STOP TB PARTNERSHIP

Annual Report 2013

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About the Stop TB Partnership

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

Together our more than 1200 registered partners are a collective force that is transforming the fight against TB in more than 100 countries. They include international and technical organizations, government programmes, research and funding agencies, foundations, NGOs, civil society and community groups and the private sector.

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

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MESSAGE FROM THE EXECUTIVE SECRETARY

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Dr Lucica Ditiu

Executive Secretary of the Stop TB Partnership

The year 2013 was a year to continue our important work on advancing our efforts of engaging partners and strengthening our position as the Secretariat of the Partnership. Throughout the year, we worked with our partners to raise TB's profile and increase understanding among high level stakeholders by finding better ways to elevate national and global ambitions in order to make rapid progress against the disease.

It was a year where we gave TB activists a voice by supporting the launch of the Global Coalition of TB Activists, a new network built on the community task force that puts communities affected by TB at the centre of decision making. More than ever before, coverage and access to TB services must increase for everyone but especially for vulnerable and stigmatized groups, and this is impossible without the involvement of communities and activists.

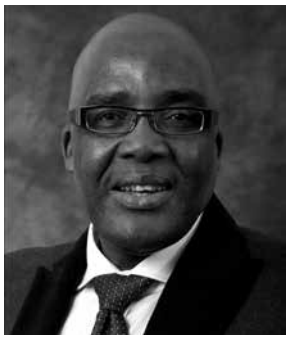
The Partnership's flagship grant programmes through the Global Drug Facility (GDF), TB REACH and the Challenge Facility for Civil Society continued their important work. TB REACH issued a call for applications for its fourth round of projects, with a focus on detecting TB in mining-affected communities, migrants, children, incarcerated persons and indigenous populations and ethnic minorities. Simultaneously, the Challenge Facility announced a call for proposals for the sixth round of grants supporting civil society organizations in their efforts to ensure that the challenges faced by communities and vulnerable groups affected by TB are addressed in national strategies and plans developed to fight TB. Much success was achieved by the GDF's efforts in ensuring access to quality diagnostics and drugs for the treatment of sensitive and drug-resistant TB. In 2013, GDF was able to reduce the prices of several second-line drugs it supplies for the treatment of MDR-TB by up to 26% compared to 2011 prices, resulting in a decrease in the overall cost of treatment.

2013 also marked a successful replenishment of the Global Fund which is essential given that most low-income countries rely heavily on the Global Fund and international donor funding for TB. In addition to the generosity of traditional donor governments, significant efforts were also made by civil society organizations, communities, emerging economies, the private sector and implementing countries themselves which demonstrated the shared support and accountability of the broader international community to fight the three diseases. A proper roll out of the New Funding Model from the TB community at large will put the fight against the disease on the right track to see a significant decline in TB incidence, prevalence and mortality.

As we look back on the remarkable progress we have made, we must also highlight the enormity and importance of the work yet to be done. The annual global number of new TB cases has been slowly falling for a decade, getting us closer to achieving the Millennium Development Goal 6 (MDG 6) target to reverse the spread of the disease by 2015. Globally, in spite of all the achievements, drug-resistant TB which emerges primarily as a result of inadequate treatment and management of sensitive TB cases, continue to pose problems. It is up to us to prioritize and put the money in the places that will yield the best investments – in the interests of both the disease, and for the Partnership. We are determined now more than ever before to deliver results for our partners and the TB patients that we serve.

MESSAGE FROM THE CHAIR OF THE BOARD

02



Dr Aaron Motsoaledi

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

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It is my pleasure to present this report at this juncture when the global fight against TB is gaining momentum.

I am greatly humbled to have been elected Chairperson of the Stop TB Partnership at this critical moment.

From my vantage point of being the health minister for South Africa, I am acutely aware of the challenges and the uphill battle that awaits us in addressing TB and reaching the most vulnerable people who are missed each year.

We have a range of challenges facing us – from under-funding of research for TB drugs, vaccines and diagnostics, raising awareness about TB at the highest levels, to ensuring domestic financing. We have to work together at the Partnership – a structure that lends itself to work with different stakeholders and forge transformative alliances.

I am pleased to note the progress of GDF and TB REACH during the last one year. They are both innovative in their approaches to ensure that drugs, diagnostics and services reach people living with TB.

In 2013, the Partnership's initiative on TB & Mining has been particularly important and not only to the Southern African Region. It sets an example for other countries to draw upon political will and address the needs of vulnerable populations. I am glad to have been part of the initiative to highlight TB in the mining sector to leaders of the Southern African Development Community (SADC) in 2011.

Going forward, I hope to be able to bring lessons from South Africa to the Stop TB Partnership and the world, in forging solutions for high TB burden countries like mine.

I look forward to working with you as we step into the post-2015 world. I am fully committed to achieving our vision of zero TB deaths and zero new TB infections.

REPORTING ON THE STRATEGIC GOALS

03

3.1 Facilitate meaningful and sustained collaboration among partners

3.2 Increase political engagement by world leaders and key influencers to double external financing for TB from 2011 to 2015

3.3 Promote innovation in TB diagnostics and care through TB REACH and other innovative mechanisms and platforms

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

3.1 FACILITATE MEANINGFUL AND SUSTAINED COLLABORATION AMONG PARTNERS

Building an evidence base for partner engagement

The Secretariat through the Directory of Stop TB Partners resource strengthened its understanding of the TB partner landscape and identified the most effective ways to sustain and expand partner engagement.

In 2013, a total of 1079 organizations were registered in the Directory of Stop TB Partners. Partners were segmented by constituency, region, specialization, contribution to the Global Plan and reason for joining. The segmentation revealed that 75% of our partners are NGOs, 7% are from the private sector and 2% represent communities affected by TB. The largest numbers of partners are in the African and South East Asian regions (37% and 24% respectively), with only 3.2% in the Western Pacific region.

The Directory of Partners supports efforts in ensuring that the Secretariat attracts more partners from less well-represented regions and constituencies. It continues to be updated and constitutes an online and easily accessible repository of a variety of information related to the Stop TB Partners.

Connecting partners through the web

New webpages were created to feature the work of partners and promote their work. The new pages are designed to help partners know how to best benefit from their membership in the Partnership as well as providing information on who the Secretariat's partners are. The Secretariat also highlights partners' activities through the newsletter and in the 'News from our Partners' section of the website.

Communicating with partners

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

For the first time ever, the Secretariat also carried out an annual survey of partners to evaluate the level of satisfaction of the Secretariat's work among partners. Thirty per cent of partners responded and a large majority of these – 73% - said that they were either 'completely' satisfied or 'satisfied' with the Secretariat's work. An overwhelming 96% of respondents said that the work of the Secretariat was either 'very important' or 'extremely important' in the fight against TB.

A publication *Partnering and Public Health Practice - Experience of national TB partnerships* was released based on activities and approaches taken by partners and national TB partnerships to support

the work of national TB programmes and partners. The objective being to demonstrate the added value of partnering to improve TB prevention and care and to provide countries with a clear methodology and innovative suggestions on how to build national TB partnerships based on the experiences of existing national TB partnerships.

Working with civil society

Creation of the Global Coalition of TB Activists (GCTA)

The Secretariat's work with civil society partners moved rapidly in 2013. Following the recommendations of the Operational Strategy, the Secretariat supported and facilitated discussions on how to take the work of the Community Task Force (CTF) to a new level. In February 2013, CTF members and other TB activists met in Geneva facilitated by the Secretariat and agreed to evolve the community Task Force into a new global structure: the Global Coalition of TB Activists (GCTA). The Coalition was launched on World TB Day 2013 and now has its own independent charter, and a leadership team including a new Chair, Vice Chair and six Regional Representatives as well as the Stop TB Partnership Board members from the Southern NGO constituency and both Affected Communities representatives. The team met for its inaugural meeting in Paris in October and focussed on setting priorities for the Global Coalition as well as establishing governance and communication mechanisms for GCTA's future work and functioning. GCTA members have been and remain instrumental in engaging with the Global Fund's New Funding Model, ensuring that civil society perspectives and TB community perspectives are part of Global Fund documents, guidelines and country concept notes.

For the first time ever, the Secretariat also carried out an annual survey of partners to evaluate the level of satisfaction of the Secretariat's work among partners. Thirty per cent of partners responded and a large majority of these – 73% - said that they were either 'completely' satisfied or 'satisfied' with the Secretariat's work. An overwhelming 96% of respondents said that the work of the Secretariat was either 'very important' or 'extremely important' in the fight against TB.

Kochon Prize 2013

In 2013, the Stop TB Partnership Kochon Prize focused on the specific theme of TB in conflict and refugee areas. The two award winners were the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) and Médecins Sans Frontières (MSF) International. GHESKIO is one of the oldest institutions in the world dedicated to the fight against AIDS. The organization has worked on AIDS and on fighting TB in partnership with the Haitian Ministry of Health for the past three decades. MSF has been involved in TB care for 25 years and have TB projects in countries with a history of conflict and continuing unrest, including Central African Republic, the Democratic Republic of Congo and South Sudan. MSF - often working alongside national health authorities – treats patients for TB in a wide variety of settings, including urban slums, prisons, refugee camps and remote rural areas.

Building an integrated approach for civil society

01

The Secretariat's civil society partners have also joined wider initiatives to support resource mobilization for health. At an event in Geneva co-sponsored with UNAIDS, Roll Back Malaria, the Global Fund, GAVI, UNITAID, IHP+ and the Partnership for Maternal, Newborn and Child Health, civil society representatives discussed the implementation of a broad vision of health for Africa.

02

The Secretariat supported community representatives from Africa to attend the International Conference on AIDS and STIs in Africa (ICASA) where they organized a training on CSS and TB/HIV as a pre-conference activity and designed overalls that were half TB and half HIV. These were used by conference attendees to raise awareness of the co-infection. During the conference, TB advocates also organized a session to inform delegates about the New Funding Model of the Global Fund.

03

In July in Nairobi, the Secretariat organized a meeting together with the TB Advocacy Consortium from Kenya with the aim to disseminate the mapping of civil society organizations working in TB, and strategize on how to build regional TB networks.

04

Additionally, Women4GF co-organized a Gender Training session from 27-29 October 2013 where TB and gender issues were discussed amongst civil society, and the Gender Policy of the Global Fund was presented and ways of engagement strategized.

05

Forty community representatives and civil society members were supported to attend the International Union Conference in November. The Secretariat organized a session on TB and human rights where the importance of including human rights activities into TB programmes in Global Fund proposals was highlighted.

06

Ten African civil society actors were supported together with GIZ to attend the African Regional Union Conference that occurs bi-annually. This was the first time that the Secretariat supported civil society at a regional conference.

[1] www.giz.de/fachexpertise/downloads/giz201403-en-backup-news.pdf


आफु खुसी उपचार गरेको विरामी

3.2 INCREASE POLITICAL ENGAGEMENT BY WORLD LEADERS AND KEY INFLUENCERS TO DOUBLE EXTERNAL FINANCING FOR TB FROM 2011 TO 2015

Advocacy and communications through high-level outreach

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

In February, WHO and the Secretariat convened a workshop that proposed a set of goals and targets to guide the global fight against TB post-2015. Thirty-one experts who included representatives from TB high burden countries, development and technical agencies and research and development entities; advocates from civil society; epidemiologists; and experts on modelling participated in the meeting. The workshop was one in a series of consultations on the development of a post-2015 global TB strategy and targets with WHO Member States and partners that started in June 2012 and continued through 2013.

The Secretariat has been able to better focus advocacy activities on areas where there is potential for the greatest impact, showing significant successes. In cooperation with advocacy partners, the Secretariat developed advocacy messaging and materials to allow partners to speak with one voice. In the run up to World TB Day, the Secretariat developed a comprehensive messaging framework on the most important areas relating to TB advocacy, such as research and development, multi-drug resistant TB, TB in Africa and the resource gap.

The Secretariat developed topic-specific fact sheets and policy briefs on a range of issues. These not only facilitated discussions with key actors, but also significantly contributed to placing TB higher on political agendas. The Secretariat developed a fact sheet on 'TB in the Islamic countries' for the Organization of Islamic Cooperation (OIC) which was distributed at the heads of state summit in Cairo in January. This positive engagement with OIC eventually led to the inclusion of TB as a critical topic at a panel discussion (co-hosted by the Secretariat) on TB at the Fourth Islamic Conference of Ministers of Health, held in Jakarta, Indonesia in October. The discussion, which was the first time that TB had featured as a specific topic at the conference, provided an opportunity for leaders from OIC countries to discuss how to tackle the TB pandemic and explore opportunities for collaboration with global health partners.

A policy brief on TB in Africa was developed by the Secretariat for the Abuja+12 Summit in Abuja, Nigeria in July. The Executive Secretary addressed heads of governments and their representatives from all of the 54 African Union states. The Secretariat and partners provided technical and advocacy support to specific sessions of the Summit, which led to African leaders renewing their commitments to fighting AIDS, TB and malaria and undertaking

to scale up actions aimed at eliminating the three epidemics as part of an overall goal to eliminate extreme poverty by 2030.

The Stop TB Partnership and TB also had a strong presence and visibility during the GBCHealth Southern Africa Regional Conference. Among other events, the Secretariat co-organized and co-chaired a meeting with South Africa's Deputy Minister for Mineral Resources, Godfrey Oliphant, at which representatives of mining companies agreed to hold discussions on how to highlight and strengthen corporate sector contributions to addressing TB in the mining sector. In the last quarter of 2013, the Secretariat worked closely with partners from the World Bank, Canada, Beckton Dickinson & Company and CHAI to ensure that momentum on TB and mining is maintained and that there is evidence to construct a strong case for investment in the issue.

At the World Conference on Lung Health in Paris, the Secretariat organized a preparatory BRICS meeting on TB and HIV in support of the BRICS health ministers meeting in November 2013. The meeting focussed on the challenges, experiences and opportunities in addressing the burden of TB and HIV in BRICS countries leading to a draft communique which was put forward to the health ministers. The outcomes of this meeting were presented and discussed by the BRICS ministers of health and an action plan was developed to translate these into practical developments.

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

For the first time, the #WorldTBDay hash tag "trended" on Twitter – meaning that it was one of the top 10 topics discussed that day around the world. Tweets about World TB Day reached nearly nine million people, with tweets from the Secretariat the most mentioned.

World TB Day 2013

Several commitments were made on World TB Day 2013. The Secretariat issued a statement with The Organization of Islamic Cooperation affirming the Stop TB Partnership's resolve to take effective action against TB. At a meeting of health leaders from Africa and international agencies in Swaziland, it was clear that the commitment to scale up efforts and provide access to TB services for all that need them, especially those that are most vulnerable and at risk, was stronger than ever. The health leaders signed the Swaziland Statement, committing them to work with Southern African Development Community (SADC) Countries to achieve the international targets of cutting deaths from TB and HIV-associated TB by half by 2015, compared to 1990 levels. The Global Fund to Fight AIDS, TB and Malaria announced that it would commit US $102 million of new funding to TB programmes in SADC countries. The UK Department for International

Development pledged US $220 000 to match funding from the private sector. The International Organization for Migration announced a US $ 6.5 million programme on health and mobility in the Southern African mining sector and the Secretariat announced that US $ 10 million would be dedicated to TB REACH projects in SADC countries.

The Secretariat through the refreshed interactive site www.mystoptb.org invited visitors to upload their photo and add their own personal message stating what they commit to do in their lifetimes. The site attracted hundreds of personal posters from around the world and formed a central part of the 2013 social media campaign for World TB Day. For the first time, the #WorldTBDay hash tag "trended" on twitter—meaning that it was one of the top 10 topics discussed that day around the world. Tweets about World TB Day reached nearly nine million people, with tweets from the Secretariat the most mentioned. Stop TB Partnership tweets attracted significant additional exposure through partners such as the Bill & Melinda Gates Foundation, the ONE Campaign, UNDP and the UN's Department of Public Information.

Planning for World TB Day 2014

The Secretariat organized three advocacy meetings and a workshop to coordinate planning and messaging among partners and to discuss messaging. During the meeting held at the Union World Conference on Lung Health, several recommendations were made for coordinating advocacy, including increasing the frequency of partner calls and updates, and agreement on the theme for World TB Day 2014 – Reach the missed three million. The Secretariat developed a range of campaign materials including: a concept note explaining the background and rationale, the campaign document in the six official languages, posters, t-shirt designs, campaign logos and design guidelines and master files for countries to adapt.

Initiative to create a new identity for TB

The Secretariat moved forward with the initiative to create a new identity for TB. The work to seek an identity for the disease that would engage more people and generate more support for the fight against TB in the current global environment was mandated by the Secretariat's Board and has been supported by funding from USAID and private sector partners. Following the selection of Siegel and Gale, a branding company in July, the Secretariat formed a Steering Group to guide the process of the branding work. The members of the group are Cheri Vincent (representing USAID), Aaron Oxley (representing developed world NGOs), Evan Lee (representing the private sector), Diana Weil (representing WHO's Global TB Programme) and Thokozile Phiri-Nkoma (representing communities affected by TB), and it is chaired by Jon Lidén, the former Director of Communications for the Global Fund to Fight AIDS, TB and Malaria. The company developed a work plan for delivering the identity work and in late 2013, started the research phase of the project.

Engagement with the Global Fund

The Global Fund continued to be a key focus for both the Secretariat and its partners. In the run up to the fourth replenishment conference, donors pledged US $ 12 billion, the largest amount ever committed to the fight against AIDS, TB and malaria. This would not have happened without the high level political advocacy and grassroots support cultivated by partners. The Secretariat accompanied the Global Fund in all the significant moments along the replenishment path, supporting through advocacy messages, providing input to documents and communications and participating in the replenishment conference as well as round table sessions such as those organized by the Global Fund Friends in Europe and Africa.

In addition to supporting Global Fund advocacy efforts, the Secretariat engaged heavily with the Global Fund Board, committees and secretariat on policy, strategy and financing decisions to leverage additional TB resources for countries. Working within the Global Fund Board and Committee structures, the Secretariat collaborated closely with different Board constituencies including those from developed and developing country NGOs, communities, Eastern Europe as well as the private sector delegation in order to address private sector delivery. The Secretariat advocated for increased TB allocations and support for strategic investments in TB and mining affected populations among other goals.

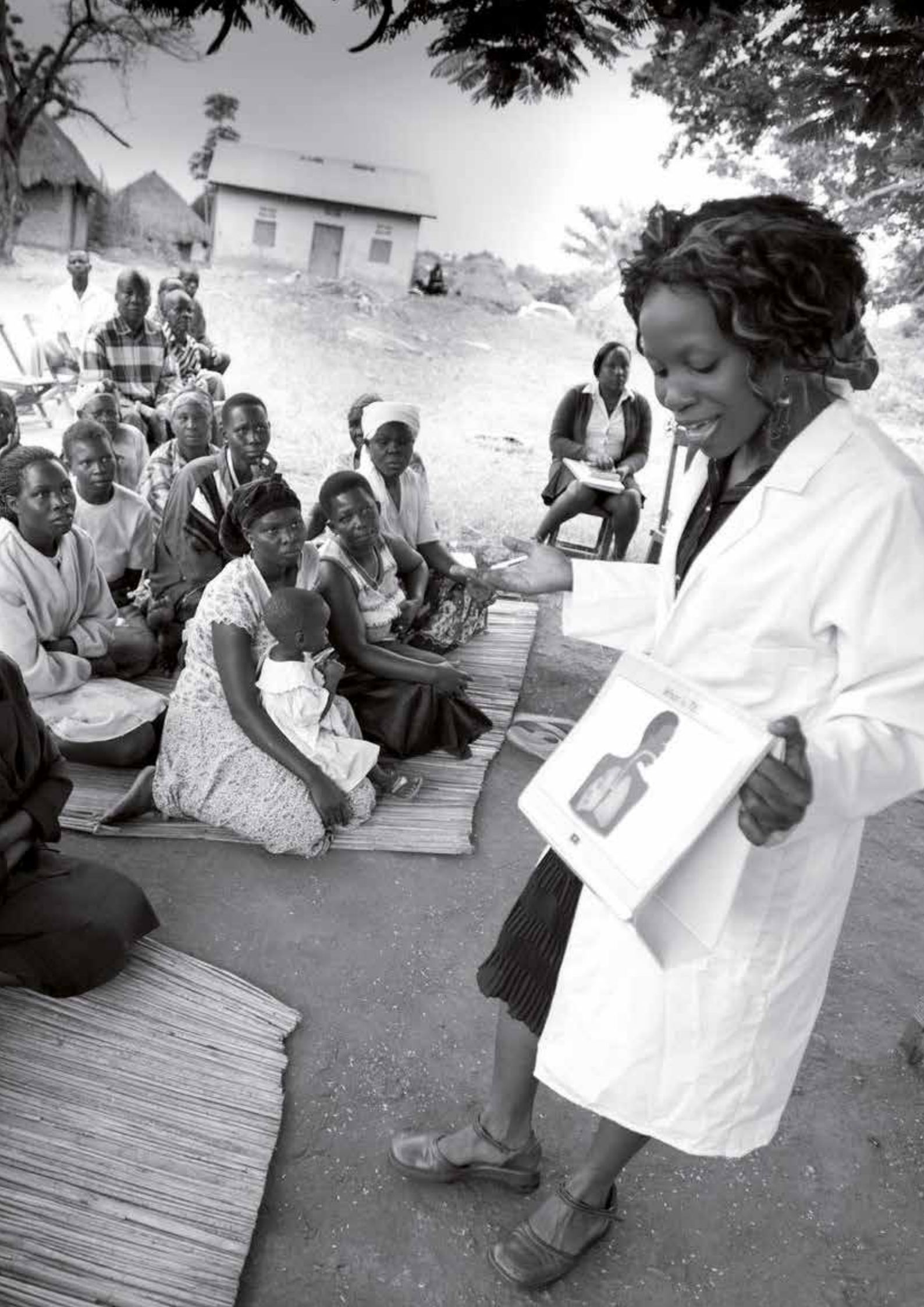
The Secretariat engaged also in technical aspects of Global Fund grants through its participation in the Grant Approval Committee, TB Disease Committee and Global Fund TB-HIV Working Group. The Secretariat contributed and was part of a workshop organized by the Global Fund Secretariat to review the TB Strategic Investment Framework and tools. Discussions at that workshop led to the inclusion of a stand-alone module for community system strengthening in the TB Modular Tool.

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

In addition to policy work, the Secretariat worked heavily to enhance civil society representation at country level through Country Coordinating Mechanisms. Three civil society organizations from Cameroon, Nigeria and Uganda have been directly supported to receive funding from GIZ totalling more than US $400,000 to do work around the Global Fund in their countries from 2013-2015. The Secretariat also supported two networks of TB advocates which successfully applied for more than US $300,000 of GIZ funding for Global Fund work and networking among TB groups.

The Secretariat was instrumental in the development of the Global Fund 'Situation Room' designed to increase the disbursement of funds allocated for TB projects. Since mid-November 2013, Situation Room members – Global Fund, TB CARE, USAID, TB TEAM Secretariat and the Stop TB Partnership Secretariat – have held regular meetings and discussed a number of country-specific issues on disbursement. The TB Situation Room's early warning system, intelligence sharing, and rapid deployment of targeted support has seen improved prioritization of critical funding for TB. This includes support at all stages of the new funding model by ensuring a strong evident base from epidemiological assessments, robust national strategic plans, concept notes prioritized for impact, and inclusive country dialogues with key affected populations addressed and integrated TB-HIV concept notes. The Situation Room's data driven approach also provides key insights into the existing TB grant portfolio and data released from the Global Fund shows that disbursement for TB in 2013 was considerably higher than in previous years.

In the last quarter of 2013, the Secretariat worked intensively with the Global Fund, WHO, UNAIDS and RBM to put forward the content for the newly established Technical Assistance agreements between the Global Fund and these partners. The Secretariat created a country mapping spreadsheet with a large number of variables and countries. This became one of the main documents that partners use to obtain information related to the New Funding Model. The Secretariat worked with communities, civil society and other partners to understand how the TB community can offer the Global Fund support for strong concept notes on TB.



3.3 PROMOTE INNOVATION IN TB DIAGNOSTICS AND CARE THROUGH TB REACH AND OTHER INNOVATIVE MECHANISMS AND PLATFORMS

TB REACH

By the end of 2013, TB REACH had funded 109 partners in 44 countries. Among these are projects that focus on innovative approaches to engage the private sector in Pakistan, Bangladesh and Indonesia. The projects focus on improving case detection among children in Afghanistan and Nepal as well as active case finding in mining-affected communities in the Southern African Development Community region. Responding to the SADC declaration on TB in mining, TB REACH took rapid and concrete action in the form of three projects that started case finding and care delivery activities in mining affected populations in South Africa, Lesotho and Ghana, with co-funding from private mining companies in one of the projects. In South Africa, the TB REACH partner is now the main implementer of Global Fund supported work in the same areas, allowing continuation of TB REACH initiated activities and lessons learned.

TB REACH has also supported the scale up of the Gene Xpert MTB/RIF rapid TB test using funds from the Canadian Government and UNITAID. In a number of countries, TB REACH grantees have been the first programmatic implementers of Xpert in the country. Extensive experience was gained in implementation of this new technology, particularly at the sub-district levels as partners attempted to bring the technology closer to patients. The TB REACH-GDF Xpert procurement mechanism procured more than 170 Xpert machines and more than half a million cartridges for TB REACH projects, TBXpert and Expand TB projects, and for a number of partners, making it the only multi-country platform of this type.

The Wave 4 call for applications was launched in September 2013 and resulted in an unprecedented 1,067 registrations for Letters of Intent (LOIs). TB REACH worked closely with the Global Fund and TB programme managers in places where TB REACH projects have shown good results to incorporate the lessons learned into the national strategy and ensure that successful activities can continue. For example, in Nigeria, the approaches taken in a TB REACH project in eastern Nigeria that focusses on nomadic populations have been incorporated in the national strategy plan, the first time that this vulnerable population has been considered.

TB REACH also helped linked partners in Malawi, Tanzania and Cambodia with high level parliamentary representatives in order to demonstrate their innovative approaches to case finding. It also worked with the World Bank to support the development of a regional TB and mining initiative and is now supporting new work in the region.

The experiences of TB REACH grantees have continued to be of high interest in the TB field showing how guidance can be translated at country level into tangible outcomes, providing many lessons learned and results to the larger public health community. TB REACH has supported or been involved in numerous peer reviewed publications on improved TB case detection and dozens of oral and poster abstracts at the Union World Conference on Lung Health in Paris.

Challenge Facility for Civil Society (CFCS)

A good practice document from the grants from the fourth round of funding was published in October 2013. An evaluation of Rounds 1 to 4 was commissioned; overall, the Challenge Facility benefits community-based approaches leading to behavioural change, defaulter tracing, changes in local policy and support to CBOs working on TB in difficult settings. The Challenge Facility for Civil Society (CFCS) is a relevant and value-added initiative; the design of CFCS's funding support is effective, there is a high level of demand from countries, and community system strengthening interventions are successfully funded.

In Round 5, the CFCS awarded 11 grants to recipients from all over the world. Grantees used this funding for varied purposes and the essence of the diverse activities can be captured in the following themes: mobilizing youth, establishing and strengthening networks, policy change and political commitment, and serving high risk groups.

Activities of grantees resulted in:

1. intensified number of activities implemented by TB advocates;
2. involvement of people affected by TB into decision making processes and bodies at different levels;
3. increased feedback to Stop TB Partnership bodies about the challenges, problems and achievements of TB interventions.

The Challenge Facility for Civil Society re-focused its grant-giving programme to support work related to the Global Fund and roll out of the New Funding Model. The 6th call for proposals in December 2013 requested that applications focus on work around Country Coordinating Mechanisms, Community System Strengthening, and the New Funding Model Country Dialogue among other processes.

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

The Global Drug Facility (GDF), established in 2001 to support Stop TB Partnership, is a one stop, bundled procurement mechanism for quality assured TB commodities through providing grants and direct procurement services to countries in need. GDF strategic objectives are to:

01 **Save lives** by ensuring an uninterrupted supply of quality-assured, affordable anti-TB drugs and diagnostics to population in need

02 **Strengthen national drug supply management systems and sustainable procurement capacity** by providing tailored technical assistance, innovative tools to countries/organizations in need and enhance partners' engagement for technical and financial support

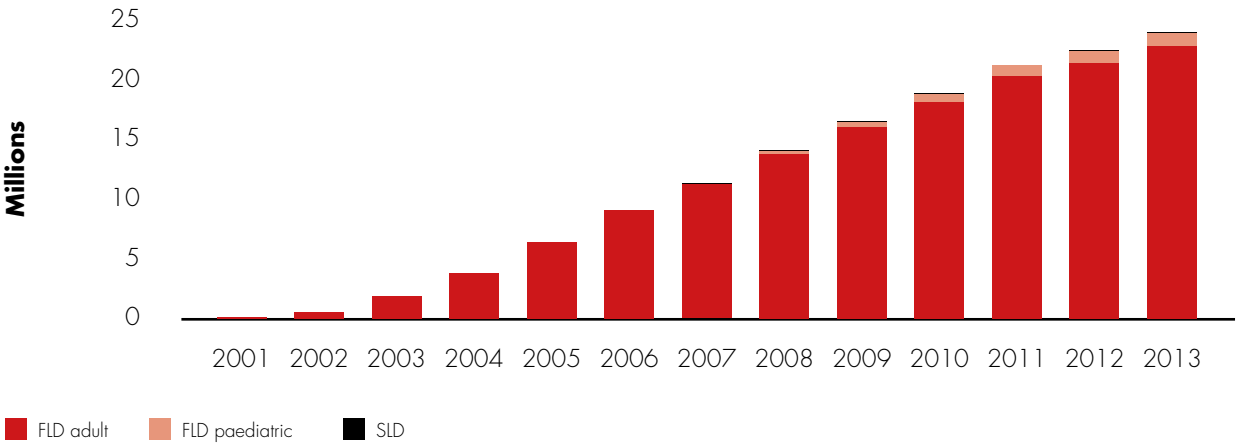
03 **Contribute to TB** commodities market shaping by linking strategic interventions on the demand and supply sides with stakeholders/partners, focusing on market analysis, supply security, suppliers engagement, affordable and sustainable prices, innovation and new products introduction/ uptake by countries

04 **Maximize impact and value for money** by enhancing efficiency/effectiveness of operations focusing on quality of services and clients/ partners feedback

Saving lives by expanding access to high quality TB treatments

Since GDF was established in 2001, 22.5 million adult FLD patient treatments, 1.1 million paediatric treatments and 117,485 SLD patient treatments have been delivered (figure 1), reaching the target of 25 million treatments supplied.

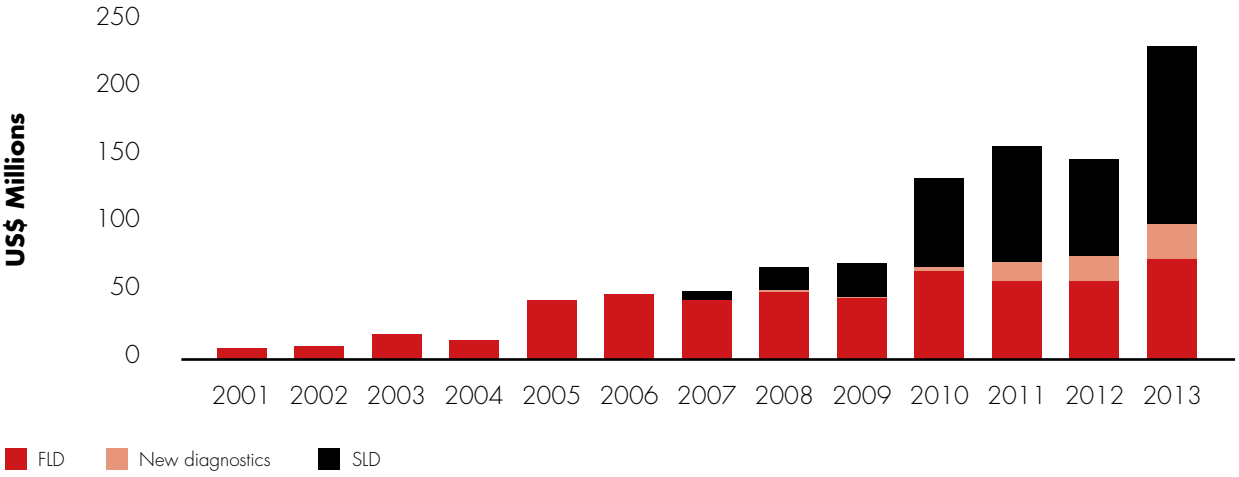
Figure 1. Patient treatments delivered



(Note: The number of treatment delivered is based on the GDF's dynamic Order Monitoring System, which reflects the most recent changes in delivery date and cancellation of orders. This provides a snapshot of up-to-date situation).

In total, GDF has processed orders for TB products with a value of approximately US $1 billion. The total value of orders placed in 2013 increased by 56% compared with 2012 from US $ 145.5 million to 226.4 million. The value of SLDs ordered in 2013 reached US $128 million, with an increase of 83% from 2012 (figure 2).

Figure 2. Value of TB commodities procured



(Note: The procurement value represents GDF order placed value in US $ million all fee inclusive, such as commission, quality control, insurance, transportation as of December 2013).

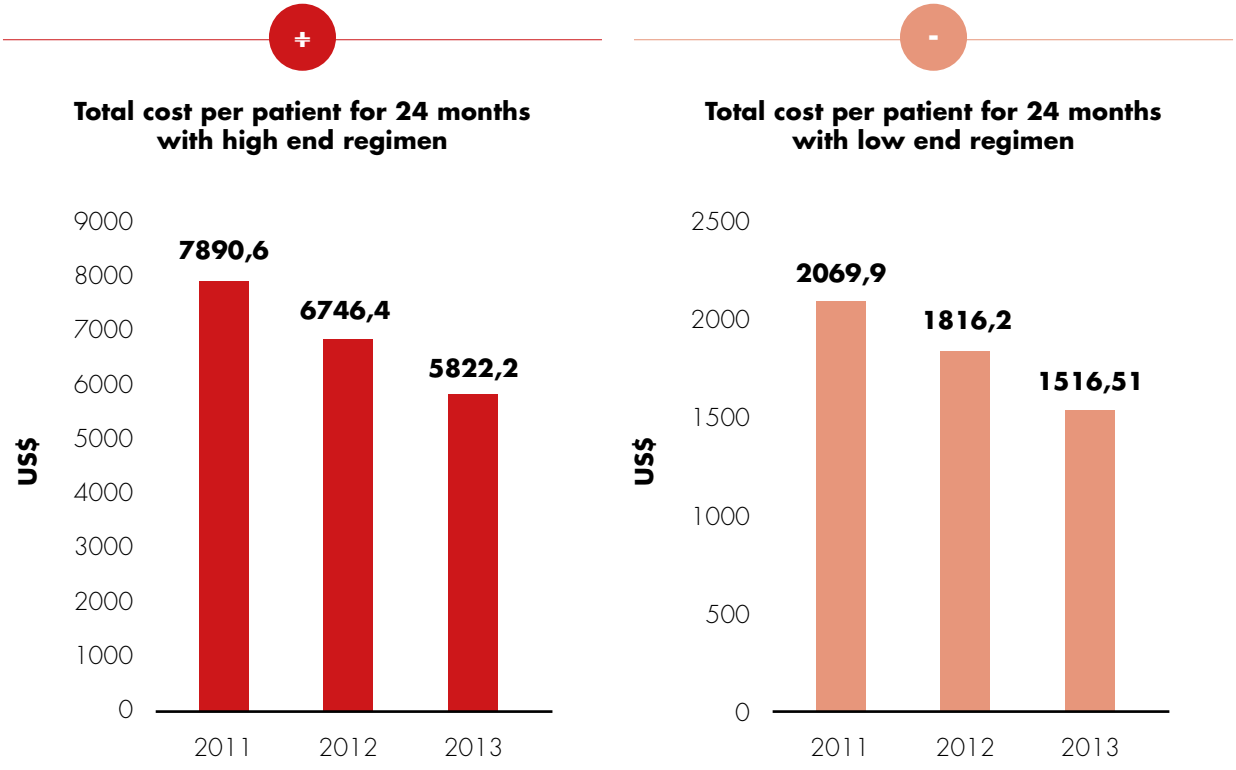
Active market shaping for TB products

GDF ensures the access to quality-assured TB products at affordable price by actively shaping the market through a competitive tendering process, consolidating orders by using Strategic Rotating Stockpile (SRS) and proactive supplier engagement.

In 2013, GDF reduced the price of several key SLDs it supplies for the treatment of multidrug resistant TB (MDR-TB) by up to 27% compared to 2011 prices, resulting in a substantial decrease in the overall cost of treatment (figure 3).

The price reduction followed a competitive tendering process among prequalified anti-TB drug manufacturers and ongoing efforts by GDF to consolidate orders and diversify the supplier pool for quality-assured MDR-TB drugs.

Figure 3. SLD cost reduction[2]



(Note: high and low end regimen used in this analysis are sample regimens. High end regimen: 12 Cm Pto Cs Mfx PAS/ 12 Pto Cs Mfx PAS, Low end regimen: 8 Am Eto Cs Lfx/ 16 Eto Cs Lfx).

To address the limited number of quality-assured TB products in past years, GDF has made significant progress to increase the pool of eligible suppliers. By the end of 2013, the total number of eligible suppliers increased to 29 from 12 in 2011.

[2] Data is from GDF Invitation to bid 2012/2013.

[3] QuanTB is an electronic forecasting, quantification, and early warning tool designed to improve procurement processes, ordering, and planning for TB treatment, developed by the USAID-funded Systems for Improved

Addressing stock-outs in countries

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

01

Early Warning System (EWS). GDF developed EWS to collect and analyse stock levels in countries to proactively identify the risk of stock out and collectively act on with partners. EWS collates information from existing data collection systems or quantification tools used in countries such as QuanTB,[3] eTB manager and others that have a built-in data dictionary. EWS has been piloted in several African and Asian countries and will be scaled-up in 2014 onwards.

02

Rapid Supply Mechanism (RSM). Based on an independent survey on root causes analysis of stock-outs in countries, GDF contributed to developing the new concept of RSM with the Global Fund which will give the Global Fund-supported countries access to GDF expanded stockpile of SLD and FLD through a fast mechanism in emergency since 2013. It is expected that the Global Fund will launch the RSM in 2014 and GDF will support RSM operations for TB commodities.

03

MDR-TB Strategic Rotating Stockpile (SRS). In 2013, UNITAID committed US $14.9 million to GDF to double its current stockpile for MDR-TB. The SRS helps to reduce the risk of stock-outs of MDR-TB drug by guaranteeing supply and improving delivery times of SLDs.

04

USAID Flexible Procurement Fund. This mechanism enhances financial flexibilities by allowing countries or GDF clients to use the fund as a guarantee for all direct procurement. Through this life-saving mechanism, countries can place orders on time without having to issue an upfront payment and avoid treatment interruption. In 2013, Kenya and Pakistan placed an order through this mechanism.

05

Improved forecasting. In addition to monitoring missions, GDF has supported the roll-out of new monitoring tools for regular planning and enhanced programming such as QuanTB, in close collaboration with MSH. The data from such monitoring tools will be linked to EWS.

Country Support

Technical Assistance:

GDF provides expert technical assistance to countries with a holistic approach to address immediate gaps in drug supply and establish long-term drug management capacity and overcome systematic problems. TA includes monitoring missions, targeted technical assistance for specific challenges, country support through Regional Support Officers (ROSs) and workshops on supply chain management. GDF conducted 43 monitoring missions in 2013. GDF in collaboration with USAID-funded SIAPS program has been supporting the countries to increase in-country capacity for forecasting and supply planning with new quantification tool, QuanTB.

Grants provided to countries in 2013 accounts for a total of nearly USD 10 million.

Countries approved for GDF grants in 2013:

Adult First Line Drugs:	Paediatric First Line Drugs:
Bhutan, Cameroon, DPR Korea, Guinea, Indonesia, Kenya, Madagascar, Moldova, Niger, Yemen, and Vietnam.	Afghanistan, Burundi, Djibouti, Guinea, Haiti, Kenya, Kiribati, Kyrgyzstan, Lebanon, Lesotho, Madagascar, Mongolia, Morocco, Nepal, Pakistan, Romania, Sudan (North), Sudan (South), Tajikistan, United Republic of Tanzania, Yemen.

Contribution to Case-finding:

GDF started to distribute TB diagnostic commodities for microscopy in 2008. With the launch of the EXPANDx-TB project funded by UNITAID in 2009, the diagnostics portfolio increased with the inclusion of new TB diagnostic tools such as liquid culture and line probe assay. In 2011, GDF together with the TB REACH initiative set up the procurement system for Xpert MTB/RIF cartridges and services. In 2013, new diagnostic kits have been made available for light emitting diode (LED) microscopy, in collaboration with the Global Laboratory Initiative (GLI).

Since 2008, GDF procured diagnostics worth of US $ 59 million. Total expenditure on diagnostics in 2013 is US $ 24.4 million, almost double from 2011.

- EXPANDx-TB, funded by UNITAID, which began in 2009, targets to detect 140,000 MDR-TB patients by the end of 2015. Since 2009, GDF has provided new diagnostics to 27 low and middle income and high-burden TB countries where they now have 92 fully functioning TB reference laboratories. In India, 90% of the MDR-TB cases were detected through EXPANDx-TB with GDF support on the supply of new diagnostics in 2012.

- The TB Xpert Project, funded by UNITAID, is providing approximately 1.4 million Xpert MTB/RIF test cartridges and over 225 GeneXpert machines in 21 recipient countries in 2013-2015. In 2013, GDF supplied 222 GeneXpert machines and 234,760 test cartridges. This resulted in the detection of 7,647 cases including 1,791 rifampicin-resistant TB cases.

- TB REACH, launched in 2010 with support from CIDA, has procured over 165 GeneXpert machines and more than 290,000 Xpert MTB/RIF cartridges to support TB case detection through GDF. With the diagnostics supplied by GDF, 41,000 cases were detected including 5,117 rifampicin-resistant TB cases by the end of 2013.

GDF is offering several lines of diagnostic products - standard and new diagnostics:

1

To perform most of the diagnostics methods recommended for use by WHO's Strategic and Technical Advisory Group for Tuberculosis (STAG-TB).

2

To be implemented at all levels of the diagnostics algorithm, from community to central reference level.

WORKING GROUPS: 2013 HIGHLIGHTS

04

a) Working Group on New TB Vaccines

The Working Group on New Vaccines convened the 3rd Global Forum on TB Vaccines in Cape Town in March 2013, bringing together 265 stakeholders from 25 countries to discuss progress and key issues in TB vaccine R&D. The Global Forum brings together researchers, policymakers, donors, advocates and other stakeholders interested in the development of new TB vaccines to share the latest data and findings in TB vaccine research, to stimulate discussion and debate about the path forward for this critical research, and to promote partnerships and global collaboration amongst multiple stakeholders across sectors to accelerate and streamline TB vaccine research. The 4th Global Forum on TB Vaccines will take place in Shanghai in April 2015.

The Working Group also partnered with Aeras, KANCO, NEPHAK, and the KEMRI/CDC field station in Kisumu to conduct a one-day workshop on TB vaccine R&D for community-based advocates in Kenya, in October 2013. Thirty advocates from across Kenya participated in the workshop, during which they learned about the status of TB vaccine R&D and discussed community engagement in TB vaccine clinical trials. As a result of this workshop, more in-depth educational materials are being developed for communities and a follow-up workshop is being planned for 2014.

b) Working Group on New TB Diagnostics

On 31 October 2013, the NDWG convened its Annual Meeting in Paris, France, in conjunction with the Union World Conference. The meeting was attended by about 300 participants representing different areas of TB diagnostic research and development from the public and private sectors. The event focused on the review of scientific and technological advances that could make a contribution to the development of rapid point-of-care tests for TB. In particular, presentations updated on progress made in biomarker discovery and whole genome sequencing, and introduced novel technologies showing potential for the development of point-of-care tests. The meeting also included a panel discussion, during which speakers exchanged viewpoints about priorities and approaches to address existing challenges and barriers to delivering such tests. Presentations from the meeting are available at: http://www.stoptb.org/wg/new_diagnostics/meetings.asp

Through its Co-Chair, Dr. Daniela Cirillo of Fondazione Centro San Raffaele, Italy, the NDWG participated in the panel of the WHO Stop TB Symposium at the Union Conference, which was held on 30 October 2013. The symposium on the theme of *Accelerating impact: the transformative role of research to end tuberculosis* highlighted the crucial role of research in ending the global TB epidemic. Dr. Cirillo's intervention focused on the role of new TB diagnostics in reaching global TB control and elimination goals. In particular, she presented how the NDWG can support the third pillar of the post-2015 global TB strategy on intensified research and innovation, which is to be promoted by discovery, development and rapid uptake of new tools, as well as research to optimize their implementation and impact.

In the first half of 2013, the NDWG Core Group, which represents among others FIND, the WHO

The European Medicines Agency reversed its initial opinion and recommended approval of the MDR-TB drug Delamanid making it the second major new TB drug in more than 40 years.

Global TB Programme, the International Union Against Tuberculosis and Lung Disease (The Union), the Centers for Disease Control and Prevention (CDC), Médecins Sans Frontières (MSF), the Global Laboratory Initiative (GLI), several academic institutions and representatives of the patient community and diagnostics manufacturers, focused on the development of a new strategic plan for the period 2013-2015. While reflecting advances in TB diagnostic development and changes in the global TB diagnostic R&D landscape, the definition of a new strategic plan aimed at strengthening the role of the NDWG as a forum for all stakeholders in TB diagnostic R&D. In providing the only neutral and overarching platform in this area, the NDWG intends to intensify activities aimed at convening all the players in an independent and inclusive way. This was recognized as a key contribution to improving coordination and collaboration in order to effectively support global research efforts in the TB diagnostic field, thus helping accelerate discovery and enabling the link with potential developments by industry. In line with the newly defined priorities, in the second half of 2013 the NDWG Core Group and Secretariat concentrated efforts on the organization of two stakeholder meetings to be held in the first quarter of 2014, the first with the objective to convene international researchers to identify a mechanism for sharing genome sequencing data, and the second to convene the TB diagnostic community to build consensus on target product profiles for point-of-care tests and drug susceptibility testing.

c) Working Group on New TB Drugs

In 2013, progress continued in the advancement of new TB drugs and candidates in clinical development. The European Medicines Agency reversed its initial opinion and recommended approval of the MDR-TB drug Delamanid making it the second major new TB drug in more than 40 years. The WHO issued interim guidelines on the use of Janssen's MDR-TB drug Bedaquiline (SituroTM), the first TB therapy with a new mechanism of action to be approved in 40 years. Positive results were obtained in the second clinical trial of the regimen PA-824, moxifloxacin, and pyrazinamide. In 2014, this regimen will advance to phase 3 testing the efficacy of the regimen in a large cohort of drug-sensitive and multidrug-resistant patients.

d) Working Group on MDR-TB

Between January and September 2013, an evaluation of the TBP's Working Groups (WG) was carried out which recommended that an overhaul of the MDR-TB WG was urgently needed. There was an agreement to combine/merge/integrate the MDR-TB WG and the global GLC (gGLC), and to establish a new entity to replace the MDR-TB WG. This issue was further discussed at the joint MDR-TB WG Core Group and gGLC meeting held in April 2013. The meeting recommended that:

- The gGLC and MDR–TB WG CG members unanimously and strongly endorsed that the gGLC and MDR-TB WG Secretariats to proceed with the preparation of a draft concept document, laying out the terms of reference and operating procedures and election process for a new body based on the Global Laboratory Initiative (GLI) model that will replace the existing gGLC and CG of the MDR-TB WG.

- Acknowledging the achievements of the decentralized MDR-TB support framework, recommend that the rGLCs continue as the mechanism for technical assistance, retaining their roles and responsibilities.

The Global Drug–resistant Initiative (GDI) was established in January 2014 following broad consultations. This culminated in final discussions at the MDR-TB Stakeholders' meeting in Paris in October 2013 that was attended by nearly 170 participants from national TB control programmes, affected communities, civil society, technical agencies, funding agencies and professional associations. Key conclusions of the Stakeholders' meeting were that:

- Urgent acceleration and scale-up of MDR-TB care and control efforts are required;

- The current doubling time for enrolment on MDR treatment appears to be about three years, and ambitious plans for the scale up of services seem to be lacking in many countries;

- Rapid diagnostics is increasing MDR-TB diagnoses significantly, but a diagnostic/treatment gap is now a stark reality in many countries; and

- Treatment success rates urgently need to be improved.

The process to select the Core Group of the GDI was started in December 2013. Following the launch of a 'Call for applications' for membership, 87 applications were received. A Selection Committee screened all the applications using a structured process aimed at achieving a broad, constituency-based Core Group balance by region, gender and skills base. The first meeting of 16 Core Group members was held on 1-2 May 2014. The members agreed to focus on following strategic areas:

01 **Develop targeted advocacy strategies and resource mobilization** for DR-TB management scale-up.

02 **Facilitate integration and coordination of efforts** to align diagnostic services for patients with access to high-quality care.

03 **Build global consensus** on the management of DR-TB for patient centred care delivery ("care for cure").

04 **Promote strategies to facilitate patient access** to high-quality DR-TB care, through a long-term, in-country capacity building approach targeting both the public and private sector.

05 **Support prioritization of research** to generate evidence for PMDT scale-up.

e) Working Group on TB/HIV

Continued efforts by working group and core group members have helped catalyse the response to HIV-related TB and increased the global visibility of related research priorities at HIV and TB fora. The 2013 Global Tuberculosis Report reported some 2.8 million TB patients knowing their HIV status in 2012 and 87 countries, reporting at least 75% of their TB patients tested for HIV. The coverage of ART among HIV-positive TB patients increased to 57%, representing 305,000 patients receiving combined TB and HIV treatment in 2012. Thanks largely to continued and impressive scale-up in South Africa, uptake of isoniazid preventive therapy was provided to more than half a million people living with HIV. The 18th Core Group meeting, held in conjunction with a regional TB/HIV implementation workshop in April 2013 in Maputo, Mozambique brought together more than 120 participants from 14 countries in the African Region to share best practices in implementation, monitoring and evaluation, and to discuss strategies to refine the response. The 7th HIV/TB Research Frontiers meeting held on behalf of the working group in March 2013, in affiliation with the Conference on Retroviruses and Opportunistic Infections (CROI 2013), coupled with efforts by members of the working group over the years to mainstream TB/HIV research and implementation into the HIV agenda resulted in a record number of abstracts at the main conference including late breakers on TB and a full day dedicated to TB.

f) Childhood TB Subgroup

On 1 October 2013, global Childhood TB partners represented in the childhood TB subgroup, including the WHO Global TB Programme, the International Union Against Tuberculosis and Lung Disease (The Union), the Stop TB Partnership, UNICEF, the Centers for Disease Control and Prevention (CDC), the United States Agency for International Development (USAID) and the Treatment Action Group (TAG) launched the *Childhood TB Roadmap: Towards Zero Deaths*. The roadmap outlines ten steps to end childhood TB deaths and estimates that USD 120 million per year could have a major impact on saving tens of thousands of children's lives from TB. The childhood TB roadmap is available on the following website link: http://www.who.int/tb/challenges/children/en/index.html

The annual meeting of the Childhood TB subgroup took place in Paris, France on 29 October 2013 and was focused on scaling up childhood TB activities at country level. The meeting was attended by some 75-80 participants representing paediatricians, National TB Programme managers, partners and WHO staff from regions and countries. The meeting concluded with the following action points: bring childhood TB to STAG-TB; invite colleagues working on maternal and child health as well as HIV/AIDS to facilitate integration; document and publish scaling up activities; assist countries to include childhood TB in all steps of the Global Fund New Funding Model (e.g. NTP review, National TB Strategic Plan, gap analysis, concept note); encourage countries to identify national champions on paediatric TB; build and expand regional capacity to address growing requests for technical assistance; consider to add a module on participation in programme reviews to existing training materials (annual workshop in Cape Town); and, consider to include adolescents in the scope of work of the Childhood TB subgroup.

Subgroup members participated in National TB Programme reviews to ensure Childhood TB is included in all steps of the Global Fund New Funding Model: Laos Peoples Democratic

Republic (28 January- 8 February); Indonesia (11-22 February); Namibia (24 February – 8 March); Nigeria (8-18 April); Thailand (13-26 August); Ethiopia (19 August – 6 September); Philippines (26 August -6 September); Uganda (1-16 September) and South Africa (30 September – 11 October).

Subgroup members that organized trainings include: Afghanistan-Pakistan subregional training (13-16 May); Sentinel DR-TB training (17-19 June Chennai, India & 15-17 July, Dhaka, Bangladesh); annual childhood TB training, Cape Town, South Africa (30 September – 4 October).

g) Global Laboratory Initiative

The candidate TB Supranational Reference Laboratories (SRLs) in Kampala, Uganda was designated as a full member of the SRL network and is currently supporting countries to build TB diagnostic capacity in the African region. A new category of the network was established – National Centres of Excellence for the SRL network. The National Institute of Tuberculosis and Respiratory Diseases, New Delhi, India was the first laboratory to be recognised and designated under this category.

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

New GLI resources for laboratory strengthening were developed and endorsed by the GLI in 2013. Available at: http://www.stoptb.org/wg/gli/default.asp

A The handbook: Laboratory diagnosis of tuberculosis by sputum microscopy

B TB Microscopy Network Accreditation: An assessment tool

C A Practical Handbook for National TB Strategic Plan Development

D The first edition of the GLI Newsletter – Momentum

The 5th Annual GLI Partners Meeting was convened in Veyrier-du-Lac, France 15-18 April 2013. http://www.stoptb.org/wg/gli/meetingarchive.asp. The meeting brought together country representatives, technical agencies, nongovernmental agencies, and other GLI partners working to strengthen TB laboratories and laboratory networks.

New laboratory infrastructure and successful transfer of liquid culture and LPA technologies have been established in 92 laboratories of the 27 countries of the EXPAND-TB Project.

GOVERNANCE

05

Intense work in governance reform in 2013 saw a number of critical changes being made to the Coordinating Board. This included refining the model, recruiting new members, and improving processes and procedures to be more transparent and efficient. The Board reform summary is as follows:

1

Board role:
defined the role of the Board in relation to the global TB community and to the Partnership and Secretariat

2

Board model and structure:
agreed to the principle of a constituency-based Board supported by a representative Executive Committee with decision-making authority and a new Finance Committee

3

Board composition:
agreed on the skills and experience required of the Board and streamlined the composition from 34 to 26-28 maintaining the principle of a representative, constituency-based board with a mix of fixed and rotating seats

The Secretariat's Coordinating Board elected Dr Aaron Motsoaledi, the Minister of Health of South Africa, as its Chair and Dr Joanne Carter, Executive Director of RESULTS as Vice-Chair. In addition, the following Board members were appointed to the Executive Committee:

- **Mr Aaron Oxley** (Executive Director, Results UK) - Developed Country NGO representative
- **Mr Austin Arinye Obiefuna** (Executive Director, Afro Global Alliance) - Developing Country NGO representative

The following individuals were appointed to the newly formed Finance Committee:

- **Mrs Cheri Vincent** (Infectious Diseases Division Chief, USAID) - Chair;
- **Mr Prabodh Bhambal** (Interim Deputy Executive Director, The Union) - member;
- **Mr Thomas Forisser** (Deputy Director, Strategy, Planning and Management for HIV and TB, Bill and Melinda Gates Foundation) - member, and
- **Dr Evan Lee** (Vice-President, Global Health Programs and Access, Eli Lilly) - member.

FINANCIAL REPORT

06

Stop TB Partnership Secretariat Financial Management Report Summary Statement of Income and Expenditure for the year ending 31 December 2013 (All Figures in US$ '000)		
	2012	**2013**
Voluntary contributions		
In cash		
Governments & their Agencies[1]	50,763	40,469
Multilateral organizations[2]	11,440	25,722
Foundations and others[3]	562	3,045
Total voluntary contribution	**62,765**	**69,236**
In-kind		
In-kind contribution for drugs (Novartis)	2,319	-
Other income and adjustments		
WHO In-kind contribution	56	56
Prior year items and other adjustment to income from voluntary cash contribution[4]	(973)	9,335
Total income	**64,167**	**78,627**
Expenditure		
Partnership Building[5]	6,137	3,425
Advocacy and Communication	2,270	2,820
Global Drug Facility (GDF)[6]	33,381	48,734
TB REACH[7]	20,153	19,511
General Management and Administration[8]	4,018	3,787
Total Expenditure	**65,959**	**78,276**
Balance of Income over Expenditure for the year	**(1,792)**	**351**

Figures in these statements are for management discussions and have not been certified by WHO.

The above summary statement does not include GDF Income and Expenditure pertaining to Direct Procurement, as these funds do not pass through the Stop TB Partnership Secretariat.

Notes:

1. The 2013 Income from Governments & their Agencies decreased, as in 2013 USAID contribution (US$ 4m) for Stop TB Partnership Secretariat was directly transferred to the Global TB Programme, unlike in 2012 when it passed through the Secretariat account. Further in 2013, for CIDA contribution, the last instalment (US$ 16m) was received, unlike in 2012 when two instalments (US$ 24m) were received.

2. The 2013 Income from Multilateral Organization increase due to receipt of enhanced contribution from UNITAID for procurement of GENEXPERT.

3. The 2013 Income from Foundations and others increased as additional funds (US$ 2m) were received from Bill and Melinda Gates Foundation.

4. The "prior year items and other adjustments" are included to align WHO records and Stop TB Partnership Secretariat records for reasons such as difference in recognition period etc.

5. The 2013 Expenditure for Partnership Building reduced as the expenditure (and Income) relating to Stop TB Partnership Secretariat was not spent through the Secretariat (and was rather spent through Global TB Programme).

6. (a) The 2013 Expenditure for GDF has gone up in comparison to the year 2012 due to increase in Grant Procurement of Anti TB Drugs and Diagnostics. (b) The expenditure on GDF Procurement is considered on the basis the value of orders placed.

7. The income and expenditure for TB REACH includes procurement of GENEXPERT Machines for Grantees through GDF. This income and expenditure is excluded from GDF figures in the above consolidated statement to avoid double accounting. The funds were channelled through GDF only as a procurement mechanism.

8. General Management and Administration expenditure includes PSC charge deduced as per expenditure figures taken in the above report.

Stop TB Partnership Global TB Drug Facility
Financial Management Report
Statement of Income and Expenditure (including Direct Procurement)
For the year ending 31 December 2013 (All Figures in US$ '000)

	2012	2013
Income		
Governments and their Agencies	19,685	19,727
Multilateral institutions[1]	10,830	24,822
Foundations	66	442
In-kind: contribution for drugs from Novartis	2,319	-
Total voluntary contribution	**32,900**	**44,991**
Other income and adjustments		
Transfer from TB REACH for special direct procurement	0	
Contribution for direct procurement	116,265	182,019
Prior year items and other adjustment to income from voluntary cash contribution[2]	0	7,080
Subtotal	**116,265**	**189,099**
Total income after prior year adjustment	**149,165**	**234,091**
Expenditure		
Grant procurement of Anti TB drugs[3]	27,902	41,614
Special direct financing of procurement[3]	1,352	3,228
Direct procurements[3]	116,265	182,019
Quality assurance and prequalification	813	887
Technical Assistance, Monitoring and Salaries	1,760	1,514
Advocacy and Communications & management	**1,554**	**1,491**
Indirect costs (WHO Programme Support Costs)[4]	**1,220**	**1,618**
Total Expenditure	**150,866**	**232,371**
Balance of income over expenditure for the year	**-1,701**	**1,720**

Figures in these statements are for management discussions and have not been certified by WHO.

Notes:

1. The 2013 Income from Multilateral Organization increase due to Increased contribution from UNITAID for procurement of GENEXPERT.

2. The "prior year items and other adjustments" are included to align WHO records and TBP records for reasons such as difference in recognition period etc.

3. The expenditure on GDF Procurement is considered on the basis the value of orders placed.

4. The Indirect Cost (Programme Support Cost) is deduced as per the expenditure figures taken in the above report.

LEADERSHIP

07

Dr Lucica Ditiu
Executive Secretary of the Stop TB Partnership

Dr Suvanand Sahu

Members of the Board

Dr Aaron Motsoaledi
Minister of Health, South Africa
Chair

Dr Joanne Carter
Executive Director, RESULTS, United States of America
Vice-Chair

Working Groups

Dr Mel Spigelman
Co-Chair, Working Group on New Drugs

Dr Aamir Khan
Chair, MDR-TB Working Group

TB Affected Countries

Dr Jarbas Barbosa da Silva Jr.
Secretary of Health Surveillance
Ministry of Health
Brazil

Mr Shri Keshav Desiraju
Additional Secretary
Ministry of Health and Family Welfare
India

Dr Pe Thet Khin
Union Minister of Health
Ministry of Health
Myanmar

Multilateral Organizations

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World Health Organization
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Senior Public Health Specialist
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United States of America

Dr Luiz Loures
Deputy Executive Director
United Nations Programme on HIV/AIDS
Switzerland

Dr Mark Dybul
Executive Director
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Switzerland

*Dr Denis Broun
Executive Director
UNITAID

*non-voting member

Technical Agencies

Dr Kenneth Castro
Director, Division of TB Elimination
Centers for Disease Control and Prevention (CDC)
United States of America

Dr Paula Fujiwara
Senior Advisor, Department of TB and HIV
Scientific Director, International Union Against Tuberculosis and Lung Disease (The Union)
France

Dr Kitty van Weezenbeek
Executive Director, KNCV Tuberculosis Foundation
The Netherlands

Developing Country NGO

Mr Austin Obiefuna
Executive Director, AFRO Global Alliance
Ghana

Developed Country NGO

Mr Aaron Oxley
Executive Director, RESULTS UK
United Kingdom

Donors

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United States of America

Ms Nathalie Garon
Canadian International Development Agency (CIDA)
Canada

Ms Nichola Cadge
Department of International Development (DFID)
United Kingdom

Dr Marcel de Kort
Ministry of Foreign Affairs
The Netherlands

Foundations

Dr Michael Kimerling
Bill and Melinda Gates Foundation
United States of America

Private Sector

Dr Evan Lee
Eli Lilly
Switzerland

Communities affected by TB

Mr Timur Abdullaev
Uzbekistan

Mrs Thokozile Beatrex Nkhoma
Malawi

FUNDERS

08

The Stop TB Partnership's work is made possible only through the support of the Secretariat's many funders and partners. We appreciate their trust and gratefully acknowledge their support.

Bill & Melinda Gates Foundation

Canadian International Development Agency

Centers for Disease Control and Prevention, USA

Department for International Development, UK

Eli Lilly and Company

Ministry of Foreign Affairs, the Netherlands

United Nations Foundation

UNITAID

World Bank

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