

C O N F E R E N C E

Stop TB Annual Report 2000

W O R L D T B D A Y - 2 4 M A R C H 2 0 0 0

Partnerships to Stop TB

A PARTNERSHIP HOSTED BY
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World Health Organization

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Foreword

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The world has taken a fresh look at tuberculosis in the year 2000, and put TB in the spotlight as a social, political, and economic issue rather than just a health problem. TB is a shameful example of poverty, with unnecessary costs—financial as well as human. TB is a threat to all of us, not only to the people living in developing countries.

The Stop TB Partnership has responded to this new wave of concern. We have found better ways of working together in support of the call of the high TB burden countries made in the Amsterdam Declaration to Stop TB. The Stop TB Partnership has expanded into a dynamic movement. Now 75 partners strong, the structures and consensus are in place to get the work done through working groups representing high-burden countries, donors, and technical agencies.

While much has been achieved during the year 2000, many challenges lie ahead of us as we move forward to reach our common goals. Today, only one in four patients are treated with DOTS. Many adults are unable to go to work because of their TB and are unable to take care of their families. Children are taken out of school to attend to sick parents and earn income to feed their families. Some unfortunate children are orphaned by a disease that is totally curable. This is a paradox. As John Le Carre said in his most recent novel: "The white plague is not born in us. It is forced upon us by foul breath, foul living conditions... and foul administrative neglect." Today TB is not just a matter of social development, it is a matter of social justice.

We need to continue to work together to address these challenges. By doing so, we can achieve the global targets for TB control by 2005, halve the global burden of TB by 2010, and progress towards the eventual elimination of this disease. This will move us closer to our cherished aim of a world where no one will be denied access to DOTS.

Dr Jacob Kumaresan
Executive Secretary
Stop TB Partnership Secretariat

Global TB burden: opportunities & challenges

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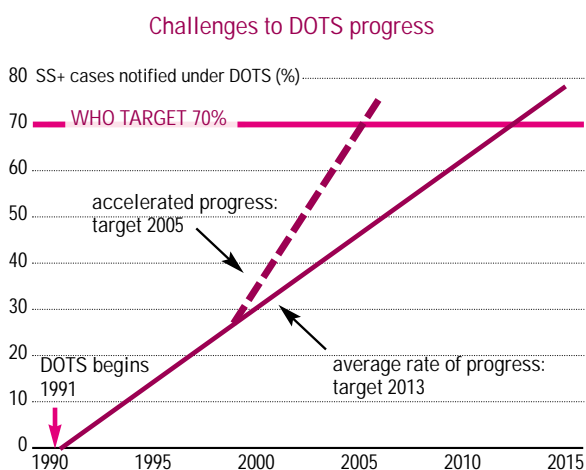
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1. TB still kills

Every day, 20 000 people develop active tuberculosis (TB) and 5 000 die from the disease. One third of the world's population is infected with TB. Every year, there are 8 million new cases of TB and nearly 2 million deaths. If urgent action is not taken now to curb the epidemic, TB will kill more than 40 million people over the next 25 years—fueled in part by the HIV/ AIDS epidemic. Poor TB control, moreover, will lead to an increased prevalence of multidrug-resistant TB (MDR-TB), which is over 100 times more expensive to treat.

2. Global TB burden

TB disproportionately affects the poorest people in the poorest countries: over 90% of cases and deaths occur in low- and lower-middle income countries. It is estimated that economic costs to the poor amount to more than US\$ 12 billion per year. A person with TB loses on average 20%–30% of annual household income due to their illness.



3. Global TB trends

If current trends continue and no additional action is taken, the global targets of identifying at least 70% of TB cases and curing 85% of those cases will not be met before 2013. A rapid acceleration of efforts is therefore needed at country and global level in order to scale up expansion of TB treatment and achieve global targets by 2005.

4. Global TB targets

Reaching global targets by 2005 and maintaining effective TB control over the next five years will halve the global TB burden by the year 2010. Further benefits will accrue: by 2020, 25 million TB deaths will have been averted, 50 million TB cases prevented, and the rapid spread of drug resistance halted. The social and economic benefits of accelerated action will also be immense, resulting in savings of billions of dollars for poor communities. Governments will also gain from savings in programme costs as TB incidence declines.

Achievements in the 1990s

	1991	1999
Number of countries adopting DOTS	10	127
Number of TB patients treated with DOTS	< 1%	23%
TB drug cost	US\$ 40–60	US\$ 10–20
External assistance to TB costs in poor countries	US\$ 16 M	US\$ 154 M
Money for TB research and development	US\$ 20 M	US\$ 125 M

Global TB burden: opportunities & challenges

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The World Health Assembly in May 2000 approved year 2005 targets for TB control of detecting 70% of infectious TB cases and curing 85% of those detected. Some regions have promoted additional targets for DOTS population coverage and patient coverage. Many countries may meet these targets if their DOTS expansion plans continue and national and external financing continues to increase, as it has in the past year.

5. Global TB progress

Despite the challenges, the world has witnessed remarkable progress in TB control during the 1990s. Directly Observed Treatment, Short-course (DOTS)—a highly effective public health strategy based on diagnosis and treatment of infectious TB cases—was adopted in 127 countries by 1999. The proportion of TB patients treated under DOTS programmes has increased from less than 1% in 1991 to 23% in 1999.

"We must put people at the centre of everything we do... people value good health and a happy family life more than anything else."

Mr Kofi Annan, Secretary-General,
United Nations, UN Summit (July 2000)

6. Opportunities for action to eliminate TB

Health, including TB, is increasingly discussed in political arenas as a key to development. Several major events in 2000 marked this trend. Health was a central theme of the United Nations General Assembly Special Session on Social Development in June and at the Millennium Summit in September. Heads of State are calling for action to improve health outcomes in order to improve their people's capacity to earn and learn, and to produce and contribute to human security. The G8 nations and others have promoted additional impact targets, including a 50% reduction in TB prevalence and mortality by 2010, at their summits in Okinawa in July and December. This concern and commitment was also reflected at a roundtable organized by the European Union in September. Business and philanthropic foundations increasingly recognize the importance of investing in health and in shared social responsibility.

7. From political commitment to financial investment

Financial support to fight infectious diseases such as TB is increasing. The World Bank has committed over US\$ 350 million since 1989 as loans to finance TB control interventions, making it the largest single source of external support for TB control in developing countries. With new projects in the pipeline, this cumulative figure will grow to well over US\$ 450 million within the coming year

Global TB burden: opportunities & challenges

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(2001). The USAID budget for support for TB control has risen from US\$ 25 million in the 1999– 2000 fiscal year to US\$ 60 million for 2000–2001; and demand from country missions is rapidly rising. In the past year, the Bill and Melinda Gates Foundation has committed grants for TB (new tools and strategies) exceeding US\$ 100 million.

Total global expenditure on research has been about US\$ 125 million from the public sector and foundations only (excluding the private sector). This financial support is most welcome, but it is still not enough. For accelerated action to control TB to be successful, much more must be invested now.

"Despite evident political commitment, the amount of money currently being pledged to the major diseases of poverty—including tuberculosis, malaria and HIV/AIDS—is not enough to make a difference over the next decade. A massive increase in finance and human resources is necessary."

Dr Gro Harlem Brundtland
Davos Economic Forum (January 2001)

8. Global challenge: access to TB treatment

About 45% of the world's population has access to DOTS. Only 23% of TB patients, however, are treated in DOTS programmes, and very few high-burden countries have expanded DOTS to all patients. The challenge for TB control remains to ensure that people and their households have the lifesaving tools and knowledge to protect them-selves from the disease. Affordable TB drugs and effective diagnostics are often inaccessible close to the homes of patients, because they are not available and/or there are limitations to the health delivery systems.

Moreover, the knowledge, skills, and demand for these tools is often absent among the most seriously affected individuals and communities. Sustained long-term efforts against TB supported by social demand and political commitment are desperately needed to adequately confront the problem. Similar challenges face efforts to fight all diseases of poverty. While national health systems take the responsibility to coordinate such efforts, more partners at the international and national levels must be involved in the struggle so that progress can be accelerated.

It is now incumbent upon the international community to pursue the means and mechanisms for scaling up efforts to address these challenges in order to achieve global TB targets.

Global TB burden: opportunities & challenges

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9. Stop TB: a force for action

The combined forces of the Stop TB working groups are addressing efforts to expand DOTS, tackle MDR-TB, address the TB & HIV/AIDS dual epidemic, and develop new tools (vaccines, new drugs, and diagnostics). Innovation in scaling up global efforts to achieve measurable results is needed. New tools and increased investment is required to support these efforts for getting TB drugs to people who need them.

The Stop TB Partnership has accepted these challenges in 2000 and has raised the profile of TB to higher political agendas, general awareness, and wider involvement of organizations and communities.

The following sections detail the response and outcomes to the various challenges that the TB community is facing.

The responses focus less on technical solutions than coordination, communications and advocacy among the various groups involved in accelerating TB action worldwide.

The Table below summarizes the key elements of this progress report.

U.S. Senate Foreign Relations Committee Confirmation Hearing on Secretary of State–Designate Colin Powell (January 2001): *"We understood also that there are cross-cutting issues that don't simply fit in any one region... whether it's the tragedy of AIDS and tuberculosis and other similar scourges that are facing mankind."*

Stop TB: Accelerating TB action in the year 2000

Challenge	Response	Outcome	Section
Expand TB from a technical health issue to a socio-economic, political, and development issue	• Ministerial Conference on TB & Sustainable Development and Amsterdam Declaration	• Increased political commitment from Ministers, high-level UN and donor representatives	Amsterdam
	• World TB Day 2000: "Forging new Partnerships to Stop TB"	• Increased global community action and partnerships	WTBD
Accelerate action against TB within the 22 high-burden countries	• National planning to implement the Amsterdam Declaration	• Progress in high-burden countries Global DOTS Expansion Plan, Cairo Meeting (Nov. 2000)	GDEP
Expand, adapt, and improve strategies to eliminate TB	• Activities and development through Stop TB Working Groups	• Progress in development of and within the Working Groups	Working Groups
Develop new investment mechanisms	• Development of a Global TB Drug Facility (GDF) and a Global TB Investment Plan (GIP)	• Both mechanisms have been initiated and developed	GDF & GIP
Create partnerships and coordination to Stop TB	• Mechanisms to support the global Partnership to Stop TB	• Final consensus on the governance mechanisms	Mechanisms
	• Action plan of the Stop TB Partnership Secretariat	• Activity and expenditure report	Activities

Amsterdam Conference on TB & Sustainable Development

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Challenge

Expand TB from a technical health issue to a socioeconomic, political, development issue

Response

Ministerial Conference on TB & Sustainable Development and Amsterdam Declaration

Outcome

Increased political commitment from Ministers, high-level UN and donor representatives

In March 2000, the Stop TB partnership convened a Ministerial Conference on TB & Sustainable Development in Amsterdam, the Netherlands. Ministers of health, finance, and development planning from twenty countries that account for almost 80% of the global TB burden participated, together with high-level representatives of UN agencies, donor countries, and technical agencies.



should be denied access to DOTS. This means that DOTS should be available to all who need it, wherever they live—whether they are young or old, man or woman, homeless or housed, jailed or free."

Political commitment and ownership

The 20 high TB burden countries committed themselves to accelerated efforts against the TB epidemic in order to reach the global

targets by 2005, and called for additional support from the international community. The resulting Amsterdam Declaration to Stop TB called upon international partners to take the following actions:

- Develop and/or strengthen national development plans that incorporate health and TB control as essential components.
- Build new international approaches towards ensuring universal access to and efficient systems for procurement and distribution of TB drugs.
- Accelerate basic and operational research for new tools—including diagnostics, drugs and vaccines.
- Establish a Global Fund for tuberculosis to mobilize and invest new additional resources to support the above activities.

TB: a social, economic, & human development issue

The Conference gave delegates the opportunity to analyse country-specific challenges to implementing effective global TB control. Roundtable discussions highlighted specific issues of financing and sustainability, the socioeconomic impact of TB and TB-HIV, and health system development. The Conference was instrumental in drawing attention to the risks and vulnerabilities associated with TB—the unacceptable health, social, and economic consequences of inaction, and the crucial need for a broadened, multisectoral response.

As Dr Brundtland, the Director-General of WHO, observed in her closing remarks: *"We have heard Ministers agree that no one*

Amsterdam Conference on TB & Sustainable Development

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The World Health Assembly in May 2000 endorsed the Amsterdam Declaration and extended the call for action to all Member States. Clearly, interest and opportunities for accelerated action against TB at the international level and within many high-burden countries were as great as ever.

Sustainable efforts

The success of the endorsed Amsterdam Declaration depends upon national ownership and follow-up. The declaration reflects a strong expression of commitment to action on the part of numerous, diverse parties, including governments—backed up by individual commitments to prepare and implement multi-year, monitorable action plans. This latter element is now included in the activities of the Working Group on DOTS Expansion.

Threat of MDR-TB epidemic: news story

During the Amsterdam Conference, WHO released its second report on *Anti-Tuberculosis Drug Resistance in the World* presenting the latest findings of a major collaborative study aimed at measuring the prevalence of TB drug resistance throughout the world. The report documents the challenges that the world is still facing with TB drug treatment and the threat of a worldwide drug-resistant epidemic with enormous socioeconomic costs. MDR-TB rates have increased dramatically in several areas and “hot-spots” of MDR-TB signal the potential for a major crisis in the future. The conference participants stressed the need for

improved health systems to ensure quality, accessibility, timely supply of TB drugs, and efforts to prevent MDR-TB.

TB: a disease of poverty

Stop TB collaborated with various parties, including Roll Back Malaria and UNAIDS, to support WHO and the city of Winterthur, Switzerland, in organizing an advocacy event in October 2000 to highlight the adverse impact of communicable diseases on health and development, and to call for a Massive Effort against these diseases of poverty. The forum brought together a unique combination of about 200 representatives of NGOs, communications experts, and private sector partners in order to discuss creative and innovative ways to tackle the poverty and misery caused by HIV/AIDS, malaria, and TB.

World TB Day 2000: “Forging new partnerships to Stop TB”

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Challenge

Expand TB from a technical health issue to a socioeconomic, political, and development issue

Response

World TB Day 2000: “Forging new Partnerships to Stop TB”

Outcome

Increased global community action and partnerships

World TB Day 2000

World TB Day 2000 was officially launched by the Director-General of WHO at the Amsterdam Conference; 24 March 2000 marked a key date for raising public awareness and mobilizing civil society and political will in the continuing global effort to stop TB. “Forging new partnerships to stop TB”, the global theme, challenged advocates to reach out beyond the TB community and mobilize new constituencies across all sectors, including women’s groups, human rights groups, HIV/AIDS activists, and others

to join the global partnership to stop TB. World TB Day 2000 had two objectives:

- Mobilize political and social commitment to make DOTS available to everyone in need in order to prevent the further spread of TB and MDR-TB and halt the socioeconomic impacts of the disease.
- Raise public awareness about the extent of the TB epidemic and its effects on individuals, communities, and societies, and the availability of a cost-effective control strategy, DOTS.

Highlights of global activities

- At the Argoyavaram Medical Centre in Andhra Pradesh, India, students from the national service scheme “adopted” a village to fight TB, in collaboration with the Lions Club.
- In Indonesia, the Tuberculosis Association organized an event involving volunteer training for 180 housewives and cured TB patients for resocialization/reintegration of TB patients.
- A TB seminar in Amman, Jordan, was held under the patronage of HRH Prince Firas Bin Ra’ed, Health Secretary to His Majesty King Abdulla.
- Côte d’Ivoire and Oman used “infotainment” and held a public quiz about TB.
- In Oman, marathon runners sported T-shirts promoting the World TB Day theme.
- In Sri Lanka, slides on TB were shown in movie theatres during intermissions.
- In Sudan, the National Football Committee (sponsored by the Ministry of Health) organized a Stop TB Football Cup. A new competition was established among first-division teams who will compete for an annual World TB Day Cup.
- In Viet Nam, songs addressing TB were played in railway stations.
- Brazil, Rio de Janeiro, launched a “National Week of Fighting (back) TB”.
- World TB Day became a year-long campaign in Malaysia involving several NGOs.
- USA, Kentucky, proclaimed March “Tuberculosis Awareness and Control Month”.

More World TB Day events can be found in the Highlights of activities in countries, 2000—WHO/CDS/STB/2000.8

World TB Day 2000: “Forging new partnerships to Stop TB”

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Increased community action

World TB Day featured 100 different events from at least 70 countries and territories. Campaigns in Albania, Bangladesh, and Romania saw a global "push" against TB and a wider response than in previous years. In many parts of the world, people joined in parades, rallies, and other awareness campaigns to increase public attention about the extent of the TB problem. Several events involved cured TB patients who acted as mobilizers in their communities for people to seek TB treatment.

Large-scale partnership-building with private and public organizations such as Rotary International and Lions Clubs, Médecins Sans Frontières, Pharmaciens Sans Frontières, and several pharmaceutical companies contributed to the success of World TB Day in many places.

Seminars, lectures, and press conferences were successful in attracting media attention. Former US President Bill Clinton's visit to India, for example, during which he visited a

DOTS clinic, certainly contributed to increased international media attention. In other countries, public discussion between governmental and nongovernmental organizations (NGOs) about DOTS expansion raised public awareness. Activities varied across countries, highlighting different relevant concerns—but all contributed to the global movement to Stop TB.

Highlights of global World TB Day 2000 activities were summarized in *Forging new partnerships to stop TB*. The report, which is based on voluntary feedback from WHO country offices, global partners, NGOs, and submissions to the internet, is intended as an information resource and as a tool to inform efforts for future World TB Day advocacy campaigns.

World TB Day 2000 achieved its stated objectives and was successful in increasing community action and partnerships around the world. The Global Partnership to Stop TB grew from 15 committed partners to about 75 partners by the end of 2000.

Forging New Partnerships to Stop TB showed a range of national/local partnerships to Stop TB

- Large-scale partnership building with private and public organizations such as Rotary International and Lions Clubs, Médecins Sans Frontières (MSF), Pharmaciens Sans Frontières (PSF), and several pharmaceutical companies contributed to the success of World TB Day in many places.
- In Ghazni Province, Afghanistan, MSF became a partner in the Stop TB campaign to further improve access to TB drugs.
- In Albania, PSF supported the local World TB Day event.
- In Bangladesh, UNICEF supported World TB Day activities.
- In Bolivia, a volunteer women's association for TB patients and an anti-TB league were founded.
- In Israel, Turkey, and Uruguay, links with the AIDS community were established.
- Kosovo saw collaboration with Doctors of the World.
- The Catholic Dioceses in Nigeria, and churches, mosques, and temples in Nagercoil, India, were involved in World TB Day activities.
- In Oman and Viet Nam, women's association participated in World TB Day.
- Panama held an event in collaboration with the social insurance department.
- Uzbekistan witnessed collaboration with MSF.

Progress in high TB burden countries since the Amsterdam Conference

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Challenge

Accelerate action against TB within the 22 high-burden countries

Response

National planning to implement the Amsterdam Declaration

Outcome

Progress in high-burden countries
Global DOTS Expansion Plan,
Cairo Meeting, November 2000

Significant progress has been made in advancing the TB control agenda in many high TB burden countries since the Amsterdam Conference. Many countries have outlined and operationalized national plans. Some countries are well on their way towards expanding access to TB control services and are documenting positive results with more national and international support.



Increased investment: supporting national plans

Several countries have increased financing for TB control within national budgets and have benefited from an even more dramatic improvement in external financing from bilateral, multilateral, and nongovernmental sources. Actively bringing donors together for national TB planning meetings has been successful. In China, for

example, planning continues with the World Bank, DFID, and Japan for support of DOTS expansion in all provinces, along with an assessment of the best tools to ensure financial and administrative sustainability. Brazil will use new external support (USAID) to expand DOTS coverage, as well as financial incentives based on performance. Brazil aims to closely link its TB programme to a new national family medicine programme so that direct observation of patient treatment can be operationalized. In Kenya, the NTP is moving forward with an agenda for HIV/TB care, more integrated primary care with better NGO/private sector linkages, and testing of new financing models. The Democratic Republic of the Congo and Nigeria held donor mobilization meetings to increase resources for TB control efforts.

Strategic country TB plans

Following the Amsterdam Conference, representatives from high-burden countries met with WHO and key partner organizations in Cairo in November, during the first meeting of the Working Group on DOTS Expansion, to discuss national TB planning. Several of the 22 TB programmes presented detailed plans and identified the major operational strategies required to expand access and quality of DOTS.

These vary substantially, but all indicate that the work to be done is in ensuring operational feasibility and linkages with key stakeholders.

Progress in high TB burden countries since the Amsterdam Conference

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Expanding DOTS

It is likely that many countries may meet the global targets for 2005 for TB case detection and treatment success. But the speed of DOTS expansion will have to increase considerably. Major support from the international community is needed, together with increased investments and improved coordination of national efforts. New impact targets proposed by the G8 and others (50% reductions in TB prevalence and mortality) are dependent upon reaching the global targets by the year 2005. The DOTS Expansion Working Group is addressing these issues to support high TB burden countries.

The existence of complex emergencies or economic crises in some countries needs to be specifically addressed.

Challenges

Some countries still face major obstacles of a financial, political, or institutional nature. Human resource capacity needs strengthening in many countries, and prioritization of actions is still weak. Many national strategic plans lack sufficient attention to the overall social, economic, and health systems context in which TB control interventions must be developed. Several countries still require internal and external assistance to initiate preparation of solid strategic plans. Some low-income countries lack donor support to ensure sufficient drug supply or even the most basic foundation to move forward with their plans. Some are hindered by the political situation in their country, which inhibits bilateral involvement.

Stop TB Working Groups

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Challenge

Expand, adapt, and improve strategies to eliminate TB

Response

Activities and development through Stop TB Working Groups

Outcome

Progress in development of and within the Working Groups

Several coalitions of partners (Stop TB Working Groups) have emerged to accelerate progress in specific areas in order to implement the Amsterdam Declaration. Each Working Group represents a component of the overall activities to Stop TB based on a common purpose and shared values, following internationally agreed policy and strategy to expand, adapt, and improve strategies to control and finally eliminate TB as a global public health problem. Progress towards global TB targets since the Amsterdam Conference can be reported through the activities of the various Stop TB Working Groups.

Working Group on DOTS Expansion

Significant progress has been made in planning and pursuing DOTS expansion as a result of increasing political attention, partner coordination, and resources. The Working Group on DOTS Expansion aims to increase resources for TB control by involving new partners, fostering and maintaining political commitment for health issues affecting the poor, and stimulating societal demand for effective TB programmes. WHO, the chair of the Working Group, is coordinating the development of a Global DOTS Expansion Plan (GDEP) to increase better access to DOTS.

WHO initiated in mid-2000 a rapid assessment of the progress of DOTS expansion in the 22 high-burden countries. This evalua-

tion revealed slow progress in the expansion of the DOTS strategy. In order to reverse this trend and accelerate DOTS expansion, help must be provided to countries to develop medium-term plans. Most plans need to provide more attention to the political, economic, and health system environment in which they will be pursued. These plans will usually form part of national health development plans and describe all activities to be undertaken to implement quality DOTS, and identify resources needed. This situation prompted WHO to develop a strategic and coordinated plan (GDEP) to facilitate development of national DOTS expansion plans. The GDEP discussed and endorsed at the Cairo Meeting is based on two principles: a) that medium-term plans should be technically sound and practical for implementation, and take into account the national health system characteristics; b) that partnership is key for success in controlling TB.

The first meeting of the Working Group DOTS Expansion held in Cairo in November was well-attended by countries, donors, and technical agencies.

The meeting aimed to contribute to global coordination for improved TB control and to assist high-burden countries in preparing and mobilizing technical and financial support for plans. Partners were committed to helping improve these frameworks and further define financial gaps and potential

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sources of internal and external support. A report of the 22 high TB burden countries prepared by WHO includes information on the epidemiological, control, and financial situation of the countries, medium-term plans of action, budget and resource gaps, together with a list of agencies and institutions that have agreed to provide support.

Current challenges facing the TB community include scaling up, accessing difficult populations, and improving collaboration with governments. Plans for a Global TB Drug Facility (GDF) are moving forward as a critical component of DOTS expansion.

Working Group on DOTS-Plus for MDR-TB



In 1998, WHO and several partners around the world conceived "DOTS-Plus", a strategy currently under development for the management of MDR-TB. In

1999, WHO established the Working Group on DOTS-Plus for MDR-TB.

The aims of the Working Group are to approve, conduct, and oversee pilot projects based on the Guidelines for establishing DOTS-Plus Pilot Projects for the management of MDR-TB prepared by the Scientific Panel of the Working Group. In addition, the Working Group aims to improve access to second-line anti-TB drugs for DOTS-Plus pilot projects, primarily through the Green Light Committee (GLC).

The group will approve, conduct, and oversee pilot projects based on scientific guidelines prepared by the Scientific Committee.

A brochure, *DOTS-Plus and the Green Light Committee: Improving access to second-line anti-TB drugs*, is available. The GLC has officially begun its review of project proposals. To date, it has reviewed six potential DOTS-Plus projects for participation in the pooled procurement of concessionally priced second-line TB drugs.

The Working Group on DOTS-Plus MDR-TB held a successful meeting in Lima, Peru, from 25–27 January 2001, which included progress reports from several projects implementing DOTS-Plus strategies and the development of a research agenda for MDR-TB.

Global Alliance for TB Drug Research & Development (R&D)



The Global Alliance for TB Drug R&D is a not-for-profit venture that will accelerate the discovery and development of new drugs to fight TB. It is one of a new breed of public-private partnerships (PPPs) that pursues a social mission by employing the best practices of the private sector and by drawing upon resources from both the public and private realms. Although scientific advancements hold out great promise for TB drug development, the private sector views the TB market as relatively unattractive. The Global Alliance will fill this gap using a lean, virtual

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R&D operating model that outsources R&D projects to public or private partners. It will survey the universe of TB drug development and will selectively intervene when its actions will help move a drug candidate towards registration and use in therapy. It will therefore build a portfolio of projects with varying levels of funding, management, and ownership.

The mission of the Working Group is to accelerate the discovery and/or development of cost-effective new TB drugs that will shorten the duration of TB treatment or otherwise simplify its completion, improve the treatment of latent TB infection, or be effective against MDR-TB.

At a meeting in South Africa in February, 120 representatives from academia, industry, major agencies, NGOs, and donors from around the world gathered to discuss the problem of inadequate progress to develop new TB drugs. Participants stressed the need for new drugs and highlighted the unprecedented scientific opportunities and the pharmaco-economic rationale to develop new TB treatments. The resulting Declaration of Cape Town provided a road map for action, with a resolution to create a Global Alliance for TB Drug Development during the year 2000.

The Alliance was officially launched in October in Bangkok at the International Conference on Health Research and Development. Total funding is expected to exceed US\$ 150 million over the next five years. The Bill and Melinda Gates Foundation announced a grant of US\$ 25 million; the Rockefeller Foundation is expected to commit

US\$ 15 million. The Global Alliance's scientific Blueprint for TB Drug Development was released in October 2000. The Alliance has committed to delivering its first new drug by 2010.

One year after the Cape Town meeting, the Board of Directors met from 6–7 February 2001—again in Cape Town—to review 105 preliminary funding proposals received by the Scientific Advisory Committee of the Alliance. Following further review and selection of firm proposals in April, the first investments will be made in June 2001, a clear demonstration of the remarkable speed with which the Alliance has formed, raised funds, and initiated activities.

TB Vaccine Development Coalition

No vaccine yet exists that is truly effective against adult pulmonary tuberculosis. BCG vaccine (*Bacillus Camille Guerin*) was introduced in 1921 and is useful in preventing certain types of TB, namely miliary and meningeal tuberculosis occurring in the first year of life. The vaccine is given at or soon after birth, and coverage is the highest of all the EPI vaccines—over 85% globally. Findings have shown that BCG vaccine provides cross-protection against leprosy. Although questions have been raised about the overall efficacy of BCG in protecting against adult forms of TB, there is convincing evidence that it is successful in protecting against serious disease in the first year of life.

In response to the current global TB problem and the shortcomings of the existing BCG vaccine, the WHO/UNAIDS Initiative for Vaccine Research (IVR) has established a

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Global TB Vaccine Forum. Building on previous WHO efforts in defining a global research strategy for TB vaccine R&D and fostering partnerships among the different players in the public and private sectors, IVR will be active in the following areas:

- Defining together with partners a global vaccine research strategy.
- Facilitating and coordinating vaccine development efforts among academia, industry, and regulators on the one hand, and the public health community as representatives of the end-user communities on the other.
- Supporting vaccine development approaches that are neglected by industry.
- Through innovative types of partnerships, adding value to industry efforts in order to speed-up vaccine development and availability.
- Performing an enabling function for conduct of clinical trials in developing countries using adequate ethical standards.

An advisory group representing interested parties such as public and private sector institutions as well as not-for-profit organizations is currently being established by IVR. This group will serve as a focal point for a global TB agenda, providing guidance on challenges and opportunities that need to be addressed by WHO and/or its partners. The group will meet for the first time on 8–9 June 2001. The IVR is proposing the good services of this TB vaccine advisory group to other international entities active in coordinating and advocating research efforts to benefit developing country public health

needs, in particular the Stop TB Initiative and the Global Alliance for Vaccines and Immunization (GAVI).

TB Diagnostics Initiative

More than 100 years after its invention, microscopic examination of sputum is still the only widely available diagnostic tool for TB in developing countries. The Tuberculosis Diagnostic Initiative (TBDI) was established in recognition of the urgent need for new diagnostic tools to support TB control activities, not only in case-finding, which is the priority, but also for detection of drug resistance and of latent infection in high-risk individuals.

The goals of TBDI (WHO/TDR) are to exploit recent remarkable technical advances to develop new diagnostic tools, to provide objective data on the performance of new tools as they are developed, and to assist control programmes in the appropriate deployment of novel approaches. In order to accomplish this, the Initiative partners with industry, academic researchers, and national and local health officials.

Diagnostic development is carried out primarily through facilitation of commercial diagnostic developers rather than through direct TBDI funding of R&D. Facilitation steps for tool development have included 1) description and quantitation of the medical need, 2) elaboration of performance characteristics for new tests, 3) provision of technical advice and of standardized trial protocols, 4) development of trial sites, and 5) provision of reference clinical materials.

Stop TB Working Groups

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The need for high-quality reference clinical materials was repeatedly voiced and has stimulated the development of a global Tuberculosis Specimen Bank, currently holding over 10 000 aliquots of sputum, urine, saliva, and serum from TB patients and TB suspects enrolled under protocol at six different geographic locations.

Recent funding from the Bill and Melinda Gates Foundation has made possible a sharp increase in planned activities for 2001, including enlargement of the Specimen Bank to contain more diverse materials, the development of reagent and strain banks, the development of laboratory strategies for the support of DOTS-Plus, the execution of laboratory and clinical trials of currently marketed assays, and the provision of quality and performance data on TB diagnostic tests to National TB control programmes and other end-users.

Global Drug Facility (GDF) & Global TB Investment Plan (GIP)

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Challenge

Develop new investment mechanisms

Response

Development of a Global TB Drug Facility (GDF) and a Global TB Investment Plan (GIP)

Outcome

Both mechanisms have been initiated and developed

At the Amsterdam Conference, the TB community called for innovative mechanisms to increase investments to TB action. This call is based primarily on the short-term needs of countries in implementing currently available strategies (i.e. DOTS) and on the long-term needs of developing new tools to combat TB. The Stop TB Partnership has taken up these challenges, responding with development of the Global TB Drug Facility (GDF) and preparation of the Global TB Investment Plan (GIP).



and monitoring, and make progress toward global TB control. The creation of an effective GDF is a critical and timely supplement to other ongoing actions to improve coverage and quality of TB control.

Strengthened technical capacity and broadened social mobilization provide a realistic basis from which to accelerate rapid progress towards global TB control. The GDF will be an integral part of such a coordinated and accelerated global campaign to stop the TB epidemic; it will also serve as a pathfinder for other

new modes of improving efficient responses to communicable disease threats by securing the supply and quality of essential commodities. Similarly, DOTS expansion at the country level is leading efforts related to strengthening access and delivery mechanisms of needed commodities to address diseases of poverty.

Global TB Drug Facility (GDF)

The GDF is a global mechanism to provide uninterrupted provision of quality-assured TB drugs for DOTS implementation. The goal of the GDF is to catalyze rapid DOTS expansion to achieve global targets. As such, the GDF is a key catalyst of the Global DOTS Expansion Plan. The Amsterdam Conference concluded that the GDF holds great potential as a means of ensuring improved drug supply for TB patients worldwide and of stimulating overall progress in DOTS expansion and TB control. The support of the GDF will be available to countries and areas that implement effective TB diagnosis, treatment

Interim GDF

Following the first meeting of the Working Group on DOTS expansion—held in Cairo with the generous support of a bilateral donor—the Stop TB Partnership Secretariat is developing an Interim GDF. The aim of the Interim GDF is to respond to immediate TB drug needs as well as to provide practical experience that will feed into the overall GDF development process. Support from the

Global Drug Facility (GDF) & Global TB Investment Plan (GIP)

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Interim GDF will be available to countries that fulfil specified criteria and conditions. An Interim Technical Review Committee (TRC) will be established in March 2001. The functions of the Interim TRC are to review the first round of grant applications to the Interim GDF, make recommendations on the size and scope of grants to beneficiary countries, and make recommendations to WHO on necessary steps for programmes to meet conditions for GDF support. The TRC will comprise 12 independent members, nominated by key stakeholders in the GDF with expertise in technical areas related to the GDF.

Core technical group

Following discussions at the Cairo Meeting, a Core Technical Group (CTG) was formed to further address issues concerning the GDF. These issues include the scope and operations of the GDF, options for governance, and ways to facilitate recipient country involvement in the process, as well as lessons learned from other recent initiatives, such as the Global Alliance for Vaccines and Immunization.

Since the Cairo Meeting, 13 members of the CTG, representing Member countries, donors, technical agencies, and industry have held several teleconferences as well as a two-day meeting in Washington DC to finalize the GDF prospectus and prepare a background paper on governance options.

Global TB Investment Plan (GIP)

The Global TB Investment Plan (GIP) has a threefold purpose: to describe the "State of the World's TB Situation" in terms of burden,

constraints and resources, to reach consensus on strategies and activities needed to achieve global TB elimination, and to mobilize additional new resources and channels for funding at the global and national levels.

GIP development is sponsored by the Soros Foundation, with two coordinators: the Stop TB Secretariat, and Partners in Health/Harvard Medical School. Six writers, two editors, and an economist are developing the chapters, with input from 25 members of the Editorial Committee and 150 "contributing authors". Advocacy, resource mobilization, and "cause development" for the GIP is carried out by two consultancy firms with expertise in these fields.

The GIP was first presented as a concept to Stop TB partners at a meeting in Washington in January 2000. The Editorial Committee has met twice since then, in March and July. During this time, the GIP has evolved to reflect the increasing interest being expressed by major donors such as the G8 and the European Union.

To remain useful, the GIP must become less of a "product" with a limited shelf life and more of a "process" to ensure it remains up to date. This will involve innovative approaches to maintaining, updating, and publicizing the GIP, and development of several supporting documents and resource mobilization tools.

Final drafts of chapters have been prepared. Following endorsement from the Editorial Committee and the Stop TB Coordinating Board, the GIP will have a preliminary launch in May–June 2001. The full launch is proposed to coincide with the Stop TB Partners Forum in late 2001.

Mechanisms to support the global Partnership to Stop TB

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Challenge

Create partnerships and coordination to Stop TB

Response

Supportive mechanisms to the global Partnership to Stop TB

Outcome

Final consensus on the governance mechanisms

With the increased interest to accelerate action to control TB, the need for coordination has increased. During 2000, the global TB community has focused on issues of management, organization, and practical coordination to strengthen collaborative TB efforts. The global partnership requires clear governance arrangements to address such issues.

Supporting structure to coordinate Stop TB action

By the end of the year, the functions and governance bodies supporting a coordinated structure to Stop TB had been endorsed following extensive consultations. They reflect a set of arrangements through which joint TB efforts can be expanded, carried forward, and anchored to support countries in their efforts to accelerate action against TB. The Stop TB ad hoc Partners' Forum held from 11–12 July 2000 in New York endorsed the basic structure of the Global Partnership to Stop TB comprising: a) Working Groups; b) Stop TB Global Partners' Forum; c) Stop TB Coordinating Board; d) Stop TB Partnership Secretariat; e) WHO Technical Advisory Group; f) Global TB Fund/Global TB Drug Facility. These mechanisms were endorsed by the Stop TB partners through a transparent and consensus-based development process carried out from September to December 2000, guided by an independent manage-

ment consultant. The consultation process included communications and discussion papers circulated to 140 partner organizations and individuals, several meetings, and a series of draft proposals.

Balanced efforts

Core values of the partnership include shared responsibility, equity, urgency, and sustainability. The supportive groups (such as the Coordinating Board and the Secretariat) create synergy and added value, fill gaps where they occur, and stimulate collaborative action.

Both the Coordinating Board and the Partnership Secretariat provide liaison, linkage, support where it is needed, and facilitation particularly through the exchange of information. Related to resource mobilization, for example, a balanced and timely flow of resources to the various elements of the partnership is required. Efforts will focus on those areas where funding is unavailable or inadequate so as to ensure that the coherence and force of the partnership action is not fragmented by lack of resources in one or more specific areas. The loose and dynamic nature of the partnership facilitates effective action and ensures that all partners are able to commit to the shared goals, priorities, and strategies of the Global Partnership to Stop TB without compromising their own independence and specific

Mechanisms to support the global Partnership to Stop TB

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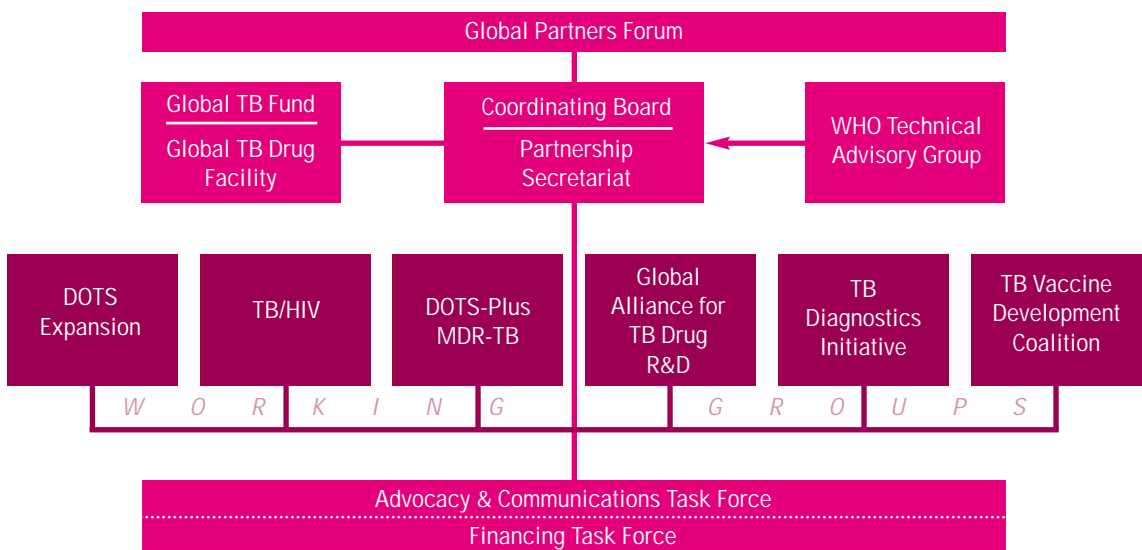
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mandates. Collaborative advocacy and resource mobilization is of great value in demonstrating the consensus that is devel-

oping within the partnership on strategies and priorities for action.

Structures supporting the partnership to Stop TB



Activities and products of the Stop TB Partnership Secretariat

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Challenge

Create partnerships and coordination to Stop TB

Response

Action plan to Stop TB Partnership Secretariat

Outcome

Activity and expenditure report

As part of the workplan for 2000, the Stop TB Partnership Secretariat implemented activities in four main areas: 1. Global Partnership Coordination and Mobilization 2. Special events 3. Information and Communication 4. Global TB Drug Facility & Fund

Partnership coordination

In expanding the partnership over the past year, efforts have focused on linking with high-burden countries through the Amsterdam Conference and subsequent events, such as the Cairo Meeting. On a global level, the emphasis has been on developing a transparent, clear, and dynamic mechanism for governance.

In July, the Stop TB ad hoc Partners' Forum brought together various organizations traditionally involved in TB control and several new Stop TB partners. The organization of Stop TB activities was discussed, with significant progress in some areas, but continued constraints highlighted in others. Stop TB Working Groups were discussed, and these will further develop as important mechanisms for coordinated action. To finalize the operational structure of the global partnership, a transparent and participatory process to propose governance mechanisms was initiated and has since been finalized.

Special events

The Amsterdam Conference on TB and Sustainable Development held in April 2000 was the key event for Stop TB in the year 2000. As a follow-up to the Amsterdam Declaration, the six regions of WHO covering Africa, the Americas, Europe, the Eastern-Mediterranean, South-East Asia, and the Western-Pacific held meetings to discuss further issues relevant to the particular region. A regional meeting in Africa will take place in March 2001. In the high-burden countries, as reported above, various national Stop TB partnerships were established, as well as national meetings bringing together organizations from various sectors. Country meetings were held in Brazil, China, DR Congo, Kenya, and Nigeria. A summary of major TB-related events occurring in 2000 is provided.

Communication and advocacy

The success of the Amsterdam Conference stimulated the creation of several new communications and advocacy products. Over the year, a Stop TB communications infrastructure was developed to regularly update partners and all those interested in TB. Communication channels were further developed, such as a newsletter, a communiqué, and a website.

Activities and products of the Stop TB Partnership Secretariat

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Two successful advocacy workshops for NGOs were held in Nepal in collaboration with tb.net in February, and in Guinea in collaboration with IUATLD in May.

Communication channels

Stop TB•News began production in April 2000. This quarterly newsletter of the global partnership movement reports recent developments, country activities, and progress in the movement, reflecting the efforts needed to expand, adapt, and improve DOTS. Issue 1, published in July 2000, featured a guest editorial on improving DOTS, highlighting the work of the Global Alliance for TB Drug Development. A second issue was published to coincide with the first meeting of the Stop TB Working Group on DOTS Expansion held in Cairo, Egypt, in November 2000. Stop TB is working with the IUATLD to produce a third issue of *Stop TB•News* for World TB Day 2001.

The Stop TB Communiqué shares monthly updates of activities and progress in the global partnership movement. Issued by e-mail from a rapidly expanding mailing list, the Communiqué circulates news from the Partnership Secretariat (including status of Working Groups), news from partners (including announcements of new partners), TB in the news (a summary of the month's global TB news coverage), and upcoming events.

October 2000 saw the redesign of the Stop TB website, which was launched in early

2000. The site, sponsored by the American Lung Association, is updated on a daily basis and closely monitored. A weekly Web Alert announces new items to the Stop TB and global partners' websites. "Hits" to the site have increased by 40% to about 2 000 a month since monitoring began in June.

The STB mailing list (stb@who.int) began with 300 subscribers in May 2000, and now has over 1 800. Since monthly monitoring began in September 2000, the number of new subscribers has increased by 38%. The Stop TB Communiqué, *Stop TB•News*, Web Alert, World TB Day Alert, summary fact sheets, and CDC TB-related news and journal items are all distributed from this list to ensure rapid and effective communication. The mailing list is updated on a regular basis. Monthly monitoring reports detail the number of new subscribers and mailings from the list.

Production of materials

Numerous publications have been developed in preparation and as follow-up to the Amsterdam Conference. All print materials are available on the website to increase accessibility for all.

The Stop TB video series comprises five videos focusing on key aspects of TB and the success of DOTS: "DOTS Workers", "TB and Sustainable Development", "TB/HIV: The Dual Epidemic", "Shanta: Model Community Mobilizer", and "DOTS and public-private partnerships". Discussion guidelines to accompany the video series

Activities and products of the Stop TB Partnership Secretariat

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were developed in collaboration with Healthlink Worldwide—a partner agency in the UK. The products were field-tested worldwide by a variety of NGOs and partner organizations.

The first in a series of Guidelines for Social Mobilization was published in 2000: *Planning World TB Day* was widely distributed prior to 24 March to help advocates organize their planning efforts, collect information, develop key messages, mobilize partners for action, prepare materials, and assess the impact of their efforts for World TB Day 2000.

As part of some agreements with donors, incoming funds have been channelled to partner organizations. In such cases, the Secretariat functioned as the administrating and monitoring unit. This refers, for example, to USAID specified funds in support of institutional capacity building and clinical trials activities undertaken by the IUATLD.

Global TB Drug Facility

Development of the GDF and Interim GDF

Funds have been used to further the development of the GDF. Main expenditures are related to consensus building, i.e. visits to partner organizations and roundtable meetings with stakeholders involved. Meetings organized under the partnership coordination component have provided an opportunity to combine GDF activities (travel of Secretariat staff and consultants). These activities are not recorded directly under the GDF section in this report but under the partnership coordination component. Fixed-term staff costs relating to this component are not included in the expenditure figure but are included in the Stop TB Secretariat Administration component.

Conclusion

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Working together in partnership is both a challenge and an opportunity for Stop TB. The challenge is to work cooperatively towards a common goal, without renouncing our independence and individual mandates, priorities, and values. The opportunity we gain is to learn from one another and evolve accordingly.

Plans leading into 2001

Future challenges to implement the Amsterdam Declaration are to clarify the roles of the private sector and to build new partnerships beyond the health sector, especially with vulnerable groups. Clearly, interest and opportunities for accelerated action against TB at the international level and within many high-burden countries are greater than ever.

In 2001, partnership coordination will continue through working groups and the Stop TB Coordinating Board. The first Global Partners' Forum will be held in October/November 2001. The Stop TB Partnership Secretariat will explore new models of partnership-building beyond the health sector to mobilize new partners at international and country levels and expand existing resources.

Preparations for World TB Day 2001 have begun. The global theme DOTS:

TB cure for All calls for equitable access to TB treatment, and promotes the commitments in the Amsterdam Declaration to expand DOTS coverage to make TB treatment accessible to all. The World TB Day 2001 campaign has two objectives: a) mobilizing global political lead-

ers and senior decision-makers to take action against TB; b) raising awareness that a cure for TB is a human right that should be available to all TB patients without stigma and discrimination. Several coordinated global events in Africa, Europe, and North America will attract widespread media attention in support of the myriad of events being planned at national and local levels.

The Global TB Drug Facility will soon be launched as a mechanism to increase access to quality TB drugs, complementary to the Global DOTS Expansion Plan, which will indicate the action and resources needed at a country level. The Global TB Investment Plan will be finalized shortly, providing an overview of needs and opportunities, and helping us all move forward together on a global agenda to eliminate TB.

In summary, the challenges for 2001 are to build on what has been achieved in 2000 in order to:

- Further expand TB as a socioeconomic, political, and development issue— establish TB as a human rights issue.
- Accelerate action against TB within the high-burden countries.
- Expand, adapt, and improve strategies to eliminate TB—further develop and strengthen the Stop TB working groups.
- Operationalize and test the new investment mechanisms.
- Consolidate global coordination to Stop TB and expand the Partnership.

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All documents are available at: www.stoptb.org/material

- o Guidelines for Social Mobilization: Planning World TB Day
- o Advocacy Brochure: Stop TB Initiative
- o Country Profiles: Progress—STB/WG on DOTS Expansion
- o Stop TB Communiqué
- o Stop TB 2000 Report: Tuberculosis & Sustainable Development
- o The Economic Impacts of TB
- o Ministerial Conference: Report on Proceedings
Amsterdam Declaration to Stop TB [loose-leaf insert]
- o Stop TB news (newsletter)
- o World TB Day 24 March 2000 Highlights
- o A human rights approach to tuberculosis

Video Series (VHS) and related training materials

- o DOTS: Frontline heroes to Stop TB (14:00)
- o TB and Sustainable Development (9:22)
- o TB/HIV: The dual epidemic (14:00)
- o Shanta: Model community mobilizer (14:00)
- o DOTS and public-private partnerships (14:00)

Forging New Partnerships



Stop TB
Partnership

PHOTO: H. LARSON

THE STOP TB INITIATIVE IS
A PARTNERSHIP BETWEEN
THE WORLD HEALTH ORGANIZATION — 20, AVENUE