Executive Summary

The Global Plan to Stop TB 2006-2015 was launched at Davos, Switzerland, in January 2006. This Plan, which is underpinned by the WHO Stop TB Strategy, is a comprehensive assessment of the actions and resources needed to move forward on TB control and make an impact on the global TB burden. It calls for wider and deeper engagement of all partners.

By the end of 2006, the Stop TB Partnership comprised 517 partners, 54 more than in 2005. The Call to Stop TB was launched on World TB Day 2006 to rally established partners and others who share the concern to tackle TB in order to alleviate poverty and prevent death. It attracted nearly 700 signatories including former Secretary-General Kofi Annan, President Gloria Arroyo, Prime Minister Tony Blair, and Bishop Desmond Tutu. The former President of Portugal Jorge Sampaio took up the baton as the UN Secretary-General's Special Envoy to Stop TB and conducted many high level advocacy missions for the Partnership. The Patients' Charter for Tuberculosis Care, the first global "patient powered" standard for care developed by patients around the world, was launched in March 2006. The Kochon Prize, which marks outstanding contributions to the global fight against TB, was awarded to Mr Winstone Zulu, a leading TB/HIV activist from Zambia, and Indian TB Programme Manager Dr LS Chauhan.

The International Federation of Red Cross and Red Crescent Societies collaborated with the Stop TB partnership to provide the expertise and momentum to establish a Stop TB Partnership for Europe, to cover the WHO European Region which includes Central Asian countries. Such a partnership is considered to be critical to confront TB, and in particular MDR-TB, which threatens Europe.

As a result of efforts by the Advocacy, Communications and Social Mobilization (ACSM) Subgroup at country level, approximately US$ 30 million was approved in the sixth round of Global Fund grants to design, implement and monitor ACSM activities in 30 countries. This marks the highest success rate to date (62%) of proposals submitted to the Global Fund for any of the three diseases.

In 2006 the Global Drug Facility (GDF) of the Partnership approved access to 3.3 million anti-TB drug patient treatments. It approved 43 countries for new grants and placed new orders totalling US$ 29 million for recipients of its grants. GDF brokered technical assistance missions to 58 countries by drug management and TB experts. The procurement functions of the Green Light Committee (GLC) were merged with GDF. During the year GLC approved 24 applications covering more than 12,000 patients with multidrug-resistant (MDR) TB; double the number in 2005. Significant progress has been made in the development pipeline of new drugs, vaccines and diagnostics. Seven drugs are currently in clinical development, paving the way for the introduction of the first new TB regimen for 40 years. Five new TB vaccine candidates are being tested in humans, and simplified nucleic acid amplification tests and a new phage-based diagnostic test for the detection of rifampicin-resistant M. tuberculosis are making rapid progress.

During 2006 intensive resource mobilization efforts following the launch of the Global Plan led to the total income of the Stop TB Partnership Secretariat rising to US$ 58 million; a 69% increase over 2005 (US$ 34.4 million). The resources entrusted to the Partnership were prudently managed, and accounting was in line with international best practice and WHO's rules and regulations.

The main constraints to full implementation of the Global Plan to Stop TB are a lack of the required political support and insufficient funds to implement the full plan. The missing links are the workers on the ground to put plans into action in affected countries. This is partly due to the lack of engagement by partners, but also due to the health workforce crisis and constraints associated with infrastructure both of health systems and outside the health sector. There is also increasing competition for resources among public health initiatives, development initiatives and other humanitarian causes. The recent emergence of extensively drug-resistant TB highlights the urgent need to speed up the development of new tools and for an increased focus on translation of the Global Plan's strategic directions into operational plans at country level. There is a need to think creatively and fully engage all Stop TB Partners to meet these challenges. This process of reflection on the role of the Stop TB Partnership is expected to be taken further with the independent external evaluation of the Partnership, commissioned by the Coordinating Board at its meeting in Jakarta, Indonesia in November 2006.