

Stop TB Partnership Annual Report 2004



Stop TB Partnership Annual Report 2004

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Design and layout by Paprika, Annecy, France

WHO/HTM/STB/2005.33

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Design and layout:  www.paprika-annecy.com
Printed in Geneva, Switzerland

Stop TB Partnership



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List of abbreviations

Acquired immunodeficiency syndrome (AIDS)
 Advocacy, communication and social mobilization (ACS)
 Antiretroviral (ARV)
 Antiretroviral treatment (ART)
 Bacille Calmette-Guérin (BCG)
 Canadian International Development Agency (CIDA)
 Centers for Disease Control and Prevention (CDC)
 Department for International Development (DFID)
 Disability Adjusted Life Years (DALYs)
 DOTS Expansion Working Group (DEWG)
 Green Light Committee (GLC)
 Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
 Global Drug Facility (GDF)
 Human immunodeficiency virus (HIV)
 Human resource development (HRD)
 Intensified Support and Action in Countries (ISAC)
 Interagency Procurement Services Office (IAPSO)
 Joint United Nations Programme on HIV/AIDS (UNAIDS)
 Management Sciences for Health (MSH)
 Millennium Development Goals (MDGs)
 Multidrug-resistant TB (MDR-TB)
 National tuberculosis programme (NTP)
 Nongovernmental organizations (NGOs)
 People Living with HIV/AIDS (PLWHA)
 President's Emergency Plan for AIDS Relief (PEPFAR)
 Public-Private Mix (PPM)
 Public Service Announcement (PSA)
 Strategic Communication Initiative (SCI)
 Subgroup for laboratory capacity strengthening (SLCS)
 Tuberculosis (TB)
 Tuberculosis and HIV (TB/HIV)
 Tuberculosis Coalition for Technical Assistance (TBCTA)
 United States Agency for International Development (USAID)
 Working group (WG)
 World Economic Forum (WEF)
 World Health Organization (WHO)

Moving towards our common goal



I am pleased to present the 2004 Report of the Stop TB Partnership. This Report highlights key achievements in core areas of work including governance, advocacy and communication, partnership building, access to life-saving tuberculosis (TB) drug treatments and resource mobilization.

The pinnacle of 2004 was the second Partners' Forum in New Delhi, which was hosted and opened by the Prime Minister of India, His Excellency Mr Atal Bihari Vajpayee, and attended by the Director-General of the World Health Organization, along with more than 300

partners from around the world. The Partners' Forum became the event of the year with the adoption of the landmark declaration "Keeping the Pledge" when Partners recommitted themselves to achieving the 2005 global TB targets by accelerating DOTS expansion, reaching out to new constituencies and mobilizing the resources needed to reach the 2005 targets as well as the Millennium Development Goals (MDGs) in 2015.

The historic interventions at the Forum calling for increased commitment against TB by world leaders like Kofi Annan, Bill Clinton, Nobel laureate Desmond Tutu and Mikhail Gorbachev, and months later by Nelson Mandela at the XV International AIDS Conference in Bangkok, were a welcome response to our joint advocacy, communication and social mobilization efforts with Stop TB partners. Together we are firmly placing the fight against TB as a top priority in the global agenda of world leaders.

I cannot fail to mention the excellent performance of the Global Drug Facility (GDF) and the Green Light Committee (GLC) in 2004. Both projects successfully continued their critical mission of saving lives by providing low-cost, high-quality TB drug treatments. By the end of 2004, over four million people in 58 countries had been supplied with first-line drugs by the GDF. Likewise, the GLC passed the milestone of 10 000 patients approved for treatment of multidrug-resistant TB with second-line drugs in 23 countries. Such achievements reflect the remarkable stamina of the Stop TB Partnership. Expanding access to life-saving treatment in this way for TB patients in the poorest countries of the world is something we can all be proud of.

The work of the Partnership's working groups deserves recognition: by the end of 2004, more than 182 countries were implementing DOTS; 23 countries were implementing DOTS-Plus and TB/HIV collaborative activities and a body of policy documents had been generated; promising pipeline of new diagnostic tests, drug compounds and vaccines were developed.

Let me conclude by taking a brief look into the future. In the next 10 years, achieving the MDGs will be the critical test for the Partnership. I am confident that the second Global Plan to Stop TB for 2006–2015, to be launched in January 2006, will prove to be a clear beacon for our efforts to meet the MDGs and a major milestone in our ultimate mission to achieve a world free of TB. International development agendas and global initiatives are evolving, with increasing calls for greater accountability and service to countries in need.

We commit ourselves to keeping the Stop TB Partnership results-oriented, innovative, transparent and responsible to our partners, countries and above all to people who are directly affected by TB, an ancient scourge that still takes nearly two million lives every year. The Secretariat will uphold these principles and continue to provide timely high-quality support to all our partners to maximize their impact and engagement.

Working together, we can confidently envision a better future for people affected by TB.

Dr Marcos Espinal

Executive Secretary
Stop TB Partnership Secretariat

Executive summary

During 2004, the Stop TB Partnership continued to develop and implement effective and appropriate solutions to the immense problems caused by the tuberculosis (TB) epidemic.¹ The Stop TB Partnership Secretariat ("Secretariat") promoted an open and effective management approach and provided support to its decision-making bodies. Activities included the successful convening of two Stop TB Coordinating Board meetings, and the Second Partners' Forum. In addition, strategic alliances with other key global initiatives were significantly strengthened. The Secretariat also began coordinating the development of the second *Global Plan to Stop Tuberculosis, 2006–2015*.

By building a broad network of partnerships at the global, regional and national levels, collaboration and cooperation were also strengthened. As a result of efforts in this area, the total number of Stop TB partners increased from approximately 250 in 2003 to 303 in 2004.

Advocacy, communications and social mobilization remained core elements in the activities of the Partnership and the Secretariat. Efforts to increase the resources available for global TB control included intensive media and parliamentary outreach activities. Technical assistance was also given to national TB programmes (NTPs) in obtaining funds to support their communications and social mobilization activities.

During 2004, progress was made across the entire range of activities covered by the seven working groups of the Partnership.

The Global Drug Facility (GDF) continued to enhance its reputation as a unique and highly successful initiative. By the end of 2004 the GDF had provided high-quality TB drug treatments to over 4.4 million of the world's poorest people. As a direct result of its support an estimated 3.8 million people have been cured of TB.

During 2004, the Secretariat accelerated efforts to revise its financial and reporting policies and instruments to better align the available resources with its goals and priorities. Towards the end of the year the Partnership successfully established the Stop TB Partnership Trust Fund at the World Health Organization (WHO). As a result of its greatly simplified financial structure, and much reduced operating costs, the Fund quickly became an additional driving force for attracting cash contributions from donors.



I. Introduction

Over the course of 2004, the Stop TB Partnership evolved into a far more proactive and effective global force in TB control. As part of this, the Secretariat and the Partnership's governance bodies provided high-quality professional support and brought its many partners together around a coherent global TB control strategy. There are many signs of progress and a wealth of evidence indicating that the Stop TB Partnership is making a real difference. What follows is an overview account of the major achievements during 2004 in the following activity areas:

- **Governance**
- **Partner coordination**

- **Advocacy, communications and social mobilization**
- **Working groups**
- **Global Drug Facility**
- **General management**

In order to play its full part in bringing about the stated aims of the international community, the Secretariat will build upon all the achievements outlined in these areas. At the same time it will openly review its priorities, and institute innovative new approaches to the operations and activities of the Stop TB Partnership.



2. Governance



During 2004, the Secretariat and partners promoted transparent and effective governance of the Stop TB Partnership. Specific **major objectives** included:

1. Providing technical and logistical support to the planning and administration of the biannual meetings of its **Coordinating Board**.
2. Ensuring the successful implementation of the **Second Partners' Forum**.
3. Preparing the technical groundwork for the **second Global Plan to Stop Tuberculosis**.
4. Developing **strategic alliances** with other key global initiatives.

Coordinating Board

The Coordinating Board is the governing body of the Stop TB Partnership and meets on two occasions each year to formulate its priorities for action.

- At the Sixth Coordinating Board meeting in New Delhi, India, an expanded board structure was adopted to include representatives from the GFATM and UNAIDS (on a rotating basis), from the corporate sector, and from communities directly affected by TB. Endorsement was also given to the recommendations and action plan of the independent evaluation of the Stop TB Partnership,² which included the establishment of an Executive Committee.³ The adoption of a financial management policy for guiding resource allocation, and the decision to establish a Stop TB Partnership Trust Fund at WHO also represented important steps forward.
- At the Seventh Coordinating Board meeting in Beijing, China, the Secretary of Health, Pakistan was elected as new Vice Chair. The United Nations Millennium Development Goals (MDGs) were adopted as Stop TB Partnership targets, and the concept of DOTS evolution endorsed.

In support of all this, the Secretariat was asked to draft strategies to engage heads of states in global TB control, and the importance of conducting high-level missions was reiterated.

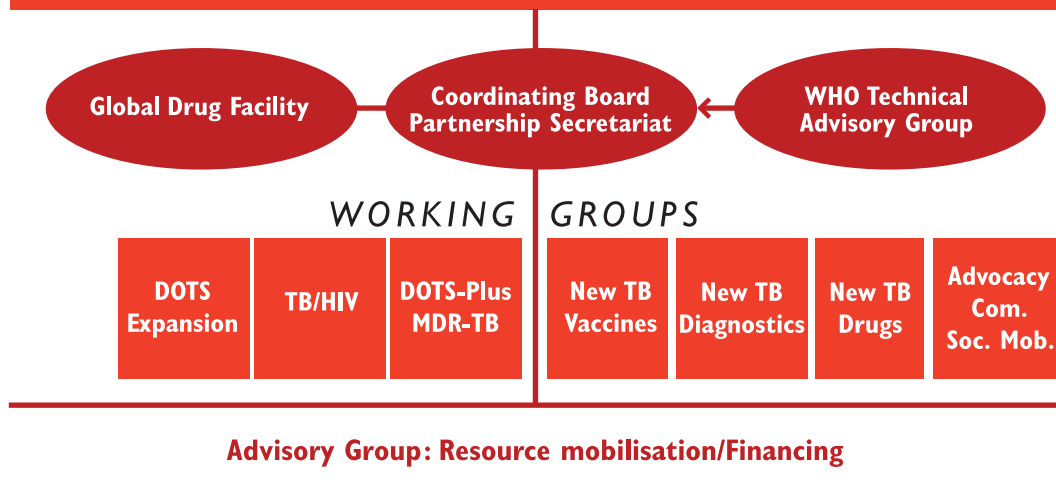
The Stop TB Partnership realizes the importance of broad consensus in all its decision-making, and will present a unified voice on the progress made and on future priorities. Guidance from the Coordinating Board and the leadership of its newly established Executive Committee will help to achieve these objectives.

Second Partners' Forum

The Second Partners' Forum⁴ was held in New Delhi, India, and was well attended by representatives of the Stop TB Partnership (including ministers from high-burden countries) and the Director-General of WHO. The Forum was hosted by the Government of India. It was opened by the Prime Minister, His Excellency, Mr Atal Bihari Vajpayee. Videotaped messages from cured patients and from prominent world leaders such as Kofi Annan, Bill Clinton, Mikhail Gorbachev and Archbishop Desmond Tutu highlighted a global commitment to the fight against TB.



Global Partners' Forum



At the Forum opening ceremony on World TB Day (24 March) the annual 2004 WHO Report on global tuberculosis control was presented.⁵ In line with the Forum campaign theme – *Keeping the Pledge* – this Report highlighted the progress already made, while emphasizing the crucial importance of maintaining efforts to reach the 2005 global TB targets. In recognition of their achievements in reaching and sustaining these targets for 4 years, Cuba, Maldives, Morocco, Peru, Tunisia and Viet Nam were awarded a medal from the Prime Minister of India and the Director-General of WHO. In its “New Delhi Pledge”, the Forum recognized the positive performance of the Stop TB Partnership, highlighted the growing threat of TB/HIV, and emphasized the need for renewed political commitment. In addition, the *Progress Report on the Global Plan to Stop Tuberculosis*⁶ and the *Report of the second ad hoc Committee on the TB epidemic* were released,⁷ which called for urgent action to ensure that all those suffering from TB have access to effective care. Media coverage by

the Indian and international press was extensive, providing both visibility and transparency to the Forum.

Second Global Plan to Stop Tuberculosis

The second *Global Plan to Stop Tuberculosis 2006–2015*⁸ is a blueprint for TB control over the next decade. In May 2004, consensus was reached among partners on an outline plan of action to reach the 2015 global targets of halving TB prevalence and deaths as part of the MDGs. The Coordinating Board approved the outline plan and endorsed the membership of the steering committee that will provide guidance on its further development.

The Coordinating Board also formally requested the working groups of the Stop TB Partnership to develop their own strategic plans (2006–2015). Formulating such plans will be a key factor in the successful development of a global approach that enjoys wide support in the global community.

Strategic alliances

The Stop TB Partnership seeks to develop institutional relationships by liaising with external constituents, reaching out to new allies, and mobilizing resources to help stop TB. During the reporting year, working relationships with a number of key organizations have improved significantly. For example, a number of working-level meetings

between the GFATM and the Secretariat were held, particularly in relation to the GDF. A memorandum of understanding with the GFATM was developed during 2004.⁹ The World Economic Forum (WEF) assisted the Stop TB Partnership in reaching out to the private sector. The WEF conducted a process of organizing the newly created private sector constituency as well as the representation to the Coordinating Board, i.e. Heineken International, Inc.



3. Partner coordination



The Partnership brings together a wide range of partners. In line with its institutional structure, the Secretariat continued to build and coordinate a broad network of partners at the global, regional and national levels. During 2004, the major objectives in this area included:

1. Reaching out to new partners and engaging them in Stop TB Partnership activities.
2. Establishing and expanding regional and national partnerships.
3. Providing assistance in launching the Network for Action on TB and Poverty.

Partner outreach

In 2004, good progress was made in reaching out to new partners and aligning their activities and resources behind the Stop TB Partnership's mission and goals. The total number of partners increased from approximately 250 in 2003 to 303 in 2004. A summary classification of partners according to country is shown below. Of these, 60% are nongovernmental organizations (NGOs), 13% are governmental organizations, with the remainder (27%) made up of academic institutions, businesses, individuals and others.

Regional and national partnerships

At the regional level, the Interagency Coordination Committee in Europe (a coalition of donors, national governments and NGOs) is successfully expanding into the more comprehensive Regional Partnership to Stop TB for Europe. A concept paper and terms of reference were finalized for the launch of this initiative in 2005. The establishment of a regional partnership in Africa has not been as rapid. More needs to be done in this region to stimulate the engagement of non-traditional partners, with greater political commitment also being required from governments. The potential roles of the African Union and the Commission for Africa in promoting a regional partnership will be further explored.

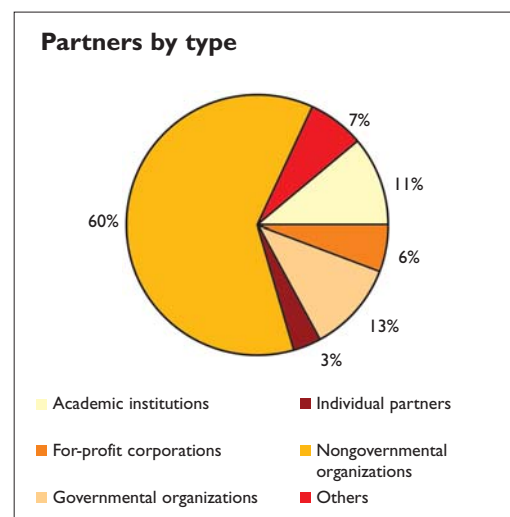
inclusive approach. In 2004, effective national Stop TB partnerships were launched in Brazil, Mexico, Pakistan and Uganda.

Network for Action on TB and Poverty

In order to bring together TB control and poverty specialists and facilitate greater collaboration across countries and agencies, the Network for Action on TB and Poverty was formalized by the Coordinating Board. The network aims to make DOTS expansion more inclusive by reaching out to the poorest and most marginalized groups in the countries covered by it. Open competitive bidding and a carefully laid out process led to the selection of the proposal from the NTP in Malawi in conjunction with the local NGO REACH and subsequent establishment of the network's Secretariat in Lilongwe. Workplan activities in the first year include the development of simple methods for mapping pockets of poverty that result in low case-detection and cure rates within the sub-Saharan region. Small-scale innovative practices will be written up and published on a new web site to invite expanded collaboration.

The Partnership places particular emphasis on the supporting and strengthening of partnerships to build up national TB control capacity in countries. However, global guidelines and products in support of this have often not reached beyond the traditional NTPs and their immediate partner agencies. Efforts are under way to promote national-level partnerships that take a far more

Classification of partners of the Stop TB Partnership



By country

Country	Number of Partners
USA	60
India	50
Pakistan	19
United Kingdom	18
Nigeria	14
Switzerland	10
Other (countries with < 8 partners)	132
Total	303



4. Advocacy, communications and social mobilization



In 2004, the focus was on three **major objectives**:

1. Increasing resources for global TB control through intensive and sustained media and parliamentary outreach activities, all centred on the campaign theme "Keeping the Pledge".
2. Providing technical assistance to NTPs in leveraging multilateral and bilateral funding resources to support their communications and social mobilization activities.
3. Working with HIV/AIDS groups on joint advocacy strategies to promote understanding of the linkages between the two diseases, and to support collaborative TB/HIV interventions at country level.

Global, regional and national advocacy and communication

The Partnership continued to build media networks at all levels to increase coverage of TB as a priority public health issue. Highlights of global media and political advocacy activities in 2004 are shown in **Box I**. At the national level, several major initiatives were supported during 2004, including:

- A Strategic Communication Initiative (SCI) was launched with funding from the United States Agency for International Development (USAID) to strengthen TB-related communication activities at both regional and country levels, and senior staff seconded to support its further development.

- An introductory primer on advocacy, communication and social mobilization (ACS) and a related needs-assessment tool were completed and field-tested in Japan and Kenya, respectively.

Information products

The Secretariat and its partners maintain a broad range of regular information products including web alerts, communiqués, newsletters, and annual reports, as well as ad hoc materials to support special TB events. The quality and timeliness of information on the Stop TB Partnership web site – www.stoptb.org – was also improved during 2004, and the Stop TB Partnership electronic mailing list expanded. Since its introduction, over 3200 subscribers have now joined the Partnership "listserv" in order to receive web alerts and communiqués, and the Partners' Directory is now also available online. In 2004, specific information products for use during the Second Partners' Forum and for wider dissemination included:

- Short video statements by Kofi Annan, Bill Clinton, José María Figueres, Mikhail Gorbachev, Archbishop Desmond Tutu, Peter Piot and James Wolfensohn.
- A 60-second Public Service Announcement (PSA) and a 7-minute film on TB/HIV featuring Winstone Zulu for media broadcast on World TB Day 2004.
- A photo exhibit on DOTS in India for display at the Second Partners' Forum that was subsequently used to launch DOTS expansion in a number of Indian States in 2004–2005.
- A Hindi version of *Tuberculosis, a WHO Report* by the editors of *Colors* magazine.
- The *Progress Report on the Global Plan to Stop Tuberculosis*.



BOX I – Highlights of media and political advocacy activities in 2004

February–April

- Trip to India by United States Senator Dick Durbin and aides for high-level meetings with health officials and visits to TB clinics, organized by Results USA.
- Trip to India by two prominent United Kingdom Members of Parliament to meet high-level officials, visit TB clinics and participate in the Second Partners' Forum, organized by Results UK.
- Press conference in the United Kingdom House of Commons in London announcing the appointment of Indian composer/musician A. R. Rahman as the first Stop TB Global Ambassador.
- Media events organized by Stop TB partners in 6 major cities to launch the 3rd Global MDR-TB Surveillance Survey, with broad coverage on CNN, BBC World TV and other major media.
- Press conferences at the Second Partners' Forum featuring A. R. Rahman and senior Indian and global officials with similarly broad coverage by major electronic and print media.
- A personal visit by Global Ambassador A. R. Rahman with United Nations Secretary-General Kofi Annan, and Millennium Campaign Director Salil Shetty.
- A visit to Canada by WHO Assistant Director-General Jack Chow to highlight the GDF in briefings for Parliamentarians and the media.

June–August

- Commissioning by the Secretariat of a 25-minute film on DOTS and TB/HIV that was broadcasted daily for a week on BBC World TV as part of its new "Kill or Cure" series.
- Support for a Bill and Melinda Gates Foundation press conference on TB/HIV with Nelson Mandela at the XV International AIDS Conference in Bangkok, and joint production with UNAIDS of a new information pack with statistics that were widely used in media coverage.
- TV and press coverage of a *Lancet* WHO article on the success of DOTS in China.

September–November

- Press conferences and teleconferences at the Fourth Meeting of the TB/HIV Working Group in Addis Ababa, Ethiopia, that generated articles in more than 100 newspapers and journals.
- USA tour by the Stop TB Partnership's Executive Secretary Marcos Espinal for congressional briefings, meetings with partners, lectures and media interviews, resulting in 8 newspaper articles.
- Millennium Campaign Director Salil Shetty addressed the opening session of the International Union Against Tuberculosis and Lung Disease (IUATLD) world conference in Paris.
- Tour of United Kingdom cities by TB/HIV activist Winstone Zulu for parliamentary briefings, meetings with advocacy groups and media interviews, organized by WHO and Results UK.

5. Working groups

During 2004, the Secretariat continued to facilitate the functioning of the working groups (WGs) and provided some financial assistance to them.

The DOTS Expansion Working Group (DEWG) coordinated by WHO, advises on DOTS expansion within health systems, and encourages partners to increase and sustain TB control efforts in countries so that more people are living in areas covered by DOTS. The WG has made a significant contribution to improving case-detection and treatment-success rates and, in collaboration with its partners, has ensured that medium-term plans for DOTS expansion are being implemented where most needed. Efforts to support the acceleration of DOTS expansion and increase case detection have included strengthening human resource and laboratory capacities to ensure access to reliable and high-quality diagnosis, treatment and care. Highlights of the year were:

- A comprehensive set of conclusions and recommendations for continued DOTS expansion were finalized at the Fifth DEWG meeting held in conjunction with the 35th IUATLD world conference in Paris, France.
- By the end of 2004, more than 182 countries were implementing DOTS, the internationally recommended strategy for TB control.
- The second meeting of the **Public-Private Mix (PPM) DOTS TB control subgroup** which works to involve a wide range of for-profit providers in collaborative TB control activities was held in New Delhi, India and made its recommendations¹⁰ to both the DEWG and to NTPs.
- The first meeting of the **childhood TB subgroup** was held in conjunction with the Fifth DEWG meeting, and work on developing guidelines on mainstreaming childhood TB activities commenced.
- A *Consultation on Human Resource Development for TB Control* document was prepared jointly

with the Rockefeller Foundation as an advocacy tool and distributed during the Second Partners' Forum. Sessions on human resource development (HRD) for TB control were also organized at the Forum, at regional NTP managers' meetings and elsewhere. In collaboration with the Task Force on Training of the Tuberculosis Coalition for Technical Assistance (TBCTA) training modules for district TB coordinators were developed. The Collaborative Training and Education for TB Control in the Russian Federation, the Baltic States and the Newly Independent States also met regularly in 2004 and updated generic training materials and tools for HRD in Russian-speaking countries.

- A strategy for strengthening TB laboratory capacity was formulated by the secretariat of the **subgroup for laboratory capacity strengthening (SLCS)** and a strategic and operational plan developed. Laboratory assessments took place in 5 countries, while a workshop held in Geneva focused on the standardization of training materials and finalization of a nationwide external quality assurance system. Following the Fifth DEWG meeting, the second meeting of the SLCS was held to review achievements and discuss the 2005 workplan.
- A Core Group on TB and Poverty was established under the DEWG with representatives from the countries and partners of the Network for Action on TB and Poverty.

The Working Group on DOTS-Plus for Multidrug-resistant TB (MDR-TB)

coordinated by WHO, aims to produce feasible, effective and cost-effective approaches to the prevention and management of MDR-TB. During 2004, its efforts focused on developing new guidelines for MDR-TB management in resource-limited settings, and on revising existing DOTS guidelines to include DOTS-Plus. To refine and guide policy-making in this area, cost-effectiveness and other data from DOTS-Plus pilot projects

were collected and analysed. To support national governments in implementing and scaling-up DOTS-Plus, access to reduced-price quality-assured second-line drugs was facilitated through the Green Light Committee (GLC), while manufacturers were encouraged to participate in the WHO pre-qualification project. The main achievements were:

- New DOTS-Plus projects were approved in 12 countries and existing projects in 2 countries were expanded. As of 31 December 2004, there were 30 DOTS-Plus pilot projects with a total cohort size of 10 133 MDR-TB patients in 23 countries. Data from the first 5 GLC-approved projects showed that MDR-TB management was feasible and adverse events manageable in resource-limited settings, with treatment outcomes matching those in wealthier settings.
- As part of the pre-qualification of manufacturers of second-line drugs, 7 manufacturers applied, 11 dossiers were submitted for assessment, and 2 inspections took place. No second-line drug manufacturer has yet been approved.
- A study of the cost-effectiveness of DOTS-Plus in the Philippines was finalized and the results compiled for publication – early indications are that DOTS-Plus was a cost-effective intervention when measured in terms of DALY¹¹ and compared to other benchmarks, and similar studies are now ongoing.

The Working Group on TB and HIV

coordinated by WHO, works to promote a coordinated global response to TB/HIV, to facilitate the sharing of experience in implementing collaborative activities, and to disseminate the lessons learnt so that better and more responsive strategies can be developed. During 2004, the group continued to monitor and promote country-level implementation of collaborative TB/HIV activities, to improve the training of health

personnel, and to raise awareness of WHO interim policy¹² and guidelines in this area. In support of all these aims, TB/HIV advocacy efforts were accelerated within the HIV/AIDS community, especially as part of the planning of new HIV/AIDS initiatives. Key achievements were:

- The fourth meeting of the working group held in Addis Ababa, Ethiopia was attended by almost 200 participants from 40 countries, with greatly increased participation by advocates, activists and partners in the HIV/AIDS community.
- A WHO interim policy providing guidance to countries on a 12-point package of collaborative TB/HIV activities was produced, along with guidelines on monitoring and evaluating collaborative TB/HIV activities¹³ and on the surveillance of HIV among TB patients.¹⁴ In addition, the results of ProTEST projects¹⁵ implemented in 3 countries were summarized and used to inform an evidence-based and effective strategy.¹⁶
- Mechanisms to monitor the implementation of collaborative TB/HIV activities were also established. Questions on TB/HIV activities were included in the WHO standard data-collection form for its *Report on global TB control*.¹⁷ More detailed questionnaires on the progress made in implementing collaborative TB/HIV activities during 2002 and 2003 were sent to the 41 countries with the highest burden of HIV-related TB. The results demonstrated clear progress in the number of countries establishing coordinated and well-planned collaborative TB/HIV control activities, and the questionnaires will now be repeated annually. Three rounds of TB/HIV training for international consultants and NTP and HIV/AIDS managers were therefore conducted. Technical assistance was also provided for regional TB and HIV/AIDS training that included TB/HIV components in Africa, the Americas and Asia.
- The working group and its partners continued to be instrumental in enhancing the visibility of

TB/HIV at major HIV/AIDS events and initiatives. In collaboration with The Futures Group, TB/HIV issues were also mainstreamed into the advocacy efforts of People Living with HIV/AIDS (PLWHA) networks in 5 countries. Emphasis was placed on building the capacity of the networks to conduct effective TB/HIV advocacy at national and local levels. Positive repercussions have already been documented in some of the countries that took part in this effort.

The Working Group on New Diagnostics

coordinated by the Foundation for Innovative New Diagnostics and the Special Programme for Research and Training in Tropical Diseases, facilitates the development of priority diagnostic tools for TB control.

- In 2004, more than 75 group members and other participants attended a meeting at the Palais de Congrès, Paris, France. The stakeholder groups represented included public health institutes, international organizations, national reference laboratories, academia, industry and NGOs, and a strong consensus on the priorities for 2004–2005 was reached.

The Working Group on TB Vaccine

Development coordinated by WHO, works to accelerate the development of an improved TB vaccine to provide long-lasting primary protection. During the year, work focused upon stimulating and supporting the progression of 5 candidate TB vaccines to Phase I/II trials by 2005, and of at least 1 candidate vaccine to Phase III efficacy trials by 2007. Key achievements included:

- A vaccine based on a secreted antigen (Ag85A) of *Mycobacterium tuberculosis* was developed at Oxford University and completed its initial Phase I clinical evaluation in the United Kingdom

in 2004. The vaccine's safety and immunogenicity were reported to be excellent, particularly when used as a "booster" dose to BCG (Bacille Calmette-Guérin) vaccination, even where the BCG had been given decades ago. Two more candidate vaccines have also entered Phase I clinical trials, and a further three are due to enter Phase I trials in 2005.

- A working group meeting was hosted by the Research Institute for Tropical Medicine in Alabang, Philippines, and a symposium organized to update the Philippine public health and research community on current progress and issues in TB vaccine development.
- A consensus protocol for testing TB vaccines in non-human primates was developed for use by all participating primate facilities. In addition, work began on preparing an inventory of potential TB vaccine trial sites, capacity-building needs were assessed, and efforts made to identify good medical practice manufacturing facilities. A web site for TB vaccine development issues was launched in 2004, and work began on producing a strong economic case for the development of new TB vaccines.

The Working Group on TB Drug Development

coordinated by the Global Alliance for Drug Development, seeks to facilitate and foster the collaboration needed to develop a shorter treatment regimen to radically transform the fight against TB. During 2004, the group participated in several major gatherings and other initiatives aimed at invigorating the TB drug "pipeline" and laying the groundwork for new candidate drugs (both novel and from existing families) to enter clinical trials. Important events during the year were:

- The 2004 annual group meeting held in Paris, France, with presentations by key industry partners and from the Stop TB Partnership. Working group members from Bayer Pharmaceuticals,



GlaxoSmithKline and AstraZeneca Pharmaceuticals presented updates on their current programmes.

- At the Second Partners' Forum the group reported on recent advances in TB drug development to an audience that included ministerial delegations from high-burden countries, political representatives of the G8 countries, and representatives from the private sector and civil society. In addition, the working group reviewed achievements from 2001 onwards and revised the estimate of the funding needs for TB drug development through 2005.
- As part of the IUATLD Symposium on New TB Drug Development held in Paris, France, a working group meeting was organized at which leading TB researchers discussed the latest drug advances. For the first time in 40 years, there is now a pipeline of promising compounds meeting development milestones. In support of this the *Scientific Blueprint for TB Drug Development* which outlines the TB drug development standard that has proved so effective in invigorating the TB drug pipeline was reprinted.
- As part of its communications and outreach activities, the working group set up a Stop TB Partnership *Working Groups on New Tools* booth at the Second Partners' Forum and at the World Health Assembly to distribute materials, and raise

the visibility of initiatives in this area. To bring attention to the release of new WHO figures on MDR-TB, the working group also helped to organize a roundtable (*Drug-Resistant TB – A Global Crisis*) at the Council on Foreign Relations hosted by Pulitzer Prize-winning journalist, Laurie Garrett. The event featured speakers from the TB community and brought visibility of the MDR-TB crisis to an influential circle of foreign affairs experts in the United States.

The Advocacy, Communications and Social Mobilization Working Group

was formally created during 2004 in response to the increasing importance placed upon strengthening efforts in this area. Through its *Global Advocacy and Resource Mobilization* subgroup, efforts will focus upon strengthening political commitment and resource mobilization in donor countries, multilateral institutions and high-burden countries, and on directing funding to sectors of greatest need. Through its *Programme Communication, Social Mobilization and Country Support* subgroup, guidance and support will be provided for in-country programme communication and social mobilization to improve TB case detection and treatment compliance.

6. The Global Drug Facility



The GDF is a unique initiative which helps to increase poor people's access to low-cost and high-quality TB treatment around the world. During 2004, the GDF continued to make a considerable contribution to global TB control through the three main services it offers:

1. Provision of first-line drugs to support DOTS expansion through approved 3-year grants to countries that are donor-dependent for some or all of their drug supply.
2. A Direct Procurement Service for countries that have sufficient finances to purchase TB drugs but lack adequate procurement or quality-assurance systems.
3. The GDF *White List* of pre-qualified manufacturers of high-quality TB drugs for countries that have sufficient finances and good procurement mechanisms but lack a robust quality-assurance system.

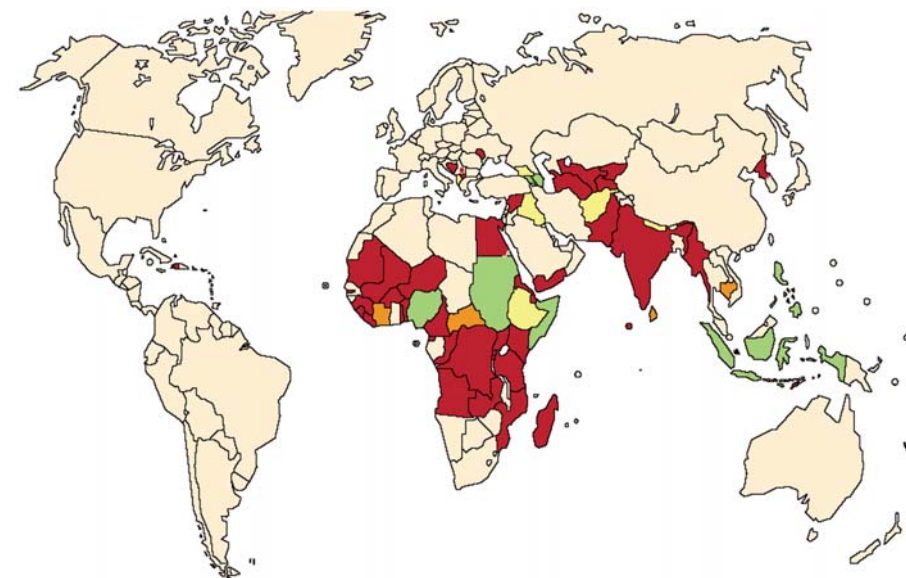
Because of the crucial need to prevent new strains of drug-resistant TB emerging, the supplying of affordable high-quality TB drugs is inextricably bundled with technical assistance and drug-management support and monitoring. Programmes are continually subject to assessment and monitoring in order to verify that grant terms and conditions of support have been understood and adhered to. This also allows for the provision of technical assistance in areas where deficiencies are reported.

As a result of its collaboration with broad networks worldwide, and its technical expertise in drug procurement, GDF continued to offer unprecedented access to TB treatment in a growing number of countries. Over the course of 2004, affordable quality-assured patient treatments valued at around US\$ 8.1 million were delivered. Annual GDF procurements for grants and direct procurement totalled US\$ 20.7 million.^{18,19,20} The main achievements during the year included

- The GDF has now provided high-quality TB drug treatments to over 4.4 million people in 4 years in 58 countries.
- The GDF further expanded its Direct Procurement Service. During the year, 10 more countries decided to take advantage of the service and placed drug orders with an approximate value of US\$ 6.3 million, bringing the cumulative value of such transactions to US\$ 12.4 million.
- The GDF approved 13 grant agreements for 9 countries, resulting in a total of 71 grant applications being approved for 58 countries to date. In addition, 34 monitoring missions to GDF-supported countries were carried out.
- The GDF successfully maintained significantly lower prices for TB drugs compared to international market levels.



GDF-SUPPORTED COUNTRIES: GRANTS AND DIRECT PROCUREMENT



Map of GDF-supported countries*

- Countries approved for regular GDF support
- Countries approved for emergency GDF support
- Countries with direct procurement support
- Countries with both grant and direct procurement support

* as of December 2004

7. General management



During 2004, the Secretariat promoted effective and efficient management aimed at increasing transparency and accountability. It accelerated efforts to place its resource mobilization activities on a sound footing, and to strategically align available resources with its mission, goals and priorities in accordance with the following **major key objectives**:

1. Strengthening **resource mobilization** by developing a comprehensive and long-range resource mobilization action plan, and producing ethical guidelines on soliciting and accepting donations.
2. Establishing appropriate systems of **financial management and control** by putting in place a new financial management policy and an appropriate financial vehicle to facilitate donations and simplify the operations of the Secretariat.
3. Developing a new framework for **financial reporting** and realigning all such reporting in accordance with the new overall financial management policy.

Resource mobilization

Efforts continued to leverage donor policy and resources and to facilitate and shape an ongoing policy dialogue with donors on their priorities and on the needs of the Stop TB Partnership. Closer relationships were developed with existing donors by providing information on the performance of the Partnership. With support from the Secretariat, the Resource Mobilization Task Force – which was later converted into an advisory group – developed a long-range action plan for generating more resources in the foreseeable future. Ethical guidelines for resource mobilization were also developed to provide advice on ethical donation acceptance and on routinely reviewing the implementation of such advice. Work has already begun on translating the resource mobilization action plan and the guidelines in operational terms. To strengthen

donor information and donor-analysis capacity (and thus facilitate resource mobilization) the production of comprehensive donor profiles was also initiated.

Finally, extensive donor appeals were started through widespread distribution of the *Progress Report on the Global Plan to Stop Tuberculosis*, and through other advocacy and communication efforts.

Financial management

As part of the requirements of the Stop TB Partnership's independent external evaluation, the Secretariat strengthened its overall financial management, and established more effective financial reporting norms and procedures. In December 2004 after several months of negotiations with WHO, representatives of the Coordinating Board, supported by the Secretariat, successfully concluded the setting-up of a Stop TB Partnership Trust Fund at WHO as the principal financing vehicle for the operations and projects of the Secretariat. Subsequently, the interim trust fund set up in June was closed.

The new trust fund started receiving money in December. It operates with a much-reduced programme service cost of 3% for drugs and 6% for other activities, and was designed to enhance and facilitate flow of financial resources.

A new financial management policy, in line with the WHO general financial procedures, was prepared and endorsed by the Coordinating Board. This led to the establishment of operational reserves to provide a stable financial environment for the work of the Secretariat. A revised and much improved contract with the UNDP Interagency Procurement Services Office (IAPSO) for the procurement of TB control drugs was also signed. The establishment of periodical financial reporting and regular reviewing of cash positions improved internal financial control. The Operating

Principles of the Stop TB Trust Fund at the World Bank were revised and adopted by all parties.

During 2004, the Stop TB Partnership received cash contributions totaling US\$ 23 million; an increase of 12% compared to 2003. Of the total cash contributions received in 2004, US\$ 6.9 million were channelled through the Stop TB Interim Trust Fund. Contributions in-kind declined to US\$ 844 000 (from US\$ 996 000 in 2003). A total of US\$ 8.3 million was received for Partnership activities. This included: US\$ 3.7 million from the United States Agency for International Development (USAID); US\$ 2.7 million from the Canadian International Development Agency (CIDA) earmarked for the emergency "Intensified Support and Action in Countries" (ISAC) initiative; US\$ 1.8 million from the United Kingdom Department for International Development (DFID) which allowed support to be given to

several priority areas such as the activities of the seven Stop TB Partnership working groups; and US\$ 1.8 million allocated by WHO from resources available to it. In addition, the earmarked GDF contribution from CIDA increased to US\$ 11.1 million and greatly helped to stabilize the planned procurement of TB control drugs.

In the same period, the operating expenditure of the Secretariat declined to US\$ 14.8 million as this was controlled by the unobligated cash actually available up to early December each year. Surplus income over expenditure amounted to US\$ 9.089 million. However, most of this amount had been earmarked by the year end. Summary of income and expenditure for the year is shown in Annex I while Annex II gives the summary statement of GDF income, contributions received for direct procurement, and its expenditure.

CHALLENGES AND FUTURE PRIORITIES



The main challenges facing the Secretariat are the development of a long-term strategy for its evolution; proper positioning of the GDF in line with global needs; keeping the Secretariat's structure and processes aligned to the requirements of the environment; strengthening governance mechanisms; and increasing the level of stable funding of the Partnership.

Notes

Executive summary

1. Tuberculosis (TB) is a disease caused by the bacillus *Mycobacterium tuberculosis* which is resilient and highly adaptive. Historically the bacillus has defied attempts to control it, and today efforts are being seriously hampered by drug resistance and by coinfection with HIV which increases the chance of developing TB 10-fold. Globally, 20 000 people develop TB and 5000 die of it every day. This means that each year brings 8.8 million new cases and 1.7 million deaths. Without treatment 50–70% of people with infectious TB will die and a single untreated person can infect between 10 and 15 people a year. In 2000, following on from a previous resolution in 1991, the World Health Assembly set a global target for 2005 of detecting at least 70% of all TB cases and curing at least 85% of those detected.

2. Governance

2. *Independent External Evaluation of the Global Stop TB Partnership*. Institute for Health Sector Development, London, 2003.
3. Consisting of eight members the Executive Committee is broadly representative of the constituencies on the Board and acts on its behalf between formal sessions in accordance with its defined and delegated authority.
4. The Partners' Forum is an assembly of the partners of the Stop TB Partnership and functions as its overall guiding body, reviewing and providing recommendations on the work carried out.
5. *Global tuberculosis control – surveillance, planning, financing. WHO Report 2004*. Geneva, World Health Organization, 2004 (WHO/HTM/TB/2004.331).
6. *Progress Report on the Global Plan to Stop Tuberculosis*. Stop TB Partnership, Geneva, World Health Organization, 2004 (WHO/HTM/STB/2004.29).
7. *Report on the meeting of the second ad hoc Committee on the TB epidemic. Recommendations to Stop TB partners*. Geneva, World Health Organization, 2004 (WHO/HTM/STB/2004.28).
8. The Global Plan to Stop Tuberculosis is a comprehensive assessment of the action and resources needed to execute the globally recommended strategy for TB control. Launched in 2001, the first Global Plan to Stop Tuberculosis (2001-2005) described mechanisms, activities and resources needed to accelerate progress towards the 2005 targets, and the plans of action of the Stop TB working groups.
9. The memorandum of understanding was signed on 19 May 2005.

5. Working groups

10. Meeting report available at: http://whqlibdoc.who.int/hq/2004/WHO_HTM_TB_2004.338.pdf
11. DALY (Disability Adjusted Life Years): Total number of years of potential life lost due to premature mortality and the number of years of productive life lost due to disability.
12. *Interim policy on collaborative TB/HIV activities*. Geneva, World Health Organization, 2004 (WHO/HTM/TB/2004.330 and WHO/HTM/HIV/2004.1).
13. *Guidelines for the implementation of collaborative TB and HIV programme activities*. Geneva, World Health Organization, 2003 (WHO/CDS/TB/2003.319 and WHO/HIV/2003.1).
14. *Guidelines for HIV surveillance among tuberculosis patients*. Geneva, World Health Organization, 2004 (WHO/HTM/TB/2004.339 and WHO/HIV/2004.06).
15. The ProTEST initiative aims to develop a more coherent response to TB in settings with high HIV prevalence through collaboration between TB and HIV/AIDS control programmes.
16. *Report of a "lessons learnt" workshop on the six ProTEST pilot projects in Malawi, South Africa and Zambia*. Geneva, World Health Organization, 2004 (WHO/HTM/TB/2004.336).
17. *Global tuberculosis control – surveillance, planning, financing. WHO Report 2004*. Geneva, World Health Organization, 2004 (WHO/HTM/TB/2004.33).

6. The Global Drug Facility

18. *Progress Report 6*. Global Drug Facility, 1 January 2004–30 June 2004. Stop TB Partnership Secretariat, World Health Organization, Geneva, Switzerland.
19. *Progress Report 7*. Global Drug Facility, 1 July 2004–31 December 2004. Stop TB Partnership Secretariat, World Health Organization, Geneva, Switzerland.
20. *4 million treatments in 4 years*. Achievement Report: Special Edition. Stop TB Partnership Secretariat, Geneva, World Health Organization, 2005 (WHO/HTM/STB/2005.32).

Annex I

**Stop TB Partnership Secretariat
Summary statement of income and expenditure
for the year ending 31 December 2004
(all figures in US\$'000)**

	2003	2004
Voluntary contributions in cash		
Governments ¹	19 271	22 042
Multilateral organizations	708	700
Foundations and others	616	286
Sub-total	20 595	23 028
Voluntary in-kind contributions		
Governments	213	213
Multilateral organizations, foundations and others ²	783	631
Sub-total	996	844
Total income	21 591	23 872
Expenditures		
Partnership	3 524	2 518
Advocacy and communication	855	1 096
Global Drug Facility	15 565	9 918
General management and administration	898	1 251
Total expenditures	20 842	14 783
Surplus of income over expenditures	749	9 089³

¹ Includes WHO contribution of US\$ 1.407 million from the unspecified pool of funds from donors.

² Includes WHO contribution of US\$ 443 000 from its regular budget.

³ All except US\$ 34 000 comprises earmarked funds.

Annex II

**Stop TB Partnership Secretariat
Summary statement of GDF income, contributions
received for direct procurement, and its expenditure
for the year ending 31 December 2004
(all figures in US\$'000)**

	2003	2004
Governments ¹	14 911	15 157
Other income	1 437	446
Contributions for direct procurement ²	5 786	6 613
Sub-total	22 134	22 216
This covers expenditures in the following areas:		
Procurement of TB drugs	19 412	14 613
Quality assurance and prequalification	144	114
Technical assistance monitoring and salaries	1 255	1 036
Advocacy and communications	21	102
Indirect cost	519	666
Total	21 351	16 531
Surplus of income over expenditures	783	5 685³

¹ The governments contributing to GDF activities comprise Canada, Japan (2003), the Netherlands, Norway, the United Kingdom (2003) and USA.

² Direct procurement figures are shown for both 2003 and 2004 to give a full picture of GDF operations.

³ Includes US\$ 5.3 million received in the 3rd week of December which could not be obligated for the year 2004.

