the campaign, UN member states agreed to hold a UN HLM on TB on in 2018, which is testament to the strength of the Partnership's advocacy reach and our

ability to unite our network behind an ambitious cause.

A High-Level Meeting is a



special session of the United Nations General Assembly convened by governments on issues of global political importance. Previous HLMs have resulted in action-orientated UN political declarations endorsed by Heads of State, which have formed the basis for accelerated national efforts. The HLM on TB will be the fifth time in history UN member states have convened a High-Level Meeting devoted to a health issue, following previous meetings on HIV/AIDS (2001), non-communicable diseases (2011), Ebola (2014) and Antimicrobial Resistance (2015).

The Stop TB Partnership has continued to include ad-

vocacy messaging on TB R&D throughout its advocacy work – including letters, statements,

vened by the Global TB Caucus to build support to include TB on the G20 agenda.

The Stop TB Partnership's Deputy Executive Director participated in a meeting of TB and HIV Program Managers from BRICS countries (Brazil, Russia, India, China & South Africa) in Ahmedabad, Gujarat, India, 15 – 16 November 2016. The Partnership's outreach in the lead up to the meeting ensured TB R&D featured strongly in the joint outcomes statement, which fed into the outcomes of the BRICS Health Ministers Meeting.

The Partnership and TAG coordinated outreach efforts in the lead up to the 6th Meeting of the BRICS Health Ministers in New Delhi, 15–16 December 2016, which led to strong outcomes on TB including agreement by BRICS Ministers "to the setting up of a BRICS network on TB Research and creation of a research and development consortium on TB" and "the importance of continued cooperation among BRICS countries in promoting research and development of medicines and diagnostic tools to end epidemics including through promoting innovative and sustainable models for health R&D financing."



*"The biggest challenge I encountered was going to the treatment center every day. I had to travel for one hour and a half to get from my house to the treatment center. This was hard for me, I would take my medicines and go home, but only then the side-effects would come. I would feel dizzy, sometimes I vomited, my knees would go so weak I couldn't walk even a single step."*

**MARICEL BUEN, PHILIPPINES "TB Champion"**

# High level advocacy missions to countries

**We had the pleasure to visit many high-burden TB countries since September, helping to build political momentum ahead of the UN HLM on TB and secure strong national support for the Global Plan to End TB.**



I travelled to Minsk, Belarus on 4 November 2016 to present the Global Plan to representatives of Ministries of Health of Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. During the meeting, matters of importance related to countries' transition to domestic financing and implications for financing and quality assurance of anti-TB and HIV medicines. A statement was issued by Ministers of Health as well as leaders of the Stop TB Partnership, UNAIDS, WHO EURO and Global Fund to further support countries' programmes to ensure access for all people affected by TB and HIV to quality assured and uninterrupted supply of medicines.

I also met with the Honourable Natalya Kochanova, Deputy Prime Minister of Belarus, to discuss TB priorities in the Eastern European region.

In November 2016, I visited India and had high level meetings with the Minister of Health and his team. We discussed concrete steps forward in addressing the challenge of Prime Minister Modi to the Ministry of Health

and his teams in developing a National Plan to End TB by 2025. At the same time, we discussed the practical steps to ensure that all GDF orders placed for diagnostics and medicines are processed and delivered in a timely manner. As you will read in other parts of the report, India is engaging at an unprecedented scale with GDF for the procurement of FLD, SLD and diagnostics. I used the visit to have in-depth discussions with the Regional Director of WHO SEARO and her team in planning a regional meeting in Q1 2017 to call for a SEARO region focused meeting to end TB and "Bend the Curve". As a follow-up to this meeting, and led by the Regional Director of WHO SEARO, in March 2017, we participated in the meeting that resulted in the Delhi Declaration which was signed by the Ministers of 11 countries of the SEA Region representing together 45% of the global TB burden.

In November, I was also part of a one-day mission to Maldives to discuss with the government leadership, Minister of Health and Minister of Finance the possible efforts to be done in the country to lead it towards a TB-free Maldives.

Our Deputy Executive Director, Dr. Sahu Suvanand, delivered a presentation on the Global Plan to End TB and the need for countries to scale up their national TB responses at the meeting of Programme Managers for HIV and TB from BRICS (Brazil, Russia, India, China & South Africa) in Ahmedabad, Gujarat, India, 15-16th November 2016. Dr. Suvanand also presented the Global Plan at the Second High Level Meeting on TB and Migration which took place December 7-8 in Astana, Kazakhstan. I also travelled to Indonesia at the end of the Joint Review, where I met with Prof. Nila F. Moeloek, Minister of Health of Indonesia, and joined the Minister to launch the Ministerial Decree on Tuberculosis. In February Dr. Jacob Creswell, Team Leader for Innovations and Grants, travelled to Nairobi for a high level workshop with Principal Secretaries from seven African countries. Also in late February I addressed a meeting of global donors and key partners hosted by USAID to initiate discussions and begin planning and coordination for the UN High-Level Meeting on TB.



I was part of a panel organized by the African Union and the Africa AIDS Watch in which I presented the Global Plan 2016 – 2020 and the TB 90-(90)-90 targets as well as the links with the UNHLM and the potential calls to be made there. As part of the

panel I had a big opportunity to meet with the AU Commissioner for Social Affairs and we discussed how we can empower, support Member States and the TB programme to address TB within their national context, towards ending TB in Africa by 2030.

In Addis Ababa, the panel event was co-hosted by Stop TB Partnership, FIND, BD (Becton, Dickinson and Company) and Cepheid, and introduced by the first director of the Africa Centres for Disease Control and Prevention (Africa CDC), Dr John Nken-gasong.

The panel took place following a meeting of the newly launched Africa CDC held in collaboration with NEPAD and AIDS Watch Africa. The event provided a welcome platform to facilitate accelerated action and share commitments to scaling up TB case finding in the African region. In that context, several concrete commitments were made to increase access to affordable TB diagnosis. As well, the Stop TB Partnership and FIND announced a strategic partnership to support innovators of new tools for TB, especially for diagnosis, to ensure that appropriate diagnostic tests are reaching the market, as demanded and needed by those affected by TB.

Dr. Creswell, also led a mission in Vietnam and spent a week with national authorities to develop plans to scale up new approaches to improve case detection, treatment outcomes as well as preventive treatment as a coordinated approach with other donors such as the Global Fund, the European Union and the private sector.

# Strengthened communication on TB: Leading on World TB Day 2017

This year's World TB Day was an exceptional edition, where partners came together in an overwhelming push to make the voices of the TB community heard.

On 1 March 2017, the Stop TB Partnership launched its World TB Day website which had the full spectrum of downloadable communications materials. In 2017, World TB Day, under the overarching theme of 'Unite to End TB', was an important

milestone on the road to the Global Ministerial Conference on TB in Moscow in November 2017, the UN High Level Meeting on TB in 2018 and looking further towards ending TB. In an attempt to educate the general public in order to close

the knowledge and awareness gap, the Stop TB Partnership this year focused its efforts on communicating important but often misunderstood facts about TB which prevent people from seeking treatment or act as a barrier to efforts in reducing

stigmatization of people infected and affected by the disease. The Stop TB Partnership website had the full suite of communications products (in all six official UN languages) available for partners to download, to adapt and use for media outreach.

► CALL TO ACTION LOGO



► WORLD TB DAY LOGO



► EIGHT POSTERS

featuring the campaign messaging on 'Demystifying TB'



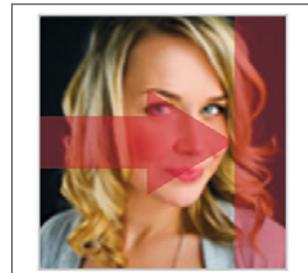
► SPECIFIC 'CALL TO ACTION' SOCIAL MEDIA MESSAGES FOR 15 HIGH BURDEN TB COUNTRIES - available for users to tweet to their respective Ministries of Health



► SOCIAL MEDIA WEB BANNERS FOR FACEBOOK AND TWITTER



► A TWIBBON CAMPAIGN FEATURING THE RED ARROW



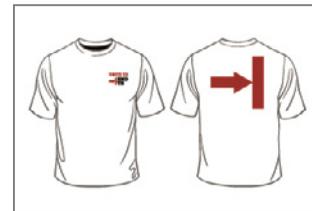
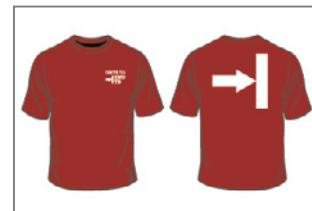
► WORLD TB DAY 2017 GLOBAL EVENTS MAP



► GUIDELINE FOR COMMUNITIES



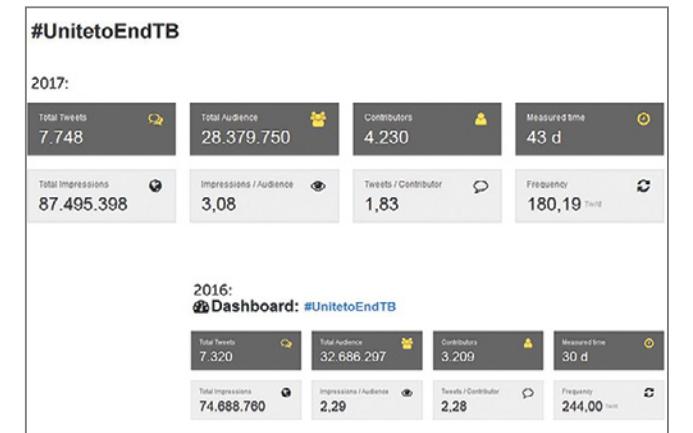
► GENERIC T-SHIRTS AND CAPS TO DOWNLOAD FOR LOCAL PRINTING



► DOWNLOADABLE GIF SOCIAL MEDIA TILES & E-CARDS



► SOCIAL MEDIA COMMUNICATIONS MESSAGING PLAN USING #UNITETOENDTB AND #WTBD2017



This year, on World TB Day, the Stop TB Partnership launched a global challenge to "Light up the World for TB". The Partnership challenged partners to work with authorities in cities across the world to light up their landmarks in red on 24 March 2017 to show their com-



mitment towards ending TB. This follows on from the success seen last year when the cities of Barcelona and Rio de Janeiro illuminated key monuments in red. This year again, The Stop TB Partnership led by example and ensured that the landmark water fountain on Lake Geneva, the Jet D'Eau was illuminated in red and has also approached other cities to do the same. An astounding more than 30 cities lit up their landmarks in red. Please follow this link for a video montage of all the cities that took part in this global initiative: <http://bit.ly/2qsUjgm> Also on World TB Day, the Stop TB Partnership, in collaboration with the Graduate Institute's Global Health Centre organized the Swiss premier of the new feature-length film, 'Lucky Specials' which combines the best of fiction and non-fiction



storytelling to demystify TB, explaining how it spreads and how it can be treated. Though dynamic characters and a captivating storyline, the film replaces misconceptions about TB with facts and shows the journey of TB bacteria inside the body through state-of-the-art animation. The film screened on Friday, 24 March at the Global Health Centre's Auditorium in Geneva to a packed audience.

A Special World TB Day edition newsletter which showcases the work of partners globally as well as some of the key successes from this year can be accessed here: <http://bit.ly/2ovK8dA>. The Stop TB Partnership has also compiled a report outlining the success of the #UnitetoEndTB and #WorldTBDay hashtags this year, as well as of the Partnership's social media accounts. Read the full report here: <http://bit.ly/2pqt8l>



# Global TB Caucus

**The Global TB Caucus, which the Stop TB Partnership is proud to host, continued to grow rapidly and now has over 2300 Parliamentarians from more than 130 countries - an unprecedented number reflecting the impact of the TB crises in communities around the world. We are grateful to Minister Motsoaledi and Nick Herbert, the Caucus co-chairs, for their excellent leadership of the Caucus.**

The Caucus continued its rapid growth in the final quarter of 2016 and into 2017. The Global TB Caucus also established a formal Secretariat which will further enhance its ability to support national engagement of Parliamentarians. The Gambia, Uganda, Namibia, Tanzania, Mexico, Peru, Philippines, and India launched national caucuses taking the total number of National Caucuses to 20, a 400% increase from the previous year.

Supporting the Global Fund replenishment conference in September in Montreal, Canada, Caucus members in more than 30 countries sent letters to their Heads of State requesting support for a fully replenished Global Fund. Caucus members in key countries were also mobilized to request their governments' support for the UN High-Level Meeting on TB.

The Francophone TB network became the latest of the sub-networks to launch, joining the networks established in Afri-

ca, The Americas, Asia Pacific, and Europe and Central Asia. The launch took place in October in Ouagadougou, Burkina Faso in partnership with the Francophonie Parliamen-



tary Assembly's (FPA) working group on HIV, TB and malaria, who signed a memorandum of understanding with the Stop TB Partnership and the Global TB Caucus. The FPA will formally support the creation of national caucuses in Francophone countries.

October also saw the first

meeting of the Caucus Executive Committee, the senior leadership of the network. Members agreed to prioritise the G20 political processes and building political support for the

continent.

The new year started with a strong focus on promoting TB within the AMR agenda, and budgetary successes in the Asia-Pacific with both Vietnam and Myanmar announcing increases in their national TB budgets. In February, the Global TB Caucus was invited to sit alongside other international organisations at an OECD roundtable on AMR in G20 countries.

At the end of March, the Caucus, along with the Stop TB Partnership and the ACTION Partnership, hosted the Berlin TB Summit, a meeting of parliamentarians from across the G20. The Summit resulted in an ambitious outcomes document which will provide the backbone of the Caucus' advocacy at the G20 level over the coming months. In the two weeks immediately following the Summit, delegates had held meetings with nearly a dozen different Ministers in their respective countries and engaged directly with Sherpa teams across the G20.

## TB as part of the Anti-Microbial Resistance (AMR) agenda

**The final recommendations of the Review on Antimicrobial Resistance (AMR) led by Lord Jim O'Neill and commissioned by the former UK Prime Minister David Cameron were released in May 2016, warning that AMR infections such as drug-resistant TB will kill 10 million people annually without an urgent expansion of new resources and funds.**

The Stop TB Partnership and our UK partners, RESULTS UK and the Global TB Caucus, worked closely with the review and provided recommendations into

the final report.

As a result of our sustained advocacy for TB, the final report highlights drug-resistant TB as a 'cornerstone of the global AMR

challenge', highlighting that one-quarter of the potential 10 million annual AMR deaths by 2050 outlined in the report could be caused by drug-resistant TB



without urgent action.

The UN High-Level Meeting on AMR took place on 21 September at UN headquarters and boosted attention to the AMR and TB connection. The Partnership reached out to many governments prior to the meeting to press on the importance of MDR-TB, which resulted in the UK, Nigeria, Senegal, Japan, Belgium and Papua New Guinea highlighting the need for action on MDR-TB during the meeting. Minister Motsoaledi also made an impassioned speech calling for a UN High-Level Meeting on TB.

The Stop TB Partnership partnered with the UK High-Level

Review on AMR to convene a high-level side event during the meeting. The event was joined by Julie Bishop, Minister of Foreign Affairs, Australia, as well as the Ministers of Health of Sweden and Japan, and Dr. Margaret Chan, Director-General of the World Health Organization (WHO). Minister Motsoaledi delivered a keynote speech on TB during the event where he reiterated the call for a UN High-Level Meeting on TB.

On 27 February, the WHO published its first ever list of priority antibiotic-resistant "priority pathogens". To the surprise of everyone, TB was excluded from the list for the reason that "it is

already a globally established priority for which innovative new treatments are urgently needed." In other words, TB was not considered for inclusion in a global priority list because it is already a global priority.

The Stop TB Partnership immediately mobilized its networks to demand that TB be included, given that TB is the leading cause of death from antimicrobial resistance. We organized a sign on letter to the WHO Director-General that was endorsed by 40 organizations and nearly 300 individuals. A call was organized with the WHO Director-General where we requested the list be

reopened and TB considered using the same criteria applied in developing the list. As of the time this report is going to print, there has been no further updates.

Stop TB Partnership and partners are leading outreach for TB and AMR to be included as a priority under this year's G20 Presidency. Minister Motsoaledi wrote to all G20 Ministers of Health requesting their support. Through our outreach, several governments have proposed TB be included as a priority in the lead up to the G20 Health Ministers Meeting on 18-19th May in Berlin and the G20 Summit in July in Hamburg.

## Kochon Prize

**In 2016, the Kochon Prize focused for the second year, due to popular demand, on unrecognized/unsung heroes working in TB. It highlighted the critical role that community and health workers and volunteers who tirelessly work every day, all over the world, quietly making miracles happen for the people and communities affected by TB.**



"I was doing heroin on the streets of Bombay, I was homeless, and I couldn't make out I had TB. I attributed my symptoms to my drug use and was diagnosed very late. Afterwards, the TB hospitals wouldn't admit me for treatment. They told me, 'Get your drug problem treated first and then we will admit you'. The drug treatment centers don't admit people affected by TB because we are sputum positive. About six months of my life just went towards trying to get into treatment somewhere."

**DEAN LEWIS, INDIA**  
"TB Champion"



A total of 22 nominations were received, representing 17 countries. The Selection Committee was deeply honored to read and learn about all the incredible work individuals and organizations are doing to end TB. The 2016 Kochon Prize was awarded to Ms. Galina Zaporozhan of Speranta Terrei, a Moldovan patient support organization, at Stop TB Part-

nerships 1st TB Awards Gala, which took place in Liverpool on the sidelines of the Union World Conference on Lung Health.

With the award money, Ms. Zaporozhan plans, among other things, to buy a van to transport people affected by TB to and from doctor's appointments and training moderators.

The Kochon Prize, consis-

ting of a US\$ 65,000 award, has been given annually for the past 10 years to individuals and/or organizations that have made a highly significant contribution to ending TB, a disease that is curable but still causes the deaths of three people every minute. The Prize is fully funded by the Kochon Foundation, which is located in Seoul, Republic of Korea.

# Challenge Facility for Civil Society - Round 7

To build civil society & community coalitions that represent, support and are accountable to communities who can partner with one another and successfully engage in the national TB responses.



### Key activity

To map community and civil society organizations engaged in TB and the services they provide so that local partners, national programs and donors can address the gaps and barriers preventing strong community systems and responses to TB.

### Civil Society and Community Coalitions for TB Advocacy

- CAMBODIA**  
TB Coordinating Committee - the Network of NGOs working on TB
- TAJIKISTAN**  
STOP TB Partnership Tajikistan
- GEORGIA**  
Curatio International Foundation (CIF)
- NIGERIA**  
Communication for Development Centre
- TANZANIA**  
EANNASO
- ETHIOPIA**  
Volunteer Health Services (VHS)
- GHANA**  
Ghana National TB Voice Network
- CAMEROON**  
National TB Community Coalition Cameroon
- DRC**  
Stop TB Partnership RDC

## How are Coalitions engaging in National TB and Global Fund Processes?

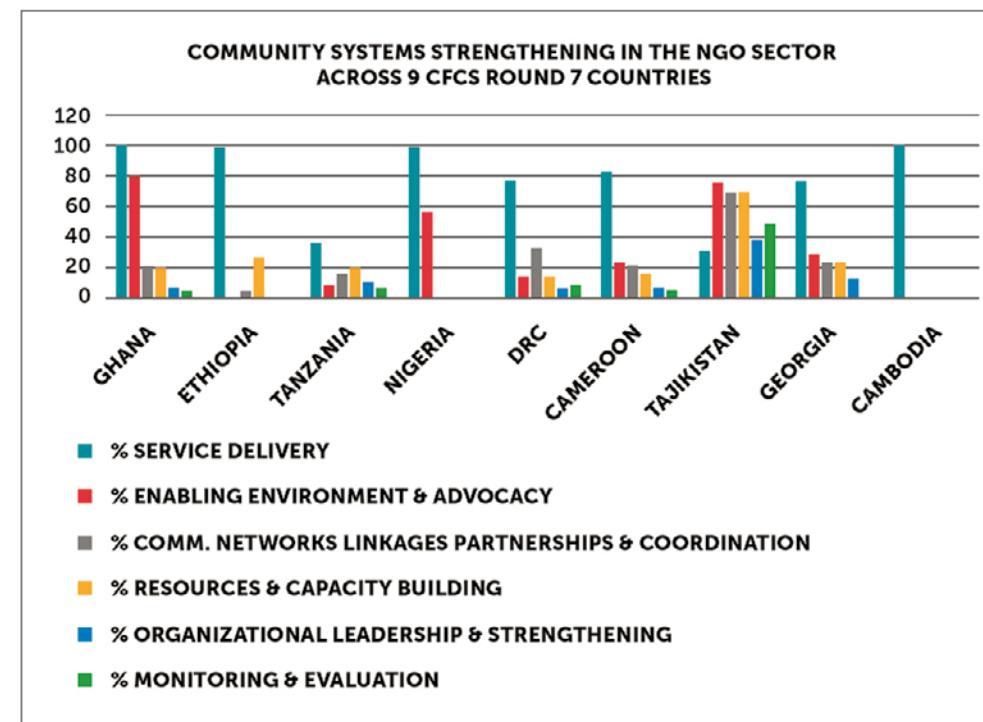


- ▶ Coalitions are serving as TB community constituencies with whom TB community representatives on Global Fund Country Coordination Mechanisms (CCMs) can engage with.
- ▶ Based on the mapping exercise, Coalitions developed *Community Mapping Reports*, which outline the services civil society and community organizations provide so that local partners, national programs and donors can address the gaps and barriers preventing strong community systems and responses to TB. These reports have been shared with National TB Programs and CCMs.
- ▶ The coalitions are leading the Global Fund country dialogue processes for TB civil society and communities.

## CFCS Round 7 Results

The combined results of the mapping exercise in the 9 countries yielded the following conclusions.

- ▶ NGO sector resources across all countries are being used for service delivery primarily.
- ▶ Engagement of the NGO sector in other areas of CSS (e.g. advocacy, partnership building, and community level monitoring) is weaker.
- ▶ Engagement in community-level monitoring is particularly absent.



### Key message CFCS Round 7

Monitoring, evaluation and documentation are powerful tools for advocacy, policy dialogue and the improvement of programs and services. Current national TB monitoring and evaluation systems do not incorporate feedback from communities or recognize their contribution to the response. To strengthen community engagement and the overall national response to TB there is a critical need to invest in community level monitoring for social accountability and advocacy in TB.

# Engaging, supporting and strengthening communities

The Stop TB Partnership Secretariat is supporting and funding several streams of work in order to ensure that communities, people affected by TB and advocates are central to all efforts and programmes.





### Gender assessment tool for national HIV and TB responses

Towards gender-transformative HIV and TB responses



Stop TB Partnership UNAIDS

The tool has been rolled out in Lesotho, Niger and Namibia. The toolkit is currently being used in Cote D'Ivoire and DRC and will be rolled out in a further seven priority countries this year. This

## Addressing Gender Barriers

Stop TB and UNAIDS collaborated to produce the TB/HIV Gender Assessment Tool in 2016.

tool is a document intended to assist countries in assessing their HIV and TB epidemics and responses from a gender perspective, to ensure the responses are gender sensitive, transformative and effective in responding to HIV and TB.

The gender assessment pro-

cess, led by national stakeholders and partners, helps to identify gender-related barriers to services as well as the specific needs of women, men, transgender people and key and vulnerable populations, in the context of HIV, TB or HIV/TB co-infection.

## Advancing a Human Rights Based Approach to TB

The Stop TB Partnership's Global Plan to End TB 2016-2020 calls for a human rights and gender based approach to TB that is grounded in international, regional and domestic law that establish rights to health, nondiscrimination, privacy and freedom of movement, and enjoyment of the benefits of scientific progress, among others. The Partnership in collaboration with KELIN and IHR Clinic developed the Nairobi Strategy in June 2016.

On 10 December 2016, the Stop TB Partnership led the way to safeguard the rights of people with TB commemorating International Human Rights Day. In a series of initiatives, the Partnership rallied partners and called for unity in publicly lobbying for better leadership, better laws and greater respect for human dignity on International Human Rights Day, a commemorative day celebrated every year to call for people to know and push for their rights no matter where they are in the world. The Stop

TB Partnership collaborated with civil society, donors, implementers, UN agencies and our Secretariat staff who have today lent their voice to stand up for the rights of people with TB. Here is a link with some of our videos: <http://bit.ly/2prQfyx>. For a full list of the videos, please see here: <http://bit.ly/2qzVBpd> the other statements in over 15 different languages and dialects.

In December 2016, the Stop TB Partnership signed a Memorandum of Understanding (MOU) with the Kenya Legal

& Ethical Issues Network on HIV & AIDS (KELIN) and the University of Chicago Law School International Human

Rights Clinic (IHR Clinic).

In March 2017, a two-day TB and Human Rights Nairobi Strategy Consultation



Justice Dr Oagile Key Dingake  
High Court of Botswana



"I felt stigmatized because of my TB and because people around me thought that TB is very dangerous and very contagious, but I never felt sad about it. Instead, I became more proactive and motivated to educate them about TB, my condition, and how they should be caring rather than hating or ignoring people who have TB. Getting people to change their behavior is a challenge. It's a long way to make sure people are informed and change their perspectives."

MARK AGANA, PHILIPPINES

"TB Champion"

organized by Stop TB Partnership, in collaboration with KELIN and the University of Chicago with support from USAID concluded with a clear pathway towards strengthening the human rights and TB efforts. People affected by TB, communities, civil society, judges, lawyers, academics, clinicians, donors and multi-lateral representatives made up the participants that were engaged in a robust dialogue which contributed to a continuation on the development of a human rights based approach to TB.

During the consultation, the Tuberculosis, Human Rights and the Law Case Compendium was launched. The compendium was developed and written by the International Human Rights Clinic at the University of Chicago Law School as part of the TB and Human Rights Consortium, with support provided by the Global Drug-Resistant Initiative of the Stop TB Partnership. The compendium is the first of its kind to present summaries of legal decisions involving TB from around the world. It contains more than 70 cases from 20 jurisdic-

tions with translations of judgments in five languages, including from Brazil, China, India and other high burden countries. It was then used in the Southern African Litigation Center lawyers training March 13-16, 2017 in Johannesburg, South Africa, where Stop TB trained lawyers on TB and human rights.

The Stop TB Partnership is collaborating with the O'Neill Institute for National and Global Health Law, Georgetown University to further advance the evidence base by developing a framework for TB and Human Rights. The two organizations will develop joint reports in which they identify existing human rights frameworks, and also develop concrete human rights tools addressing TB prevention and care, and to protect vulnerable populations. The main goal is to try to advance evidence based human rights approaches to TB, and develop concrete tools that can have an impact at the country level. In doing this, we will try to also include TB in the agenda of leading human rights organizations, at the UN and regional levels.



## Key, Vulnerable and Underserved Populations



In September 2016, the Stop TB Partnership presented and participated in the Global Fund-funded HIV key populations workshop in Yaounde, Cameroon. In December 2016, the Stop TB Partnership launched two new briefs on TB vulnerable populations, focusing on health care workers, and on PLHIV.

The latest guides add to the compendium of briefs launched in May 2016 which gives practical guidance on how to address the needs of those most vulnerable to TB, who usually have very limited access to diagnosis, treatment and care. The Global Plan to End TB 2016-2020 recognized the needs of key and vulnerable populations and calls for a collective response to protect them from TB, provide them with a cure and involve them as key stakeholders in the fight against the disease.

In April 2017, the Partnership

organized a TB key population data framework and action planning meeting which was held in Bangkok, Thailand. It was a platform for participants to familiarize themselves with methods of collecting basic TB data for key populations as well as with national and local level planning processes to address the specific needs of key populations. The meeting also provided methods for participants to be able to identify TB key populations in their countries as well as to raise awareness of the data gaps in TB key populations.

## Building regional activist networks of people affected by TB



Building on the Global Meeting of TB Survivors in 2015 and the 1st regional meeting of people with experience of TB in Eastern Europe and Central Asia, the Stop TB Partnership with the support of USAID is organizing additional regional workshops.

In April 2017, REACH in response to demand from communities and with the support of Stop TB Partnership and USAID hosted a workshop for TB Champions from the Southeast Asia region to extend peoples' knowledge on TB and deepen their communication and advocacy skills so

that they can meaningfully engage in the TB response to move towards a people-centered approach. This workshop brought together 30 people from six countries who shared personal experiences on TB, documented the societal and systemic barriers they faced, transformed the barriers they faced into concrete advocacy goals and strategies and discussed the power of collective community-driven advocacy to change the status quo in TB.

A TB-REP civil society and partners' update dialogue was organized by the WHO

Regional Office for Europe and the Stop TB Partnership, in collaboration with the PAS Centre, TB Europe Coalition and the Ukraine Health Alliance in March 2017 in Copenhagen, Denmark. The aims of the meeting were for representatives of CSOs from the 11 TB-REP countries to discuss common approaches for advocacy for appropriate TB models of care, to describe their experiences and key barriers for people-centred care as well as to report on the implementation of their grant and plans for the second year of the TB-REP project. Representatives from partner organizations attending also gave presentations and led discussions on synergistic activities. The 11 TB-REP countries are Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

The Stop TB Partnership in collaboration with the Global Fund presented and facilitated at the Enhancing Synergies and Peer-to-Peer Collaboration: Building Partnerships across the Community, Rights and Gender Special Initiative in Marrakesh, Morocco.

## GCTA

**In coordinating efforts and activities of its global network of civil society members, the GCTA have held meetings and events around the community space during the 47th Union World Lung conference 2016 held in Liverpool ensuring community engagement.**

The CEO and the communications support officer have participated in many global, regional and national level consultations providing valuable input that has many times resulted in community and patient friendly policies. GCTA also has the support and positive collaboration with Global Fund, STBP, WHO and USAID which is evident from the investment and inclusion of the members in the consultations and meetings. GCTA has been invited to represent the communities and the patients on many forums and committees and is also a member on some global committees. Stop TB Partnership with support from the Global Fund provided a contribution to the GCTA ensuring communities participate in the design and delivery of programs that address access to best quality care for all, hold service providers to account and advocate for appropriate investments and scale up of TB services. The GCTA secretariat continues to invest in building the capacity of the affected community members to be spokespersons. The network has grown in membership over the year and have also undergone a change in management with an interim Steering Committee formed to take the work of GCTA ahead and organize new governance and leadership. For more information please see <http://gctacommunity.org/?v=1ee-0bf89c5d1>



"The biggest challenge I faced was a lack of information. When I got diagnosed in 2005, there was very limited information about TB available in my country. They didn't really know how to support patients like me, how to make us feel comfortable with the disease and how to give us psychosocial support, or even for my family and peers. I think TB programs should put patients at the center. Patients should be engaged in the design of all interventions."

**ERMAN VARELLA, INDONESIA**  
"TB Champion"

### MYTH

**I CANNOT GET TUBERCULOSIS BECAUSE I WAS VACCINATED.**

### FACT

**THE EXISTING VACCINE DOES NOT PROTECT AGAINST TB IN ADULTS.**



**FIND OUT**  
**how you can join the fight to End TB**

**stoptb.org**

UNITE TO  **END TB**

**Stop TB Partnership**

# Stop TB Partnership Working Groups

The Secretariat highlights the achievements of the WGs through biannual bulletins and can be accessed on <http://stoptb.org/wg/>

► **Stop TB Partnership announces a change in the Working Group status** of the Childhood TB subgroup, PPM sub group (formerly part of the DOTS expansion Working Group which is no longer functional) and the End TB Transmission Initiative (formerly TB Infection control subgroup). The Executive Committee have approved the request from the three groups and henceforth will

be known as the Child and Adolescent TB Working Group, Public-Private Mix Working Group and the End TB Transmission Initiative Working Group.

► **Funding is provided to all Working Groups** to implement an Annual work plan with deliverables and report on progress and achievements.

## GLOBAL DRUG-RESISTANT INITIATIVE (GDI):

The GDI held their sixth core group meeting in Liverpool on the sideline of the Union Conference with the objective of providing updates on progress in scale up of MDR-TB services, updates on the progress of the respective GDI Task Forces, discussing donor perspectives in the current MDR-TB landscape and updates on the civil society and advocacy related partner activities. A new **TB, Human Rights and the Law**, Task Force was convened by the Global Drug-resistant TB Initiative in October 2016 with the objective to mainstream a human rights-based approach to TB and MDR-TB into national policies and programming. **DR-TB Research Task Force** has received funding for their new work plan to be implemented in close collaboration with the DR-TB STAT Task Force. The **GDI/GLI Task Force** met on the 24 October 2016 and discussed the translation of the new diagnostic and treatment policies into a linked implementation guidance using an example of SL-LPA and the shorter MDR-TB regimen; improvement of uptake of new DST technologies (for example Xpert MTB/RIF) into patient care cascades by identifying and bridging the gaps in integration of rapid diagnosis into clinical decision pathways. For more infor-

mation on GDI <http://stoptb.org/wg/mdrtb/default.asp>

## GLOBAL LABORATORY INITIATIVE (GLI):

In collaboration with WHO, a Framework of Indicators and Targets for Laboratory Strengthening under the End TB Strategy was published in October 2016 and distributed at the Union World Conference on Lung Health in Liverpool. The Framework serves as a guide for countries to increase access to rapid TB diagnostics, achieve universal DST, and ensure quality of testing. The GLI Working Group also conducted their Core group meeting in Liverpool which allowed the group to move forward several strategic priorities and develop a plan for further work. More information on GLI <http://stoptb.org/wg/gli/>

## PUBLIC-PRIVATE MIX FOR TB CARE AND CONTROL (PPM):

In 2016, the PPM WG Secretariat, with support from USAID and in consultation with selected NTPs, embarked on an initiative to systematically promote and assist countries to scale up PPM implementation in Africa. This was shared with and endorsed by the PPM Core Group meeting held on 26 October in Liverpool, UK. As part of the initiative, in November 2016, a three-day capacity strengthening work-

shop on PPM was organized for senior TB consultants assisting countries in Africa in preparing their national TB strategic plans and Global Fund applications. The capacity strengthening was undertaken to enable the consultants to help 8 of the 10 identified African countries to prepare national PPM action plans that could be easily integrated into national TB strategic plans and Global Fund applications. During the training in Addis Ababa, the TB consultants were exposed to preparing in real time, a sound national PPM action plan for Ethiopia. Further the trained consultants are expected to first grasp all available country-specific information relevant to PPM and spend a week in their assigned country to work with the NTP and prepare a draft national action plan for PPM.

## CHILD AND ADOLESCENT TB WORKING GROUP:

A Core group meeting was held in Liverpool to focus on country experiences in scaling up the responses and on what needs to be done to move the agenda forward. A new Chair of the Working Group Dr Farhana Amanullah, was announced and welcomed.

## END TB TRANSMISSION INITIATIVE WORKING GROUP (ETT):

Core group members devel-

oped PICOT (Population/Intervention/Comparison/Outcome/Time) questions and reviewed draft documents in collaboration with the WHO secretariat coordinating the guideline revision process. A stakeholders meeting 'TB Transmission in big cities' was held in October in Liverpool in conjunction with the Union conference. Advocacy messages have been developed for two presentations on ending TB Transmission in Mumbai (by Daksha Shah) and in Rio de Janeiro (by Afranio Kritski). Besides the stakeholders meeting, the core group had its annual closed meeting reviewing the current status of activities and budget expenses as well as planning ahead. A workshop was also organized at Liverpool focusing on advances in the sustainable implementation of two evolving TB transmission control strategies: F-A-S-T and GUV air disinfection. Core group members have developed an M&E framework for IPC interventions and will be shared on the ETT website once finalized: <http://stoptb.org/wg/ett/>

## NEW TOOLS WORKING GROUPS:

A symposium coordinated by the New Tools Working Groups was held on 27 October 2016 in Liverpool during the Union Conference. The Symposium focused on efforts to develop new vaccines, diagnostics

and drugs that will more effectively prevent, diagnose and treat drug-resistant TB and the necessity of these tools to ending all forms of TB. The symposium and presentations can be viewed here: <http://bit.ly/2qDcOOB>

## WORKING GROUP ON NEW TB VACCINES (WGNV):

The Core Group of the WGNV convened on 26 October in Liverpool to discuss objectives of the Working Group in 2017, the strategic direction of the WGNV over the longer term, and how vaccines could fit within the context of a broader prevention agenda. The members of the WGNV also met with a small group of advocates in Liverpool to discuss how the WGNV can add value to ongoing advocacy efforts. Planning continues for the 5th Global Forum on TB Vaccines, which is planned to take place in New Delhi, India in February 2018.

## NEW DIAGNOSTICS WORKING GROUP (NDWG):

The New Diagnostics Working Group (NDWG) and task forces have been working with a goal of advancing priorities in TB diagnostics research and development to support the targets of the End TB strategy and the Global Plan to End TB. Focused activities can be read on the [http://stoptb.org/wg/new\\_diagnostics/about.asp](http://stoptb.org/wg/new_diagnostics/about.asp) As other groups the NDWG held their annual meeting in Liverpool with the objective of reviewing progress made with a particular focus on the achievements of the task force on Tests for progression of latent tuberculosis infection (LTBI) to active disease.

## WORKING GROUP ON NEW TB DRUGS (WGND):

The WGND hosted a progress update on Global TB Drug Discovery and Preclinical Activities in conjunction with the EMBO Conference in Paris, France and its annual meeting in Liverpool with global TB pipeline updates from Janssen, Quirent, Otsuka, GSK, EDC-TP, TB Alliance, and others.

# Our Partners

The Directory of Partners continues to be updated and currently boost a formal membership of over 1580 as of 30 April 2017.



The Operational Strategy asks that the Secretariat conduct an annual survey with partners in order to evaluate their satisfaction with the services and support provided by the Secretariat. The 2016 survey was developed with the aim to collect feedback and ideas on the services that partners would like the Secretariat to provide, and to evaluate the successes and pitfalls of our work moving forward.

This year a prize of an iPad was offered to five partners who took the survey and were randomly selected to win. The award winners were honored during the Partners Town Hall meeting at Liverpool, UK that was held on 24 October 2016.

About 351 partners took the survey and 85% of partners are satisfied with the Stop TB Partnership Secretariat's work. All of 99% of partners think the work of the Secretariat is very important in the global fight against TB with 94% who would recommend to other partners to join the Stop TB Partnership. The 2016 survey can be accessed at [http://stoptb.org/about/partners\\_who.asp](http://stoptb.org/about/partners_who.asp)

A Stop TB Partnership **Partners Town Hall meeting** was held on 24 October 2016 at the Liverpool Town Hall. The first part of the day was dedicated to a Town Hall meeting that brought together people from all over the globe whose lives have been affected by TB – working in hospitals, dispensaries, ministries, laboratories or people who care about people affected by TB. The 150 participants, shared their achievements and successes, frustrations and challenges, problems and solutions in a joint effort to fight TB. The evening was dedicated to the **Stop TB Partnership's Awards**

and gala dinner. The awards consisted of the prestigious Kochon Prize, as well as several other awards to recognize the work of our colleagues and partners.

► **THE 'IMAGINE' AWARD** was introduced with support from partners (Cepheid in this occasion) to recognize leadership of a country TB programme in pursuing the introduction and scale up of new tools-diagnostics/drugs/treatment regimens. The winners was chosen based on a set of criteria, and is the South Africa NTP.

► **THE WORLD TB DAY AWARD** was given to Stop TB Pakistan for their dedicated advocacy efforts and events on and around World TB Day.

► **THE PARTNERS WINNERS** were a random selection of partners who participated in the Partners Satisfaction survey 2016, mentioned earlier.

► **THE 2016 INNOVATION PRIZE** went to Asha Kalp, an Indian NGO working with tribal and indigenous people who often have poor access to TB care

## The winners were:

### COMMUNITY BASED TB ORGANIZATION (CBTO)

Community Based Organization  
Zambia

### CBCI CARD

Faith Based Organization  
India

### APCASO

Patient Network  
Thailand

### JIMMA ZONE HEALTH OFFICE

Government Health Centre  
Ethiopia

### HOPE CARE FOUNDATION

Developing Countries NGO  
Ghana

services. Asha Kalp employed community health workers to provide TB screenings and treatments in the communities.

# In Partnership with the Global Fund to Fight AIDS, TB & Malaria

The Stop TB Partnership Secretariat is engaged in several areas of collaboration with the Global Fund Secretariat, Board, Board committees and partners. The diagram below shows the multiple levels of engagement with the Global Fund with the main purpose of ensuring TB friendly funding policies and allocations as well as maximizing impact of the Global Fund grants.

The Stop TB Partnership ensures the voice of the TB community at large is well-represented in Global Fund processes



The Stop TB Partnership's work with the Global Fund has intensified despite having successfully closed the TA agreement for the New Funding Model in late 2016.

A separate co-operative agreement "Strategic Initiative on Missing Data in TB (MDT) for operationalization of the Global Plan" was signed in November 2016, to build the capacity of select high burden countries for strategic planning and resource mobilization and provide innovative tools to countries and set

them on the path to end TB. The initiative aims to develop a framework for countries to identify, map and plan TB services for the key and marginalized populations and guide programmatic approaches; build country capacities and provide tools

(e.g. modelling and costing tools, DHIS2, qGIS etc) for disaggregation of information for sub-national differentiated responses to the TB epidemic.

In this context, the following meetings were held:

**A REGIONAL ASIA WORKSHOP** for fourteen Asian countries from 28 November - 2 December 2016 in New Delhi, India for modelling and costing tools (eg. Time Impact model, One Health costing tool etc.). Countries have used the modelling tool provided in the workshop for GF Funding Request under the new funding cycle.

**THE 'GLOBAL FUND TB KEY POPULATION DATA FOR ACTION FRAMEWORK'** has been drafted and a global consultation was held from April 3-5 in Bangkok, Thailand.

As the Global Fund entered into its new allocation period (2017-2019), the continuously active TB Situation Room of which Stop TB is a core member, dedicated many sessions to providing TB expertise for GF grant allocation documents provided to countries. The TB Situation Room was thereby crucial in ensuring clear and consistent TB mes-

sages in the Global Fund Allocation Letters, Guidance on TB Catalytic Investment Funding and the TB Info Note that were distributed to countries.

Through initiatives such as the Situation Room, the Implementing Through Partnership (ITP) initiative and various joint country missions Stop TB continued to work with the Global Fund teams to improve absorption of TB grants.

The Stop TB Partnership organized, in collaboration with the Global Fund, WHO and USAID, a one-day symposium during the 27th Union World Conference on Lung Health, bringing together NTPs of Global Fund-eligible countries, technical agencies, and CSOs the meeting focused on optimal implementation and impact of current Global Fund grants and the new allocation cycle. Global Fund estimates projected that approximately US\$ 900 million are in need to be disbursed from quarter 4 2016 until end December 2017, and many countries are

pressured to find solutions to make prompt and impactful use of their current TB grants. Stop TB Partnership created a "helpline" email address ([spendforimpact@stoptb.org](mailto:spendforimpact@stoptb.org)) that encouraged NTPs, communities, CCMs, PRs/SRs, advocates and technical partners to share bottlenecks regarding current TB grants absorption.

To emphasize readiness for supporting countries in preparing for their funding request, Stop TB Partnership, in coordination with global TB stakeholders (incl. USAID and WHO), proactively reached out to all NTPs, CCM chairs, and GF Principal Recipients in all twelve priority countries for the Catalytic Funding's TB component. Actively encouraged by the Stop TB Partnership, the TB Situation Room organized country calls to offer support and ensure that their catalytic funding would be optimally aimed at finding the missing TB cases through innovative and ambitious activities.

In March 2017, Stop TB to-

gether with Global Fund and USAID helped organize a high level meeting in Nairobi with Principle Secretaries as well as NTP managers from 7 high impact Africa countries to bring needed focus for improved

pushing the NTPs towards more collaboration with other partners and communities for more efficient planning and grant implementation.

In line with Stop TB's KPI to support the adoption and sca-



grant absorption before the end of the year. Ambitious targets were set and agreement was forged to improve absorption by 30% in the next six months, making strategic use of the Principle Secretaries for

le-up of effective, innovative approaches from TB REACH and other initiatives by mobilizing domestic and/or external funding, the TB REACH Secretariat successfully worked towards the incorporation

of impactful interventions into reprogrammed grants of and funding requests to the Global Fund. Missions and events with the Global Fund Secretariat and other partners to countries like Bangladesh, Kenya, Viet Nam, are recent examples where impactful TB REACH interventions were promoted or integrated into countries' efforts and GF grants to improve TB health service delivery. As the Global Fund is providing selected high burden countries with catalytic funding to be used for finding the missing TB cases through scale-up of innovative approaches, and the Global Fund explicitly recommends that countries also implement TB REACH interventions.

Stop TB Partnership's TB REACH initiative has also continuously strengthened its coordination with the Global Fund and both institutions will intensify collaboration, based on a recently signed Memorandum of Understanding for collaborating towards improved quality and impact of Global Fund investments in countries.

JOURNÉE MONDIALE | 24 -I  
DE LA TUBERCULOSE | Mars

LE SAVIEZ-VOUS ?

La Tuberculose est présente dans tous les pays. Même la Suisse.

Parce que la Tuberculose est véhiculée par l'air, tout le monde est vulnérable.

UNITE TO → END TB

Stop TB Partnership

# TB REACH: Supporting innovative service delivery for TB

**TB REACH successfully completed its most competitive call for proposals to date and selected a group of thirty-eight diverse Projects for funding through 2017/18**

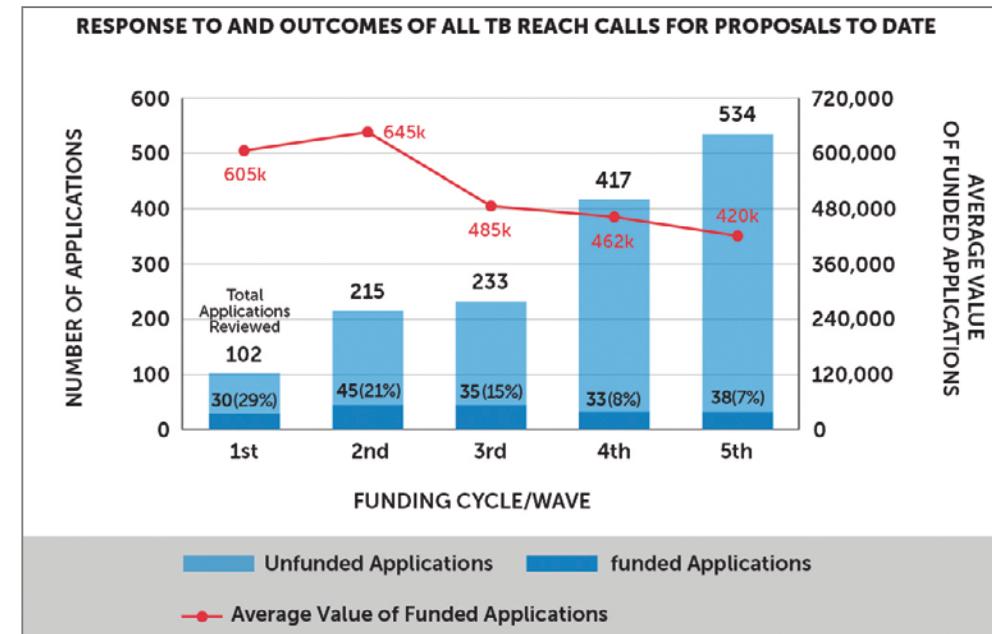


Since the last report to Stop TB's Coordinating Board, TB REACH completed an external evaluation led by Atos of the initiative's activities between 2010-2015 (covering Waves 1-4). The evaluation team organized key stakeholder interviews and conducted site visits with Partners and former Grantees in Ethiopia, India, Nepal and South Africa. Overall, they found that TB REACH was "meet[ing] the needs of grantees and is addressing a gap in innovation funding" and that there was "significant additional value resulting from [TB REACH] interventions compared to what could have been achieved by other donors and national Governments." A very clear set of recommendations were provided by the evaluators which were programmed into TB REACH's subsequent call for proposals (Wave 5).

Additional recommendations will be realized in future calls for proposals (focus on scale up and transition) and throughout implementation of future grants / project activities. The evaluation report, along with a TB REACH management response, are available on the TB REACH section of the Stop TB website. In November 2016, TB REACH hosted a meeting with its independent Proposal Review Committee (PRC) to review submitted applications and make final funding recommendations among the 154 finalist Wave 5 proposals. The response to TB REACH's Wave 5 call for proposals was unprecedented. Submissions in Wave 5 were +28% higher than in Wave 4. At the same time, TB REACH's overall pass rate has declined with each successive call for proposals – from 29% in Wave 1 to just 7% in

Wave 5. This is a phenomenon worth tracking, as it implies that Partners (and the PRC) are investing significant effort and energy in proposal development (and review) with no financial return or impact on the TB response. Declines in TB

adolescent girls and women in Afghanistan, delivery of lab results and medicines by autonomous drones in Madagascar, a feasibility pilot for video DOT (vDOT) in Viet Nam, a pre-market evaluation of Cepheid's new GeneXpert Omni platform in Tanzania, improving treatment adherence and outcomes for people with MDR-TB in Russia, an independent evaluation of OMNIgene•SPUTUM's impact in Ethiopia (synergistic with Stop TB's a4i initiative), implementing Search-Treat-Prevent strategies in India and Viet Nam as part of Zero TB Cities, 'graduation' from Challenge Facility for Civil Society to TB REACH for a community-based organization in Cambodia, and many more. Service delivery in key populations features more prominently than in previous funding cycles, with Projects focused on childhood TB in Indonesia, Kenya and South Africa, tribal/indigenous populations in India and Namibia, fisher folk in Nigeria, and transgender sex workers in Pakistan. In addition, TB REACH leveraged its funds to secure a 1 to 2 match with Global Fund and USAID / Challenge TB to support the scale up of an impactful private sector engagement Program in Bangladesh which TB REACH has supported since its inception in 2013. This is a significant achievement as it sets the Bangladesh Program on a very clear path to tran-



sition away from TB REACH funds in 2018, is the first time USAID has directly invested in scale up of a Project initially

supported by TB REACH and represents the first Project to reach the final stage of TB REACH's new 'Transition to

Scale Up' grants framework. In January 2017, TB REACH organized a meeting with its reconstituted monitoring

and evaluation (M&E) team and strategic knowledge management partner (Research Institute of the McGill University Health Centre) to discuss the evolution of its existing evaluation framework and its expansion to cover activities related to project advocacy and results dissemination. The remainder of the quarter was spent converting PRC selections into Stop TB / UNOPS grant agreements. A meeting with all new funds recipients took place 8-11 May in Bangkok, Thailand. Wave 5 Projects are expected to start service delivery activities in July 2017. The Wave 6 call for proposals will be launched in Quarter 4 2017, after a public information session at the 48th Union World Conference on Lung Health in Guadalajara, Mexico.



**"We need to significantly scale-up the use of innovative approaches if we are going to end this epidemic by 2030, and we call on all member states to support the UN High-Level Meeting on TB"**

*[Ms. Marie-Claude Bibeau, Minister of International Development and la Francophonie, Canada]*

## Delivering quality assured anti-TB medicines, diagnostics, and knowledge: Global Drug Facility (GDF): key milestones achieved by GDF since the last report to the Board in September 2016

**The Stop TB Partnership's Global Drug Facility-led TB Procurement and Market-Shaping Action Team (TPMAT) Addresses Policy and Practice Barriers that Delay Access to Optimal TB Medicines**



The Stop TB Partnership's Global Drug Facility (GDF) convened the third meeting of the TB Procurement and Market-Shaping Action Team (TPMAT) on 6 December 2016 in Arlington, Virginia.

Procurers, donors, implementers, international organizations and civil society participants focused their discussions and follow-up actions on the transition to new optimized paediatric formulations and shorter regimens for DR-TB, and how to optimize the Global Fund's Expert Review Panel Expression (ERP) of Interest mechanism.

Discussions on introduction of new paediatric formulations and shorter DR-TB regimens revealed that many TB programs are delaying introduction of

optimized medicines in order to use existing stocks of suboptimal medicines. In some countries, this practice results in new product introduction delays of up to two years. TPMAT members unanimously agreed that the approach to new product introduction should include clear guidance and funding, when available, to introduce optimized products as quickly as possible, even if it means wasting existing stock of suboptimal medicines.

After several follow-up meetings with the Global Fund and at the suggestion of the Global Fund, WHO and UNICEF issued a joint statement advising against continued usage of the old, sub-optimally dosed FDCs or adult formulations (crushed tablets) and recommended that

all TB programs use the new paediatric FDC formulations in children weighing under 25kg.

Finally, GDF has developed tools to ensure a systematic approach to estimating the costs and savings associated with new product introduction and has worked with several countries to build the case for wasting suboptimal medicines in order to prevent delays in access to optimal medicines. For paediatrics, the value of old, suboptimal medicines requiring wastage typically ranges from \$50,000 to \$200,000 while for shorter DR-TB regimens, the total savings are often greater than the costs.

Other actions since the TPMAT meeting include implementation of the ERP prioritization scheme developed by GDF and endorsed by TPMAT members. This new prioritization scheme will send clear messages to pharmaceutical manufacturers on key medicines and formulations in need of development; and will also facilitate rapid and timely assessment of ERP submissions for these key medicines.

The next TPMAT meeting is scheduled for 18 July, 2017 in Washington DC.



"I went through four different private physicians. The last one told me that she no longer had any medicines to prescribe me, but she referred me to an institution that treats drug-resistant TB. [...] I went to the treatment center every day, six days a week, for 18 months and I was declared cured.

At my first follow-up, they discovered I had relapsed. When they said I had to go for another two years of treatment, it was a big shock. I was enjoying my career and my normal life, but I had no choice. It was either taking the treatment or dying."

**MILDRED PANCHO,**  
**THE PHILIPPINES**  
*"TB Champion"*

## Better medicines – better treatment outcomes: GDF assumes the lead in promoting access to child-friendly medicines

**A new generation of child-friendly medicines in optimized dosage forms for drug-sensitive TB increases adherence, improves treatment and child survival from TB, and slows the spread of drug-resistant TB.**



The medicines became available to countries for procurement from GDF in February 2016. GDF used all available means to get countries to expedite the uptake of the new medicines, including

direct communication with countries and stakeholders, technical assistance for quantification and transitional supply planning by the GDF Regional Technical Advisors and consultants, and in-kind

bridging grants of medicines funded by Global Affairs Canada.

A key challenge for countries that were switching to new optimized formulations was the stock of previously procured old sub-optimal formulations. GDF advocated countries, partners, and donors to deal with legal and administrative issues for withdrawal of old formulations from treatment and accepting the write-offs.

By the end of 2016, 20 countries had already received new optimized paediatric formulations from GDF in volumes sufficient to treat approximately 87,867 chil-

dren with tuberculosis. Over the January–April, 2017 time period, an additional 7 countries have received these medicines in volumes sufficient to treat about 75,754 children. Additional orders not yet delivered have been placed with GDF for volumes sufficient to treat 167,907 children, including 30 countries ordering these medicines for the first time. Orders to date include 21,700 paediatric treatments provided to 10 countries with Global Affairs Canada (GAC) grants designed to bridge funding gaps and accelerate uptake; GDF is discussing GAC grants with an additional 13 countries.

## Switching to Shorter MDR-TB Regimens: when public health benefits outweigh financials

**New WHO MDR-TB Treatment Guidelines launched in May 2016 recommend the roll-out of shorter MDR-TB Regimen (STR) of nine months, replacing longer and less efficacious two year regimens for eligible cases – a tremendous step towards improving treatment adherence and outcomes, and quality of life of people with TB.**

Shorter and longer regimens will co-exist for the time being, but GDF is encouraging countries to develop procurement and supply plans for optimal transition cases as soon as possible.

The challenges involved are not insurmountable but require policy changes, shifts in supply patterns and technical assistance. One of the key challenges, however, is not related to treatment, but to finance – countries delay the introduction of STR because they have to deal with a need of writing off significant amounts of obsolete medicines procured earlier for longer regimens and destroying them. In non-public health terms this is

described as "losses". In terms of treatment and patients' quality of life this would be described as "gains" – gains in treatment outcomes, in family wealth, and savings in cost of care.

To overcome this situation, the GDF started working early with priority countries on the development of rational procurement and supply transition plans for STR, that include transition scenarios for various rates of the STR uptake, quantification of needs in medicines, and estimation of costs of obsolete medicines. In two priority countries, Indonesia and Cambodia, GDF supported the NTPs and to develop transition plans by estimating the cost of drugs that would most likely not be used, the cost of new drugs to be ordered and triangulating with the Global Fund to endorse the potential write-off of medicines used in the conventional longer regimens. The benefits to be gained from switching from conventional longer regimens to STR includes starting treatment of more than 8,000 people with better regimens six months earlier than initially planned by the NTPs. In 2017, GDF will assist all of its priority countries in developing the transition plans.

## Theory to practice in supply chain management: Workshop's immediate results for the benefit of people with TB

A hands-on approach was taken when 22 trainees from eight countries participated in a South-East Asia Regional Workshop (Bangkok, 21-25 November 2016).



Using updated materials from USAID SIAPS project, participants used QuanTB tool version 4.0 to prepare multiple quantification scenarios for procurement ta-

king into account their patients and stock data as well as particular PSM constraints. Following these forecasting and quantification exercises, some countries decided to review their initial supply plans as potential stock-out or overstock situation appeared and orders have been placed/corrected accordingly. For one country, the request for cancellation came just in time, and

was accepted by supplier, so that the NTP in question avoided medicines wastage and generated savings of US\$ 293,700. Another country cancelled domestic tender for the procurement of old sub-optimal pediatric formulations, accepted the GDF transition grant of new pediatric formulations, and will reprogram the government fund for the procurement via GDF. Two other countries made a decision for earlier adoption of new pediatric formulations. It was a most rewarding workshop for the GDF facilitators – results were immediate.

## GDF delivers nearly US\$ 203 million worth of TB products in 2016

GDF seeks to provide the best services to the countries providing a holistic approach to the procurement of TB medicines and diagnostics.

Since the last Coordinating Board meeting the country supply team has engaged in a wide variety of activities aiming to ensure and promote the best practices in procurement.

Most notably, from January to December 2016, upon receipt of country requests, GDF country supply team validated

quantification and developed supply plans for 112 countries. Based on these supply plans, 694 orders were placed with suppliers for the total value of US\$ 183,874,502. During the same period, 874 orders containing 2,139 shipments for the total value of US\$ 203,372,019 were delivered to 113 countries.

## GDF saved US\$20.5 million worth of TB medicines from being wasted

In 2016, GDF's country supply team managed to avert wastage of TB medicines for the total value of approximately US \$ 17 million by managing country requests for postponement and cancellation of placed orders.

In the first quarter of 2017, GDF received requests from countries to cancel orders for the total amount of approximately US \$ 1 million due to in-country challenges related to low patient enrolment, variations in prescription practices, switch of patients from one treatment regimen to

another, and erroneous quantification. GDF country supply team managed to re-allocate the products for the total value of US\$ 567,919 to other countries and cancel purchase orders with suppliers for the total amount of US\$ 475,754. In addition, following requests from countries, GDF

country supply team managed to adjust orders of the total amount of US\$ 2.5 million to a later date. Hence, in Q1 2017 GDF averted wastage of TB medicines for the total value of US\$ 3.5 million.



"I was a medical student back then and medical professionals took it for granted that I know everything about the disease. Even though I realized that I needed more information, I needed to look for it myself. But sometimes you need someone to talk you through it, and you cannot speak to your family, but you need a medical professional; a doctor or a lecturer, but they're busy."

LUSIANA APRILAWATI,  
INDONESIA  
"TB Champion"

## India's ambitious procurement plans for uptake of new generation TB medicines and diagnostics

With an estimated 2.8 million TB patients in 2015, India is showing amazing political leadership in tackling the challenge of TB and DR-TB. Its new national strategic plan to end TB by 2025, and specifically combat drug-resistant TB, foresees the introduction of rapid molecular tests to diagnose TB, as well as new anti-TB medicines and shorter MDR treatment regimen.

GDF has been working closely with the Ministry of Health, the India TB Program, the Global Fund India country team, USAID and partners to facilitate procurement of TB medicines and diagnostics to India. For the first time, in 2016 GDF delivered new paediatric formulations to India and additional orders are placed for delivery in 2017.

The confirmed supply plan for 2017 includes delivery of

medicines for 31,965 MDR and 3,500 XDR cases; 3,500 bedaquiline patient treatments through the USAID/JNJ Donation Program; 107 CBNAAT machines to 107 destinations; 1,477,050 Xpert MTB/RIF cartridges to 45 destination; first-line medicines (adult and paediatric) for almost 700,000 susceptible TB cases, and additional medicines to cover the Program's transition to the shorter MDR treatment regimen.

In order to meet India's specific needs, GDF/IDA launched and successfully adjudicated a special tender in March 2017 to supply country specific patient kits containing adult fixed-dose combination formulations to treat drug susceptible forms of TB in India. Additional requests expected to be received in 2017 include 445 CBNAAT machines and 1,962,500 Xpert MTB/RIF cartridges.

## Joint Procurement and Supply Chain Meetings to Improve Access to Quality-Assured Medicines in Francophone Africa and Latin America and the Caribbean

GDF experience in developing joint mechanisms for better access to quality medicines and diagnostics were discussed with PAHO in February 2017 in Washington, D.C., and senior officials from the national procurement agencies of 21 Francophone African countries (1-3 March 2017, Conakry, Guinea).

In Washington, GDF met with the PAHO Procurement and TB Prevention and Control Teams to explore ways to reduce procurement lead times for the supply of anti-TB medicines to PAHO countries using the STB/GDF strategic rotating stockpile. GDF and PAHO agreed to closely work together on order monitoring and improving importation processes in PAHO countries, and to work on joint TA activities including a workshops on Fo-

recasting, Quantifications, and Supply Planning. The new paediatric formulations were also discussed, and possibilities of GDF providing grants to some of the countries in the region.

In Conakry, GDF participated in the 19th General Assembly of the ACAME (Association of national procurement agencies of 21 Francophones countries in Africa). In the context of procurement challenges that may arise as countries transition from the Global Fund to

domestic funding, GDF presented on its procurement services and added value for improving country access to TB products. Participants called for access to global negotiated prices and quality assured TB products, and engaged to discuss with relevant authorities the possibility to get a waiver for tenders for the procurement of TB medicines through GDF, arguing that fairness and competitiveness of procurement will be assured by GDF.

### GDF signs a Memorandum of Understanding with Medecins sans Frontieres

The Stop TB Partnership's GDF and MSF signed an MOU with MSF to provide a framework of cooperation and facilitate collaboration between the parties in areas of common interest towards accelerating and maximizing access to delamanid in GDF and MSF supported countries.



*"The most difficult thing in my journey with TB was the whole loneliness of it all. I got the best diagnostics and the best treatment, but it was just me and my disease, I felt very isolated. [...] I believe you may have every good intervention in the world, but the human touch is very important. It will help you get to the end of the line and to a cure. [...] Otherwise, six months, nine months, two years of treatment, it's very difficult to go it alone."*

**CEDRIC FERNANDES, INDIA "TB Champion"**

## GDF's New Strategic Rotating Stockpile Reengineered to Deliver Second-Line TB Medicines in Less than 3 Months

GDF's strategic rotating stockpile (SRS) was reengineered in mid-October 2016 with a goal of delivering second-line TB medicines to clients in less than 3 months.

The new and improved SRS builds off lessons learned from the original UNITAID-funded SRS, a project in the process of closeout. It is sized to serve approximately 75% of orders placed with GDF. Business information tools within the new SRS mechanism will monitor the flow of medicines along the supply chain from initial client demand all the way through to production and delivery. On the supply side, the new SRS is based upon customized

decision-making tools that pull information from multiple sources to generate automated replenishment plans, ensuring GDF places orders with suppliers that include the right medicines in the right quantities at the right time. On the demand side, the new SRS utilizes a "Dynamic batch allocation" tool to determine which orders will be processed via the new SRS. The first urgent order served by the new SRS was delivered to Mali in less than two months.



## You want access to quality-assured TB Medicines? Procure through GDF!

**In 2016, the GDF Quality Assurance team coordinated and facilitated: 679 pre-shipment inspections, sampling of 144 purchase orders of anti-TB products, reviewed 3098 Certificate of Analysis for anti-TB products, and tested 283 samples of anti-TB products.**

In 2016, 100% of medicines tested were quality compliant prior to delivery from GDF's procurement agent. Of the 2,139 shipments made to countries in 2016, only 9 product quality complaints were reported. These results are due to GDF's stringent quality assurance (QA) policies and standard operating procedures.

GDF's Quality Assurance Program not only ensure the provision of quality medicines, but it also led to increased overall procurement efficiency and contributed substantially to the reduction of delivery lead times.

As of end of April 2017, the GDF first-line medicine portfolio consisted of 29 quality-assured

products supplied by 12 manufacturers. Of these, 11 were specifically devised for the Indian TB programme (RNT-CP) needs. GDF's second-line medicine portfolio comprised of 40 products supplied by 28 manufacturers, including medical supplies and water for injections. GDF is working to ensure quality assured medi-

cines are available to countries post-Global Fund transition. In Cambodia, GDF, working with USAID, has negotiated a multi-year plan to transition FLD TB medicines from Global Fund to the domestic budget with an indication from the country that this will be procured through GDF to ensure that quality assured drugs are available.

## GDF is ready for the uptake of new TB diagnostics by country programmes

**In 2016 GDF expanded the range of WHO-approved TB technologies. It can now supply different diagnostic material and kits to serve the needs of health facilities at the community level through to the district and sub-district levels and into the central (referral) unit.**

Quantities ordered in 2016 include about 50 million slides diagnostics kits and 4'119'470 cartridges from GeneXpert. The latter along with the MTB/RIF assay are the only self-contained, cartridge-based, fully-automated platforms utilizing DNA testing that can accurately detect both TB and resistance to rifampicin in less than 2 hours, and form part of a new generation of automated molecular diagnostic platforms.



More than 1.5 million tests ordered with supplier for liquid culture, as well as more than 500,000 test drug resistance testing and one million Line Probe Assay (LPA). This last item, the LPA have been included in GDF catalog in 2016 for the diagnostics for resistance to second-line TB drugs GenoType MTBDRsl, as well as reagents from Becton Dickinson (BD) to test on liquid culture (5 SLDs - Am, Cm, Km, Ofx, Mfx).

Moving forward with diagnostics in 2017, GDF foresees that new TB molecular and non-molecular products that have been recently recommended by WHO will be added to the GDF catalogue, including TB-LAMP and TB -LAM. Also as X-ray based examinations are essential in medical settings at all healthcare levels GDF will be introducing Chest X-Rays to support optimal TB diagnosis in different epidemiological situations.

## Big data squares off against TB

GDF is highly reliant on technology to ensure quick and smooth procurement of high-quality TB products for populations in need.

Business intelligence, Big Data, ERP, data warehousing, online catalogues, IT platforms are increasingly becoming the mainstay of businesses, but all share one key feature: They are technology-driven business solutions based on automatized data information management. GDF plans to integrate these tools and solutions to develop and maintain an improved IT infrastructure in support of its operations, and will initially consist of a new centralized data storage that contains all relevant data needed to adjust procurement levels according to in-country needs and demands. Furthermore, the new infrastructure will be fundamental in providing insights to help policy- and decision-making by GDF executives, managers, and clients.

Working with integrated systems is an essential contributor to the success of a business nowadays. Hence, new systems interfaces with GDF partners will increase data consistency, facilitate sharing of information and improve the overall efficiency of the business. It is expected that the new IT makeover will positively impact GDF's operations as well as immediately and significantly improve the department's services and overall performance of GDF in accelerating access to TB products and uptake of new tools. The prospect of the future workload is both challenging, and at the same time very exciting.

## GDF Technical Assistance: serving countries to improve practices, start better treatments and prevent PSM problems remotely and on-the-ground

GDF continued to assist countries to develop and review transition plans for the introduction of new pediatric formulations, shorter MDR-TB regimen and new MDR-TB drugs with a particular focus on PSM-related issues.



GDF also supported countries to establish an early warning system (EWS) for prompt identification of key PSM issues and timely evidence-based interventions to prevent stock-outs, treatment interruptions and wastage of TB medicines, as well as the use of new innovative tools. GDF has also worked with countries to optimize procurement plans with more frequent schedule of deliveries and the improved management of existing and future orders with GDF and other suppliers.

GDF has supported countries to identify challenges for transition from external to domestic funding, benefit from lower prices, and ensure a sustainable supply of quality anti-TB commodities. GDF has been able to provide technical support

for the PSM component of the concept note for Global Fund grant applications and discussed the TB medicines registration and importation processes, which affects the introduction of new tools in some countries. GDF has also assisted in identifying issues as well as provided recommendations for smooth procurement using domestic and international funds through GDF and other mechanisms.

The team of Regional Technical Advisors (RTAs) covering Asia, Africa and Europe and a pool of nearly 15 consultants have played a critical role assisting countries to monitor and update data in a regular and ad-hoc basis to review the forecasting and quantification figures, plan for accelerated introduction of new tools, establish a functional early warning system and optimized procurement schedule. GDF conducted 36 technical assistance missions in 2016-2017, including participation in TB program reviews,

advising on transition plans for the introduction of the new tools, and also more generally on optimizing PSM practices.

With support from the GDF Technical Assistance team, out of 26 priority countries, 21 countries have been managing key data to be used for quantification and to place orders for FLDs. This includes the new pediatric formulations and SLDs which includes shorter MDR-TB regimen, Bedaquiline and Delamanid through GDF. Out of 26 GDF priority countries, GDF supported:

**THE DEVELOPMENT OF PSM TRANSITION PLANS FOR THE INTRODUCTION OF NEW OPTIMIZED PAEDIATRICS FORMULATIONS** in 18 countries

**THE DEVELOPMENT OF PSM TRANSITION PLANS FOR SHORTER MDR-TB REGIMEN** in 19 countries

**THE DEVELOPMENT OF PSM TRANSITION PLANS FOR BEDAQUILINE** in 17 countries; and

**THE DEVELOPMENT OF PSM TRANSITION PLANS AND FOR DELAMANID** in 12 countries.

MYTH

**TUBERCULOSIS HAS BEEN DEFEATED.**

FACT

**OVER 10 MILLION PEOPLE DEVELOP TB EACH YEAR. TB IS THE WORLD'S LEADING INFECTIOUS KILLER.**



**FIND OUT**  
how you can join the fight to End TB

[stoptb.org](http://stoptb.org)

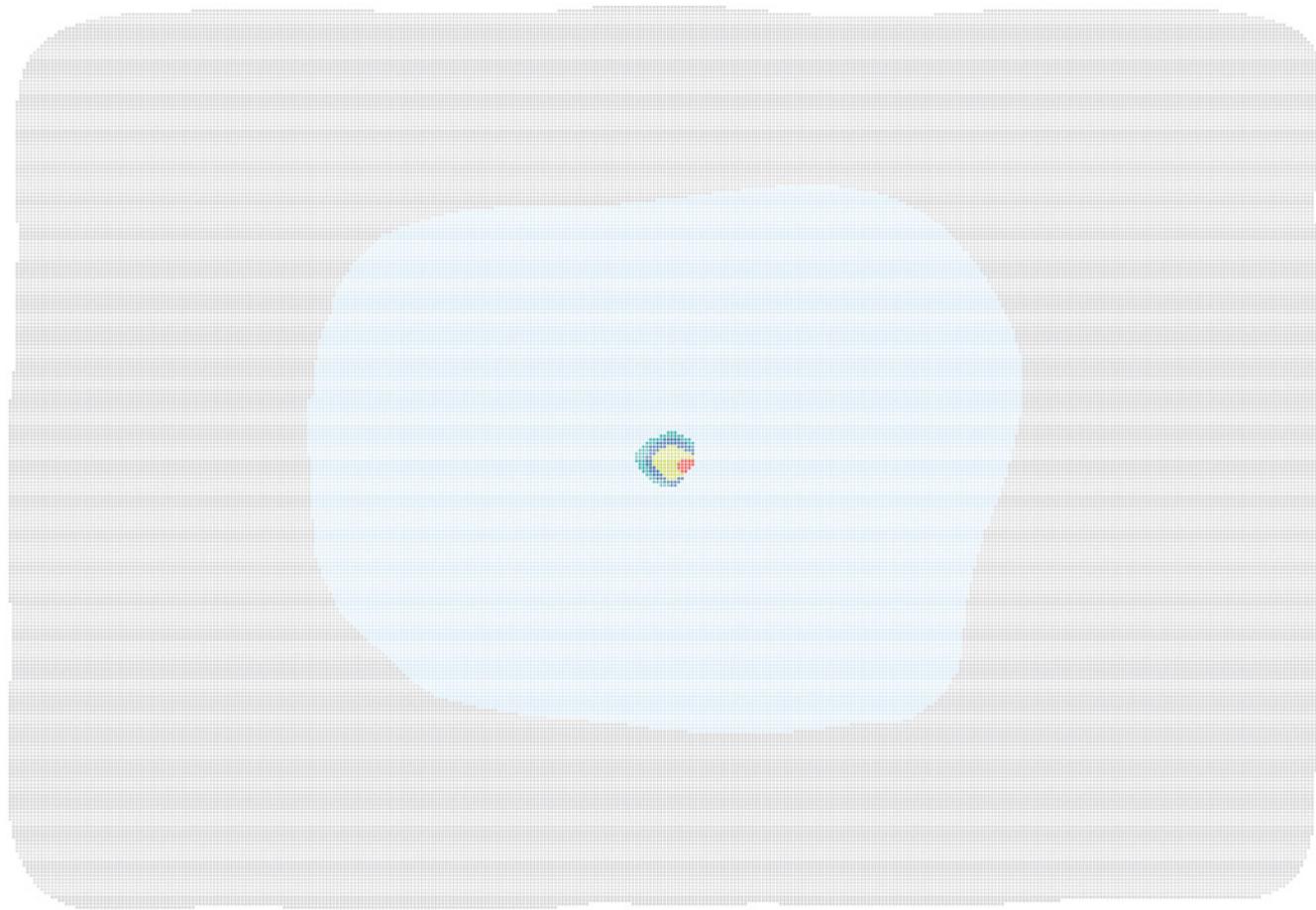
UNITE TO **END TB**

**Stop TB Partnership**

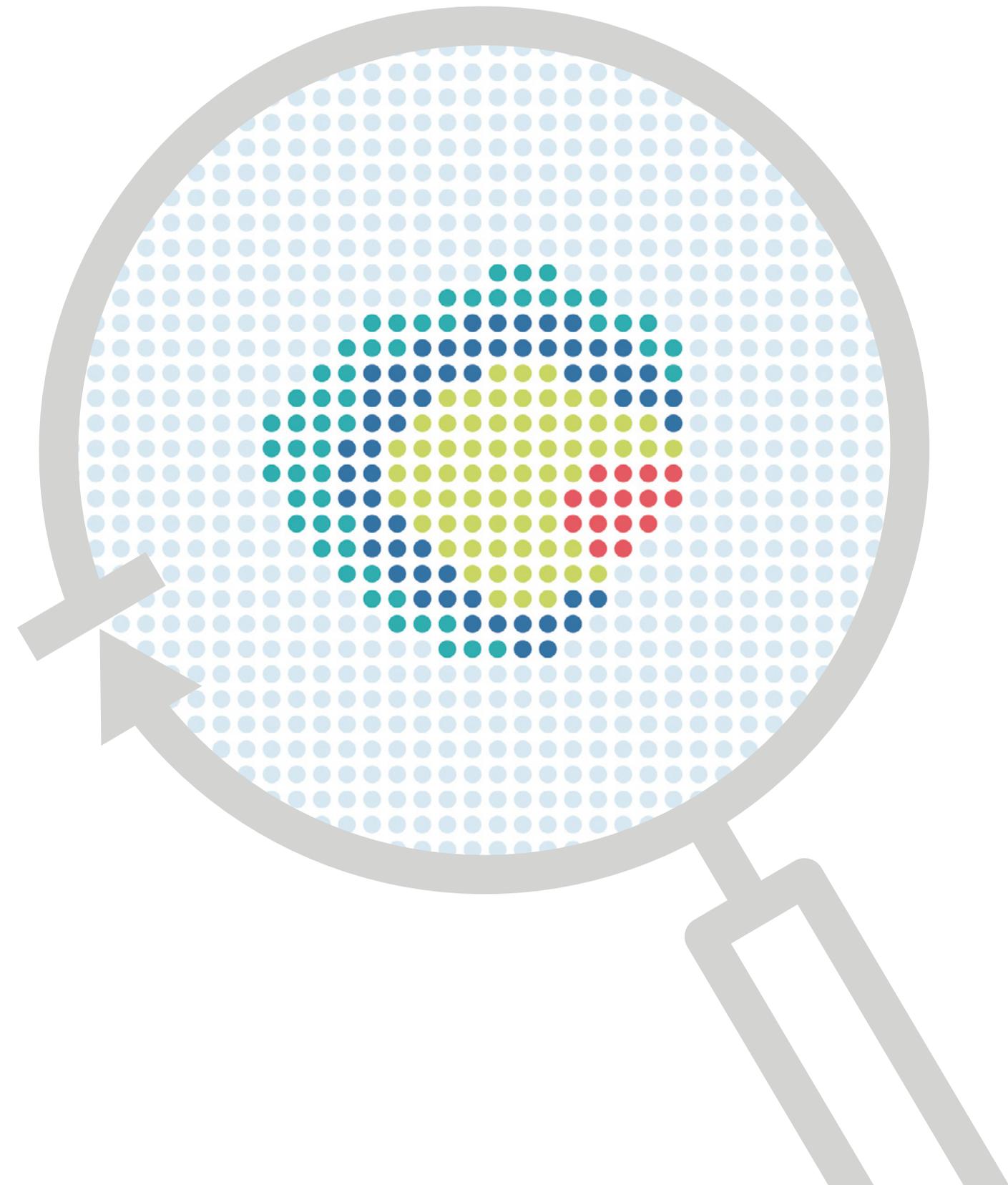
**WORLD TB DAY**

March 24 →

# We are focusing on a small part of the huge TB Burden.



- Global Population in 2015
- People infected with TB - around 1.7 billion
- TB Prevalence - 14.5 million
- People who fell sick during previous years
- People who developed TB in 2015, and are not reached by services
- People who successfully completed or are likely to complete treatment in 2015
- People lost to follow-up or unsuccessfully treated in 2015



**MYTH**

**TUBERCULOSIS  
DOES NOT  
EXIST IN MY  
COUNTRY.**

**FACT**

**TB IS AN  
AIRBORNE  
DISEASE THAT  
EXISTS IN  
EVERY  
COUNTRY.  
EVERYONE IS  
VULNERABLE.**



**FIND OUT**

**how you can join the fight to End TB**

**stoptb.org**