

ANNUAL
REPORT

2006
2007
2008

STOP TB PARTNERSHIP



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Our vision is of a **TB-free world** – so that the first children born this millennium will see TB eliminated within their lifetimes.

List of abbreviations

ACSM
Advocacy, Communication and Social Mobilization
AIDS
Acquired immunodeficiency syndrome
ART
Antiretroviral therapy
ARV
Antiretroviral
BCG
Bacille Calmette-Guerin vaccination
CDC
United States Centers for Disease Control and Prevention
CIDA
Canadian International Development Agency
COMBI
United Kingdom Communication for Behavioural Impact
DALYs
Disability adjusted life years
DEWG
DOTS Expansion Working Group
DFID
United Kingdom Department for International Development
DPS
Direct Procurement Service
GDF
Global Drug Facility
GLC
Green Light Committee
Global Fund
Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV
Human immunodeficiency virus
HRD
Human resources development
IAPSO
Interagency Procurement Services Office
ISAC
Intensified Support and Action Countries

MDGs
United Nations Millennium Development Goals
MDR-TB
Multidrug-resistant TB
MSH
Management Sciences for Health
NGOs
Nongovernmental organizations
NTPs
National tuberculosis programmes
PEPFAR
United States President's Emergency Plan for AIDS Relief
PPM
Public-private Mix
PSA
Public Service Announcement
SCA
Strategic Communication Initiative
SLCS
Subgroup for laboratory capacity-strengthening
TB
Tuberculosis
TBCTA
Tuberculosis Coalition for Technical Assistance
TB/HIV
Tuberculosis and HIV
TBTEAM
TB technical assistance mechanism of the Stop TB Partnership
UNAIDS
Joint United Nations Programme on HIV/AIDS
USAID
United States Agency for International Development
WGs
Working Groups
WHO
World Health Organization
XDR-TB
Extensively Drug-Resistant TB

Message from **Marcos Espinal**, Executive Secretary



This was a year of challenge and momentum. In 2007, global tuberculosis incidence rates had finally levelled off, but no clear downward trend was established. The urgency of scaling up the global response to tuberculosis and the importance of our work became clearer than ever as new threats were documented. The case of a young American lawyer with drug-resistant tuberculosis, who travelled around Europe, underscored that any part of the world can be struck by the disease. The 2007 World TB Day theme, TB anywhere is TB everywhere, echoed this truth with a call for solidarity. The release of the MDR/XDR TB response plan, an amendment to the Global Plan to Stop TB, set out our common vision to respond to this threat – outlining additional measures for scaling up prevention and management.

Our Partnership needs to help mitigate against future perfect storms, for example, where drug-resistant tuberculosis and HIV meet. The experience of 2007 shows us that we must be ready to adapt to new challenges as they emerge, to make the most of a growing base of partners and stakeholders and to continually learn and evolve our approach.

We are a Partnership on the move, and this was firmly demonstrated by the ground-breaking meeting of our Coordinating Board held in Geneva in the Spring of 2007. At the opening ceremony, the United Nations Secretary-General's Special Envoy to Stop TB and leaders of the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the Global

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If the international community aims to reach the 2015 tuberculosis-related Millennium Development Goals (MDGs) and the Stop TB Partnership targets of halving prevalence and mortality with regard to 1990 levels, this is a crucial time to step up efforts.”

Fund to Fight AIDS, Tuberculosis and Malaria expressed their strong commitment to supporting our superb roadmap for getting where we want to go: the Global Plan to Stop TB.

In 2007 it became clearer than ever that civil society is an untapped resource – a pivotal group of stakeholders we need to work with to advance the global fight against tuberculosis and TB/HIV. In recognition of civil society's vital importance, we launched the Challenge Facility for Civil Society (CFCS), which provides financial support to grass-roots civil society organizations that are engaged in advocacy and social mobilization activities and are seeking to raise awareness and shape policy-making for tuberculosis, HIV/TB and drug-resistant tuberculosis. The pilot stage of the CFCS began on World TB Day 2007 and ultimately provided US\$ 384,000 to 22 nongovernmental organizations in 15 countries.

I am pleased to let you know that for 2008 we are doubling the amount of funding, thanks to some of our donors who firmly believe in the power of civil society. An example of such power was shown in Cape Town, South Africa, at the World Conference on Lung Health in November. Some 2000 people seeking to raise awareness about the urgent need for universal access to better tuberculosis control marched through Cape Town on the eve of the opening of the Conference. The march was organized by South Africa's Treatment Action Campaign.

To help achieve universal access, UNITAID, the Global Fund, the United States President's Emergency Plan for AIDS Relief (PEPFAR), bilateral donors and, more importantly, many endemic countries are bringing hope to the millions of people affected by tuberculosis by increasing their contributions to tuberculosis control. But this is not enough; the fight against tuberculosis still has a long way to go, and the financial gap of the Global Plan has not yet been closed. If the international community aims to reach the 2015 tuberculosis-related Millennium Development Goals (MDGs) and the Stop TB Partnership targets of halving prevalence and mortality with regard to 1990 levels, this is a crucial time to step up efforts.

Our Partnership will be at the forefront of these efforts via the Global Drug Facility and the Green Light Committee, which will continue to make available life-saving high-quality anti-tuberculosis drugs. Similarly through TBTEAM (the Tuberculosis Technical Assistance Mechanism), the global coalition of technical partners under the umbrella of the DOTS Expansion Working Group, countries will benefit from receiving the necessary technical assistance for the implementation of internationally recommended best tuberculosis control practices.

Reaching the tuberculosis-related MDG was the main objective of the landmark WHO Ministerial Forum: All Against Tuberculosis, hosted by the Government of Germany in Berlin. Ministerial representatives from the 53 Member States of the WHO European Region committed to increasing political engagement for achieving the 2015 MDG target on tuberculosis by implementing regional and national plans in line with the Global Plan and increasing and sustaining national budgets. This commitment was firmly expressed through the signing of the Berlin Declaration on Tuberculosis. The momentum generated by the Ministerial Forum needs to be sustained and enhanced, and countries can count on the strong support of the Stop TB Partnership. Over the next few years we will see whether the Berlin Declaration materializes into real action or remains words on a document.

Dear Partners, 2007 was a year of challenges and momentum. We need your support and commitment, if we are to face together the daunting challenges ahead and build on momentum we have gained. Without you, we will go nowhere.

Executive summary

The Global MDR-TB and XDR-TB Response Plan could prevent hundreds of thousands of cases of drug-resistant TB and save more than 130,000 lives.

GDF approved grants of free anti-TB drugs worth over US\$ 24 million to treat more than a million people in 44 countries worldwide.

IN 2007 THE STOP TB PARTNERSHIP GAINED MOMENTUM AS NEVER BEFORE.

By the end of the year, the Partnership had 72 new members, for a total of 589 partners worldwide. Around the world, a growing number of voices – from community activists to political leaders – joined in calling for greater global commitment to confronting TB and the coepidemic of TB/HIV.

Amid rising concerns about the spread of drug-resistant TB, the Stop TB Partnership and the World Health Organization launched The Global MDR-TB and XDR-TB Response Plan 2007-2008, which has the potential to prevent hundreds of thousands of cases of drug-resistant TB and save over 130,000 lives.

In addition, the Stop TB Partnership's Global Drug Facility (GDF) and UNITAID announced collaboration with 19 countries to address life-threatening shortages of anti-TB drugs. This new initiative will help assure better access to drugs for countries which are currently scaling up their TB control efforts and which have confirmed future support from the Global Fund to Fight AIDS, Tuberculosis and Malaria or other donors, but which are unable to cover their current needs.

GDF approved new grants of free anti-TB drugs to treat more than a million adults and children in 44 countries and placed drug orders on their behalf worth US\$ 24.2 million. In addition, 38 countries chose to procure anti-TB drugs through GDF using their own money or money from other donors.

Intensive resource mobilization efforts brought the total income of the Stop TB Partnership Secretariat to US\$ 80 million in 2007, up from US\$ 58 million in 2006. Financial resources were prudently managed, with accounting in line with international best practice and WHO rules and regulations.

At the grass roots level, the Partnership launched the Challenge Facility for Civil Society (CFCS), a mechanism to provide financial support to small groups of civil society organizations and to fund advocacy and social mobilization activities. In 2007, CFCS provided US\$ 384,000 to 22 NGOs in 15 countries.

In addition, local Subgroups of the Advocacy, Communications and Social Mobilization Working Group (ACSM) helped applicants secure more than US\$ 22 million in the 7th round of Global Fund grants to design, implement and monitor ACSM activities in 15 countries. In coordination with the TB Technical Assistance Mechanism (TBTEAM), 15 countries with approved ACSM components in Global Fund grants attended implementation workshops on the Global Fund grant cycle and on implementing, monitoring and evaluating ACSM activities.

The Partnership's Working Groups and the Retooling Task Force continue to move forward on ambitious agendas. Highlights include incorporation of retooling into the WHO TB programme planning framework and in the costing and budgeting tool for use in Round 8 Global Fund grant applications. Funding for TB/HIV increased significantly in 2007, and a Global Laboratory Initiative was proposed and endorsed by the Coordinating Board. On the diagnostics front, several countries undertook plans to adopt new diagnostic technologies. Five novel TB drug candidates were in clinical trials at end 2007, as were seven new TB vaccine candidates.

The World Bank released a new research report entitled Economic Benefit of Tuberculosis Control, which was commissioned by the Stop TB Partnership. The study finds that 22 countries with the world's highest numbers of TB cases could gain significantly more than they spend on TB diagnosis and treatment if they signed onto the Stop TB Partnership's Global Plan to Stop TB. In highly affected African countries the marginal benefits of implementing the Global Plan outstrip marginal costs by a factor of nine, while countries outside Africa could achieve a 15-fold return.

All seven Stop TB Partnership Working Groups took the opportunity to meet and draw up plans for 2008-9 on the occasion of the 38th Union World Conference on Lung Health, held in Cape Town, South Africa in November. The event's Stop TB Symposium, which focused on drug-resistant TB and TB/HIV, drew a standing-room only crowd.

The 2007 Kochon Prize, which recognizes people, institutions or organizations with an outstanding record in combating tuberculosis, was shared by two recipients.

The Bangladesh Rural Advancement Committee BRAC was recognized for its contribution to TB control in Bangladesh; and the Ministry of Health, People's Republic of China, was recognized for its expansion of TB control to reach full population coverage. A special mention was given to Drs Zhao Fengzeng and Wang Longde for their leadership.

The UN Secretary-General's Special Envoy to Stop TB, Dr Jorge Sampaio, embarked on an ambitious programme to raise the visibility of TB, notably through a mission to Washington DC, where he was the keynote speaker at an event organized by the Center for Strategic and International Studies and a mission to Malawi, where Malawi's Minister of Health, the Hon. Mrs Marjorie Ngaunje MP, joined with other public health officials and dignitaries to declare TB a national emergency.

Dr Sampaio was also the keynote speaker at the WHO European Ministerial Forum 'All against TB', which saw representatives from 49 countries endorse the Berlin Declaration, which "notes with concern that TB has re-emerged as an increasing health security threat in the WHO European Region" and "recognizes that a Europe-wide approach will be key to the control and eventual elimination of TB"

UN Special Envoy to Stop TB, Dr Jorge Sampaio, joined with WHO Director-General Margaret Chan, UNAIDS Executive Director Peter Piot and Executive Director of The Global Fund, Michel Katzatchkine, to speak to the meeting on 'Reaching the 2015 MDG/Stop TB Targets: Addressing the Challenges.' Following a competitive bidding process, Rio de Janeiro was selected by the Coordinating Board to host the 3rd Stop TB Partners' Forum from 23-25 March 2009.

Governance & Planning

URGENCY

Almost two million people continue to die every year from a disease that has been treatable and preventable for more than half a century. This situation is as unjust as it is incomprehensible.

An external evaluation of the Stop TB Partnership was commissioned to assess the impact of the Partnership at both the global and country levels and to provide recommendations on the way forward over the next five to seven years.

The Stop TB Partnership Coordinating Board met in April in Geneva, Switzerland and in October in Berlin, Germany. The Executive Committee also held five teleconferences.



THE COORDINATING BOARD MEETING
GENEVA - APRIL

- endorsed the Global MDR-TB and XDR-TB Response Plan 2007-2008;
- reconfirmed the Partnership's commitment to the Research Movement, which aims to spur dialogue with policy-makers on the benefits of investment in basic TB research, development of new diagnostics, drugs and vaccines and applied field research;
- endorsed a new strategic approach to engagement with the corporate sector;
- received the report on progress made by the patient and affected constituency.

THE COORDINATING BOARD MEETING
BERLIN - OCTOBER

- recognized that the supply of second-line drugs is critical in light of the emergence of MDR-TB and XDR-TB;
- mandated the Stop TB Partnership Secretariat to produce a strategy that addresses the key question of partner engagement;
- endorsed the proposal of an HIV/TB summit in the context of the 2008 High Level Meeting on AIDS;
- undertook a commitment to work with the Stop TB Partnership for Europe to ensure implementation of the Berlin Declaration.

Partner engagement

EQUITY

TB is a disease of the disadvantaged. We share a commitment to reducing the social and economic inequities that increase vulnerability to infection and disease, which reduce access to treatment and lead to dramatic disparities in quality of care.

The Partnership welcomed 72 new partners over the course of the year, to reach a total of 589 partners by October 2007.



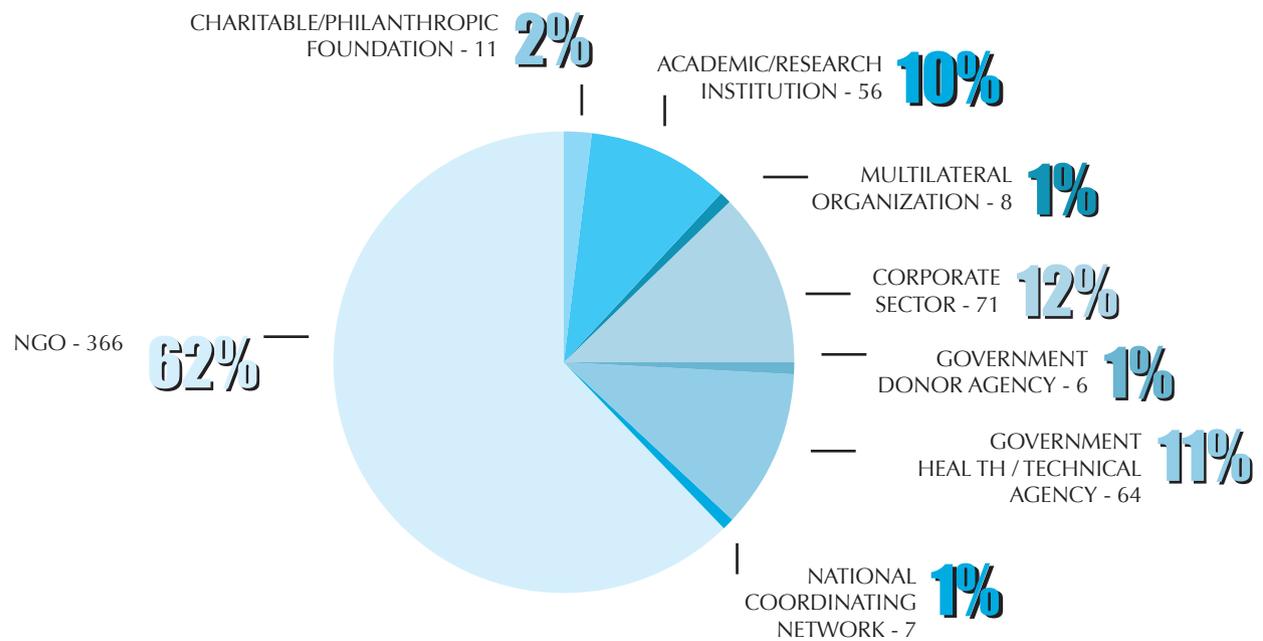


Figure 1
Breakdown of partner base by type

366 partners (62% of total partner base) are NGOs, of which 49% (295 partners) are national NGOs and 13% (71 partners) are international NGOs (organizations operating in more than one country).

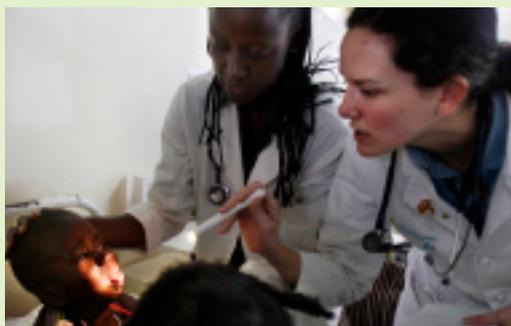
Partner best practice – examples from the field

INTERNATIONAL NGO

International Council of Nurses (ICN), Switzerland

The International Council of Nurses is a federation of 125 national nursing associations representing millions of nurses worldwide. Operated by nurses for nurses, ICN works to promote quality care for all and sound health policies globally.

On the occasion of World TB Day 2007, ICN, in partnership with another Stop TB partner, Eli Lilly, launched a special award to encourage and highlight the critical work of nurses in fighting the scourge of TB and MDR-TB. The inaugural award recipients were from five TB-affected countries: Malawi, the Philippines, Russia, South Africa and Swaziland.



NATIONAL NGO

Positive Generation, Cameroon

Created in 1998 by people living with or affected by HIV, since 2001 this NGO's fight against HIV/AIDS has also encompassed TB issues spanning peer training, communication, education and advocacy. Comprising students, researchers, doctors, sociologists, psychologists, nutritionists and lawyers, the organization's vision is of a society where every sufferer has access to treatment. Its principal mission: to contribute to improving the living conditions of people with TB/HIV.

PRIVATE SECTOR

Hippo Valley Estates, Zimbabwe

Hippo Valley Estates is a large agro-industrial sugar cane company which provides healthcare for its employees and their dependants (a population of about 26,000 in total). A TB clinic is run at company expense, providing diagnostic and curative services as a public-private partnership with the Ministry of Health. TB/HIV collaborative activities are now also being implemented.



Supporting national and regional partnerships

REGIONAL PARTNERSHIPS

Eastern Mediterranean Region

In recognition of the growing need for wider partnership to address the threat of TB, the WHO Regional Office, together with the countries of the region, laid the groundwork for the formation of an Eastern Mediterranean Stop TB partnership, including development of plans for a launch in Cairo in May 2008.

NATIONAL PARTNERSHIPS

Stop TB Ghana was launched in March on the occasion of World TB Day. Partners paraded a float through the main streets of Accra to highlight the importance of partnership in achieving TB control targets. A workshop was held for all chiefs and queen mothers in the Central Region (which reports the lowest treatment rates in the country), to raise awareness and scale-up community involvement in TB control. The new partnership is developing a road map to replicate the involvement of traditional leaders in TB control across the country's nine regions.

Stop TB Japan was launched in November with the goal of supporting the elimination of TB in Japan and contributing to global TB control by reinforcing technical support and training to high burden countries, raising awareness and stepping up advocacy in the developed world. The new Japanese partnership comprises government agencies, technical agencies, NGOs and the private sector.

"Partners are the very life-blood of the Stop TB movement.

Partnership is powerful. It fosters commitment and promotes feelings of ownership, responsibility and pride.

The view that health is solely the responsibility of ministries of health is outdated. Health has become everybody's business."

Political advocacy

SHARED RESPONSIBILITY

Tuberculosis recognizes no national borders. Control and eventual elimination of TB is a global public good and the shared responsibility of all members of the global community.



KEY ACHIEVEMENTS 2007

- At the G8 leaders meeting in Germany, G8 countries reaffirmed earlier pledges to support public health in Africa through a Summit Declaration which commits at least US\$ 60 billion for HIV, TB and malaria. The Declaration also includes a specific pledge to scale up efforts towards universal access to comprehensive HIV/AIDS prevention, treatment and care and support programmes by 2010 and a commitment to strengthen health systems and services.
- A tour of southern African countries including Malawi, Mozambique and South Africa by the WHO Regional Director for Africa, Dr Luis Gomes Sambo and the UN Special Envoy to Stop TB, Dr Jorge Sampaio, resulted in a declaration of a TB Emergency in Malawi and a series of top-level meetings in South Africa.
- Commissioner Kyrianiou, the EU Commissioner responsible for Health, called on the European Centre for Disease Prevention and Control to draft a European Union Action Plan on TB.

- To mark World TB Day, the Partnership supported a European Centre for Disease Prevention and Control symposium at the European Parliament, which was attended by more than 100 policy-makers. The Secretariat supported a scientific meeting at the Robert Koch Institute with the German Minister of Health to mark the 125th anniversary of the discovery of the TB bacillus.
- Dr Sampaio addressed the European Parliament Development Committee in April and called for EU-Africa Action plans to mirror the domestic TB Action Plan for the EU. He subsequently joined EU President José Manuel Barroso for the announcement of additional EU funding for the Global Fund.
- The Secretariat worked with US partners to intensify advocacy efforts, principally through leveraging high profile events in Washington DC to raise awareness of TB:

In May, the Executive Secretary of the Stop TB Partnership was a speaker at the annual Global Health Council conference, at which he released a report on the latest GDF accomplishments. During this same visit to Washington he also briefed Congressional staff on the progress of TB control efforts.

In July, a bipartisan, bicameral briefing was held in partnership with the Global Health Council, RESULTS Educational Fund and the American Thoracic Society to review the Global MDR-TB and XDR-TB Response Plan and the role of US government agencies in strengthening the basic elements of global TB control.

In October, the UN Secretary-General's Special Envoy to Stop TB spoke at a Center for Strategic and International Studies policy event alongside US Senator Sherrod Brown and US Global AIDS Coordinator Mark Dybul. As this event was held at the same time as important US budget deliberations, Dr Sampaio discussed appropriations with several Members of Congress. These efforts, combined

with the hard work of Stop TB partners, saw US commitments spending for global TB control double for the 2008 financial year, in addition to an increase in funding from the US President's Emergency Plan for AIDS Relief to address the TB/HIV co-epidemic.

- Dr Margaret Chan, WHO Director-General, hosted the April meeting of the Stop TB Partnership Coordinating Board, and met with Dr Michel Kazatchkine, Dr Peter Piot and Dr Jorge Sampaio.
- A briefing was held at the Norwegian Parliament on the subject of vaccine development by the Chair and Secretariat of the New Vaccines Working Group.
- The WHO European Ministerial Forum 'All Against Tuberculosis' was held in Berlin, Germany, in October. Ministerial representatives from 49 countries attended the forum, which was called on an emergency basis to advance development of a Europe-wide approach to controlling and eventually eliminating TB. Ministers endorsed the Berlin Declaration on Tuberculosis, which "notes with concern that TB has re-emerged as an increasing health security threat in the WHO European Region" and note that "TB control and efforts towards elimination of the disease in the Region need to be improved".

Union World Conference on Lung Health



On the occasion of the Union World Conference on Lung Health in November, some 2,000 people marched through the streets of Cape Town to raise awareness about the urgent need for better TB control. The march was organized by South Africa's Treatment Action Campaign.

THE UN AND INTERNATIONAL AGENCIES 2007 HIGHLIGHTS

- Discussions with Michel Kazatchkine, Executive Director of the Global Fund, at the 12th Stop TB Partnership Coordinating Board Meeting led to a tripartite collaboration agreement between GDF/GLC, UNITAID and the Global Fund, along with a commitment to work together on resource mobilization.
- The 60th World Health Assembly passed a resolution, "Tuberculosis control: progress and long-term planning", which urges WHO Member States to develop and implement long-term plans for tuberculosis prevention and control in line with the Global Plan to Stop TB.
- In his address to the General Assembly follow-up of the Declaration of Commitment follow-up to HIV/AIDS, UN Secretary-General Ban Ki-moon called for "a comprehensive approach to tackle diseases intimately linked with HIV – especially TB".
- A World Bank research report, completed on behalf of the Stop TB Partnership, found that 22 countries with the world's highest prevalence of TB cases could easily offset spending on TB diagnosis and treatment by higher earnings if they signed onto the Stop TB Partnership's Global Plan to Stop TB. With healthier, more productive workers, highly affected African countries could gain up to nine times their investment in TB control, and those outside Africa a 15-fold return.

The view that health is solely the responsibility of ministries of health is outdated. Health has become everybody's business.

INCLUSIVENESS

We welcome all those who share the vision, mission and values of the Partnership – individuals and organizations, public and private, rich and poor.



KEY ACHIEVEMENTS 2007

In September, ANNA CATALDI, who served as a UN Messenger of Peace from 1998 to 2007, was appointed a Stop TB Ambassador. Ms Cataldi's mandate is to raise global awareness about the heavy burden of TB on refugees, migrants, people living in poverty and other disadvantaged groups.

In June, Ms Cataldi visited Afghanistan at the invitation of the WHO Regional Office for the Eastern Mediterranean. Her aim was to build further political commitment and support for TB control from the Afghan authorities and partners, including donor countries and NGOs working in the field. In November, at the opening ceremony of the 38th Union World Conference on Lung Health, she announced the slogan for the 2008-2009 World TB Day campaign: I AM STOPPING TB.

MUSIC TO STOP TB

The Stop TB Partnership embarked on an exciting new advocacy project that seeks to raise awareness about TB through music. The project draws on long-standing links between TB and opera – in particular, the operas *La Traviata* (Verdi) and *La Bohème* (Puccini), whose narratives both focus on the tragic death of a young woman from TB. The project will also raise awareness of TB through the performance of music by Chopin, Boccherini, Pergolesi and other composers who lost their lives to the disease.

At a benefit concert on Sunday 25 March at the Black Diamond Theatre in Copenhagen, soprano Elsebeth Dreisig and tenor Niels Jørgen Riis sang arias from *La Traviata*, and celebrated pianist Leif Ove Andsnes played Frédéric Chopin. Proceeds from the concert were donated towards the repair and reopening of the children's TB hospital in Dushanbe, Tajikistan.

MUSIC TO STOP TB
Concert for children affected by tuberculosis

25 March 2007 - 16:00 hrs
Queen's Hall, Black Diamond - Copenhagen

Leif Ove Andsnes, piano
Elsebeth Dreisig, soprano
Niels Jørgen Riis, tenor
Vincenzo Taormina, baritone
James Vaughan, piano

Works by Sibelius, Liszt, Mompou, Chopin, and arias from Puccini's *La Bohème* and Verdi's *La Traviata*.

The artists are donating their performances to raise money to repair and reopen the children's TB hospital in Dushanbe, Tajikistan.

Tickets available from www.baletnet.dk

Danish Lute Association and WHO/Europe are holding the Music to Stop TB concert as part of the Embassy of Italy in Denmark. Courtesy Carlo Alessandro Caracciolo, Copenhagen Post, Hotel Sød Slots in Copenhagen, and Stop TB Partnership. The participation of Vincenzo Taormina was made possible by www.euro.who.int

Global communications

CONSENSUS

Recognizing the diversity of our 700 + partners, we strive to forge consensus on priorities and best practice and build programmes that best leverage the strengths of each individual member.



RAISING VISIBILITY

The Stop TB Partnership website was revamped to include more frequent and livelier news stories, features and photos. There were 2,055,000 visits to the site during the course of the year – a 39% increase over 2006.

'TB Returns to Europe', an op-ed piece signed by Executive Secretary Dr Marcos Espinal highlighting the need for European solidarity in fighting TB, appeared in the Wall Street Journal Europe in March.

GLOBAL MEDIA OUTREACH

38th Union World Conference on Lung Health

A team of eight HDNet correspondents from India, the Philippines, Thailand, Uganda, Zambia and Zimbabwe covered the Union World Conference in Cape Town, South Africa in November, thanks to sponsorship by the Stop TB Partnership.

NEW JOURNALISM AWARD FOR EXCELLENCE IN TB REPORTING

The new award was announced on the eve of the Union World Conference on Lung Health. The award, which will be granted for the first time in 2008, recognizes outstanding reporting and commentary in print and/or on the web that materially increases public knowledge and understanding of TB and MDR-TB in countries affected by the disease. The award is supported by the Lilly MDR-TB Partnership.

LAUNCH OF A TWO-YEAR CAMPAIGN FOR WORLD TB DAY 2008-2009

The opening ceremony of the World Conference on Lung Health launched a new campaign entitled I am stopping TB, aimed at challenging people the world over to play their part in fighting TB.



World TB Day: TB Anywhere Is TB Everywhere

GLOBALLY-FOCUSED EVENTS

New York City

UN Secretary-General Ban Ki-moon signed 'The Call to Stop TB' in the presence of Dr Jorge Sampaio at UN Headquarters in New York.

UN Deputy-Secretary-General Dr Asha-Rose Migiro signed 'The Call to Stop TB' at the opening of A World Free of TB, a photo exhibition held at UN headquarters in New York. This highly successful exhibition drew thousands of visitors.



Paris

A press conference was held at the Centre d'Accueil de la Presse Etrangère at the Maison de Radio France. Invited participants included Dr Jean Hervé Bradol, President of Médecins sans frontières France, Dr Michel Kazatchkine, Executive Director of the Global Fund, Dr Michèle Barzach, President of Friends of the Global Fund, Europe, Dr Léopold Blanc, a coordinator in the WHO Stop TB Department and Didier Houssin, France's Director-General of Health.

Geneva

The staff of the Partnership Secretariat lit up the windows of WHO headquarters with the words STOP TB to raise public awareness of the disease.

London

The All-Party Parliamentary Group on Global Tuberculosis held a meeting in the House of Commons to mark World TB Day and the launch of both the WHO's Global Tuberculosis Control Report 2007 and the manifesto of the All-Party Parliamentary Group on Global Tuberculosis for action against TB.

London Transport ran a TB information campaign on bus routes across the city.



LOCALLY-FOCUSED EVENTS

Around the world, events focused on the theme 'TB Anywhere is TB Everywhere'.

A few examples include:

Ghana – inauguration of the Stop TB Partnership.

Pakistan – organization of a street walk, followed by an advocacy seminar for political and opinion leaders, journalists and health care providers.

Peru – an awareness-raising campaign organized by the Peruvian Association of Medical Schools, held at a high school in one of Lima's most disadvantaged districts.

Romania – a conference organized by the Romanian Christian Humanitarian Foundation to educate young people about TB.



Among its other and various roles, the Stop TB Partnership is a global information resource on TB prevention, diagnosis, treatment and new tools, reaching diverse audiences through a broad range of channels.

Working Groups

SUSTAINABILITY

Eliminating TB as a global public health problem will not be achieved overnight. We share a commitment to sustaining the battle through highly targeted efforts and strengthened national capacity.



WORKING GROUPS

The seven Working Groups of the Stop TB partnership have been established to ensure that action to combat tuberculosis best makes the very best use of available resources, skills and funding. Working Groups are organized around specific areas of activity:

- Advocacy, communications and social mobilization
- DOTS expansion
- MDR-TB /XDR-TB
- TB/HIV
- New TB diagnostics
- New TB drugs
- New TB vaccines.

Advocay, Communication & Social Mobilization (ACSM) Working Group

In November, the full ACSM Working Group held a two-day meeting in Cape Town, South Africa ahead of the World Conference on Lung Health, with the goal of reviewing progress and agreeing on a biennial work plan.

The Group, together with the International Union Against Tuberculosis and Lung Disease, TB Alert, TB community representatives and the Stop TB Partnership Secretariat, also organized an Advocate's Corner and TB Community Zone at the conference. Managed by TB community representatives, the TB Community Zone was a privileged private space for the TB-affected community.

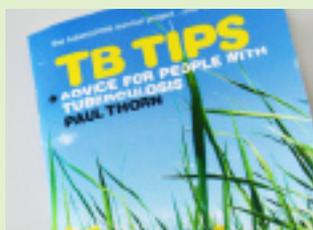


ACSM PRODUCTS IN 2007

The **ACSM Handbook** is a guide to support the design and implementation of ACSM activities at country level. It is primarily intended for staff involved in planning, organizing and supervising TB control activities.



The **Guide to Knowledge, Attitude and Practice (KAP) Surveys** has been developed to help systematize countries' approaches to collecting and using data from KAP surveys for planning, refining and evaluating ACSM work. The guide offers a theoretical framework, practical suggestions and a menu of useful resources and tools.



TB Tips by Paul Thorn, a partner and patient advocate, is a short booklet full of practical, easy-to-read advice for people with TB. The booklet will soon be available in Hindi, French and Spanish.

GLOBAL ACSM SUBGROUP

The role of the Global Advocacy Subgroup is to advise the Partnership and the Secretariat, generate initiatives and serve as the conduit through which partner agencies – especially NGOs and civil society – coordinate advocacy activities with each other and with the Secretariat.

The first fruits of the restructuring undertaken to improve the ACSM Subgroup's ability to fulfil its functions have begun to emerge – notably, in the newly created Core Group, whose role it is to set up and nurture various specialized Task Forces:

Media and Events Task Force - Developed the theme and slogans for World TB Day 2007 and 2008 and provided a bridge for coordinating Partner and Secretariat media activities.

National Partnerships Task Force - Provided support for the creation of Stop TB Partnerships in both high-burden and donor countries.

Business Engagement Task Force - Provided encouragement and assistance to companies worldwide to initiate workplace and community action on TB, as well as helping them with advocacy and resource mobilization.

XDR-TB Task Force - Prepared and disseminated consistent messaging for use by partners.

The ACSM Subgroup also provided advice on advocacy at the request of the Coordinating Board in the areas of the Research Movement for TB; the Global Drug Facility; and a recent World Bank report on the economic impact of TB control.

Other initiatives included:

- working with G8 leaders on the adoption of wording and policy related to TB at the annual G8 meeting in Germany;
- lobbying the European Union to increase support for global action against TB;
- working with partners to encourage Ministers of WHO European Region countries to attend the Berlin Ministerial Forum on TB in Europe and Central Asia;
- undertaking a review of regional development banks as possible targets for TB resource advocacy;
- advocating to get TB onto the agenda of the first health conference of Muslim states, held in Malaysia in late June.

The Subgroup also provided support for other Working Groups, notably in the area of new tools and TB/HIV activities. In addition, an ACSM advocacy website and e-newsletter were developed to facilitate interaction between partners and promote more effective advocacy and resource mobilization.

COUNTRY-LEVEL ACSM SUBGROUP

Through the WHO Planning Framework, TBTEAM and ACSM technical assistance missions, the Country-level Subgroup helped applicants secure more than US\$ 22 million in Round 7 Global Fund grants to design, implement and monitor ACSM activities in 15 countries (including ACSM and community care).

In response to low country-level capacity for ACSM activities related to Global Fund grants, the Partnership, with help from ACSM Working Group members, successfully issued a Request for Proposals (RFP). This resulted in the granting of US\$ 125,000 to one partner to match ACSM experts with requests and to deploy consultants on 10 technical assistance missions to countries with approved Global Fund proposals. These technical missions will be carried out in 2008.

In coordination with TBTEAM, 15 countries with approved ACSM components in Global Fund grants attended implementation workshops on the Global Fund grant cycle and on implementing, monitoring and evaluating ACSM activities.

Over the course of the year, country-level ACSM technical assistance missions were conducted in Bangladesh, Mexico, Nepal, Nigeria, Papua New Guinea, Peru, Somalia and Thailand. Many of these missions included active participation by ACSM experts in country TB programme reviews.

With support from USAID through Programme for Appropriate Technology in Health, the first regional ACSM planning workshop in Asia welcomed eight countries – Cambodia, India, Indonesia, Nepal, the Philippines, Papua New Guinea, Thailand and Viet Nam. The workshop helped provide guidance for countries in planning, implementing and evaluating ACSM strategies to support effective TB control, as part of Global Fund grant activities. It also served as a springboard for plans for follow-up technical assistance to individual countries.

The ACSM portion of the annual TB control questionnaire was refined in line with input from the Core Group. Survey data, as well as other ACSM-specific information from Global Fund grants, has been collected and compiled into an ACSM repository. This new repository covers the 22 high-burden countries and is available online. In addition to creating an easy and accessible information resource, annual survey data will help in evaluating progress towards targets outlined in the Global Plan.

DOTS Expansion Working Group

TBTEAM

TBTEAM, the TB Technical Assistance Mechanism of the Stop TB Partnership, was established in 2007 as part of the Working Group's plan of action. With a global Secretariat provided by the WHO Stop TB Department, TBTEAM helps countries access technical assistance resources, leveraging the global network of Stop TB partners, including national TB programmes, local and international NGOs, financial partners and WHO offices at country, regional and global levels.

TBTEAM objectives include:

- facilitating the planning of technical assistance according to needs;
- promoting available TB expertise;
- providing a platform for coordination of technical assistance and avoiding duplication of efforts;
- encouraging effective partner collaboration at every level.

With financial support from the Gates Foundation, the Swedish International Development Cooperation Agency (SIDA) and USAID (via the TB Control Assistance Program), the global TBTEAM Secretariat organized a series of proposal preparation workshops along with technical assistance for countries developing Global Fund Round 7 TB proposals. Global Fund TB proposal approval rates increased from 38% in Round 1 to 51% in Round 7.

Together with the Stop TB Partnership, the global TBTEAM Secretariat also manages a grant from the Office of the United States Global AIDS Coordinator (OGAC/USAID) which provides funding for Stop TB partners to provide technical assistance to countries implementing Global Fund grants.

IMPLEMENTING THE STOP TB STRATEGY

The WHO Global TB Control Report 2007 shows clear

evidence of progress. In 2006, the global case detection rate (new smear-positive) reached 62%, while treatment success climbed to 84.5%.

Activities in 2007 included finalization of regional plans and a new budgeting tool; regional workshops in Africa, the Americas and the Eastern Mediterranean on the use of the new budgeting tool; programme reviews in Indonesia, Myanmar, Nepal, Peru and Thailand; and meetings of NTP managers and partners in four regions.

LABORATORY STRENGTHENING SUBGROUP

In January, the Subgroup established a Core Group of international TB laboratory experts to accelerate activities and set the strategic direction for laboratory capacity strengthening. The group has been developing a strategic road map to guide the massive scale-up of laboratory services and also contributed to revising the definition of a new sputum smear-positive pulmonary TB case.

A laboratory management training course was held in March, and a laboratory consultant training course in August. Other documents and courses were developed to tackle some of the gaps in laboratory services, including:

- training materials on culture and anti-TB drug susceptibility,
- standard operating procedures for laboratories,
- technical policy guidance on drug susceptibility testing of second-line anti-TB drugs,
- guidelines for purchasing high quality products for TB diagnosis.

In addition, a Global Laboratory Initiative was proposed and endorsed by the Coordinating Board. This initiative is a comprehensive strategy designed to develop integrated laboratory and quality assurance systems and cross-cutting disease control mechanisms. The strategy includes components on global policy guidance, advocacy and

resource mobilization, laboratory capacity development and coordination, quality assurance, coordination of technical assistance and effective knowledge sharing.

TB AND POVERTY SUBGROUP

To highlight the link between TB and poor living standards, the Subgroup recruited a TB and Poverty Officer, to be based within the Stop TB Partnership Secretariat. A TB and Poverty website (www.stoptb.org/tbandpoverty) has now been developed, providing a summary of practical steps that NTP managers can adopt to increase access to TB-related information for the poor in their countries.

The Subgroup organized a symposium at the World Conference on Lung Health on reaching the poor through informal providers, and stepped up its active collaboration with other Working Groups, including:

- dialogue with the Retooling Task Force and the New Diagnostics Working Group on enhancing equitable impact, resulting in the establishment of a TB Diagnostics and Poverty Subgroup;
- development of new pro-poor approaches through collaboration with the Public-private Mix (PPM) subgroup on informal providers, as well as with the Special Programme for Research and Training on Tropical Diseases on adapting smear microscopy to eliminate barriers to service access.

The Subgroup was expanded to include all NTP managers, with a view to accelerating opportunities for addressing poverty issues in national programmes.

PUBLIC-PRIVATE MIX SUBGROUP

All high-burden countries are making good progress in advancing activities related to PPM. The current focus is on coordination, direct assistance and sharing of experience. Recent examples include:

- Philippines: massive expansion of PPM with the support of the Global Fund
- Indonesia: implementation of PPM in 235 districts

- Kenya: 31 of 126 districts now implementing PPM
- The Subgroup undertook development of a national situation assessment tool for PPM that can be used by national TB programmes for both initiating and scaling up PPM. The tool was pre-tested before publication and found useful in 10 countries of the African and Eastern Mediterranean regions.

A protocol to help implement and document PPM for TB/HIV in relevant countries was also developed during 2007, and PPM was integrated into the revision of guidelines on programmatic management of MDR-TB.

The Subgroup also organized a symposium on scaling-up Public-private Mix activities during the World Conference on Lung Health, and worked to actively promote the International Standards for TB Care. These standards are now being implemented in several countries in the African, South-East Asian and Western Pacific regions.

CHILDHOOD TB SUBGROUP

In 2007 the Subgroup published guidelines on childhood TB for national TB programmes and undertook a review of the doses of anti-TB drugs in children. The findings of this review will be discussed with a group of experts (paediatricians and clinical pharmacologists) with a view to making recommendations on treatment of childhood TB to WHO and the Global Drug Facility.

At its annual meeting, which was held during the World Conference on Lung Health, the Subgroup organized presentations on the development and implementation of guidelines for the management of childhood TB from the Philippines, Indonesia, Myanmar and Mexico. Two workshops on childhood TB were also organized; one in Myanmar and the other during the annual meeting of programme managers of the Western Pacific region in Malaysia.

Working Group on MDR-TB

The MDR-TB Core Group provided technical and strategic advice to WHO and partners, reviewed the governance structure of the Working Group and strengthened its leadership on all fronts related to MDR-TB and XDR-TB response. Activities included:

- support for the production of the Global MDR-TB and XDR-TB Response 2007-2008, which was launched in June 2007, along with monitoring of its progress;
- revision of the MDR-TB component of the Global Plan to Stop TB 2006-2015;
- organization of the 6th meeting of the Working Group, held in Tbilisi, Georgia in September;
- promotion of funding for Core Group and Subgroup activities;
- reform of Working Group governance, resulting in new community/advocacy leadership through the creation of a new Vice-Chair post.

OUTCOMES OF THE 6TH MEETING OF THE WORKING GROUP IN TBILISI, GEORGIA

- Declaration of a major crisis in procurement of second-line anti-TB drugs.
- Endorsement of an updated research agenda on MDR-TB control.
- Endorsement of community-based MDR-TB care as a means of accelerating the scale-up of MDR-TB management.
- Call for acceleration of efforts to scale-up diagnostic capacity, emphasizing the potential of new diagnostic tools to facilitate and accelerate diagnosis of MDR-TB, even in low-resource settings.
- Increased awareness of the importance of infection control within the context of MDR-TB and HIV.
- Strengthened collaboration between implementing Working Groups of the Stop TB Partnership.
- Establishment of a new Drug Management Subgroup to address the causes of the procurement and production crisis.

The Global Plan to Stop TB 2006-2015 calls for effective treatment of 800,000 MDR-TB cases over the next seven years.

Green Light Committee (GLC)

The GLC now has a presence in 51 countries spanning 95 MDR-TB programme sites. In 2007, 62 GLC-approved sites (65%) received Global Fund grants, allowing for enrolment on treatment of 22,539 patients. In addition, UNITAID funding in 10 programme sites (10%) enabled 1,242 patients to obtain treatment.

National governments, NGOs and other partners implemented 33 programme sites, which, together, are now supporting the treatment of 6,250 patients.

In 2007 the GLC received 30 applications for second-line drug provision for review, 25 of which were approved (15 new applications and 10 applications for expansion).

DRUG MANAGEMENT SUBGROUP

In 2007 the Subgroup undertook negotiations with Eli Lilly, a crucial partner in the response to MDR-TB and XDR-TB, for an increase in the quantity of concessionally-priced second-line anti-TB drugs.

The group also lobbied the WHO Prequalification Programme to accelerate efforts to prequalify manufacturers and second-line drugs and assisted the Global Drug Facility in solving pressing short-term needs for GLC-approved programmes in Russia.

RESEARCH SUBGROUP

Principal activities in 2007 included updating of the research agenda on MDR-TB management (including an evaluation of strategies for TB infection control), collaboration with the Green Light Committee to transfer questions emerging from the field and assessment of a promising study on MDR-TB treatment regimens conducted by the Union Against Tuberculosis and Lung Disease in Bangladesh. This study warrants further investigation before it can be considered evidence for the need for a change to current policy.



Working Group on TB/HIV

During 2007 the Working Group focused on development, finalization and implementation of policy guidance to improve the diagnosis and treatment of smear-negative pulmonary and extrapulmonary TB, both of which have been rising in countries with HIV epidemics. Delayed diagnosis is an important cause of excess mortality in people living with HIV.

The Group also developed an Isoniazid Preventive Therapy (IPT) Consensus Statement, which emphasizes the usefulness of IPT in averting preventable deaths from TB among people living with HIV and strongly recommends its implementation as part of an HIV care package. A two-page version of the Consensus Statement was distributed at the World Conference on Lung Health, and the message was also transmitted through a special World AIDS Day 2007 issue of the electronic newsletter HIV & AIDS Treatment in Practice, which has global distribution list of more than 30,000.

The Group held meetings in the Western Pacific and Americas regions to review regional strategic frameworks and progress in implementation of collaborative TB/HIV activities and operational research. It also enhanced its global monitoring and evaluation of collaborative TB/HIV activities, including harmonizing of monitoring and evaluation efforts among key stakeholders.

ADVOCACY AND RESOURCE MOBILIZATION

Funding for TB/HIV increased significantly in 2007, mainly through the Global Fund (42% of approved HIV proposals and 88% of approved TB proposals in Round 6 had TB/HIV components) and PEPFAR.

The Working Group Secretariat, in collaboration with the Office of the Global AIDS Coordinator and the Gates Foundation, organized a planning meeting with national TB and HIV/AIDS programme managers and other partners in Washington DC in March to accelerate the implementation of collaborative TB/HIV activities in PEPFAR-focus countries. More than US\$ 120 million were made available by PEPFAR for TB/HIV activities.

The Working Group Secretariat played an important role in raising awareness of TB/HIV at the HIV/AIDS Implementers' meeting held



in Kigali, Rwanda. OGAC and the Working Group Secretariat also hosted a follow-up meeting to the Washington DC event. Collaboration between the Working Group and International AIDS Society (IAS) was strengthened, with the IAS Governing Council prioritizing TB/HIV as one of its main work areas and joining the Core Group of the TB/HIV Working Group as a standing institutional member represented by its President, Pedro Cahn.

The Working Group organized a satellite TB/HIV session at the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention, in collaboration with the Forum for Collaborative HIV Research and other partners and produced the training manuals *Networking for Policy Change: TB/HIV Advocacy Training Manual* and *Networking for Policy Change: TB/HIV Participant's Guide*.

TB INFECTION CONTROL SUBGROUP

Working with key implementing partners, this new Subgroup ran a number of training courses on infection control. Work also began on an infection control planning framework, which will assist countries in developing infection control segments within TB and HIV Global Fund proposals. The new framework is designed to be easily adaptable, to help countries also target other funding sources.

Working Group on New Diagnostics

The Working Group on New Diagnostics recently restructured to facilitate and streamline operations. This reorganization has created a Core Group representing major stakeholders – patient organizations, academia, test developers, diagnostics manufacturers, NTP directors, NGOs and laboratory capacity-strengthening experts – along with nine Subgroups.

Five Subgroups have primary responsibility for advancing technologies, three Subgroups guide tool development and information, and one Subgroup has responsibility for synthesizing evidence on new diagnostics to inform policy and research.

Some new diagnostic products are advancing from the early development to evaluation phase at an accelerated pace – in some cases, faster than envisaged in the Global Plan. In other areas, however, the pace has been slower, prompting a decision to revise the Working Group's strategic plan so as to support a more structured approach to novel or modified diagnostics development and its evaluation and introduction into public health systems.

International policy changes in 2007 included:

WHO recommendation on use of liquid culture and rapid species identification for culture and drug susceptibility testing to be integrated into a country-specific comprehensive plan for laboratory capacity strengthening;

WHO recommendation on revised case definition based on sputum smear microscopy;

WHO recommendation on reducing the minimum number of sputum specimens examined in the investigation of pulmonary TB;

National policy changes or approvals on the QuantiFERON

TB Gold In-Tube approved by the US Food and Drug Administration for TB screening.

Other achievements in 2007 included:

- the publishing of a number of meta-analyses and systematic reviews of different diagnostic tests, based on evidence of the performance of TB diagnostics;
- collaboration with other Working Groups and the Retooling Task Force to facilitate the adoption, introduction and implementation of new tools and approaches;
- approval of the proposal by the Global Drug Facility to expand access to and availability of high-quality diagnostics in support of TB control and improved patient care;
- close monitoring of ongoing research efforts in a number of low- and middle-income countries on optimizing smear microscopy, including evaluations of frontloaded microscopy services, LED-based fluorescence microscopy and bleach digestion of sputum;
- evaluations of antigen detection tests and phage-based diagnostics for TB case-finding;
- research into the use of different rapid, culture-based drug susceptibility testing methods, such as those based on microscopic observation or on colorimetric indicators (currently in progress);
- evaluations of LAMP technology for TB diagnosis at district hospital level;
- launch of a major initiative, supported by FIND, to identify candidate targets for immunodiagnostic tests that have potential for delivery in point-of-care services.

The Partnership's Research Movement aims to spur dialogue with policy-makers on the benefits of investment in basic TB research, development of new diagnostics, drugs and vaccines and applied field research.

Working Group on New TB Drugs

During 2007, the Working Group conducted its second annual web-based survey to map global TB drug R&D activities. Working Group members from dozens of institutions around the world reported on five novel TB drug candidates in clinical trials, 12 trials of new approaches to treatment, eight preclinical candidates, over 30 discovery projects and nine translational research projects. Activities in all categories have increased since 2006.

Updates on two drugs in clinical development for resistant disease were presented at the Working Group's annual meeting, which also featured a review and discussion of developments in biomarkers for TB. The development of biomarkers and surrogate markers for TB were identified as major priorities for 2008.

The year also saw the establishment of a new MDR-XDR Task Force, with the aims of:

- developing a research agenda for improving outcomes of treatment of MDR-TB and XDR-TB;
- identifying the most efficient path to new drug regimens for MDR-TB and XDR-TB;
- integrating animal and preclinical research with clinical trials design;
- stimulating funding for clinical trials of MDR-TB and XDR-TB treatment.

The Group continued efforts to identify and evaluate potential clinical trial sites for evaluation of new TB drug candidates. By end 2007, over 30 sites had been assessed.

It also co-sponsored a symposium at the World Conference on Lung Health to promote visibility and understanding of recent advances in TB drug development. Presentations included an update on progress through clinical development of a drug being developed for drug-sensitive disease by Working Group members; this drug entered Phase III trials in late 2007.

In conjunction with co-sponsors, the Working Group also began planning the Third Open Forum. To be held in 2008, the meeting will focus on key issues in TB drug development, with an emphasis on regulatory affairs, especially in the Asian region.

Working Group on New TB Vaccines

At end 2007, seven new TB vaccine candidates were in clinical trials. Most have reached advanced safety and immunogenicity studies.

Two new vaccines developed at the Statens Serum Institute in Copenhagen also entered into Phase I trials. Clinical development of one of these vaccines is currently co-sponsored by the European Commission, while the other is being jointly developed with the Aeras Global TB Vaccine Foundation and Sanofi Pasteur SA.

The Working Group established a South-South TB vaccine trial lists network in partnership with participants from South Africa, Uganda and Kenya. Clinical researchers from other African and Asian countries will also be invited to join the network.

The Aeras Global TB Vaccine Foundation, the European TBVAC Initiative and the European and Developing Countries Clinical Trial Partnership meanwhile identified suitable trial sites in African and Asian countries – such as Ethiopia and Cambodia – which will support TB vaccine efficacy trials over the coming years.

The first meeting of the Task Force on New Approaches to TB Vaccine Development, was held in July, with the aims of:

- initiating a dialogue between TB vaccine researchers and experts from related research fields to promote 'cross-fertilization';
- developing/evaluating innovative approaches that could help build a portfolio of second/third generation TB vaccine candidates.

The Group also organized the first meeting of the newly formed Advocacy Task Force to coincide with the World Conference on Lung Health. The Task Force discussed ways of facilitating advocacy efforts to increase awareness and support for TB vaccine development.

The Task Force on Laboratory Assays also organized a meeting at WHO headquarters entitled 'Potential Use of Infected Target Cells for Assessing Protective Efficacy of New TB Vaccines'. A funding proposal is currently being developed based on the recommendations of this meeting.

The Retooling Task Force

A forum organized in conjunction with the World Conference on Lung Health generated broad consensus that the document *New technologies for TB control: a framework for their adoption, introduction and implementation* should be shared with those working on health systems strengthening and laboratory capacity strengthening, as well as in other disease control communities.

Forum participants identified potential challenges for retooling at country level and requested that the Retooling Task Force address some of the most urgent needs in its next work phases. The forum also provided an opportunity to present new TB pipelines, updated by the New TB Diagnostics, Drugs and Vaccines Working Groups.

Other Task Force activities during 2007 included:

- Finalization of a checklist of key actions to follow in introducing liquid culture systems and liquid-culture-based drug susceptibility testing, with the aim of facilitating global and country stakeholder planning for the timely assessment, adoption, introduction and implementation of the WHO recommendations.
- Completion of the Engaging stakeholders for retooling TB control, which provides guidance to managers of national TB control programmes, clinical laboratory and diagnostic services and other public health programmes on identifying and engaging stakeholders.
- The incorporation of retooling into the WHO TB programme planning framework and into the costing and budgeting tool for use in Round 8 Global Fund grant applications. At country level, this will facilitate appropriate and timely planning of any retooling activities, such as developing and producing guidelines for new case definition or organizing meetings for the revision of laboratory registers and other reporting/recording forms.

The emergence of XDR-TB highlights the urgent need to speed up the development of new tools and the deployment of effective operational plans at country level.

The Global Drug Facility

DYNAMISM

The global TB epidemic continually throws up new challenges. The Stop TB Partnership is a dynamic global initiative committed to constantly seeking innovative mechanisms that yield the fastest, most effective results.

In 2007 the Global Drug Facility (GDF) delivered more than two million anti-TB treatments to 66 countries worldwide.

By working with in-country partners to ensure an uninterrupted supply of quality-assured anti-TB drugs, GDF is helping save millions of lives and lowering the risk of further outbreaks of drug-resistant TB.

In 2007, GDF approved new grants of free anti-TB drugs for more than a million adults and children in 44 countries and placed drug orders on their behalf worth US\$ 24.2 million.

In addition, 38 countries chose to procure anti-TB drugs through

GDF using their own money or money from other donors, including 19 orders placed by recipients of grants from the Global Fund. GDF placed orders worth US\$ 12.5 million for its Direct Procurement customers, of which US\$ 8.2 million was paid by the Global Fund. Direct procurement continues to progress as a greater portion of GDF supply, increasing from 6.5% of GDF patient treatments supplied in 2003 to an all-time high of 47% in 2007¹.

During the course of the year GDF brokered technical assistance missions by drug management and TB experts to 57 countries. Drawn from members of the Stop TB Partnership, mission teams monitor the use of anti-TB drugs supplied by GDF and work with programmes to address bottlenecks and weaknesses in their supply chain, calculate future drug needs and develop a procurement plan.

Through workshops in Costa Rica, Myanmar, the Philippines, Senegal and South Africa, GDF collaborated with partners to provide crucial training to national staff and regional consultants on how to better procure and manage anti-TB drugs. Training directly benefits TB control as well as imparting valuable skills that health workers can use when managing medicines for other health programmes. GDF also worked with the WHO Prequalification Programme and pharmaceutical manufacturers to increase the global supply of quality-assured first- and second-line anti-TB drugs.

GDF operations were audited in 2007 and re-certified as ISO 9001:2000 compliant for 'provision of quality-assured anti-TB drugs and related services to eligible national TB control programmes'. GDF further strengthened its procurement operations by expanding its second-line procurement team, signing long-term agreements with its procurement agents and concluding a competitive selection process among pre-qualified first-line drug manufacturers. The Facility continued its tradition of packaging essential, high - quality products in ways that simplify the work of national programmes, adding diagnostic kits to its catalogue of anti-TB drugs and supplies.

¹ Excludes DFID-funded supply to India, which dramatically affects overall GDF supply figures.

GDF also continued to develop its relationships with new donors, such as the innovative new financing mechanism UNITAID. UNITAID and GDF announced a new collaboration initiative to address life-threatening shortages of anti-TB drugs in 19 countries which already have confirmed future support from the Global Fund or another donor, but are unable to meet their immediate needs.

GDF, UNITAID and the Global Fund also signed an agreement to help increase access to and affordability of, quality-assured second-line anti-TB drugs for use in MDR-TB control. UNITAID funding will make it possible for GDF to procure and supply an estimated 4,716 patient treatments to MDR-TB programmes approved by the Green Light Committee in 17 countries by the end of 2011.



Since 2001, GDF has supplied MORE THAN 11 MILLION PATIENT TREATMENTS IN 82 COUNTRIES.

While our membership and income continues to grow, many challenges remain – above all, to help countries in need secure the funds essential to scaling up their TB control efforts.

Resource mobilization & Financial management

RESOURCE MOBILIZATION AND FINANCIAL MANAGEMENT

Close relationships with core donors were maintained through regular progress reports during the course of the year. New relationships were forged with UNITAID and the Global Fund, including a major funding agreement with UNITAID for US\$ 53.3 million. USAID increased its contribution to US\$ 8.64 million through the provision of an additional US\$ 3 million provided by OGAC for TBTEAM, GDF and country-level advocacy. The government of Norway also provided US\$ 991,000 to support GDF.

2007 key figures and statistics

- Income for the Secretariat totalled US\$ 80.3 million. Operating expenditure was US\$ 57.9 million, creating a surplus of US\$ 22.4 million. This surplus resulted from US\$ 36 million being received from two major donors in late September-November, combined with early cut-off procedures implemented by WHO to facilitate the shift to a new resource management system. Reserves were initially increased to US\$ 2 million in February, but during the course of the year US\$ 1.2 million was withdrawn to fund a new Working Group, as requested by the Coordinating Board at its October meeting in Berlin.
- In-kind contributions totalled US\$ 2.8 million – due in part to donations by Novartis of anti-TB drugs valued at US\$ 2.3 million destined for Tanzania.

MANAGEMENT

A computer-based system linking the GDF procurement supply chain to the financial supply chain was introduced to reduce financial risk. Interest totalling US\$ 1.6 million was credited to the Stop TB Partnership Trust Fund. The implementation rate of the work plan for the biennium 2006-2007 was around 84% of the approved plan.

The 2008-2009 work plan, presented to the Coordinating Board at its October meeting, has been endorsed by WHO. The total planned cost is US\$ 111 million, while budgeted costs based on expected income amount to US\$ 95 million, leaving a gap of US\$ 16 million. Resource mobilization efforts are underway to fill this gap.

The year also saw the launch of the Challenge Facility for Civil Society, with funds totalling US\$ 384,000 provided to 22 grassroots NGOs in 15 countries.

It is imperative that the Stop TB Partnership secures the resources to fully fund the next work plan and support the move to a new WHO ERP system, which will entail a major shift in the resource allocation and management process. The need to help partners secure funds for implementing their TB control activities and to coordinate potentially conflicting mandates and demands related to delivering the Global Plan remains an ongoing challenge.

The full financial management report of the Stop TB Partnership for the year 2007 can be found in Annex 1, while the income and expenditure statement for GDF is provided in Annex 2.

Annex I: Stop TB Partnership Secretariat

SUMMARY STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDING 31 DECEMBER 2007 (ALL FIGURES IN US\$ '000)

INCOME	2006	2007
VOLUNTARY CONTRIBUTIONS IN CASH		
Governments & their agencies	50,268	72,625
Multilateral organizations	700	700
Foundations and others	2,059	2,633
Interest credited to the Trust Fund	1,280	1,578
TOTAL CASH DISTRIBUTION	54,307	77,536
VOLUNTARY IN-KIND CONTRIBUTIONS		
Governments	13	-
Multilateral organizations, foundations	504	451
In-kind contribution for drugs (Novartis)	3,226	2,340
IN-KIND CONTRIBUTION	3,743	2,791
TOTAL INCOME	58,050	80,327
EXPENDITURE		
Partnership	5,791	13,313
Advocacy and communication	1,093	2,566
Global Drug Facility	43,346	39,519
General Management and Administration	2,740	2,537
TOTAL EXPENDITURE	52,970	57,935
TRANSFERRED TO RESERVES	1,000	-
SURPLUS of income over expenditure ¹	4,080	22,392

¹ Includes contributions totalling US\$ 35.9 million received between end September and November 2007.

Annex 2: Global Drug Facility

**SUMMARY STATEMENT OF INCOME,
CONTRIBUTIONS RECEIVED FOR DIRECT PROCUREMENT AND EXPENDITURE
FOR THE YEAR ENDING 31 DECEMBER 2007
(ALL FIGURES IN US\$ '000)**

INCOME	2006	2007
Governments and their agencies - specified	40,723	59,167
In-kind contribution for drugs from Novartis	3,226	2,340
Contributions for direct procurement	6,165	12,500
Other income	125	0
TOTAL INCOME	50,239	74,007
 EXPENDITURE		
Grant procurement of anti-TB drugs	41,344	36,847
Direct procurements	6,165	12,500
Quality assurance and prequalification	84	106
Technical assistance, monitoring and salaries	1,875	2,384
Advocacy and communications	43	182
Indirect costs	1,366	893
TOTAL EXPENDITURE	50,877	52,912
SURPLUS of income over expenditure ¹	-638	21,095

¹ GDF expenditure excluding direct procurement and indirect costs is \$39.5 million

Notes:

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