



Abbreviations

ACSM	Advocacy, communication and social mobilization
AIDS	Acquired Immune Deficiency Syndrome
CFCS	Challenge Facility for Civil Society
CIDA	Canadian International Development Agency
CGI	Clinton Global Initiative
DFID	United Kingdom Department for International Development
DOTS	The basic strategy that underpins the Stop TB Strategy
EXPAND-TB	Expanding Access to New Diagnostics for TB (project)
GDF	Global Drug Facility
GLC	Green Light Committee
GLI	Global Laboratory Initiative
HIV	Human immunodeficiency virus
MDR-TB	Multidrug-resistant tuberculosis

NGO	Nongovernmental Organization
PEPFAR (US)	President's Emergency Plan for AIDS Relief
PPM	Public-private mix
STAG-TB	Strategic and Technical Advisory Group for Tuberculosis
TAG	Treatment Action Group
TB	Tuberculosis
TBTEAM	Tuberculosis Technical Assistance Mechanism of the Stop TB Partnership
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNITAID	An international funding facility set up to accelerate treatment of HIV/AIDS, malaria and tuberculosis in developing countries
USAID	United States Agency for International Development
WHO	World Health Organization
XDR-TB	Extensively drug-resistant tuberculosis

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CONTENTS



2	Foreword
4	Executive Summary
8	The Global Plan to Stop TB 2011 – 2015
12	Governance
14	Partner Engagement
20	Challenge Facility for Civil Society
22	TB REACH
26	Political Advocacy
30	UN Secretary-General's Special Envoy to Stop Tuberculosis
32	Communications, Celebrities and Events
38	Working Groups
44	TB Research Movement
45	TB TEAM
46	The Global Drug Facility
50	Resource Mobilization and Financial Management
52	Annexes

ABOUT THE STOP TB PARTNERSHIP

The Stop TB Partnership is leading the way to a world without tuberculosis (TB), a disease that is curable but still kills three people every minute. Founded in 2001, the Partnership's mission is to serve every person who is vulnerable to TB and ensure that high-quality treatment is available to all who need it. Our role is to ensure a bold vision for addressing TB and to coordinate and catalyse global efforts towards elimination of the disease.

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

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

FOREWORD



“2010 was both an anniversary year & a year for making history.”

It is my pleasure to present to you the Stop TB Partnership's Annual Report 2010. This was both an anniversary year and a year for making history.

It saw the development and launch of a new roadmap for the Partnership – the Global Plan to Stop TB 2011–2015: Transforming the Fight Towards Elimination of Tuberculosis. The new plan – which follows on from the Global Plan to Stop TB 2006–2015, while setting new and more ambitious targets – for the first time identifies all the research gaps that need to be filled to bring rapid TB tests, faster treatment regimens and a fully effective vaccine to market. It also shows public health programmes how to drive universal access to TB care, including how to modernise diagnostic laboratories and adopt revolutionary TB tests that have become available recently.

In another historic development, the Stop TB Partnership launched the TB REACH initiative. Supported by the Canadian International Development Agency (CIDA), TB REACH funds projects that promote early and increased case detection of people with TB and ensure their timely treatment, while maintaining high cure rates within national TB programmes. TB REACH encourages the development and application of innovative, groundbreaking and efficient techniques, interventions and activities that result in increased TB case detection,

reduced transmission and prevention of the emergence of drug-resistant forms of TB. As suggested by its name, TB REACH focuses on reaching people who have limited or no access to TB services.

2010 was a milestone year in our efforts to turn up the volume about TB among groups committed to fighting human immunodeficiency virus (HIV). There was an historic moment at the International AIDS Conference – a protest march calling for no more deaths from TB in people living with HIV, followed by a plenary session on TB/HIV featuring the United Nations (UN) Secretary General's Special Envoy to Stop TB, Dr Jorge Sampaio. The session culminated in the signing of a memorandum of understanding between the Stop TB Partnership and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The agreement binds the two organizations together in a common goal: To strive towards halving the number of people living with HIV who die from TB by 2015, compared with 2004 levels.

2010 was also a landmark for me personally. It was the year I joined the Stop TB Partnership as team leader for the newly established TB REACH. I felt so privileged

to have had the opportunity to steward this exciting new initiative through its first year, and at the end of that year to have been selected as the Partnership's Executive Secretary.

I have taken up my duties in challenging times, but these challenges will not weaken my resolve. We serve people all over the world who are vulnerable to TB. It is our task to change the world so that all people who need TB care can access it, no matter who they are or where they live. Our partners share this vision, and if we work together we will realise it.

We can do it only in partnership!

Dr Lucica Ditiu

Executive Secretary,
Stop TB Partnership



The launch of the Global Plan to Stop TB 2011 – 2015 in 2010 showed the power of partnership in action.

An update to the Global Plan to Stop TB 2006–2015, the new plan draws on expertise from across the partnership to pave the way to eliminating TB as a global health problem. As well as showing public health programmes how to drive universal access to TB care, the plan for the first time identifies the research gaps that need to be filled to bring rapid TB tests, faster treatment regimens and a fully effective vaccine to market. The plan provides a clear roadmap for addressing drug-resistant TB and sets ambitious targets for testing and treating people who are co-infected with TB and HIV. The plan is fully costed and identifies a funding gap of around US \$21 billion, approximately US \$4 billion a year, for both TB

care and research which needs to be filled by international donors.

The goals set out in the Global Plan gave fresh impetus to the partnership's work at a country level. At the end of 2010 there were 32 country-level partnerships. Bringing together organizations from different sectors of society, these partnerships have drawn up shared operational plans which aim to maximise resources and increase coordination with national TB programmes. Swaziland, for example, has reported excellent results following the development of a shared five year plan to combat TB. The case detection rate has increased from 43% to 70% and the treatment success rate has increased from 47% to 68%.

The treatment success rate in Swaziland has increased

from
47% to 68%

The launch of TB REACH in January brought new hope to the estimated three million people a year with TB who fail to access accurate diagnosis or effective treatment. Supported by CIDA, the fast track funding mechanism approved 30 projects in 2010 which are designed to encourage increased case detection using innovative techniques and activities. Early results are encouraging. A project run by the Indus Hospital in Karachi, Pakistan, has reported a doubling in the number of cases detected following the implementation of a new programme that uses mobile phone technology and financial incentives to track down people with tuberculosis.

The Challenge Facility for Civil Society continued its work to empower communities in the fight against TB, awarding a third round of grants worth between US\$ 5 000 and US\$ 20 000 to 22 civil society organizations across the globe in 2010. These grants supported various community-level activities, including public forums, door-to-door outreach, distribution of communication materials, reduction of stigma in the workplace, and enhancing support from local leaders and women's groups. In Cote D'Ivoire, one community organization has increased case detection three-fold after implementing advocacy initiatives, community events and education for community volunteers.

TB and HIV was a key topic in 2010. The Partnership had a strong presence at the International AIDS Conference in July, with several key events including a symposium on TB/HIV coinfection in eastern Europe. Protesters calling for "no more deaths from TB in people living with HIV" marched through the conference centre in advance of a special session on TB/HIV. At a special ceremony convened by Dr Jorge Sampaio, the United Nations Secretary General's Special Envoy on Tuberculosis, the Stop TB Partnership signed a memorandum of understanding with UNAIDS to work together to improve the response to TB and HIV.

The Global Drug Facility continued its work to ensure the delivery of first and second-line anti-tuberculosis drugs and diagnostics at sustainable prices. Despite challenging market conditions, GDF's core procurement business grew strongly in 2010. This equated to 2.3 million patient treatments and more than 12 000 MDR-TB patients enrolled under GLC projects. This brings the total number of first-line drug patient treatments delivered by GDF since 2001 to more than 18 million. Through its grant service, GDF continued to provide first-line drugs to countries that were unable to secure the finances needed. Forty-six countries placed grant orders for first-line drugs. GDF witnessed fewer requests for grant funding in 2010 as many countries transition from GDF grants to Global Fund grants. However GDF's procurement services business grew strongly in 2010. This service allows clients to use their own funds or donor grants to source first and second-line drugs through GDF, leveraging its knowledge of the TB

drug market, purchasing capacity and logistics expertise. The total value of orders placed through GDF's procurement service in 2010 was US\$ 87 million, up from US\$ 48 million in 2009.

In addition to their contributions to the Global Plan to Stop TB 2011-2015, the partnership's working groups made some notable advances in 2010. The Global Laboratory Initiative, New Diagnostics Working Group and DOTS Expansion Working Group all contributed efforts which led to the approval of the MTB/RIF diagnostic test by WHO in December. The MDR-TB Working Group produced a draft framework for coordinating the response to the MDR-TB epidemic for endorsement by the Stop TB Partnership Coordinating Board. The Childhood TB Subgroup of the DOTS Expansion Working Group developed new policy guidelines on the treatment of TB in children and a desktop guide for the diagnosis and management of TB in children. Meanwhile, the Advocacy, Communication

and Social Mobilization (ACSM) Subgroup launched a collection of ACSM good practices during the Stop TB Symposium in Berlin.

In 2010, the TB Technical Assistance Mechanism (TB TEAM) coordinated and planned technical assistance missions and supported 43 countries in applying for Global Fund grants. This support resulted in the mobilization of over US \$ 1 billion for TB control in countries from the Global Fund.

Finally, the partnership continued to raise public awareness and understanding of TB. World TB Day in 2010 marked the start of a new 2-year campaign. The slogan "On the Move Against Tuberculosis" built on the theme of innovation and focussed on individuals who have found new ways to stop TB. The World TB Day blog was relaunched as a vehicle for partners to share and publicise events and news. In March, British singer Craig David joined the partnership to lend his voice to the global fight against TB.





A series of videos recorded during a trip to South Africa were released on YouTube and helped to generate more than 28 000 views on the Stop TB channel. In addition Craig gave several television interviews and posted messages throughout the year on his Twitter and Facebook pages. The Stop TB Partnership website, www.stoptb.org, continued to draw a broad audience with nearly 8 million visits in 2010, a 36% increase over 2009.

“ Since 2001,
GDF has sent more than
18.5 million
patient treatments.”

THE GLOBAL PLAN TO STOP TB 2011–2015



The Global Plan to Stop TB was launched in Johannesburg, South Africa in October. The press conference, held at Pholoshu Primary School in Alexandra was followed by a Kick TB event involving 2000 school children. Kick TB is an initiative of the South African Department for Health which uses sport to spread awareness about TB and tackle the stigma associated with the disease.

In 2010 the Stop TB Partnership published a comprehensive plan which, if fully funded, would pave the way to eliminating tuberculosis (TB) as a global health problem.

The Global Plan to Stop TB 2011–2015: Transforming the Fight Towards Elimination of Tuberculosis identifies for the first time the research gaps that need to be filled to bring rapid TB tests, faster treatment regimens and a fully effective vaccine to market. The Global Plan also shows public health programmes how to drive universal access to TB care, including how to modernise diagnostic laboratories and how to adopt revolutionary TB tests that have recently become available.

The Global Plan is an update to the Global Plan to Stop TB 2006–2015, which was published in 2006. The new Global Plan follows the earlier version, while setting new and more ambitious targets for the next five years.

The Global Plan sets out to provide diagnosis and treatment approaches recommended by the World Health Organization (WHO) for 32 million people over the next five years.

In addition to helping public health programmes adopt already existing modern diagnostic tests, the Global Plan sets a research agenda aimed at engendering two new ‘while-you-wait’ rapid tests that trained staff at even the most basic health outposts can use to diagnose TB accurately. By 2015 the Global Plan also aims to have three new drug regimens – one for drug-sensitive TB and two for drug-resistant TB – to be going through phase III clinical trials, the final step before drugs are released to market. Four vaccine candidates should be at the same stage of testing.

The Global Plan provides a clear roadmap for addressing drug-resistant TB. It calls for 7 million people to be tested for multidrug-resistant TB (MDR-TB) and 1 million confirmed cases treated according to international standards over the next 5 years.

Half a million people die each year from TB associated with human immunodeficiency virus (HIV) infection. If the Global Plan's targets are met, then by the end of 2015 all people with TB will be tested for HIV and, if the test is positive, receive antiretroviral drugs and other appropriate HIV care. In HIV treatment settings, all patients will be screened for TB and receive appropriate preventive therapy or treatment as needed.

On financing, the Global Plan calls for US\$ 37 billion for implementation of TB care between 2011 and 2015. A funding gap of about US\$ 14 billion – approximately US\$ 2.8 billion per year – will remain and needs to be filled by international donors.

The Global Plan includes a separate calculation of the funding required to meet targets for research and development: a total of US\$ 10 billion, or US\$ 2 billion

per year. High-income countries and countries with growing economies will need to increase their investment in research and development to fill a total estimated gap of about US\$ 7 billion, or US\$ 1.4 billion per year.

\$37
billion

Funding
required for
implementation



Funding
required for
research

\$10
billion



The Stop TB Partnership Coordinating Board met in Hanoi, Viet Nam in May 2010 and in Johannesburg, South Africa in October 2010.



Dr Mphu Ramatlapeng, the Minister of Health and Social Welfare of Lesotho, speaking at the Coordinating Board meeting in October.

At the 18th Stop TB Partnership Coordinating Board meeting

on 4–5 May in Hanoi, Viet Nam, the Board discussed progress and the way forward on TB/HIV and endorsed a memorandum of understanding between the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Stop TB Partnership. This was finalised and signed at the International AIDS Conference in Vienna in July 2010.

The board endorsed the direction that partners involved in the MDR-TB response have agreed to follow for revising the current support model for MDR-TB management scale-up in countries. It also mandated the Global Laboratory Initiative and the New Diagnostics Working Group to develop a strategy on how best to encourage rapid, timely and optimal uptake by countries of new diagnostic tools.

The board requested a study to review the lessons learnt from the first wave of applications for TB REACH grants. In addition, it endorsed recommendations to enhance advocacy in the United States of America, including better coordination, communications, support and leadership engagement. This resulted in co-financing a post in Washington DC to improve the coordination of advocacy partners.

At the 19th Stop TB Partnership Coordinating Board meeting

on 14–15 October in Johannesburg, South Africa, the Board reviewed the response to the TB/HIV epidemic and requested that the Stop TB Partnership Working Group on TB/HIV and UNAIDS develop an implementation plan based on the memorandum of understanding.

The board mandated the Secretariat to mobilize additional resources in 2010–2011 to ensure that activities in 2012–2013 are sustained at the same level or above. It supported the finalisation of the Global Drug Facility (GDF) implementation and restructuring plan under the new head of the GDF and supported the TB Vaccine Blueprint process and asked for donor commitment to expand funding for vaccines.

At the special session of the Stop TB Partnership Coordinating Board

on 11 November in Berlin, Germany, the Board recognized the work of the MDR-TB Working Group and endorsed the proposed shift from project management to integration of MDR-TB management into national TB programmes, with a view to achieving universal access.



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PARTNER OVERVIEW

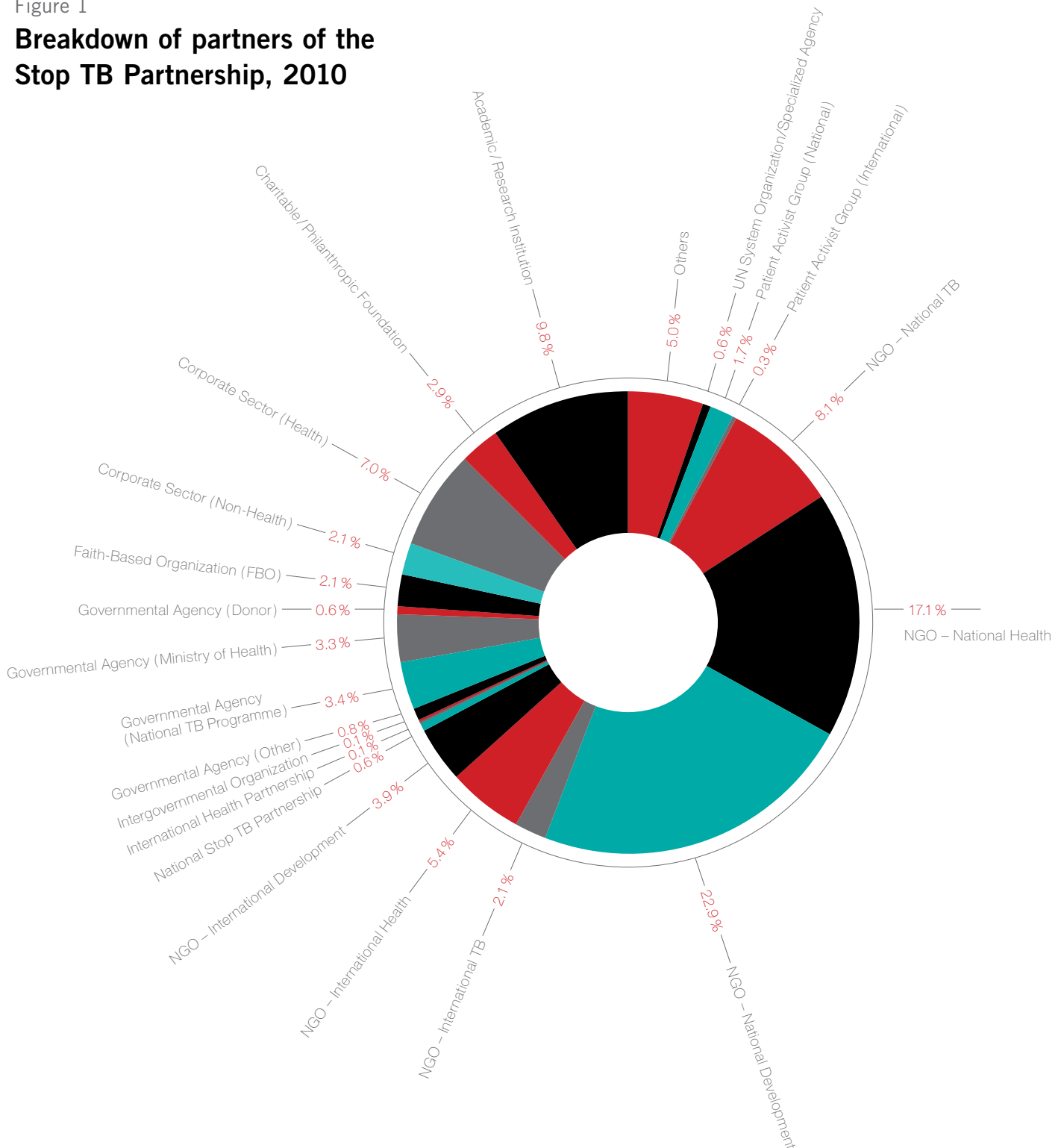
In 2010 the Stop TB Partnership began analysis work to better understand its partners. The majority of partners are civil society organizations, including nongovernmental organizations (NGOs), community-based organizations and faith-based organizations. The Partnership conducted a study on these organizations which revealed that our civil society partners are based mainly in Africa and South-East Asia and work on Advocacy, Communication and Social Mobilization, TB health-care services and technical assistance.

Our largest partner group is

NGOs

Figure 1

Breakdown of partners of the Stop TB Partnership, 2010





PARTNERING INITIATIVES TO STOP TB AT THE COUNTRY LEVEL

In 2010, country-level efforts focused on strengthening the partnering process to deliver better TB programmes and meet the goals set out in the Global Plan to Stop TB 2011–2015.

Country-level partnering brings together organizations from different sectors of society, including national TB programmes, civil society organizations and private-sector companies, to agree roles and responsibilities in delivering a shared operational plan to combat TB. At the end of 2010 there were 32 country-level partnerships, 12 of which are in high-burden countries.

In 2010 assistance was provided to countries in three areas:

- to identify resources that each partner can contribute to TB prevention and control in the country;
- to develop a single national TB plan, with each partner contributing its core competencies and obtaining support for its role;
- to identify partners' roles and responsibilities and mobilize resources jointly to implement a coherent national TB plan.

The Stop TB Partnership issued guidance on these processes and continued to update the guidance throughout the year based on experiences in countries. The Partnership also provided technical assistance, both in country and by correspondence, to Kenya, Nigeria, Swaziland and India.

The WHO Regional Office for the Eastern Mediterranean assisted eight countries to set up a partnering initiative. Consultants were trained in partnering as part of a workshop on providing consistent and good-quality country-level technical assistance on the Stop TB Strategy.

Communications with current national stop TB partnerships were maintained on a regular basis through an electronic mailing list and a dedicated web site. Focal points from national partnerships met in an exchange market at the International Conference of the Union against Tuberculosis and Lung Diseases to share experiences, discuss challenges and find solutions. A session on partnering initiatives to stop TB was organized in the context of the subgroup on ACSM at the country level to illustrate different experiences.

We currently have

32

country level
partnerships

12

of which are in high-
burden countries.

➤ PARTNER BEST PRACTICES: EXAMPLES FROM THE FIELD

Private sector: Becton, Dickinson and Company

Becton, Dickinson and Company (BD), a leading medical technology company, is committed to addressing TB around the world. BD deploys a strategy to fight TB that includes increasing access to vital technologies, strengthening laboratory systems through technical assistance and general awareness and advocacy.

BD's TB diagnostics utilise liquid culture, which is faster, more accurate and more comprehensive than conventional approaches. Liquid culture is particularly valuable in its ability to not only detect drug-resistant TB, but also to determine which drugs can be used to treat the patient. BD and the Foundation for Innovative New Diagnostics

(FIND) entered into a pricing agreement that dramatically expanded liquid culture testing in areas of the world severely impacted by TB. To date, more than 13.5 million liquid culture tests have been administered in 45 countries heavily burdened by TB as a direct result of this agreement.

BD helps to improve laboratory services through training and technical assistance. For example, BD associates helped conduct comprehensive courses on TB control and safe laboratory practices in sub-Saharan Africa and Southeast Asia. BD also worked health officials in Uganda and Ethiopia to use Global Positioning System technology to ensure that TB specimens arrive safely and promptly at reference labs for processing and results return to patients in a timely fashion.

BD's ongoing awareness and advocacy efforts begin at home with regular educational activities for associates including a robust intranet site and World TB Day events. BD also helps raise awareness worldwide through the support of photography exhibits that illustrate the problem of TB and the efforts in place to address the disease. Finally, BD executives regularly participate in top global health and TB events and conferences around the world.





**Nongovernmental organization:
KNCV Tuberculosis Foundation**

KNCV Tuberculosis Foundation is a center of expertise for TB control and a medical development organization. Committed to a world free of TB, KNCV works both in the Netherlands and in around 40 countries worldwide, providing technical assistance, advisory services, training programmes capacity building, as well as epidemiological and operational research.

Highlights from 2010 include the provision of technical assistance to successful Global Fund round 10 applicants in Namibia, Ghana, Swaziland, Liberia and Indonesia and Ethiopia. In addition, with the support of funds that were provided through the TB Technical Assistance Mechanism (TB TEAM), KNCV supported the

implementation of Global Fund grants in Zambia, Sierra Leone, Liberia, Angola, Malawi, Rwanda, Ghana, Tanzania Lesotho, Mozambique, Indonesia, Tajikistan, Dominican Republic and Moldova.

KNCV also provided support to Global Drug Facility and Green Light Committee missions to Swaziland, Liberia, Tanzania, Namibia, Zambia, Ethiopia, Indonesia and Viet Nam. KNCV is represented on several Stop TB Partnership workig groups. As the chair of the ACSM sub-working group, KNCV played a key role in the launch of *Advocacy, communication and social mobilization for TB control: collection of country-level good practices* in November.



A Stop TB Partnership TB and Human Rights Task Force was established in 2010, with the secretariat provided by WHO and UNAIDS. The task force includes: **human rights legal experts, health and human rights advocates, representatives of vulnerable groups** and major partner institutions also working on health and human rights.



National Stop TB Partnership: Swaziland

In Swaziland, which has the highest incidence of TB in the world, an estimated 40% of patients receive their health care services through faith-based organizations, community based organizations and nongovernmental organizations. However, the TB control efforts of these organizations have not always been well coordinated with those of the National Tuberculosis Programme (NTP).

The Swaziland Stop TB Partnership was set up to improve coordination and improve services. Following a mapping exercise, all partners now have a shared five-year strategic plan for TB which identifies roles and responsibilities for each partner in each area of the country.

The results are impressive. In November 2010, the NTP reported that nine community based organizations are now supporting delivery of TB services to an additional 3 000 patients. The NTP has also reported an improvement in TB outcomes. The TB case detection rate has improved from 43% in 2006 to 70% currently. Similarly, treatment success rate improved from 47% to 68%.

In Swaziland, **nine** community based organizations are supporting TB service delivery

to an additional

3 000
patients

CHALLENGE FACILITY FOR CIVIL SOCIETY



The Stop TB Partnership's Challenge Facility for Civil Society (CFCS) is a funding mechanism that provides grants to community-based organizations engaged in advocacy and social mobilization to raise awareness and empower communities to become part of the solution in the fight against TB.

In 2010, CFCS awarded a third round of grants worth between US\$ 5 000 and US\$ 20 000 to 22 civil society organizations in 16 countries. These grants supported various community-level activities, including public forums, door-to-door outreach, distribution of communication materials, reduction of stigma in the workplace, and enhancing support from local leaders and women's groups.

These activities aim to increase the number of people in communities seeking health care at an early stage, to reduce the rate at which patients default on their treatment, and to increase contact tracing.

The call for proposals for the CFCS fourth round was announced in October. This round was open to Russian-language proposals for the first time, which permitted submissions from organizations in eastern Europe and central Asia.

GOOD PRACTICE EXAMPLES FROM CFCS GRANTEES

• Raising awareness:

In Ghana, Integrated Development in Focus developed TB education sessions for TB patients, community volunteers and local stakeholders who returned to educate communities and raise awareness. Activities took place in schools, churches, community centres and football parks and from house to house.

• Effective advocacy:

CFCS grantees help to shape local policies by advocating for TB to be placed on the political and social agenda. The Ukrainians Against Tuberculosis Foundation prepared and sent regulatory proposals to the Ukrainian Government on the improvement of palliative and hospice care for people with TB.

• Improving health:

Communities in Côte d'Ivoire have made significant headway in the fight against TB. Stop TB Bouaké provided much-needed nutritional and financial support and temporary accommodation during treatment to individuals most in need. Combined with large-scale advocacy, community events and education for community volunteers and other NGOs, this work has increased the detection of TB cases three-fold.



TB REACH was launched on 25 January to encourage the development of innovative techniques, interventions and activities that result in increased TB case detection, reduced transmission, improved outcomes, and prevention of the emergence of drug-resistant forms of TB.

The fast-track funding mechanism is committed to getting funds to projects with a very short turnaround time. As suggested by its name, TB REACH focuses on reaching vulnerable and poor people and people with limited or no access to TB services. Figure 2 gives an overview of the Wave 1 funding from TB REACH.

- The first call for proposals in January resulted in an overwhelming response. TB REACH received 192 proposals, with a total requested amount of over US\$ 126 million.
- The Proposal Review Committee approved 30 projects in 19 countries for funding under Wave 1. The total amount committed through Wave 1 was US\$ 18.4 million. The 30 projects together aim to detect and treat more than 40 000 additional new cases of TB.
- Projects started in 2010 aimed to intensify TB case-finding among people living with HIV, to screen high-risk and vulnerable population groups, to provide enhanced TB diagnostic services, to expand the laboratory network,

to introduce newer diagnostic tools, to implement contact investigation, to develop public-private partnerships, to provide financial incentives for promoting early diagnosis, and to use mobile phone technology to improve access to care.

- The TB REACH initiative is supported by a grant to the Stop TB Partnership by the Canadian International Development Agency.
- In the first wave of funding TB REACH has drawn the attention of partners to address the issue of TB case detection, especially among poor and vulnerable people. It has stimulated new ideas and the development of innovative approaches for TB case detection. Less than 9 months after TB REACH was launched, 29 projects were established and 50% of the funding was allocated.
- Encouraged by the response to the first call, TB REACH announced a second call for proposals in December 2010.

Figure 2

TB REACH Wave 1 funding

Number of applications

192

Number of approved projects

30

Number of countries with approved grants

19

Total approved funds

US\$ 18 447 870

Number of approved projects with a national TB programme as principle recipient

7

Number of approved projects with a civil society organization/ NGO as principle recipient

20

Number of approved projects with a government agency other than a national TB programme as principle recipient

3

Number of additional cases to be detected

41 255

Figure 3

19 countries with 30 TB REACH Wave 1 projects

* This is a graphic representation of a WHO map.

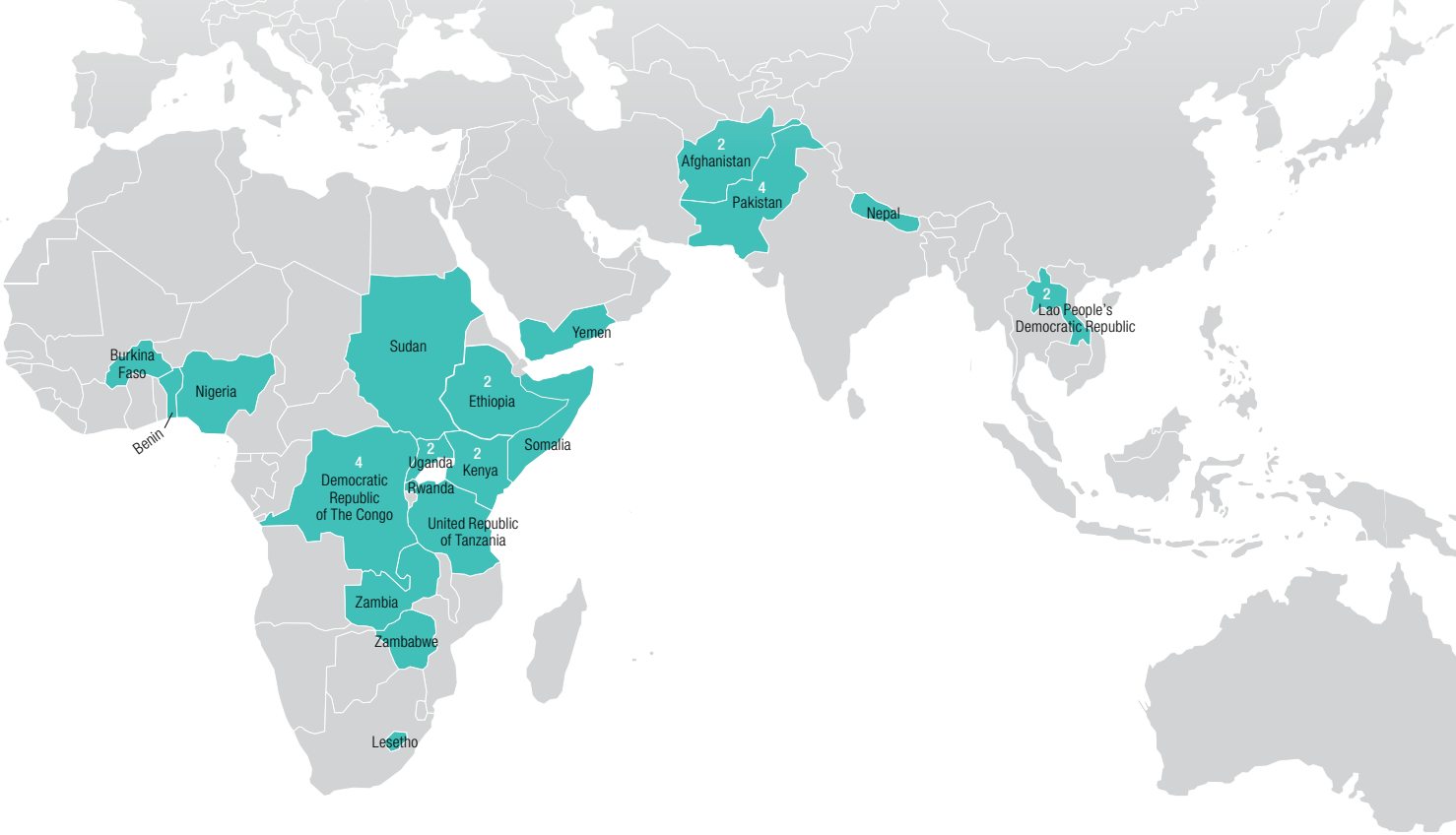
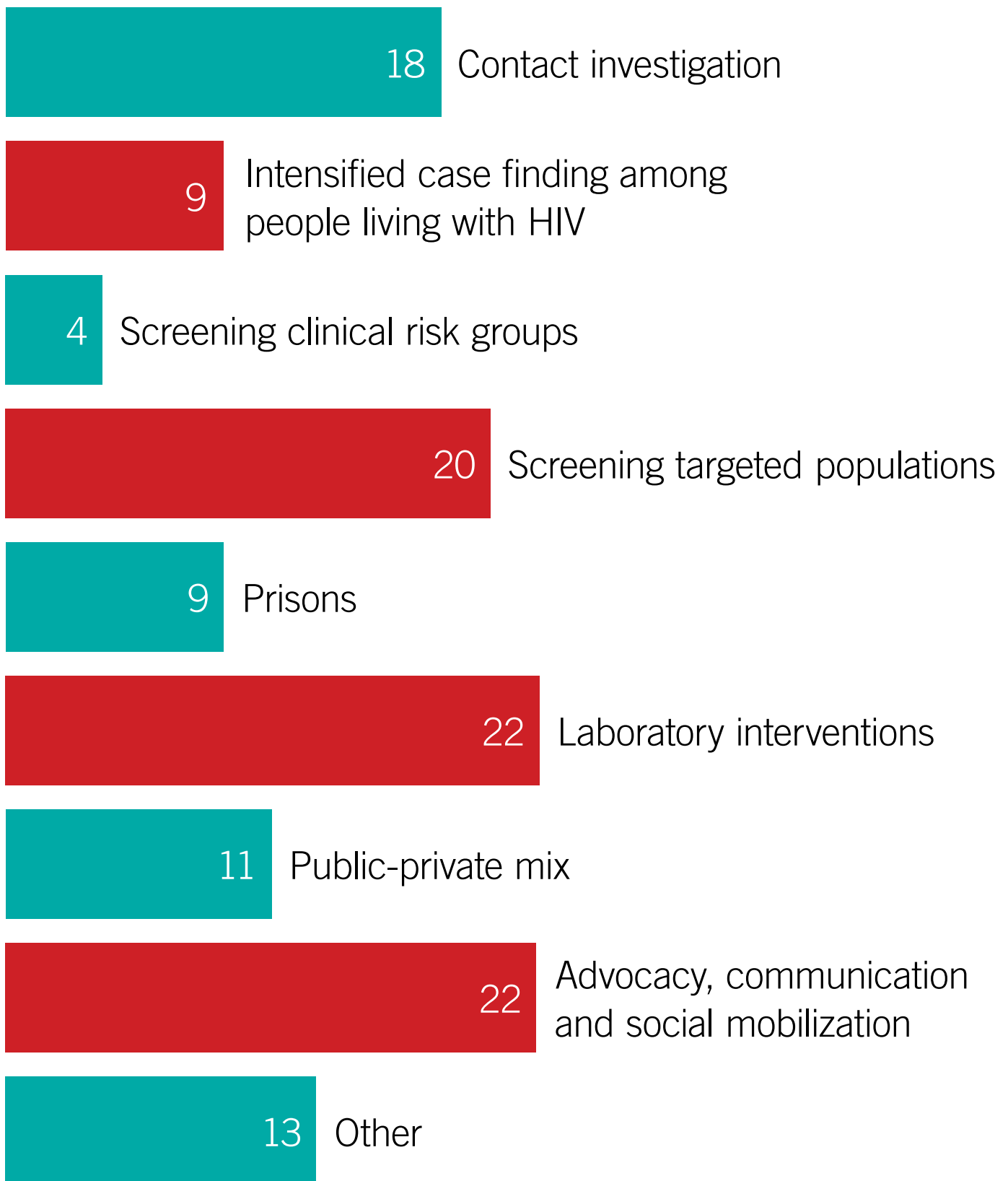


Figure 4

**TB REACH grants,
by intervention***



* Note that most projects have multiple interventions, so the total number of interventions is more than the total number of projects.



Two examples of different TB REACH approaches are described here:

- Rapid TB testing in a rural region of the United Republic of Tanzania:**

A collaboration between the Tanzanian Ministry of Health and the University of Munich is implementing an innovative TB REACH project in the predominantly rural Mbeya Region of the United Republic of Tanzania. Inhabitants of the region face barriers in accessing TB care due to inadequate capacity of the health system. To improve access to care, the project introduced a mobile diagnostic and treatment centre for TB and HIV. This van is a laboratory in the daytime but serves as a cinema in the evening, showing educational films about TB and HIV. Diagnosis of TB in the van is carried out using a revolutionary rapid automated test called Xpert MTB/RIF. This test can diagnose substantial numbers of people with TB who would otherwise not be picked up by traditional tests such as sputum microscopy. The project has also introduced Xpert MTB/RIF machines in a few health centres and prisons in the region. The project aims to detect 1 350 additional people with TB during the first year of implementation.

- Use of mobile phones and financial incentives to boost case detection in Pakistan:**

In Karachi, Pakistan, the Indus Hospital has reported a dramatic increase in case-detection rates following the start of a new programme that uses mobile phone technology and financial incentives to find people with TB. Under the programme, family doctors and community health workers are rewarded for screening people and referring people suspected of having TB to TB centres. The incentive scheme operates using mobile banking facilities. Doctors and health workers report their activities using their mobile phones on the Indus Hospital TB REACH mobile data collection system and receive a text message telling them how many cases they have helped to detect. At the end of each month, these data are used to calculate the incentive earned by each person. The incentives are then transferred to their mobile banking accounts.



SECURING POLITICAL COMMITMENT TO THE FIGHT AGAINST TB

In 2010, efforts focussed on high-level advocacy to secure political leadership and commitment on TB, increasing the impact of Stop TB Partnership Coordinating Board meetings and introducing a stronger role for the private sector.

The Innovate to Eliminate Tuberculosis Symposium took place on 24 March at the European Parliament in Brussels. The event was co-organized by the TB Vaccine Initiative, MEP Françoise Grossetête and the European Parliament Working Group on Innovation, Access to Medicines and Poverty-related Diseases. Dr Jorge Sampaio, the United Nations (UN) Secretary-General's Special Envoy to Stop TB, called on Europe to make 2010 a turning point in the fight against TB. Specifically, Dr Sampaio called for increased funding for TB research; support for programmes focused on MDR-TB and extensively drug-resistant TB (XDR-TB) in neighbouring countries with a high level of drug resistance; and creation of a TB think tank to bring together key stakeholders.

In his remarks at the opening of the Ninth Session of the UN Permanent Forum on Indigenous Issues in April in New York, UN Secretary-General Ban Ki-moon drew special attention to the burden of TB among indigenous peoples.

In May, the World Bank's Board of Executive Directors announced that it would provide US\$ 63.7 million to Kenya, Rwanda, the United

Republic of Tanzania and Uganda to create a regional network of 25 public health laboratories. All four countries have a high burden of TB, with an increasing threat of drug resistance.

In July, the Stop TB Partnership had a strong presence at the International AIDS Conference, with a display booth in the exhibition hall and several key events. On the eve of the conference, a satellite symposium on TB/HIV coinfection in eastern Europe and central Asia took place at the Reed Messe. Later, a group that had marched in Vienna in June to raise awareness about TB/HIV marched through the conference centre before a special lunchtime session, "No More People Living with HIV Dying from TB". This session was chaired by Dr Michel Kazatchkine, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria. Featured speakers were Dr Jorge Sampaio; Mr Michel Sidibé, Executive Director, UNAIDS; Dr Marcos Espinal, Executive Secretary, Stop TB Partnership; and Mr Timur Abdullaev, a human rights lawyer from Uzbekistan who is living with HIV and currently undergoing TB treatment.



THE STOP TB PARTNERSHIP COORDINATING BOARD AS A PLATFORM FOR ADVOCACY

The 18th Meeting of the Stop TB Partnership Coordinating Board took place on 4–5 May in Hanoi, Viet Nam. At the meeting's opening, Mr Nguyen Thien Nhan, Deputy Prime Minister of Viet Nam, described the Partnership as “unique” and praised it for bringing together a wide variety of stakeholders in the fight against TB. “This meeting is of significant importance for TB control in Viet Nam, and supports our National TB Programme’s efforts,” he said. In anticipation of an

agreement between UNAIDS and the Stop TB Partnership, Dr Aaron Motsoaledi, Minister of Health for South Africa, announced a new campaign that will seek to mobilize 15 million South Africans – a third of the country’s total population – to receive HIV testing and counselling by June 2011.

In October 2010 the Stop TB Partnership Coordinating Board meeting was held in Johannesburg, South Africa and

included high-level dialogue with four ministers of health. There was a particular focus on the cross-border dimensions of TB, TB/HIV and MDR-TB in southern Africa and a decision to initiate planning of a ministerial forum on TB and the mining industry in Southern Africa. The ministers of health of the United Republic of Tanzania, South Africa, Lesotho and Swaziland further agreed to form a ministerial group of TB champions to be deployed at forums and high-level missions.



Left to right: Rifat Atun, Chair of the Stop TB Partnership Coordinating Board, Dr Aaron Motsoaledi, Minister of Health of South Africa, Dr Stella Anyangwe, WHO Representative for South Africa.



Left: John Tedstrom, President and CEO of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria.
Right: Rifat Atun, Chair of the Stop TB Partnership Coordinating Board.



ENGAGING WITH THE PRIVATE SECTOR

Top multinational business and non-profit-making leaders met in New York on 23 March to discuss the role of the private sector in curbing the spread of TB. Speakers from Becton Dickinson and Company, Pfizer Inc, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC), the Aeras Global TB Vaccine Foundation and the Stop TB Partnership highlighted the unique assets that businesses can bring to the TB fight, best

practices and how the private sector can have the greatest impact. John Tedstrom, President and Chief Executive Officer of GBC, issued an urgent “call to action” to the business community.

In May, Dr Klaus M Leisinger, President and Managing Director of the Novartis Foundation for Sustainable Development, and Dr Hiro Nakatani, WHO Assistant Director-General, signed a memorandum of understanding for

the donation of 250 000 adult short-course TB treatments to the United Republic of Tanzania through the Stop TB Partnership’s GDF.

For the first time, GBC held a forum on TB and TB/HIV in South Africa in October. The South African Minister of Social Development and the Chief Executive of AngloGold addressed the forum; John Tedstrom joined the high-level panel for the launch of the Global Plan to Stop TB 2011–2015.



COORDINATING GLOBAL ADVOCACY

In November the Advocacy Advisory Committee had its annual meeting along with the annual meeting of the Advocacy Network. They provided inputs to the 2011 Advocacy Framework and drafted a detailed letter to the Chair of the Coordinating Board highlighting the need to expand targeted resource mobilization efforts, for example in emerging market economies.



Former Executive Secretary of the Stop TB Partnership, Dr Marcos Espinal (left), with Michel Sidibé, Executive Director of UNAIDS.





UN SECRETARY-GENERAL'S SPECIAL ENVOY TO STOP TUBERCULOSIS

In 2010 Dr Jorge Sampaio engaged in political advocacy on high-level missions and at events. In addition to the activities described in the political advocacy section, highlights included:

ADVOCACY IN THE MIDDLE EAST

Dr Sampaio visited Jordan to draw attention to TB as a serious public health problem in many countries of the region and the Islamic world, while highlighting Jordan's role as a leader in the fight against TB. The mission was organized under the auspices of Prime Minister Samir Al Rifaai, in coordination with various organizations, including the National Tuberculosis Programme and WHO. Dr Sampaio visited the Alnoor Sanatorium, which

is run by a nongovernmental organization (NGO) with the help of the Jordanian Government and receives patients for MDR-TB treatment from Jordan and neighbouring countries, including Iraq, Sudan, the Syrian Arab Republic and Yemen. Dr Sampaio – accompanied by officials from the National Tuberculosis Control Programme, WHO and Stop Tuberculosis Ambassador Ms Rania Ismail – spoke with

people in TB care and encouraged them to continue treatment. Dr Sampaio also had the opportunity to meet with HRH Prince Ali Ben Hussein and other high-level Jordanian personalities: Dr Sampaio congratulated Jordan on its significant progress on TB and MDR-TB, while emphasizing that TB is a significant public health and development concern in many Muslim countries.

LAUNCH OF THE GLOBAL PLAN TO STOP TB 2011-15

Dr Sampaio was a keynote speaker at the World Health Summit in Berlin in October for the launch of the Global Plan to Stop TB 2011 – 15. The annual conference of the M8 Alliance of Academic Health Centers and Medical Universities together with the National Academies offered a unique opportunity to address leaders from academia, politics, industry and civil society on the need to scale up the fight against TB. Dr Sampaio made a similar appeal to the media attending the closing press conference of the Summit.

CONTINUED EFFORTS TO ADDRESS THE TB/HIV CO-EPIDEMICS

In July, Dr Sampaio addressed the audience of the XVIII International AIDS Conference in Vienna in a special session on TB/HIV. The session, chaired by Michel Kazatchkine, also featured Marcos Espinal, Michel Sidibé and Timur Abdullaev. Dr Sampaio's engagement with TB/HIV continued throughout the year in light of the UN General Assembly Special Session (UNGASS) on AIDS planned in June 2011. He had a series of high-level advocacy meetings, including with the WHO Director General and a UNAIDS executive to advocate for TB/HIV to be included in the agenda of UNGASS.

COMMUNICATIONS, CELEBRITIES AND EVENTS

GOODWILL AMBASSADORS AGAINST TUBERCULOSIS

Craig David

British singer-songwriter Craig David is lending his voice – which has helped him sell more than 13 million albums in more than 20 countries – to the global fight against TB. Craig marked his appointment as Goodwill Ambassador against TB on World TB Day by participating in events at the UN Headquarters in New York.

His aim is to raise awareness about TB among his millions of fans worldwide. “Music is a universal language. I believe that through people’s love of music we can increase knowledge and understanding and support people affected by TB. I hope that people who feel inspired by my music will also feel moved by what I have to say about TB,” Craig says.

To prepare for his new role, Craig travelled to Cape Town, South Africa in early March to learn more about TB. Far from his world of packed concert halls, he visited communities hit hard by TB, schools and a research centre. Craig’s voyage of discovery was documented by a film crew, and the material was transformed by Fabrica – Benetton’s Research

Centre on Communications – into six fast-paced, informative and entertaining video pieces, which were launched in the spring and summer and made available on YouTube.

Through 2010, Craig delivered messages on TB via his own Facebook page and Twitter. In September he made a second mission, this time to New York on the occasion of the UN High-Level Plenary Meeting on the Millennium Development Goals (MDG Summit). There he talked about TB with journalists, bloggers and civil society at the UN Week Digital Media Lounge, an event

organized by the UN Foundation in partnership with Mashable and the 92nd Street Y (a well-known cultural and community centre in Manhattan). He also delivered his message on TB at high-level events attended by dignitaries and celebrities, including Queen Rania of Jordan, Bob Geldof, Tommy Hilfiger and Ted Turner.

In November, Craig David discussed TB in an interview for Riz Khan’s One on One show, broadcast on Al Jazeera English to more than 200 million households in 82 countries around the world.



Luís Figo

Luís Figo joined Dr Jorge Sampaio on a visit to Jordan in April. Their objective was to draw attention to TB as a serious public health problem in many countries of the region and the Islamic world, while highlighting Jordan's role as a leader in the fight against TB.

Figo visited the SOS Children's Village, where children performed traditional dances and he read aloud from *Luís Figo and the World Tuberculosis Cup*, a comic book in which he is featured as the main character. He and Dr Sampaio also visited the Alnoor Sanatorium.

At the Petra Stadium at Amman's Sports City, Figo met members of the Jordan national football team and youth team and watched a match between a Stop TB Partnership team and a rival team. Figo praised the players for their team spirit. "This is what we need to use in our fight against tuberculosis and beat it with wonderful team players like you all," he said.

The comic book featuring Figo was also presented at the Football for Hope Festival 2010, an official event of the 2010 FIFA



World Cup in South Africa. The event celebrated the power of football for social change, with 32 teams of young people from disadvantaged communities around the world gathering for a festival of football, culture, education and entertainment. TB was discussed in the context of training workshops on HIV/AIDS, and teens from several countries heavily affected by TB participated in an interactive information session on TB prevention and treatment.

Anna Cataldi

Author and journalist Anna Cataldi continued her strong focus on TB in the eastern Mediterranean region, visiting the Islamic Republic of Iran and Pakistan in April.

In Pakistan her aim was to invigorate public awareness initiatives centred on MDR-TB, since the country ranks sixth among the 27 most affected countries. In the Islamic Republic of Iran she participated in core discussions on enhancing TB control by strengthening public-private partnerships, broadening collaboration with neighbouring countries, and working closely with UN agencies to address issues related to TB among displaced persons. She also visited people with MDR-TB and women serving as community volunteers for TB.

Ms Cataldi, who completed her term as a Stop TB Ambassador in 2010, was honoured at a ceremony on the eve of the World Conference of the International Union Against Tuberculosis and Lung Disease in Berlin in November.



AWARDS

Kochon Prize

Dr Armand Van Deun was the recipient of the 2010 Kochon Prize, which is awarded annually to people, institutions and organizations that have made a highly significant contribution to combating TB. The Prize is fully funded by the Kochon Foundation, a non-profit foundation registered in the Republic of Korea.

Dr Van Deun is an international leader on improving laboratory testing for TB. His efforts have had an impact on the quality of work performed by laboratory technologists around the world, resulting in thousands of lives saved through diagnosis of TB followed by effective treatment.

Stop TB Partnership Award for Excellence in Reporting on TB

This award, which is supported by the Lilly MDR-TB Partnership, recognises outstanding reporting and commentary in print and on the web that materially increases the public's knowledge and understanding of TB and MDR-TB in countries affected by the disease.

Winners of the prize were recognised at an event held on the eve of the World Conference of the International Union Against Tuberculosis and Lung Disease in Berlin.

The first prize winner in the low- and middle-income category, who received an award of US\$ 3 000, was Lungi Langa of South Africa. Her article "I didn't think I'd have TB", published in *The Daily News*, recounts her personal saga of confronting the disease. Anna Biernat of Poland took second prize for her article "Zpamietnika suchotnika" ("The diary of a

consumptive"), another personal account of battling TB, which was published in *Polityka*, a weekly news magazine; Ms Biernat received US\$ 2 000 in prize money. The third prize winner, who received an award of US\$ 1 000, is Sabina Aliyeva of Azerbaijan. Her article, "*Палочка Коха, уносящая жизни*" ("Koch bacillus takes lives"), was published in the newspaper *Каспий* and recounts the life of the widow of a man who died of MDR-TB.

Two journalists tied for the first prize in the high-income category, each receiving US\$ 2 500 in prize money (an equal share of the first and second prizes combined). Andrew Jack's "Diagnosis: Hope", published in the *Financial Times* (United Kingdom of Great Britain and Northern Ireland), points to the troubling lack of funding for TB research. Jen Skeritt's six-part

series "The forgotten disease", published in the *Winnepeg Free Press*, draws attention to the ever-present toll of TB in Canada's most isolated rural communities. Jenna Sloan and Kate Wighton of the United Kingdom shared the third prize of US\$ 1 000 for their article "Singer joins campaign to wipe out TB across the globe", which appeared in *The Sun* and chronicles the travels in South Africa of Craig David, Goodwill Ambassador against TB.



Images to Stop Tuberculosis Photo Award

The Images to Stop Tuberculosis Photo Award seeks to produce a comprehensive body of photographic work on TB to be used for advocacy purposes. Every year, an international jury selects a photographer who will receive a grant to produce a photographic reportage depicting TB. The award is supported by the Lilly MDR-TB Partnership and is developed with the guidance of world-renowned photo-journalist Gary Knight.

On World TB Day 2010, the reportage of David Rochkind, the winner of the 2009 award, was released worldwide. The reportage, featuring TB in the slums of Mumbai, was featured by major online media channels, including BBC News.

In addition, in October the winner of the 2010 award was announced. Photographer Misha Friedman was selected from among 33 entries for his

portfolio, which depicts the stigma and hardships faced by people with MDR-TB and XDR-TB in central Asia. Mr Friedman received a grant of US\$ 5 000 to produce a photographic essay on TB/HIV in Ukraine and US\$ 5 000 in prize money.



GLOBAL COMMUNICATIONS

Web/social media

The Stop TB Partnership website, *www.stoptb.org*, drew an unprecedented audience in 2010, with nearly 8 million visits – a 36% increase over 2009. The Stop TB Partnership Secretariat also continued and expanded its engagement into

social media. The Stop TB Partnership Flickr site received over 16 000 views between its creation in March 2010 and 1 January 2011; in the same timeframe, the newly established Stop TB Partnership YouTube channel had 27 560 upload views.

TB/HIV in the spotlight at the International AIDS Conference

At the XVIII International AIDS Conference in Vienna a bold protest march called for “no more deaths from TB in people living with HIV”. The TB cough-in/coffin march began in the Global Village at the conference at noon. Scores of people assembled, with T-shirts, placards, cardboard coffins, vuvuzelas, drums, banners and special Stop TB handkerchiefs, distributed through the conference by the Stop TB Partnership Secretariat.

The marchers alternated between coughing into handkerchiefs and chanting the slogans “When you cough, when you sneeze, cover your mouth to stop TB!” and “Stop TB!” One of the two black coffins bore the message “Saved from HIV, but died from tuberculosis”.

The marchers wove their way through the Global Village, swelling their ranks with new volunteers as they crossed the conference centre, finally landing in a session room where a lunchtime plenary session on TB/HIV was about to begin. The session, chaired by Michel Kazatchkine, featured Dr Jorge Sampaio, Marcos Espinal, Michel Sidibé and Timur Abdullaev.

World TB Day: On the Move Against Tuberculosis

In 2010 the Stop TB Partnership Secretariat launched a new 2-year campaign, On the Move Against Tuberculosis, built on the theme of innovation. The campaign focuses on individuals around the world who have found new ways to stop TB and can serve as an inspiration to others. The idea is to recognise people who have introduced innovations in a variety of settings.

The World TB Day blog, www.worldtbd.org, was relaunched as a vehicle through which partners around the world announced news, reported on events, and shared posters, photos, videos and other materials relating to the campaign.

Here are some highlights from World TB Day events around the world, which were featured on the blog:

- **Bangladesh:** The Chest and Heart Association of Bangladesh organized a rally against TB at the National Institute of Diseases of the Chest and Hospital, Dhaka, in which some 300 doctors, nurses and other health workers participated. Later an additional 400 health workers from around the country attended a scientific seminar aimed at raising awareness of TB. Journalists were also invited, and the events were widely covered in the media.

- **Burkina Faso:** Koudougou, a city located 100 km from the capital, was selected as the site for this year's national commemoration because it has a problem – a poor rate of TB detection and cure. Events began with a 124 km bicycle tour around the region, with cyclists distributing educational

materials about TB along their route. At a ceremony attended by 850 people, including high-level government officials, the Yaam Wekré Association was honoured for its efforts in TB care. A separate awareness-raising event was held at the central prison in Ouagadougou and attended by 100 inmates.

- **Japan:** The Yomiuri, the newspaper with the highest circulation in the world (10 million readers), featured a story about Masanori Naruse, a 35-year-old former MDR-TB patient who now serves as a TB advocate on behalf of the Japanese Anti-Tuberculosis Association.

- **Mexico:** World TB Day was commemorated in Tijuana, Baja California through a series of events organized by the Tuberculosis, HIV/AIDS and Diabetes programmes from Health Jurisdiction No. II and Solucion TB, an initiative of Project Concern International. Tijuana, situated on the United States–Mexico border adjacent to its sister city of San Diego, is the most transited border city in the world. To raise awareness about TB and the need for prompt treatment and continuity of care, affected individuals, staff and interns from the local rehabilitation centre distributed educational materials and gave community talks.



WORKING GROUPS: MAIN ACHIEVEMENTS



The Stop TB Partnership's working groups serve to ensure that action to combat TB makes the best possible use of existing resources, skills and funding. Working groups are organized around specific areas of activity

- New TB Diagnostics;
- DOTS Expansion;
- MDR-TB;
- TB and HIV;
- New TB Drugs;
- Global Laboratory Initiative (GLI);
- New TB Vaccines.

In 2010 all working groups played a key role in the development of the Global Plan to Stop TB 2011–2015. Other highlights from the year include the following:

NEW DIAGNOSTICS WORKING GROUP

This group seeks to implement research, advocacy and operational activities in pursuit of the development of TB diagnostic tools.

The group contributed to the development of WHO policy guidance for commercial serological tests and for use of commercial Interferon Gamma-Release Assays (IGRA) in low- and middle-income countries.

The TB Diagnostics and Poverty Subgroup developed documentation on conducting impact assessments. The Diagnostics for Latent TB Infection Subgroup optimized a web-based algorithm to assist the interpretation of tuberculin skin test and IGRA results.

DOTS EXPANSION WORKING GROUP

The DOTS Expansion Working Group aims to expand access to TB diagnosis and treatment. It is an arrangement between WHO, major financial and technical partners, national TB control programmes from 22 high-burden countries and community representatives.

In 2010 the working group, led by WHO and working with the Global Laboratory Initiative, MDR-TB Working Group and TB-HIV Working Group, developed a diagnostic algorithm on the use of a new rapid diagnostic test, Xpert MTB/RIF.

Childhood TB Subgroup

In 2010 this subgroup contributed to the development of new policy guidelines on the treatment of TB in children and a desktop guide for the diagnosis and management of TB in children.

The subgroup members provided technical assistance for TB programmes in many countries, developing national guidelines, implementing national training workshops and leading advocacy efforts to push for new diagnostics for childhood TB.

Public–Private Mix for TB Care and Control Subgroup

The sixth meeting of this subgroup, held in Istanbul, Turkey, focused on ways to expand the scale-up of public–private mix (PPM) programmes and address the global deceleration of TB case detection.

A PPM toolkit was launched at the Stop TB Symposium in Berlin, Germany. The toolkit is designed to provide practical guidance on the engagement of all relevant care providers in TB care and control.

Human Resource Development for TB Subgroup

In 2010 a core subgroup was established with representatives of key Stop TB Partnership partners and partners from the field of human resources for health. An interim chairperson was elected.

The subgroup has promoted and supported the development of strategic human resources plans for the implementation of the Stop TB Strategy and the need for close collaboration between national TB control programmes and departments of human resources for health in ministries of health.

Advocacy, Communication and Social Mobilization Subgroup

In 2010 this subgroup launched a collection of advocacy, communication and social mobilization (ACSM) good practices during the Stop TB Symposium in Berlin. PATH, a member of the subgroup, developed a training curriculum for planning ACSM interventions.

The Stop TB Partnership Secretariat, supported by subgroup members, organized an international ACSM training session for a group of TB consultants from different agencies and WHO regions.

Introducing New Approaches and Tools Subgroup

Following its first meeting, this subgroup has started activities focused on increased TB case detection in five countries. Field tests focus on links with large hospitals, TB contact investigation, and TB screening in high-risk groups.

The subgroup started to develop an operational guide that compiles information on how to implement major new approaches and tools recommended by WHO.

TB and Poverty Subgroup

This subgroup organized a regional workshop in New Delhi on TB and poverty for national TB programme managers and other partners, which issued recommendations on ensuring equal access to TB services.



MDR-TB WORKING GROUP

The MDR-TB Working Group, which is managed and convened by WHO's Stop TB Department, seeks to reduce human suffering and mortality due to MDR-TB, through assistance to countries in implementing the MDR-TB component of the Global Plan to Stop TB.

In 2010 the group held a retreat for all major MDR-TB partners and agreed to produce a new framework for coordinating the response to the MDR-TB epidemic. The first draft of the framework was endorsed by the Coordinating Board. The group also agreed to set up a task force for engaging all health-care providers in the response to the MDR-TB epidemic.

Research Subgroup

A symposium on research and innovation to address drug-resistant TB was organized at the World Conference of the International Union Against Tuberculosis and Lung Disease.

The subgroup organized a workshop on designing studies to investigate the risk factors for drug-resistant TB.

Green Light Committee Subgroup

The Green Light Committee (GLC) approved 58 applications for the treatment of more than 40,000 people with MDR-TB. More than 12 000 people were enrolled in treatment.

GLC organized several courses and workshops. In Peru and India, national and global consultants were trained in drug management and supply, infection control, monitoring and reporting, and scaling up MDR-TB response plans. In Geneva, Switzerland, WHO staff from country and regional offices learnt how to provide technical support to Member Countries on MDR-TB. Training courses in Egypt and Zimbabwe focused on planning and budgeting. Courses in Ukraine, Kenya, Georgia and Ghana focused on drug management. A workshop in Oman for Gulf Cooperation Council Countries resulted in all six attending countries preparing proposals for MDR-TB expansion plans.



TB/HIV WORKING GROUP

The TB/HIV Working Group, which is managed by WHO's Stop TB Department, seeks to coordinate and monitor the global response to the HIV-associated TB pandemic, while collecting and sharing information and providing advice. It has one subgroup on infection control.

As part of the group's role to define the research agenda for TB/HIV, an annual HIV/TB research frontiers meeting was organized in collaboration with the Consortium to Respond Effectively to the AIDS/TB Epidemic, affiliated with the 17th Conference on Retroviruses and Opportunistic Infections in San Francisco, in February. The working group started to revise the priorities for HIV/TB research and new guidance was published on priority research questions for TB/HIV in HIV-prevalent and resource-limited settings.

The core group meeting was held in Almaty, Kazakhstan, in May and a regional working group meeting, Accelerating the Implementation of Collaborative TB/HIV Activities

in the WHO European Region, was held in Vienna in July, prior to the XVII International AIDS Conference. The latter brought together a broad range of 186 TB and HIV stakeholders from 37 countries, including those countries most affected by TB and HIV in the region. Both meetings proposed solutions to issues and barriers particularly relevant to the region such as prisons, MDR-TB, drug use, verticalisation of services and overemphasis on hospitalization of TB patients. The working group also provided capacity building of community groups and civil society representatives to assist the regional TB/HIV response. The working group also provided support for countries in the African and Asia Pacific region catalysing the scaled up implementation of collaborative TB/HIV activities.

The working group's efforts ensured that TB/HIV was put firmly on the agenda at the XVII International AIDS Conference in July. The working group provided

support to a TB protest march calling for no more deaths from TB among people living with HIV. In addition, the working group was instrumental in the signing of a memorandum of understanding between the Stop TB Partnership and UNAIDS that binds the two organizations to a common target of a 50% reduction in the number of people living with HIV who die from TB by 2015, compared with 2004 levels.

Infection Control Subgroup

The third core group meeting was held in Berlin in November, where the Infection Control Subgroup's strategic directions for the coming years were elaborated upon with focus on the new fields of collaboration, occupational health and general infection prevention and control. In addition, the group agreed to develop tools for TB infection control monitoring and evaluation at country and global levels, as well as a series of future deliverables, essential to the next phase of scale-up of TB infection control implementation worldwide.



NEW DRUGS WORKING GROUP

The purpose of this group is to ensure that scientists, academics, pharmaceutical companies, donors, multilateral organizations and patients work together to accelerate the development of new drugs for TB. It has four subgroups: Biology/Targets, Candidates, Critical Knowledge and Tools, and Clinical Trials Capacity.

In 2010 the group cosponsored the Open Forum 4 in Addis Ababa, Ethiopia as part of a series of events aimed at increasing the dialogue

between regulatory agencies and TB drug developers about the approval process for new TB drugs.

Concerted efforts to foster interactions among group members resulted in a collaborative agreement on the drug candidate TMC207 for susceptible TB, advances in combination therapy testing, the completion of three early phase clinical trials with two of the three trials targeting MDR-TB, and the completion of a late phase trial for latent TB.

An internet campaign was launched consisting of an improved dynamic web site, a new blog page with more than 140 posts on the latest TB research and development news, interactive online resource tools and social media channels to support advocacy and outreach on TB and new drugs.

The Biology/Targets Subgroup completed the first phase of their project to have a comprehensive database of tuberculosis-specific targets and compounds.



GLOBAL LABORATORY INITIATIVE

GLI works closely with national TB programmes, NGOs, technical and financial partners, and WHO offices at the country and regional levels to strengthen TB laboratory services.

In 2010 the working group contributed to a global consultation, led by WHO, on the Xpert MTB/RIF diagnostic test.

The group completed laboratory assessments for 19 of the 27 recipient countries under the EXPAND-TB Project. Following upgrades, training, policy reform and the validation of new technologies, eight countries in this project are now routinely diagnosing people with MDR-TB.

The group developed and conducted a training workshop for TB laboratory and non-laboratory consultants on Global Fund applications. Of 12 countries requesting GLI input, 9 were successfully awarded Round 10 Global Fund grants.

A global consultation of the WHO-GLI TB Supranational Reference Laboratory Network (SRLN) was conducted. All 27 MDR-TB priority countries are now formally linked to the SRLN, and several countries in the EXPAND-TB Project are receiving SRLN technical support.

The GLI laboratory toolkit has been expanded to include a roadmap for TB laboratory strengthening within national strategic laboratory plans, a WHO framework for implementing new TB diagnostics, and a technical manual for first- and second-line drug susceptibility testing.

NEW VACCINES WORKING GROUP

The aim of this working group is to bring together international groups with an interest in TB vaccine development, with the working group acting as a broker to promote synergy and to accelerate identification and introduction of the most effective vaccination strategy.

In 2010 the working group convened the Second Global Forum on TB Vaccines in Tallinn, Estonia. The Forum identified

priorities for the next decade to be used as the basis for a blueprint for TB vaccine development.

The working group provided a grant to the South African Tuberculosis Vaccine Initiative to develop a comic book, printed in Afrikaans, Xhosa and English, to communicate information on TB vaccine clinical research and address common questions and misunderstandings about TB vaccine clinical trials in communities.

A meeting of the Task Force on Innovative Approaches to TB Vaccine Development was convened, which identified key issues and unanswered research questions in the TB vaccine field. The meeting resulted in a set of recommended strategies to address these critical issues and maintain a robust TB vaccine pipeline.



TB RESEARCH MOVEMENT

The Stop TB Research Movement works to engage stakeholders in a collaborative and strategic effort to increase the scope, scale and speed of TB research. The two main objectives assigned to the Research Movement are:

- to provide leadership and advocacy to mobilize increased resources in support of a coherent and comprehensive global TB research agenda;
- to provide a forum for funders and implementers of TB research to coordinate plans and actions, to ensure that research needs are addressed, opportunities prioritised and gaps filled.

In March, in collaboration with the National Institutes of Health, the National Institute of Allergy and Infectious Diseases, and Treatment Action Group, the Stop TB Partnership held a workshop focusing on priorities in fundamental research for the elimination of TB. This was followed by a workshop in May on operational research.

The reports from both meetings were used in the development of the research and development section of the Global Plan to Stop TB 2011–15, which was the main focus for the Research Movement in 2010.

This update to the Global Plan to Stop TB 2006–2015 includes sections on basic research and operational research and revised sections on new diagnostics, drugs and vaccines, with set activities and indicators for targets in research and development.

To coordinate input to the Global Plan, the Stop TB Partnership held meetings with the working groups on new vaccines, new diagnostics and new drugs in January and September.



TB TEAM

The TB Technical Assistance Mechanism (TB TEAM), a partnership mechanism managed by WHO's Stop TB Department, works with National TB Programmes and technical assistance (TA) providers to improve the coordination and planning of TA in order to improve TB control and patient care. In addition, TB TEAM works to improve the performance of Global Fund grants.

During 2010, TB TEAM assisted with the coordination and planning of more than 100 missions to help countries identify TA needs and produce budgeted TA plans that support countries' national TB plans. In addition, it supported 43 countries in developing proposals for Global Fund grants. 27 grants were approved – a 63% success rate – raising more than US\$ 1 billion for TB in 2010.

The TA was carried out by WHO, The Union, RIT/JATA, Project Hope, PATH, KNCV Tuberculosis Foundation, German Leprosy and Relief Association, GIP ESTHER, Association Medecine Preventive and other consultants from TB TEAM's roster. The collaborative planning encouraged by TB TEAM and the cooperation among TB TEAM partners resulted in well-coordinated TA provision that took advantage of the comparative technical and/or regional expertise of the various partners.

Throughout 2010, GDF continued its work to ensure the timely delivery of first and second-line anti-tuberculosis drugs and diagnostics at sustainable prices.

Despite challenging market conditions, GDF's core procurement business grew strongly in 2010. Please see Annex II for full financial details. This equated to 2.3 million patient treatments and more than 12 000 MDR-TB patients enrolled under GLC projects. This brings the total number of first-line drug patient treatments delivered by GDF since 2001 to 18.5 million.

GDF GRANT FUNDING

In 2010, through its grant service, GDF continued to provide first-line drugs to countries that were unable to secure the finances needed. These countries' proposals were assessed by the GDF Technical Review Committee and approved by the Stop TB Partnership Coordinating Board. In summary:

- 31 applications from 22 countries were approved;
- 46 countries from five regions placed grant orders for first-line drugs.

GDF DIRECT PROCUREMENT SERVICES

GDF direct procurement services allow clients to source anti-TB drugs through GDF, leveraging its knowledge of the TB drug market, purchasing capacity and logistics expertise. It provides an appropriate mechanism whereby clients use their own financial resources, or donor fund grants, to procure the drugs and diagnostics that they need.

GDF's procurement services business grew strongly in 2010. The total value of orders placed in 2010 was US\$ 87 million, up from US\$ 48 million in 2009.



SECOND- LINE DRUGS

In 2010, the Green Light Committee reviewed 58 applications from 44 countries requesting approval for GDF procurement of second-line drugs, the applications funded by either governments or the Global Fund. Fourteen countries placed grant orders utilising funding from UNITAID pursuant to the MDR-TB Scale-Up Project, and more than 12 000 MDR-TB patients were enrolled under GLC projects.



GDF MONITORING MISSIONS

In addition to the procurement of first-line drugs, second-line drugs and diagnostics, GDF uses its expertise to provide technical assistance in the form of monitoring missions and supply chain management workshops. In 2010, a total of 52 monitoring missions were conducted in 52 countries. The objectives of these missions are to validate stock levels, assess overstocking and stock-outs, assist with planning for future requirements, and highlight problems in the supply chain.



“ In 2010, a total of
52 monitoring missions
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52 countries.”



➤ GDF RESTRUCTURING

During 2010, the Stop TB Partnership Coordinating Board commissioned the Boston Consulting Group (BCG) to assess the future direction of GDF and provide an implementation and restructuring plan. A report on the future direction was produced in July and the restructuring plan was provided in October. In addition to the BCG reports, WHO conducted an internal audit of GDF and the report was finalised November 2010.

The reports recommended that GDF be restructured to render it more efficient and effective. Moreover, GDF was requested to address:

- organization and governance;
- performance management;
- order management process;
- market development;
- reliance on donor funding/ sustainable models for the future;
- effective provision of capacity building to countries by way of technical assistance;
- communication strategies.



GDF QUALITY ASSURANCE

In July, GDF published its latest quality assurance policy. The policy aims to ensure harmonisation with the policies of two major multi-lateral financing mechanisms (The Global Fund and UNITAID), as well as other key organizations (The Union, UNICEF, Médecins Sans Frontières).

The objectives are to:

- ensure global consistency on quality standards set for procurement and supply of anti-TB medicines and diagnostics items;
- harmonise standards for the selection of medicines and manufacturers;
- avoid duplication of effort.

As a result of this harmonisation, combined expressions of interest for TB manufacturers are now issued every six months for review by an expert review panel. In addition GDF will use the same sampling and testing services as its partners and will conduct joint quality control testing.

The anticipated benefits of this closer alignment are:

- all patients will receive quality-assured medicines with the same recognized international quality standards;
- shared resources will increase cost-effectiveness;

- promotion of the use of quality-assured medicines for TB control;
- reduced risk of a surge of MDR-TB due to poor-quality medicines;
- quality supply to all countries, irrespective of the funding source;
- strengthened partnerships and collaboration with technical partners.

RESOURCE MOBILIZATION AND FINANCIAL MANAGEMENT

In 2010, resource mobilization efforts of the Partnership were intensified, resulting in Partnership income rising by more than US\$ 16 million over income received in 2009 to US\$ 110 million based primarily on increased contributions from core donors, as well as funds from new donors.

Additional funding of more than US\$ 12 million was provided by the UK government's development agency, DFID, for drug procurement and technical assistance to India's Revised National Tuberculosis Control Programme. As part of its long-term agreement to support TB REACH, the Partnership's innovative and new initiative to increase case detection among isolated populations, the Canadian International Development Agency gave US\$ 19.7 million during the year. Funding from the Centers for Disease Control and Prevention increased to US\$ 541 000 due to special funding of US\$ 350 000 for the Global Laboratory Initiative. Within the framework of the current memorandum of understanding, contributions received from the Global Fund were US\$ 2.9 million in support of the work of the Green Light Committee in 41 countries.

For anti-TB drug procurement, GDF received additional funds of US\$ 1.2 million from USAID for procurement for the Democratic Republic of the Congo; US\$ 829 000 from WHO's Regional Office PAHO for procurement for Brazil; as well as US\$ 342 000 in increased contributions from the Kuwait Patients Helping Fund Society. Continued contributions from UNITAID to GDF for procurement of diagnostics, second-line drugs and paediatrics further supported the efforts of the Partnership.

Of particular note, the online donation portal hosted by the UN Foundation (UNF) contributed US\$ 96 000 in 2010. During the year, preparations for a further two-year amendment were launched to extend the current arrangement with UNF into 2013.

“The online donation portal contributed
US\$ 96 000
in 2010.”

Summary financial statements for the Stop TB Partnership as a whole and for GDF appear in Annexes I and II, respectively. Some key financial points have been noted during 2010:

- Total income of the Secretariat was US\$ 110.3 million, a 18% increase over 2009 when income stood at US\$ 93.8 million.
- Operating expenditure was US\$ 82.4 million, considerably higher than 2009 when total expenditure was US\$ 46.9 million. This increase reflects a rise in orders placed by the Global Drug Facility and initial disbursements under the first wave of TB REACH grants.
- Interest totalling US\$ 950 000 was credited to the Stop TB Partnership Trust Fund in 2010.
- With the first wave of 30 grants awarded in 2010, TB REACH expenditures increased to US\$ 10.4 million for the year. The total value of the first wave of grants was US\$ 18 million.
- Advocacy and Communications expenditures fell in 2010 to US\$ 1.7 million, a 33% decline from the preceding year due to restructuring of the Advocacy, Communication and Social Mobilization team in which certain activity and staff positions and related costs were relocated to the Partnership Building team.

The surplus income over expenditure was US\$ 27.8 million (US\$46.9 million in 2009), including US\$ 900 000 transferred to reserves. The majority of the surplus came as a result of funding for GDF from UNITAID of US\$ 14.0 million arriving in December 2010. A further 31% of the surplus was attributed to specified funding for TB REACH. These funds are scheduled for disbursement in 2011.

Annex I

STOP TB PARTNERSHIP FINANCIAL MANAGEMENT REPORT

Summary Statement of Income and Expenditure for the year ending 31 December 2010

(all figures in US\$ '000)

	2009	2010
Voluntary contributions		
In cash		
Governments & their Agencies	56 844	66 676
Multilateral organizations	24 028	22 373
Foundations and others ¹	3 417	4 843
Sub-total	84 289	93 892
In-kind		
In-kind contribution for drugs (Novartis)	1 690	—
Total voluntary contributions²	85 979	93 892
Interest income	4 094	950
Other income and adjustments		
WHO support & other income	440	56
Prior year adjustment ³	3 351	15 352
Total income	93 864	110 250
Expenditure		
Partnership Building	12 993	14 455
Advocacy and Communication ⁴	2 603	1 741
Global Drug Facility (GDF) ⁵	28 300	52 049
TB REACH	74	10 417
General Management and Administration ⁶	2 908	3 739
Total expenditure	46 878	82 401
Balance of Income over expenditure for the year⁷	46 986	27 849

¹ In the 2010 income contributions from the Kuwait Patients Helping Fund Society (US\$ 342 thousands) have been included in the funds received from Foundations and others instead of being made part of funds from Governments and their Agencies. Accordingly, the 2009 amount (US\$ 160 thousands) for contributions from Foundations and others has been restated in line with this classification approach, which will be used in future financial reports.

² As per WHO published financial report for 2010, total contributions were US\$ 93.892 million which does not include the 2010 in kind contribution from Novartis of US\$ 2.005 million.

³ Prior year adjustment arises due to the alignment of the Stop TB Partnership financial management report to WHO accounts

⁴ In line with the new classification of costs in the 2010 report, US\$ 200 thousands categorised under Advocacy and Communications in 2009 has been restated under Partnership Building.

⁵ This report does not include US\$ 87.254 million for income and expenditure related to GDF Direct Procurement in 2010 (2009, US\$ 47.979 million), as these transactions do not pass through the Stop TB Partnership Trust Fund. These details have been explicitly shown in the GDF Financial Statement as there is an associated cost related to operating the Direct Procurement process.

⁶ Expenditure for General Management and Administration rose as a result of greater overall expenditures, which resulted in proportionately higher WHO Programme Support Costs, in 2010.

⁷ This includes transfer to reserves of US\$ 900 thousands for the year 2010, as mandated by the Coordinating Board. Reserves have been set aside and will be maintained at the levels set by the Board from time to time; the current reserve levels will be reflected in WHO accounts in 2011. The surplus of income over expenditure comprises US\$ 8.520 million specified funding for TB REACH, US\$ 1.684 million for the Partnership Secretariat (of which US\$ 400 thousands transferred to reserves) and US\$ 17.645 million (of which 500 thousands transferred to reserves) for the Global Drug Facility, of which more than US\$ 14 million is due to funds received in late December 2010.

Annex II

STOP TB PARTNERSHIP GLOBAL TB DRUG FACILITY SUMMARY FINANCIAL MANAGEMENT REPORT

Summary Statement of Income, Contributions Available for Direct Procurement and Expenditures for the year ending 31 December 2010

(all figures in US\$ '000)

	2009	2010
Income		
Government & their Agencies - specified	33 796	34 728
Multilateral institutions	23 208	21 753
In kind contribution for drugs from Novartis	1 690	—
Foundations and others	160	426
Total voluntary contributions	58 854	56 907
Other income and adjustments		
Income for direct procurement	47 979	87 254
Other income	30	—
Internal transfers to GDF from contribution received by TBP Secretariat	636	—
Prior year adjustment	-1 650	13 797
Sub-total	46 995	101 051
Total income	105 849	157 958
Expenditure		
Grant procurement of Anti TB drugs ¹	22 134	42 748
Special direct financing of procurement by countries ²	—	1 850
Direct Procurements	47 979	87 254
Quality assurance and prequalification ³	469	784
Technical assistance, Monitoring and Salaries ⁴	4 123	4 155
Advocacy and Communications & management ⁵	448	545
Indirect costs	764	1 010
Total expenditure	75 917	138 346
Funds transferred to GLI ⁶	1 126	1 967
Total of expenditures and fund transfers	77 043	140 313
Balance of income over expenditure for the year*	28 806	17 645

* This includes transfer to reserves of US\$ 500 thousands for the year 2010, as mandated by the Coordinating Board; the current reserve levels will be reflected in WHO accounts in 2011. Balance of income over expenditure of US\$ 17 million is due primarily to US\$ 14 million in funds received in December 2010.

N.B. Items (1), (2), (3), (4), (5) and (6) together amount to US\$ 52.049 million for 2010 and US\$ 28 300 million for 2009 showing the total direct expenditures of the Global Drug Facility indicated in Annex I.

Contributions for Direct Procurements (DP) are funds made available for procurement of anti-TB drugs to countries from various sources, for example the Global Fund. These funds do not pass through the Stop TB Partnership Trust fund, hence they do not feature in the Summary Statement of Income and Expenditure of the Stop TB Partnership Financial Management Report, but are reported here as there is an associated cost with managing the DP process in terms of staff time.

