

Stop TB Partnership

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UNOPS

STOP TB

Partnership



70th BOARD 50 REPORT

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38th Board Report

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List of acronyms/abbreviations

ACT! AP	Activists' Coalition on TB Asia-Pacific	KVP	Key and vulnerable population
ADB	Asian Development Bank	LTA	Long-term agreement
Africa CDC	Africa Centers for Disease Control and Prevention	M&E	Monitoring and evaluation
AI	Artificial intelligence	NTP	National tuberculosis Programme
AIDP	Airborne Infection Defense Platform	OMS	Order Management System
AMR	Antimicrobial resistance	PA	Procurement agent
API	Active pharmaceutical ingredient	PCD	People-centered design
ASEAN	Association of Southeast Asian Nations	PQM+	Promoting the Quality of Medicines Plus
AUC	African Union Commission	PQT	Prequalification Team
CAD	Computer-aided detection	PRC	Proposal Review Committee
CCS4i	Country and Community Support for Impact	PSEA	Preventing sexual exploitation and abuse
CFCS	Challenge Facility for Civil Society	R&D	Research and development
CHEW	Community health extension worker	RTC	Re-imagining Tuberculosis Care
CLM	Community-led monitoring	SADC	Southern African Development Committee
COPD	Chronic obstructive pulmonary disease	SDG	Sustainable Development Goal
DEI	Diversity, equity and inclusion	SHI	Social health insurance
DR-TB	Drug-resistant tuberculosis	SOP	Standard operating procedure
DS-TB	Drug-susceptible tuberculosis	SRS	Strategic Rotating Stockpile
EASI	External Affairs and Strategic Initiatives	SUFT	Step Up for TB
EDO	Executive Director's Office	TB	Tuberculosis
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation	TPMAT	Tuberculosis Procurement and Market-Shaping Action Team
EOI	Expression of Interest	TPT	Tuberculosis preventive treatment
ERP	Expert Review Panel	UN	United Nations
FDC	Fixed-dose combination	UNHLM	United Nations High-Level Meeting
GARDP	Global Antibiotic Research & Development Partnership	UNOPS	United Nations Office for Project Services
GHC	Global Health Campus	USAID	United States Agency for International Development
GMS	Grant management system	VHT	Village health team
iNTP	Introducing New Tools Project	WHO	World Health Organization
ISD	Integrated service delivery		

Preamble

December 2024

At the conclusion of my preamble to the 2023 Stop TB Report, I wrote, “We will always be here to serve you. Together, we will have an even better 2024, and we will keep moving forward!”

And you know what? We did it!

In 2024, we continued our unwavering commitment to the global fight against tuberculosis, making significant progress toward ending the TB epidemic. Despite numerous challenges and an exceptionally busy agenda within a complex political and socio-economic landscape, we moved forward. Through the collective efforts of governments, partners, and communities, we saw advancements in early detection, diagnosis, treatment, the rollout of innovations, and strengthening systems for sustainable TB care.

In 2024, we reached new heights—unprecedented milestones. 200 million USD financial delivery through the Secretariat. We launched new funding rounds benefiting more than 200 country partners through our TB REACH, Challenge Facility for Civil Society, and External Affairs teams. We led high-level advocacy missions and events, including visits to countries and UN missions in New York and Geneva. Regional gatherings focused on political commitment and UNHLM targets, while engagements with Heads of Government, First Ladies, and Ministers of Health heightened awareness and funding for TB. More than US\$320 million worth of TB medicines, medical devices, and diagnostics were delivered to 127 countries.

These achievements were translated into tangible results that we contributed: a record number of people diagnosed and treated for TB, an increase in TB programs focused on respecting the rights of people with TB and being gender-sensitive, numerous country level stigma evaluations, and assessments of Key and Vulnerable groups. We saw the highest-ever number of countries implementing One Impact—the only Community-Led Monitoring tool we have—and a stronger, more coordinated civil society. Multiple TB survivor networks became more active, and efforts to increase demand for increased funding for TB and access to new tools and treatments intensified. We introduced and rolled out new tools and treatment regimens, adopted innovative people-centered approaches, and ensured a robust presence for TB on the AMR agenda. Political commitment surged among high-level stakeholders.

2024 was a success for us—challenging, intense, yet marked by remarkable achievements.

2025 will undoubtedly bring its own challenges, and we must navigate through some turbulent waters. We will face emotions, dramas, anger, joy, frustrations, impatience, stress, warmth, and laughter. But whatever comes our way, as the Stop TB Partnership, we will not give up. We will not give up because we know we can. We can END TB!



OPERATIONS

UNOPS hosting services

The United Nations Office for Project Services (UNOPS), Stop TB Partnership's host agency, has successfully addressed past management challenges within the S3i initiative. At the end of 2024, its Comprehensive Response Plan is nearing completion and 92% of its goals have been achieved, as per the publicly available dashboard. New leadership has been fully established and is providing a strong direction for UNOPS with renewed purpose and focus on the implementation of the 2030 Agenda for Sustainable Development.

This positive trajectory has benefited Stop TB, as hosting services are now a key priority for UNOPS. The UNOPS Executive Director has publicly expressed pride in hosting Stop TB Partnership, given its deep-rooted focus on the Sustainable Development Goals (SDGs) and impact-driven mandate.

The renewed partnership and confidence has translated into record delivery numbers and a renewed focus on Stop TB's core activities. Overall, the Stop TB Partnership Secretariat is satisfied with UNOPS as a host. UNOPS is undergoing an internal digitalization change programme, and Stop TB is looking forward to the improved systems and tools, which will enable more efficient operation of a multi-stakeholder programme like Stop TB.

2024 highlights of the Operations Team

2024 was a year of continued growth and exceptional achievements for Stop TB Partnership. Stop TB surpassed its key performance indicators, expanded its reach to

more people living with tuberculosis (TB), and secured record-breaking financial outputs and commitments. The financial delivery is estimated to reach US\$ 200 million by the end of 2024, and new engagements signed in 2024 will reach US\$ 170 million.

The Operations Team faced significant challenges due to the increased volume and complexity of the work. The Team's dedication and hard work was instrumental to success. Stop TB remains the largest programme within the UNOPS Geneva Office.

The high-paced performance of the Operations Team was further compounded by numerous activities and requirements related to the closing of a 10-year multi-million-dollar agreement with the main donor (United States Agency for International Development [USAID]). In addition to normal business needs, 2024 was marked by a significant number of high-level events that required a lot of organizational support. The Team also conducted an in-depth assessment of the shared costs of the Secretariat, as requested by the Board, to ensure that Stop TB is fit for future purposes and financially viable. Furthermore, Stop TB developed an online risk register and dashboard and underwent an audit by the United Nations (UN) Board of Auditors of the Geneva Office.

As part of ongoing efforts to ensure oversight and alignment with UNOPS policies, Stop TB has continuously adapted its standard operating procedures (SOPs) and tailored its operational needs.

The following overview highlights the key achievements of the Operations Team in 2024 across various functional areas:

Operations Area	Activity Type	2024
STBP Procurement	Contracts for Services established	124
	Contracts for Good established	21
GDF Procurement	New Long Term Agreement (LTA) established	8
	LTA Amendments processed	12
	LTA Extensions (in time) processed	12
	New Project Agreements (Diagnostics and Medicines)	10
Grants	Active Grants	394
HR	Recruitments (New contracts issued)	234
	Active contracts	494
Travel	TAs processed	800

Overview of Consolidated Outputs of Stop TB Partnership

Project management and grants

The PMO and Grants Team continued to support the Secretariat on a range of activities over this past year to further enhance the Secretariat's collective ability to deliver on Stop TB Partnership's projects.

Stop TB signed five new donor contribution agreements in 2024, including a five-year multi-million-dollar Framework Agreement with USAID, and made costed amendments to seven other donor agreements, thereby further diversifying its funding landscape.

Based on the Stop TB Risk Management Framework, updated in 2023, the Secretariat has now started to use an internal online risk management tool and dashboard to better monitor its risk registers.

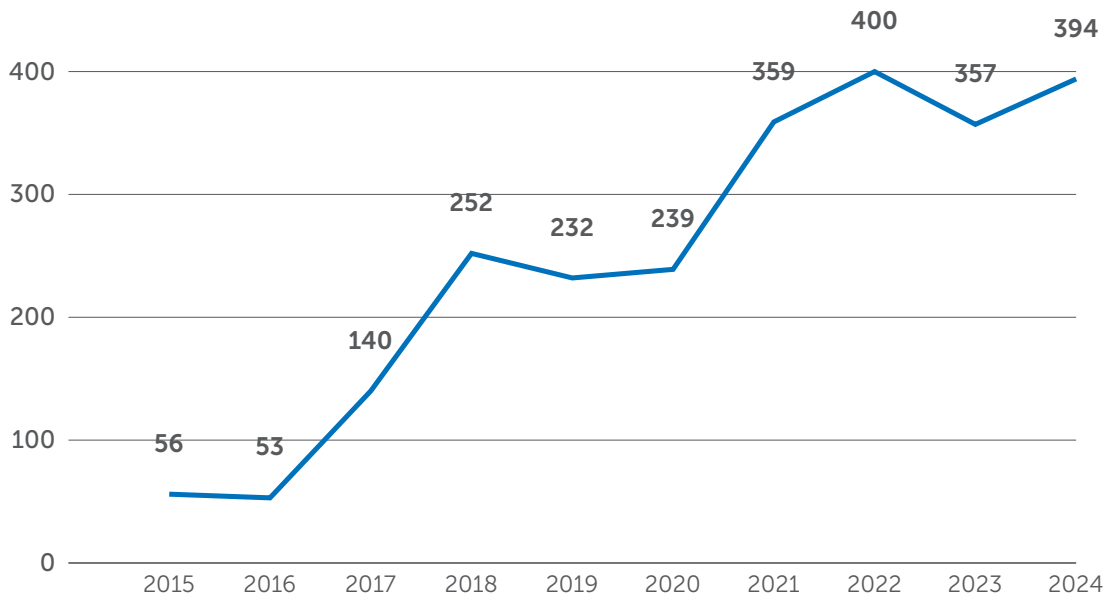
The quarterly programme management assurance process with the UNOPS Geneva Office has continued to be instrumental in monitoring programme implementation and addressing operational challenges.

Stop TB closed eight of the nine audit recommendations issued by the UNOPS Internal Audit and Investigations Group last year and made good progress towards closing the remaining ones in time.

Grant support mechanisms continued to be in high demand by our partners. As a result, 394 monetary and in-kind grants were actively administered by the Secretariat in 2024. This included the awarding of 28 new grants for TB REACH Wave 11 and 112 amendments for Challenge Facility for Civil Society (CFCS) Round 12.

As part of Stop TB's ongoing commitment to align with the new UNOPS operational instruction for grants, Stop TB piloted capacity assessment and preventing sexual exploitation and abuse (PSEA) components for a sample of grantees within its two grant flagship programmes, TB REACH and CFCS. Stop TB will continue to use existing tools and continue to integrate components of the new PSEA and capacity assessments as feasible moving forward.

Grants Trends in yearly numbers



Finance

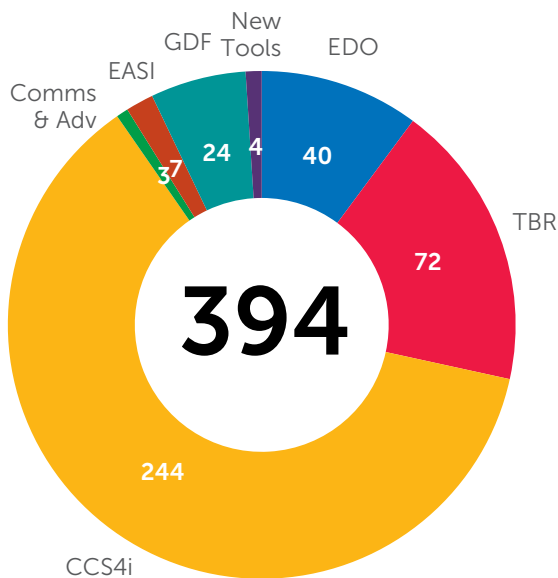
The Stop TB Partnership Finance Team also had a busy 2024, with high operational volumes and complexity, in addition to the UN Board of Auditors audit, 2025 budget preparation, and complexity related to the closure of the USAID multi-year contribution agreement.

In addition to managing the Secretariat's own funds, Stop TB Finance ensured financial oversight of more than US\$ 200 million worth of procurement done through Stop TB procurement agents (PAs) and completed the financial matters related to the transition to the new PA (i+solutions), which started in 2023.

The following data have been quantified using the actual numbers from 1 January to 30 September 2024, and estimated figures for Q4:

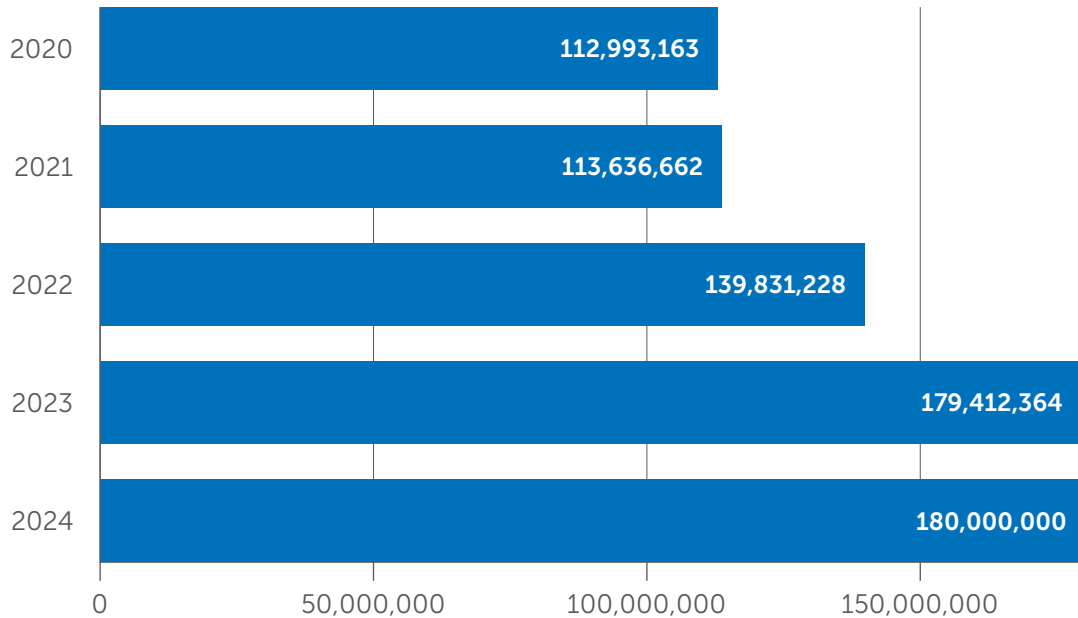
- Held several calls with the Finance Committee.
- Prepared and submitted the 2023 Stop TB Partnership Annual Financial Management Report.

Nº of active Grants in 2024 per team

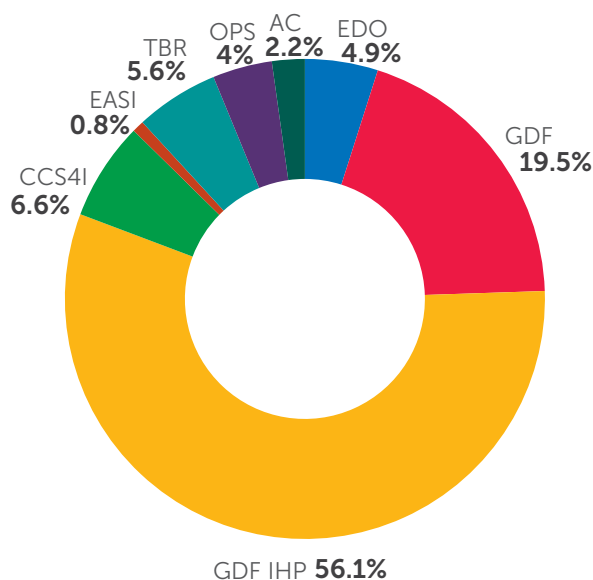


- Completed the mapping of Stop TB Partnership financial resources for the year 2025 and prepared the 2025 Stop TB Partnership Secretariat budget.
- Reviewed 510 financial reports received from Stop TB Partnership grantees (TB REACH, Country and Community Support for Impact [CCS4i], introducing New Tools Project [iNTP], Global Drug Facility [GDF], and Executive Director's Office [EDO]) by 30 September 2024, expected to reach 680 financial reports by the end of 2024;
- Ensured financial management for about 375 active grants (TB REACH, TBP and GDF) by 30 September 2024;
- Reviewed and processed more than 425 grant payments and 1,500 supplier invoices by 30 September 2024, expected to reach 2,200 invoices by the end of 2024;
- Prepared about 185 financial reports and submitted them to donors, the Finance Committee, Board, programme teams, and Stop TB management by 30 September 2024, expected to reach 240 by the end of 2024;
- Issued about 250 Stop TB interim financial statements for in-house clients and Stop TB projects by 30 September 2024, expected to reach 350 financial statements by the end of 2024;
- Reconciled and issued final financial reporting to clients for more than 310 in-house procurement orders of medicines and diagnostics by 30 September 2024, expected to reach 410 orders by the end of 2024;
- Reviewed and approved more than 400 Order Management System (OMS) orders placed for the procurement of TB medicines and diagnostics by 30 September 2024, expected to reach 600 orders by the end of 2024;
- Reviewed nine reports for the medicines received by the Stop TB Partnership/GDF Strategic Rotating Stockpile (SRS) in 2024 (12 in total for the full year 2024);
- Finalized the transition process to the new PA (i+solutions), defining the financial processes and reporting requirements, training the PA finance team, and completing the transfer of the GDF SRS from the current PA IDA Foundation to i+solutions;
- Ensured the financial oversight of both Stop TB PA's activities in line with the signed LTAs;
- Continuously streamlined and improved Stop TB's financial processes, including coordination with all relevant teams to enhance grant management and oversight and related tools and systems (grant management system [GMS] and OMS);
- Set up and revised 86 project budgets in oneUNOPS by 30 September 2024, expected to reach 100 budget revisions by the end of 2024;
- Throughout 2024, continuously supported Stop TB Partnership grantees, including through training sessions on grant financial guidelines and financial advice to help strengthen their financial management capacity.

Total annual expenditures for STBP 2020–2024 USD



2024 Delivery per team in USD



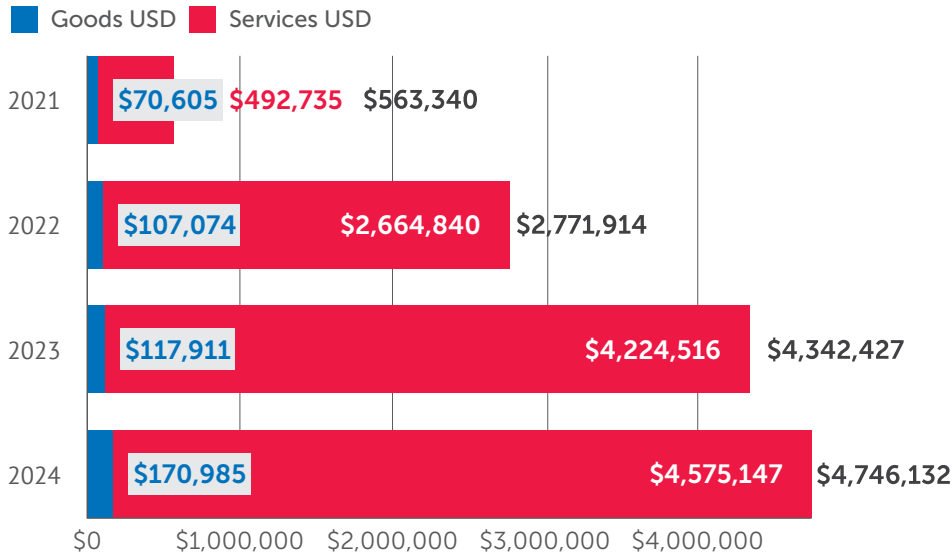
Procurement: GDF and indirect

Procurement remains the largest operational area of Stop TB Partnership. It can be divided into two categories: 1) delivering life-saving medicines and diagnostics through GDF; and 2) indirect (non-GDF commodities) procurement of professional consultancy services, communications, media and events, office-related services, and other (e.g., ICT) goods.

In terms of procurement through GDF, 2024 witnessed a growing trend compared to previous years, and the Operations Team supported the establishment of 8 new LTAs, 12 LTA amendments, and 12 LTA extensions for GDF. Regarding project agreements for diagnostics and medicines, 10 new in-house diagnostic/medicine agreements were established with clients, and 125 amendments were made. In addition, 670 call-off orders against LTAs were processed and 1,450 invoices were paid.

In 2024, Stop TB's indirect procurement (of both goods and services for Secretariat activities) totaled US\$ 4.7 million through 145 contracts. Of this amount, US\$ 4.5 million and 124 contracts were allocated to services to support the Secretariat's implementation of the annual work plan.

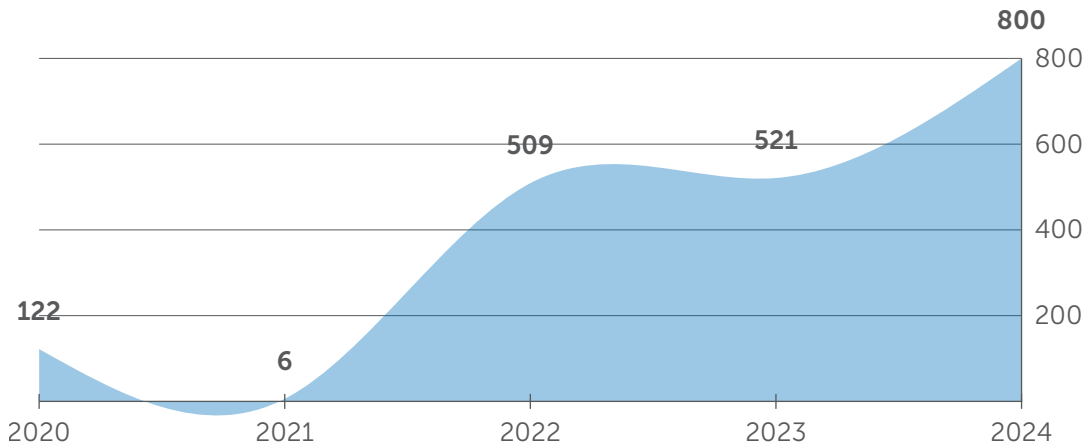
Yearly Indirect Procurement in USD



Travel

In 2024, Stop TB Partnership witnessed a significant increase in travel authorizations, up to 800 from 521 the year before, reaching pre-COVID-19 volumes. This covered a diverse range of missions and events. With an increased focus on early travel bookings, more favorable fares were secured.

Number of Travel Authorisations 2020-2024



IT and process innovation

The IT team at Stop TB Partnership has developed several major systems to support the core business delivery of the Partnership. This includes the OMS, which supports the end-to-end management of GDF’s medicine and diagnostic equipment orders, as well as two GMSs, which support the grant management needs of TB REACH, CFCS and other Partnership grant activities. Stop TB’s internal systems are highly tailored to the specific needs of the Partnership to ensure the highest levels of efficiency and effectiveness. In addition to maintaining these systems, the internal IT team also manages the general IT needs of the Partnership, issues primary ITC service contracts, and directly manages primary ITC service providers.

Notably, in 2024, Stop TB’s IT team facilitated GDF’s transition to its new PA by significantly updating the OMS to accommodate the new provisions in the contract and ensure that GDF’s operations can continue smoothly under the new models. This year, the IT team has implemented new development environments for all internal systems and migrated the data warehouse to the latest version for optimal performance.

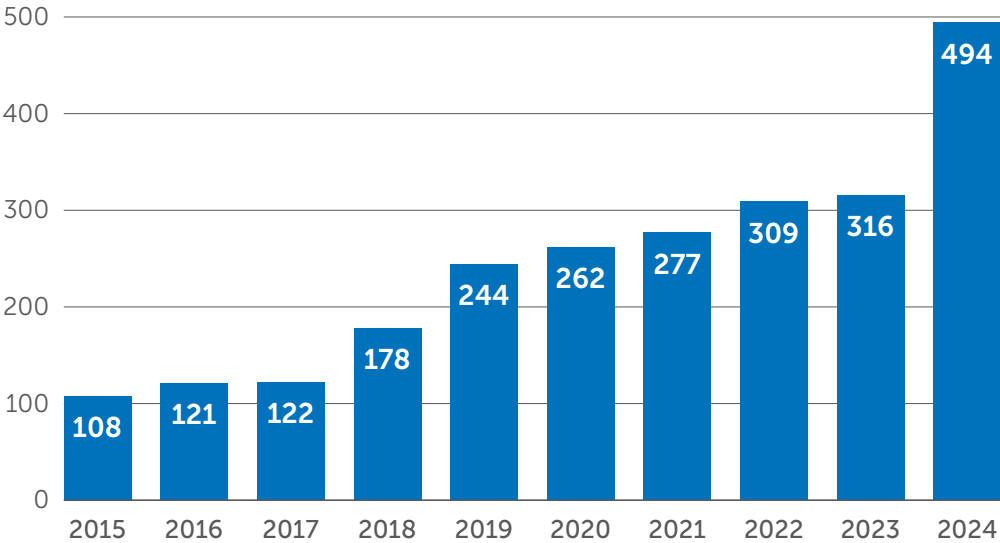
In parallel, UNOPS has embarked on a journey of process simplification and digitalization. The five-year initiative (2023–2027) is organized under the Process Innovation and Digitalization (PID) Programme, which is helping to transform the organization and will have a direct beneficial impact on the work of Stop TB.

Human resources

By the end of 2024, Stop TB Partnership counted 494 active contracts: 105 personnel are on regular contracts, drawing from 48 countries in the Secretariat, and there are 321 retainer consultants around the globe. Stop TB Partnership is steadily growing in number to support the TB response on global, regional and country levels.

UNOPS has put in place several flexible working arrangements, such as work-from-home (minimum three days in the office per week). This policy is at the full disposal of Stop TB and is working well.

Active contracts, extensions and HR recruitments



An important practice for sharing information internally within Stop TB Partnership is the weekly town hall, traditionally held on Monday mornings. These town halls bring together the entire staff, serving as a platform for:

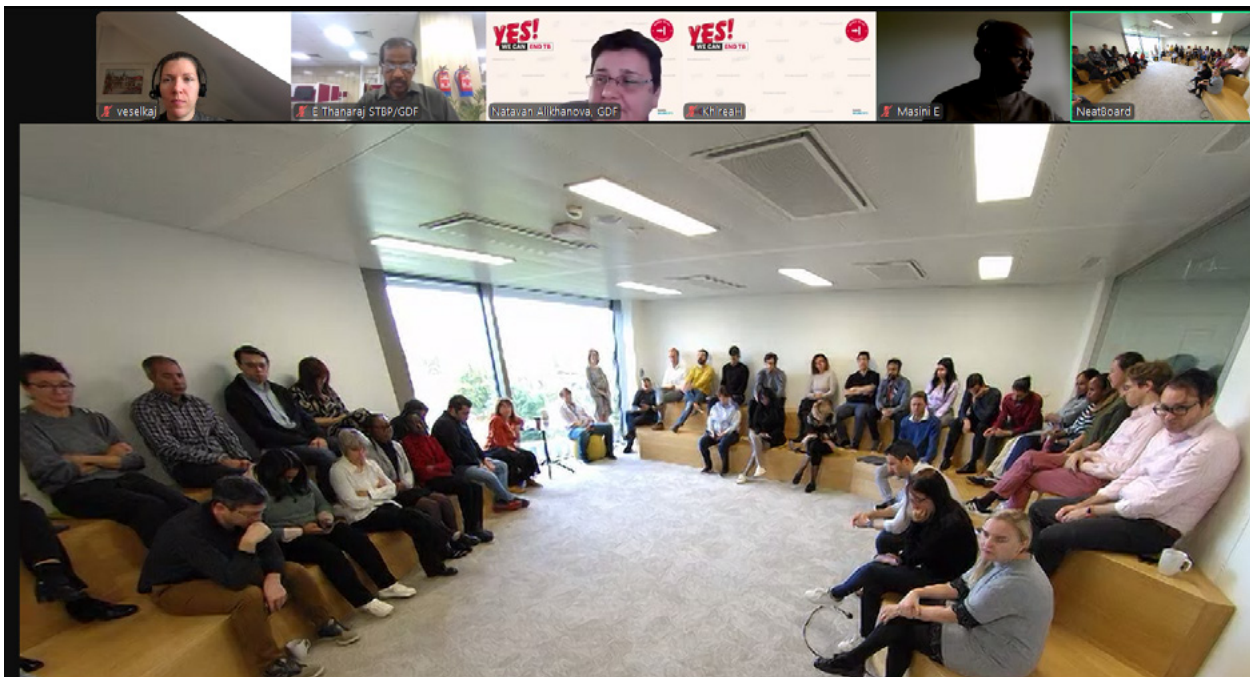
- Team summaries and updates
- Discussions about the week ahead
- Updates on important meetings, deliverables and projects across the organization.

In 2024, **49 hybrid town halls** took place, reflecting the organization’s commitment to

consistent communication and team cohesion, especially in a virtual setting.

Leadership meetings:

- **Executive Team Meetings:** Every Tuesday, Team Leaders gather for the Executive Team Meeting to review strategic initiatives, monitor progress, and address any immediate operational challenges.
- **Extended Executive Team Meetings:** Once a month, a broader meeting of the Extended Executive Team takes place, providing a larger forum for discussing more comprehensive or long-term issues.



All staff meeting on Monday mornings – held in hybrid format.

Diversity, equity and inclusion

Inclusion, well-being and psychological safety

Stop TB Partnership has made substantial strides in diversity, equity and inclusion (DEI), as outlined in its 2022 Action Plan. These efforts are now featured prominently in the organization’s Operational Strategy (2023–2028).

The Stop TB Secretariat maintains a diverse workforce, exceeding UNOPS benchmarks for both gender and geographical representation. Women comprise 55% of the overall workforce and hold 65% of leadership positions, compared

to UNOPS targets of 50% and 48.9%, respectively. Geographically, 54% of staff are from the Global South, surpassing the UNOPS target of 50%.

To further strengthen the work environment, all Stop TB supervisors underwent a two-day, in-person “Executive Leadership Programme” facilitated by the highly renowned Spanish Business School, IESE, followed by three individual coaching sessions for each supervisor. The programme focused on understanding motivational frameworks, inclusive decision-making, good leadership behavior, biases and intuition.

To enhance equity, Stop TB Partnership has advocated for improvements to Individual Contract Agreements (ICAs), particularly in Geneva. Recommendations from the Geneva Personnel Forum have led to changes in fee setting, health care benefits, and mobility support both globally and locally.

Following the departure of the DEI Advisor in March 2024, the recruitment process for a successor has been completed.

In addition, a variety of well-being activities have been organized within both the Global Health Campus (GHC) and UNOPS, with a focus on promoting mental health and enhancing the overall well-being of personnel.

These achievements demonstrate Stop TB Partnership’s commitment to creating a more inclusive and equitable workplace.

Managing people and talent

The UNOPS integrated People Strategy seeks to put people at the centre of all it does. This strategy has in turn shaped how Stop TB supports its personnel. Through a shared vision – “Empowering People, Inspiring Impact” – it has established five people goals that shape Stop TB’s culture, nurtures its leaders, ensures flexibility and fairness, sets people up for success and proactively builds tomorrow’s workforce.

In collaboration with UNOPS, all personnel are offered elaborate learning and career development opportunities, as well as well-being activities. In 2024, personnel plugged into different activities, including certification courses and well-being training for supervisors, among others.

The Geneva Personnel Forum was initiated in 2023 as an independent and confidential space to voice concerns and suggest ideas for improvement in areas such as organizational culture and career development. This Forum has continued to engage the teams and management in the respective areas and Stop TB is represented by two personnel in this Forum.

Collaboration with GHC partners

In 2024, representatives from Stop TB Partnership actively participated in Facilities Management coordination meetings and consultations with other organizations and partners housed within the GHC. These meetings focused on issues that impact the well-being of the staff and the smooth functioning of the campus, highlighting the Stop TB Partnership’s role in the broader collaborative health ecosystem.

Meanwhile, life goes on at Stop TB Partnership:

Colleagues who joined:

- Melvina Ogakwu, Partnership Intern, CCS4i, February 2024
- Maddalina Campitelli, Intern, OPS, March 2024
- Kyaw Zwar WIN, Procurement Senior Analyst, OPS, March 2024
- Karima Skiri, Administrative Senior Assistant, CCS4i, April 2024
- Simon Bunya, ICT Specialist, OPS, May 2024
- Anna Versfeld, CRG Grants Officer, CCS4i, August 2024

- Liliana Caraulan, CRG Grants Officer, CCS4i, August 2024
- Augusta Baiden, CRG Grants Officer, CCS4i, August 2024
- Nina Bajjens, External Affairs Consultant, EASI, August 2024
- Daisy Lekharu, Partnerships and Technical Coordination Specialist, September 2024
- Géraldine Deblon, Communications Specialist, AC, January–August 2024
- Catherine Mbaka, Programme Management Officer, EASI, January - December 2024
- Taylor Fang, Harvard Intern, EASI, June–August 2024
- Violeta Varona, Board Affairs Officer, EDO, August–December 2024

Colleagues who left:

- Honey Mehta, Communication Specialist, AC, January 2024
- Ana Poyatos, Support Services Assistant, OPS, February 2024
- Saori Terada, Diversity and Inclusion Advisor, EDO, March 2024
- Waqas Rabbani, Regional Technical Advisor, GDF, May 2024
- Sheng Teng Lim, Programme Management Support Specialist, GDF, June 2024
- Kerrie Tyas, Programme Management Support Associate, EDO, July 2024
- Amara Khan, Technical Officer, ING, August 2024
- Zhi Zhen Qin, Technical Officer, EDO, August 2024



GOVERNANCE



Board members during the 37th Stop TB Partnership Board Meeting held from 6–8 February 2024 in Brasilia, Brazil
Photo courtesy: Stop TB Partnership

The 37th Stop TB Partnership Board Meeting was the second G20 co-branded Stop TB Board meeting. It took place in person over two and a half days on 6–8 February 2024 in Brasilia, Brazil. The Meeting was attended by the ministers of health of Indonesia, Nigeria and the Philippines, as well as by the African Union Commissioner for Health. Decision points of the meeting, presentations and background documents remain available on the Stop TB Partnership Board’s [website](#).

The first [Delegation Performance Appraisal](#) of a Board Delegation was published, with congratulations to the Community of People Affected by TB Constituency. Other Delegations have been inspired by this performance appraisal and are planning a similar exercise to enhance their Constituency Delegations.

The Executive Committee of the Board appointed Board Members to its four flexible seats from the following constituencies: Developing

Country NGOs, Key and Vulnerable Populations, Foundations, and Innovations.

Over a total of eight calls since February 2024, the Board Vice-Chair has actively chaired the monthly Executive Committee meetings and followed up on the Ccommittee’s recommendations. The minutes of the Executive Committee can be found here under the [Executive Committee Minutes | StopTB Partnership online](#). The main topics on the agenda of the Executive Committee meetings included: preparations for the [38th Board Meeting](#); the United Nations High-Level Meeting (UNHLM) on antimicrobial resistance (AMR); the Global Fund disease split; and Board Membership changes (including Stop TB Board Chairperson selection). Based on the Executive Committee’s recommendation, the Board appointed the next Chair of the Board, the Secretary of Health of the Philippines, starting from 1 January 2025 for a period of three years.

ADVOCACY



Stop TB Partnership-led delegation of civil society members at the United Nations Headquarters in New York for the Multistakeholder hearing on AMR, May 2024 | Photo courtesy: Stop TB Partnership

UNHLM on AMR

UN Multi-stakeholder Hearing on AMR

Stop TB Partnership led global advocacy efforts to ensure that TB would be a top priority at the UNHLM on AMR that took place during the UN General Assembly on 26 September 2024. The Multi-stakeholder Hearing on AMR was a key opportunity for civil society stakeholders to share their priorities in the lead-up to the UNHLM.

Ahead of the Hearing, on 7 May, the Advocacy Team organized a webinar on the theme: “When Mycobacterium tuberculosis no longer responds to antibiotics: Antimicrobial resistance (AMR) & drug resistant TB (DR-TB)”. The webinar featured a discussion on the critical need for TB to be part of the global AMR agenda and was attended by over 200 attendees. It was moderated by Stop TB’s Executive Director and featured

“The Key Asks from the TB community for the UNHLM on AMR” document developed by Stop TB Partnership | Photo courtesy: Stop TB Partnership

interventions from the World Health Organization (WHO), USAID, other partners and TB survivors.

On 14 May, Stop TB Partnership launched the Key Asks from the TB community for the UNHLM on AMR ahead of the UN Multi-stakeholder Hearing on AMR. Building on the successful template of

KEY TB ASKS
for the United Nations High-Level Meeting on Antimicrobial Resistance

Antimicrobial resistance (AMR) poses a significant and growing threat to global public health, undermining our ability to treat common infections. AMR occurs when microorganisms evolve to resist the effects of antimicrobial drugs, rendering them ineffective.

Tuberculosis (TB) is the world’s leading infectious killer and a prime example of the intersection between AMR and infectious diseases. TB is preventable and curable, but the emergence of drug-resistant TB (DR-TB) has exacerbated the TB crisis since DR-TB is resistant to the most widely used drugs. DR-TB and its different forms – multi-drug resistant TB (MDR TB) and Extreme Drug Resistant TB (XDR-TB) highlights the urgent need to address AMR within the context of TB control and prevention efforts.

The upcoming UN High-Level Meeting on AMR presents a crucial opportunity for member states to reaffirm their commitment to combating AMR and to recognize DR-TB as a priority area within this agenda, building on the commitments already made during the UNHLM on TB in September 2023.

Stop TB Partnership UNOPS

last year's Key Asks for the UNHLM on TB, the Key Asks were developed through an inclusive process by gathering inputs from a wide range of partners, including civil society, affected communities and survivors, researchers, private sector and academia. The document can be viewed here.

From 14 to 17 May, Stop TB led a delegation of representatives of TB survivors, researchers, communities and civil society to attend the UN Multi-stakeholder Hearing on AMR. TB was by far the most highlighted issue during the Hearing, including nine TB-focused interventions. Seven interventions from the floor were made by Stop TB Board Members and civil society partners. The panelists from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Antibiotic Research & Development Partnership (GARDP) also highlighted the links between TB and AMR. The Stop TB delegation held up the Key Asks for all participants to see and chanted "Yes, We Can End TB!".

On the sidelines of the Multi-stakeholder Hearing, the Stop TB delegation held meetings with 21 UN

Permanent Missions (Angola, Australia, Azerbaijan, Barbados, Bolivia, Brazil, Canada, Chile, Denmark, Eswatini, France, Indonesia, Mexico, Mongolia, Norway, Pakistan, Peru, Philippines, South Africa, Uganda, Ukraine) and shared the Key Asks with each of them. The delegations also briefed the UN Missions on the outcomes of the UNHLM on TB and spoke about key actions needed to make progress on the TB Political Declaration

UNHLM on AMR

Stop TB Partnership led a successful week of placing TB in the spotlight during the UN General Assembly in New York from 23 to 27 September 2024. The week featured three side-events organized by Stop TB Partnership, and a Political Declaration on AMR that highlighted DR-TB as a top priority and ensured visibility for TB during the UNHLM on AMR.

On the evening of 24 September, Stop TB Partnership, along with the Ministry of Health, Labor and Welfare of Japan, the Department of Health of the Philippines, and the Ministry of



Stop TB Partnership-led delegation of civil society members held meetings with 21 UN Permanent Missions on the sidelines of the Multi-stakeholder Hearing on AMR | Photo courtesy: Stop TB Partnership



Stop TB Partnership organized a side-event on AMR and TB ahead of the UNHLM on AMR on 24 September 2024. H.E. First Lady of Nigeria and TB Champion, Senator Oluremi Tinubu delivering the keynote address | Photo courtesy: Stop TB Partnership

Health and Social Protection of Population of Tajikistan, organized a side-event on AMR and TB entitled “Breaking the resistance: Fighting AMR and TB together for a healthy future”.

The event opened with a keynote address by H.E. First Lady of Nigeria and TB Champion Senator Oluremi Tinubu. There was a Ministerial Panel consisting of the Minister of Health of Tajikistan, Deputy Ministers of Health of Japan and the Philippines, and the Director of Public Health of Nigeria, as well as a dialogue with global health leaders featuring the Executive Director of the Global Fund; Director of the WHO Global TB Programme; Assistant Administrator for Global Health of USAID; Director of The Copenhagen Consensus; Chair of the Global TB Caucus; and the Director of ReAct Asia Pacific. Co-chaired by the Stop TB Board Vice-Chair and a Stop TB Board Member, the event had over 130 people in attendance and brought together DR-TB and other AMR survivors to discuss alignment, areas for increased collaboration, and how the TB response can advance action on AMR. A recording of the event is available [here](#).

Stop TB Partnership organized two additional side-events: the “Future ready: TB vaccines” dialogue on 24 September, and the launch of the new Governance of TB Report on 25 September. A summary and additional photos of these side-events can be found [here](#). The Partnership also supported a group of 13 civil society and TB community representatives to attend the meeting to represent their constituencies and ensure that the TB community was strongly represented.

The UNHLM on AMR took place on Thursday, 26 September and opened with world leaders



Inside view of the UN during the UN High Level Meeting on AMR | Photo courtesy: UN Photo

adopting the Political Declaration on AMR, which recognized TB as a critical component of the global AMR response. TB was the most prominent single-disease issue in the Declaration as a result of Stop TB’s advocacy engagement, strong visibility during the Multi-stakeholder Hearing on AMR, and strong relationships with UN Missions and Member States. Key text highlights from the AMR Political Declaration include:

- DR-TB is recognized as an essential component of global AMR efforts. The text expresses grave concern that DR-TB places an additional burden on health and community systems, especially in low- and middle-income countries, and poses a critical challenge that could reverse the progress made in fighting the disease, combating AMR and achieving the SDGs.
- A target has been set to reduce the global deaths associated with AMR by 10% by 2030, along with a funding target of US\$ 100 million to catalyze the achievement of at least 60% of countries having funded AMR plans by 2025.
- The Declaration recognizes the Stop TB Partnership’s GDF as a key procurement and

market-shaping instrument, recognizing its key role in supplying TB and AMR medicines to countries.

- A paragraph proposed by the TB community recognizes the need to support vulnerable groups.

Eleven countries mentioned TB as a key priority in their plenary speeches to the UNHLM, including Indonesia (speaking on behalf of the Alliance of Countries to Fight TB), South Africa, Nigeria, Cambodia, Lao People’s Democratic Republic, Canada, Papua New Guinea, Chad, Kiribati, Tajikistan and Slovakia.

Following the UNHLM on AMR, Stop TB Partnership will continue to play a leading role in the follow-up to the meeting and ensure that TB continues to be a top priority in the AMR space.

First Regional Dialogue on achieving the UNHLM on TB commitments – Asia

Following the UNHLM on TB in September 2023, Stop TB Partnership proposed a series of three regional advocacy meetings to bring together partners to map out key actions and steps towards implementing the UNHLM



Stop TB Partnership-led delegation during a strategy meeting ahead of the UN High Level Meeting on AMR | Photo courtesy: Stop TB Partnership

Political Declaration on TB. The first regional meeting was held on 14–15 March 2024 in Manila, the Philippines.

Stop TB Partnership organized the meeting in collaboration with the Department of Health of the Philippines and USAID. The meeting brought together a diverse group of political leaders and TB partners from across the region to drive action on the global TB crisis and to facilitate action, resource mobilization and advocacy efforts to effectively combat TB at the global, regional and national levels. The meeting was attended by almost 250 participants from the region.

The opening session included the Secretary of Health of the Philippines, Teodoro J. Herbosa; Minister of Health of Indonesia, Budi Gundadi Sadikin; Assistant Minister for Global Health and Welfare of the Ministry

of Health, Labour, and Welfare of Japan, Dr Eiji Hinoshita; Vice-Minister of Health, Lao People’s Democratic Republic, Dr Phayvanh Keopaseuth; WHO Representative for the Philippines, Dr Rui Paulo de Jesus; TB Survivor, Joegene V. Mangilaya; and USAID Mission Director to the Philippines, Ryan Washburn. The Asia Regional Dialogue on TB concluded with a clear call to action: ending TB by 2030 is achievable, but only through a united front that brings together all partners.

Second Regional Dialogue on achieving the UNHLM on TB commitments – Eastern Europe

Stop TB Partnership and the WHO Regional Office for Europe brought together 100 key stakeholders and partners from 13 countries in Eastern Europe and Central Asia to discuss and debate the status of the TB pandemic, the high rates of DR-TB and challenges to ending this disease.



Participants and organizers of the “First Regional Dialogue on achieving the UNHLM on TB commitments” which was held in Manila Philippines. The meeting focused on Asia and 250 participants attended the meeting. | Photo courtesy: Stop TB Partnership



Speakers at the Second Regional Dialogue on achieving the UNHLM on TB commitments – Eastern Europe
Photo courtesy: Stop TB Partnership

Held over two days (24–25 June 2024) in Tashkent, the capital of Uzbekistan, the high-level regional meeting was part of an initiative of Stop TB Partnership, with financial support from USAID, to increase political commitment, domestic funding and innovative financing methods, and create regional movement towards ending TB through strategic engagement and dialogue. The meeting was attended by representatives from Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Mongolia, Poland, Republic of Moldova, Romania, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. Participants from international agencies, including USAID, the Global Fund, the World Bank and the Asian Development Bank (ADB), joined leaders and experts from WHO and Stop TB Partnership. The Advocacy Team prepared a press release, supported the organization of a press conference, and engaged with country teams. For more information about the event, click [here](#).

Annual R&D funding report

The 2023 Tuberculosis Research Funding Trends report was released on 5 December 2023. The report found that cumulative funding for TB research and development (R&D) over the past five years has fallen shockingly short of commitments. Global funding for TB R&D was US\$ 1 billion in 2021 and US\$ 1.03 billion in 2022. The US\$ 4.7

billion total funding reached for the period 2018–2022 was less than half of the US\$ 10 billion pledged by world leaders at the UNHLM on TB in 2018. Work is proceeding towards the 2024 Tuberculosis Research Funding Trends report, which will be launched in December 2024.

Step Up for TB 2024 project

The **Step Up for TB (SUFT) 2024 project** is nearing completion, with final adjustments under way in preparation for its official release. Following the launch, a series of advocacy events will be organized to promote the report and its key findings, engaging stakeholders at various levels to drive action.

The SUFT 2024 survey, supported by USAID and led by the Stop TB Partnership team, is the most comprehensive effort to date. It gathered responses from 43 countries, focusing on critical aspects of the TB response, including: Diagnostics, Treatment, Models of care, TB infection prevention and control, TB financing.

Countries continue to have the opportunity to update their TB policies in real-time through the **SUFT e-portal**: <http://suft.stoptb.org/>. This platform ensures that national policies are aligned with the latest global recommendations and best practices.

Increase the TB Global Disease split

Stop TB Partnership implemented various activities and advocacy efforts aimed at raising awareness and mobilizing support for TB to have a larger portion of the Global Fund disease split. Stop TB contributed to developing various campaign materials and messaging and developed social media tiles for an outreach campaign on LinkedIn to reach key decision-makers. On 20 September, Stop TB organized a webinar entitled “Together to increase the TB share from the Global Fund disease split” to update partners on the discussions around the Global Fund disease split and discuss how to support the movement led by civil society partners.

champions for a TB-free Kenya”, the summit brought together TB champions from all 47 counties, government representatives, and stakeholders to strengthen advocacy efforts and develop a national roadmap towards achieving the UNHLM on TB targets. The event highlighted Kenya’s progress in reducing TB-related mortality and infections, while addressing persistent challenges, such as low domestic funding and reliance on international donors. Sessions focused on enhancing community engagement, leveraging innovative technologies and sharing personal experiences to strengthen advocacy. Pre-summit activities amplified awareness and community involvement, including radio talk shows, social media campaigns, and candlelight

Empowering TB champions for a TB-free Kenya: Second National TB Champions Summit

Stop TB’s Executive Director Dr Lucica Ditiu attended the National TB Champions Summit in Nairobi, Kenya, on 11 October, hosted by Stop TB Partnership Kenya in collaboration with the NTP and the Network of TB Champions, hosted the Second National TB Champions Summit in Nairobi. Under the theme “Empowering TB



Stop TB’s Executive Director at the National TB Champions Summit in Nairobi, Kenya, on 11 October



vigils. This landmark summit emphasized the critical role of TB champions in Kenya's fight against TB, aligning efforts to end TB by 2030.

Africa Parliamentary Health Committee Chairs meeting

Stop TB's Executive Director Dr Lucica Ditiu and Manager of Advocacy and Communications Elizabeth Wamera attended the Africa Parliamentary Health Committee Chairs meeting in Lusaka, Zambia, on 29 October, hosted by the Zambia Parliament in collaboration with the Global TB Caucus. The meeting was joined by nine representatives from the Southern African Development Committee (SADC) Health Committee Chairs. Dr Ditiu opened the session with a call for bold action and increased investment to end TB in Africa. The Health Chairs discussed the TB response in Africa and their role in ending TB by 2030. Hon. First Deputy Speaker of the National Assembly of Zambia Ms Malango Chisangano officially relaunched the Zambia TB Caucus at the meeting.

First Time Ever! Stop TB Partnership puts TB in a global climate summit at COP29, Baku

Stop TB Partnership and Azerbaijan's Ministry of Health, with the support of the Azerbaijani



Stop TB Partnership at COP 29 in Baku, Azerbaijan | Photo courtesy: Stop TB Partnership

NGO Forum and "Sağlamlığa xidmət" Public Union, organized the event "Climate change and tuberculosis response – Science and technology make TB go green" on 16 November 2024 at the 29th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, or COP29. The symposium featured, with concrete examples from private sector innovators, how new TB tools that are downsized and digitally enabled reduce greenhouse gas emissions and at the same time are climate resilient. The need for funding for scale-up of such climate-friendly tools using climate-related financing was flagged at the event.



Stop TB's Executive Director Dr Lucica Ditiu and Advocacy and Communications Manager Elizabeth Wamera attended the Africa Parliamentary Health Committee Chairs meeting in Lusaka, Zambia. | Photo courtesy: Stop TB Partnership



Board members during the 38th Stop TB Partnership Board Meeting held from 6-8 February 2024 in Brasilia, Brazil | Photo courtesy: Stop TB Partnership

COMMUNICATIONS

Starting 2024 on a high note with the 37th Board Meeting in Brazil, the Media and Communications Team continued to play a central role in driving global awareness and advocacy efforts around TB through high-octane innovative campaigns, impactful storytelling, and dynamic engagement with international media outlets, celebrities and influencers. Over the past nine months, several successful communication projects, such as conducting country press tours, contributing to increased visibility on two World Record events and side-events during the UN General Assembly, and supporting high-level bilateral meetings with key stakeholders, have helped to increase the visibility of Stop TB Partnership and its work.

Stop TB Partnership 37th Board Meeting

At the invitation of the Government of Brazil, the Stop TB Partnership Board held its 37th meeting

in Brasilia, Brazil, that took place between 6-8 February 2024. Co-hosted locally by the Ministry of Health of Brazil and the G20 Health Working Group, the strategic forum started with a video from Brazilian professional football star Thiago da Silva, who shared his TB story and called for increased attention and funding to end TB. An inspirational keynote from WHO Director-General Tedros Adhanom Ghebreyesus contributed to the successful three-day event.

Press conference and the media coverage from the Stop TB 37th Board Meeting

The key updates from the Board Meeting were promoted through social media and news alerts. A press conference was held to inform the global media of the latest progress in the TB response and TB care since the UNHLM on TB in September 2023. Most press coverage following the joint press conference focused on local participation: following the



Ministers of Health of Philippines, Nigeria, Indonesia and Brazil at the press conference organized by Stop TB Partnership during the 38th Stop TB Partnership Board Meeting. | Photo courtesy: Stop TB Partnership

Minister of Health of Brazil’s agenda from a macro perspective, the Minister of Health of Indonesia’s virtual participation, and Nigeria’s record-breaking diagnoses in 2023. Several articles spoke about TB and investments in the fight against TB, reaching a total potential audience of 70.4 million.

First Regional Dialogue on achieving the UNHLM commitments on TB focused on Asia – communication perspectives

Following the 2023 UNHLM on TB, Stop TB Partnership held its first Regional Dialogue in Manila on 14–15 March 2024, in collaboration with the Philippines Department of Health and USAID. This joint Advocacy, Media and Communications project aimed to drive action on TB, resource mobilization and advocacy to implement the 2023 Political Declaration on TB.

The event, specifically branded and attended by more than 250 participants, was promoted via traditional and social media.

Press briefing

On 14 March, a press conference was held with over 50 journalists. Dr Lucica Ditiu, Executive

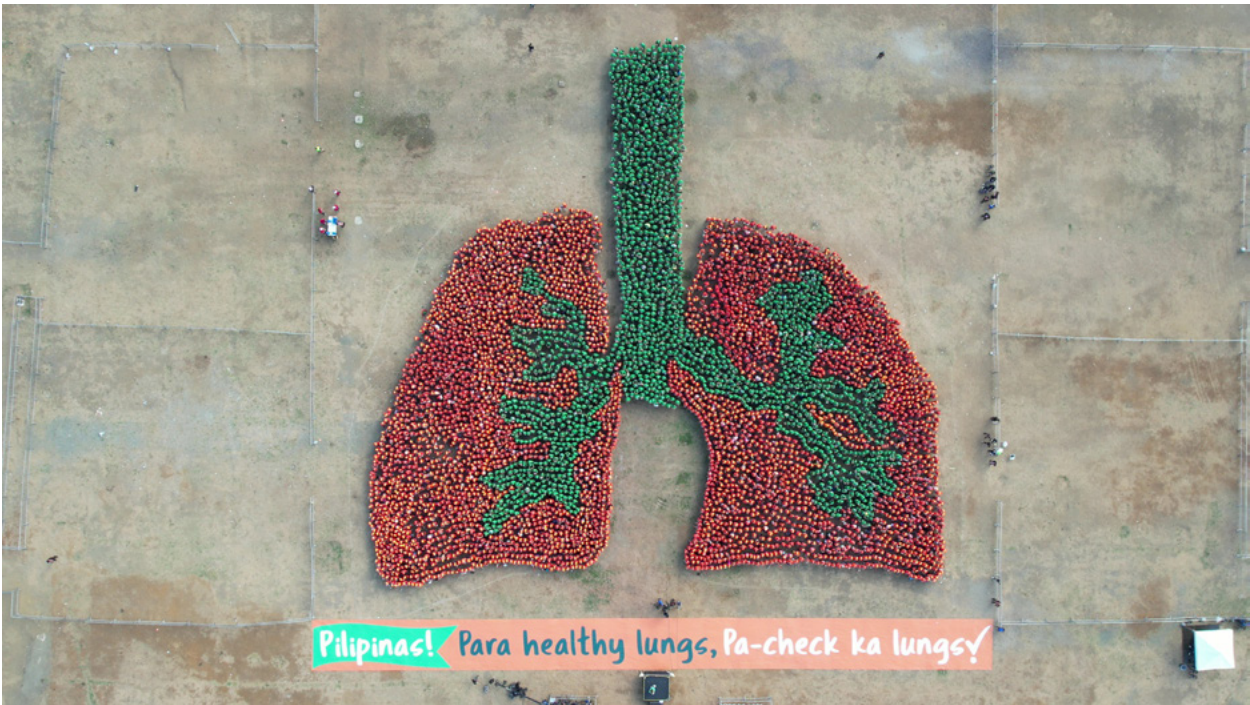


Stop TB’s Executive Director Dr Lucica Ditiu at the press conference held during the First Regional Dialogue on achieving the UNHLM commitments on TB focused on Asia | Photo courtesy: Stop TB Partnership

Director of Stop TB Partnership, and Dr Teodoro J. Herbosa, Secretary of Health of the Philippines, discussed joint TB efforts in the Association of Southeast Asian Nations (ASEAN) region. Following the conference, the media witnessed a live demonstration of an ultra-portable X-ray van for TB testing, with Dr Ditiu and Secretary Herbosa volunteering to be tested.

Press tour

As part of the regional meeting, a press tour was organized to raise global awareness of TB. The press tour was covered by the Guardian,



The Philippines created a new Guinness World Record on 16 March 24 by forming the largest human image of a lung, with 5,596 participants. | Photo courtesy: Department of Health, Philippines

AFP and Devex, and international and Philippine media journalists were invited to witness firsthand the Ministry of Health's and the team's successful efforts.

Guinness World Record event to create the most significant human image of an organ

To mark World TB Day 2024, the Philippines Department of Health, with support from Stop TB Partnership and partners, set a new Guinness World Record on 16 March by forming the largest human image of a lung, with 5,596 participants. This event symbolized the collective commitment to ending TB, with dignitaries sharing their pledges to fight the disease. Stop TB's Executive Director delivered an inspiring address, emphasizing the goal to end TB by 2030. The event received widespread media coverage nationally and internationally.

Valentine's Day 2024

In February 2024, Stop TB Partnership launched campaigns to raise global awareness of and action against TB, using themes such as



Health Minister of Philippines receiving the citation by Guinness World Record of forming the largest image of a human lung | Photo courtesy: Department of Health, Philippines

#LoveForAllCareForAll and #YesWeCanEndTB. These digital strategies targeted diverse communities, including Generation Z and gamers, and achieved significant engagement.

The #LoveForAllCareForAll toolkit, released on 10 February for Valentine's Day, was available in seven languages. The campaign saw strong results, with 4,468 views of the toolkit, a 22% increase in Facebook reach to 14,300 people, and over 20,600 Instagram impressions. More than 276 original posts reflected active audience participation.



World TB Day 2024

World TB Day is a critical moment for raising awareness of TB. In 2024, with Brazil leading the G20 presidency and the UNHLM on AMR approaching, Stop TB carried forward the 2023 theme “Yes! Together We Can End TB”. A specially developed toolkit, translated into six UN languages and Ukrainian, garnered over 7,205 views. Despite falling on a Sunday, the campaign achieved significant engagement, with a 34.2% increase in website traffic and over 20,982 World TB Day page views. Innovative efforts such as the #SwitchToRed movement, social media campaigns, and influencer collaborations generated over 116,700 impressions and 7,430 hashtag mentions, expanding the campaign’s reach; 46% of hashtag mentions came from India, with solid global engagement across critical regions such as the United States, United Kingdom, Brazil and Nigeria.

Partners played a crucial role in amplifying the campaign’s success. Global health organizations, civil society and corporate partners collaborated on key initiatives, including hosting high-impact events and creating visibility for the theme. For instance, the African Union Commission (AUC), in partnership with the Africa Centres for Disease Control and Prevention (Africa CDC), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Stop TB Partnership, held a commemoration event at the AUC Headquarters in Addis Ababa under the theme “Yes! We Can End TB” to

mark World TB Day 2024. In addition, Stop TB Partnership Cambodia launched the “Switch to Red for World TB Day”. These partnerships underscored the collective action needed to end TB and highlighted the vital contributions of diverse stakeholders in advancing the global TB response. World TB Day featured an artificial intelligence (AI)-supported TB testing camp and a popular photo booth in Geneva, supported by Stop TB’s strategic partners.

World TB Day mission to Ethiopia

To mark World TB Day 2024, Stop TB Partnership, led by Dr Lucica Ditiu, undertook a three-day mission to Addis Ababa. The main event, organized by the AUC, Africa CDC, EGPAF and Stop TB Partnership, focused on TB progress in Africa. Dr Ditiu’s keynote address stressed the African Union’s key role in ending TB and the need for more decisive political action. The mission included a press briefing, partner meetings, the TB Heroes of the Year award ceremony, and visits to observe portable X-ray screenings in a prison. During the visit, Dr Ditiu took part in a national TB conference that was organized by the Minister of Health, with support from the National TB Program (NTP), to commemorate World TB Day at the national level and take stock of the progress made in the TB response. Some of the stakeholders who attended this conference were parliamentarians who also had a separate meeting with Dr Ditiu. In this meeting, the critical role of the members of parliament was discussed in relation to domestic resource mobilization for TB in Ethiopia.

Carrying TB Innovations to New Heights campaign

Stop TB Partnership's Communications Team supported the "Carrying TB Innovations to New Heights" initiative, which showcased ultra-portable X-ray technology combined with AI. This effort culminated in a Guinness World Record attempt for the highest altitude X-ray, conducted at 5,644 m on Kala Patthar near Everest Base Camp. Local sherpas and residents were screened, and the process was thoroughly documented. A comprehensive social media campaign amplified the initiative's reach, distributing branded items to boost engagement. The X-ray equipment was donated to the



Himalayan Rescue Association's health facility in Pheriche, reinforcing Stop TB Partnership's commitment to delivering life-saving services to remote regions.



Dr Lucica Ditiu, Stop TB's Executive Director and Mr. Peter Sands, CEO, Global Fund met with the former Prime Minister of Bangladesh | Photo courtesy: The Global Fund

High-level visit to Bangladesh by Stop TB Partnership and Global Fund Executive Directors

In June 2024, Dr Lucica Ditiu, Executive Director of the Stop TB Partnership, and Peter Sands, Executive Director of the Global Fund, conducted a two-day high-level visit to Dhaka, Bangladesh. During this visit, they inaugurated a new pressure swing adsorption (PSA) oxygen plant at the National Institute of Diseases of the Chest and Hospital (NIDCH), a significant advancement in Bangladesh's health care infrastructure.

In addition, they engaged with local communities, including visits to urban slum areas, to assess TB services and discuss challenges with residents and health care providers. This engagement underscored their commitment to addressing TB in vulnerable populations and highlighted the importance of community involvement in TB eradication efforts.

Stop TB's Brenda Waning named in the TIME100 Health list of the 100 most influential people in global health

On 2 May, Brenda Waning, Chief of GDF, was named in TIME's inaugural 2024 TIME100 Health list of 100 individuals who most influenced global health this year. The list recognizes the impact, innovation and achievement of the world's most influential people in global health. Dr Waning leads GDF, a Stop TB Partnership team. GDF works globally to promote access to quality-assured, affordable products to prevent, diagnose and treat TB.



World Health Assembly high-level visibility events hosted by Stop TB

Stop TB Partnership participated in the 77th World Health Assembly in Geneva in May 2024, hosting high-level side-events to advance global TB commitments. H.E. Monica Chakwera, First Lady of Malawi and TB Ambassador for SADC, delivered a keynote address emphasizing the need for early detection and stigma reduction. Her presence highlighted the vital role of leadership in driving progress in the fight against TB, reinforcing the World Health Assembly's focus on collaboration and innovation to end TB.

Digital innovations in TB screening: Breaking barriers for early detection

On 28 May 2024, the Department of Health of the Philippines and Ministry of Health of Japan co-



First lady of Malawi, H.E Monica Chakwera in a fireside chat with Stop TB's Executive Director, Dr Lucica Ditiu | Photo courtesy: Stop TB Partnership

hosted a high-level session in Geneva, focusing on digital and AI integration in TB screening. Over 100 attendees explored innovative approaches that advance early TB detection globally. Event updates and images were shared on X (formerly Twitter). Following the session, Dr Ditiu had a fireside chat with H.E. Monica Chakwera, First Lady of Malawi, on leadership and raising awareness to find missing TB cases.

Africa-focused TB dialogue: Translating commitments into action

On 29 May 2024, Stop TB Partnership hosted a high-level dinner event at Restaurant Jardin de Penthes, co-hosted by H.E. Monica Chakwera, First Lady of Malawi; Peter Sands, Executive Director of the Global Fund; and Atul Gawande from USAID. With over 150 attendees, the event focused on Africa's TB progress, emphasizing



Left to Right: Atul Gawande, USAID; H.E. Monica Chakwera, First Lady of Malawi; Peter Sands, Global Fund; Dr Lucica Ditiu, Stop TB Partnership



Stop TB Partnership, in collaboration with Cameroon's Ministry of Health and DRAF TB, hosted the regional meeting in Yaoundé. | Photo courtesy: Stop TB Partnership

political engagement and collaboration to accelerate efforts to end TB by 2030. Moderated by BBC journalist Alan Kasujja, it received widespread coverage through online news, social media and photography, highlighting the importance of unified global action in the fight against TB.

Stop TB highlights the link between AMR and TB at the Devex Checkup event at the 77th World Health Assembly

Dr Lucica Ditiu participated in a Devex panel discussing how communities from malaria to TB and maternal health address AMR. She emphasized that TB, as an airborne pandemic, poses a risk to everyone, with multidrug-resistant (MDR-) TB being a leading cause of AMR-related deaths.

Stop TB's Executive Director on how to accelerate the TB response post-UNHLM on TB

On 29 May, Dr Lucica Ditiu spoke at a 77th World Health Assembly side-event co-hosted by the Ministry of Health of Poland, She emphasized increased funding needed to meet the global

TB commitments made at the 2023 UNHLM on TB. Dr Ditiu also highlighted the importance of advocating for tools that address multiple diseases to strengthen the investment case.

Cameroon meeting: Advancing community, rights and gender for an equitable TB response in Francophone Africa

From 11 to 13 June 2024, Stop TB Partnership, in collaboration with Cameroon's Ministry of Health and DRAF TB, hosted the regional meeting "Advancing community, rights, and gender for an equitable TB response in Francophone Africa" in Yaoundé. Over 100 participants from 15 countries, including government officials, health care professionals, TB survivors and civil society, addressed barriers to TB diagnosis and treatment. A key highlight was the launch of the TB Women Francophone Africa Chapter (TB Femmes Afrique Francophone), promoting gender-sensitive TB responses and empowering

women affected by TB. The event also included training on community, rights and gender (CRG) tools and commitments from parliamentarians to strengthen policies and domestic financing for TB responses. This pivotal meeting advanced equitable TB strategies aligned with global goals to end TB.

Stop TB Partnership photo and poem exhibition

Stop TB Partnership hosted a photo and poem exhibition at the GHC in Geneva from 8 July to 31 December 2024. This exhibition showcased the remarkable efforts and innovations in the fight against TB worldwide, featuring powerful images highlighting local and global initiatives, challenges and successes. The aim was to raise public awareness about the importance of combating TB and to demonstrate the Partnership’s collaboration with local organizations, governments and communities to create sustainable solutions. Visitors to the GHC had the opportunity to gain unique insights into the real impact of these actions in the field, with each photo accompanied by a QR code providing more information about the story behind the image. These photos were displayed along the corridors of meeting rooms and poems were installed in the elevators, enabling visitors to read the poems as they rode the elevators to the various floors of the GHC.



Stop TB Partnership hosted a photo and poem exhibition at the GHC in Geneva from 8 July to 31 December 2024. | Photo courtesy: Stop TB Partnership



Speakers at the side-event on AMR and TB ahead of the UNHLM on AMR organized by the Stop TB Partnership. | Photo courtesy: Stop TB Partnership

Stop TB side-events during the UN General Assembly week

Stop TB Partnership hosted three side-events during the UN General Assembly week in New York, alongside the UNHLM on AMR. These events focused on progress, achievements and challenges related to the 2023 Political Declaration on TB and how addressing AMR can boost the fight against TB. TB and DR-TB survivors and civil society led the discussions. Two in-person events were live-streamed on Stop TB’s YouTube and Facebook channels.

Breaking the resistance: Fighting TB and AMR together for a healthy future

On 24 September, Stop TB Partnership, alongside health ministries from Japan, the Philippines and Tajikistan, organized a side-event during the UN General Assembly, entitled “Breaking the resistance: Fighting AMR and TB together for a healthy future”. H.E. First Lady of Nigeria and TB Champion Senator Oluremi Tinubu opened the event, emphasizing the urgent need to tackle TB and AMR. She highlighted Nigeria’s high TB burden, with 125,000 lives lost annually, and called for increased investment in research for innovative tools and treatments. The event featured a ministerial panel with health leaders from Japan, Nigeria, the Philippines and Tajikistan, alongside global health experts from the Global Fund and

WHO. Attended by over 130 participants, the discussions included DR-TB and AMR survivors sharing their stories and focusing on collaborative strategies to advance the TB response.



Stop TB Partnership launched a new Governance of TB Report ahead of the UNHLM on AMR | Photo courtesy: Stop TB Partnership

Launch of a new Governance of TB Report

On Wednesday, 25 September 2024, USAID and Stop TB Partnership launched the report entitled “Governance of TB programmes: Third assessment of practices in 21 countries”. This first-of-its-kind assessment evaluates national TB responses across four key themes: transparency, inclusiveness, legal framework, and process efficiency and effectiveness. The report serves as a vital advocacy tool for NTPs and civil society partners, enabling them to identify strengths and areas for improvement, prioritize actions, and monitor progress over time. Providing a “Governance report card” facilitates the development of action plans with clear timelines and responsibilities, aiming to enhance the governance and effectiveness of national TB responses.

Press tour to Pakistan highlights TB response efforts among marginalized communities

In November 2024, Stop TB Partnership, in collaboration with Pakistan’s Ministry of National

Health Services and USAID, facilitated a press tour to showcase TB response efforts targeting marginalized populations, particularly the transgender community. The tour emphasized the importance of inclusive, community-led approaches in addressing barriers to health care and ensuring equitable access to TB prevention, testing and treatment. One of the key outcomes of the tour was an article published by Devex, which was part of the press delegation. The article highlighted the plight of Pakistan’s transgender community, the stigma they endure daily, and their journeys of recovery from TB. It spotlighted the work of Dareecha Male Health Society, a community-based organization supported by Stop TB Partnership’s TB REACH initiative in partnership with Dopasi Foundation. The tour, as captured by the Devex article, brought to life personal stories such as that of Honey, a transgender woman who overcame stigma and accessed free TB testing and treatment through Dareecha’s camps. Journalists also observed innovative tools, such as the mobile application developed by Stop



TB Partnership, which supports community-led monitoring (CLM) and reporting of barriers to TB care. This press tour highlighted the transformative impact of community-led initiatives in Pakistan, amplified by the visibility provided by Devex's reporting. By drawing global attention to the challenges faced by vulnerable populations and the innovative solutions being implemented, the tour reinforced the importance of inclusive strategies in the fight against TB.

First Lady of Malawi leads by example in addressing TB stigma and highlighting the central role of TB survivors in ending TB

On 18 November 2024, H.E. First Lady of Malawi Madam Monica Chakwera hosted a high-level breakfast at Kamuzu Presidential Palace, focusing on "Amplifying voices to end TB

stigma". Co-hosted by Stop TB Partnership and Malawi's Ministry of Health, the event brought together government officials, TB survivors, civil society and international partners. Discussions highlighted Malawi's significant progress, including a 40% reduction in TB incidence and a 60% decline in TB-related deaths, bringing the country closer to its 2025 milestones. The First Lady emphasized early detection, particularly in rural communities, and the need to combat TB stigma. International partners, including USAID and the Global Fund, reiterated their support for Malawi's TB efforts. Dr Lucica Ditiu, Stop TB Partnership's Executive Director, commended Malawi's leadership and called for empathy and action to address stigma. The event concluded with a united call to action: "Yes! We Can End TB!" This marked a pivotal moment in advancing Malawi's UNHLM TB commitments and its fight against TB stigma.

A significant gesture of compassion and support was showcased during the high-level dialogue on TB hosted by the First Lady on 19 November



(Left to right): Hon. Alima Daud, Lady Rosslyn Elizabeth Morauta, First Lady of Malawi - H.E. Madam Monica Chakwera, Dr. Lucica Ditiu, Ms Julie Wallace and Mr. Jean-Bernard Parenteau

2024. As part of her commitment to improving the lives of people with TB and addressing stigma, the First Lady delivered food packs to a TB clinic. These packs, presented to people receiving treatment for TB, underscored her dedication to tackling not just the medical but also the socio-economic challenges faced by those affected by TB. This act highlighted the holistic approach necessary for addressing TB, emphasizing the importance of meeting basic needs alongside providing treatment and care. It also reflected the First Lady's broader advocacy efforts to reduce stigma and ensure that people with TB feel supported and valued as they navigate their recovery journeys. This moment served as a reminder of the essential role of leadership in fostering compassionate and inclusive health care responses.



Malawi's bold call for action: The #TB33% march in Lilongwe

In November 2024, Malawi witnessed a powerful demonstration as civil society organizations, in collaboration with the STP Board Community Delegation marched through Lilongwe to advocate for increased TB funding, they engaged Challenge Facility for Civil Society grantees to help elevate the campaign. The march, as part of the ongoing #TB33% campaign, culminated in picketing outside the Global Fund's temporary

office in Lilongwe to present a clear statement: the current funding allocation for TB is "not cool at all". This bold move emphasized the urgent need to increase TB funding to 33% of health budgets, aligning with the global call for equitable resource distribution. This march demonstrated Malawi's commitment to keeping TB high on the political and funding agenda, reinforcing the collective goal of ending TB by 2030.

STOP TB PARTNERSHIP'S GDF

Now in its third decade, the Stop TB Partnership's GDF continues to hone its unique approach to global TB market stewardship, ensuring worldwide, equitable access to life-saving TB products by all those who need them.

GDF's groundbreaking model focuses end-to-end across a TB product's lifecycle. GDF and partners within the GDF-led TB Procurement and Market-Shaping Action Team (TPMAT) begin planning for, coordinating and incentivizing innovations long before they reach the market, scanning the horizon and aligning on which new products are needed and how to ensure their access.

Through GDF's renowned pooled procurement mechanism, GDF clients are able to access quality-assured TB products at the best possible prices, even when their orders are small. Meanwhile GDF's integrated and tailored technical assistance supports clients as they plan, quantify and budget for these products. GDF also works with suppliers to incentivize new product development, support production planning, decrease transactional costs, share risks and achieve sustainable price reductions. GDF's 2023–2028 Strategy serves as a blueprint for this ongoing work, and a reaffirmation of the many ways in which GDF adds value to countries and suppliers.

GDF's end-to-end approach has never been more important. Some countries that procure non-WHO-prequalified TB medicines domestically have faced challenges with failed and delayed tenders. These countries have come to GDF to request emergency supplies. Such countries do not typically procure WHO-

prequalified medicines, so GDF's prequalified suppliers are not prepared to provide such large quantities at short notice. This unforeseen demand has been an enormous shock to a market already experiencing existing supply constraints, compounded by the impact of geopolitical upheaval and natural disasters. The domino effect of these crises has brought several countries close to stockout, endangering the lives of people with TB in need of treatment.



Photo courtesy: Sam Nuttall; Stop TB Partnership

As the primary TB medicine market steward, GDF has been on the frontline of the global response to these emergencies, conducting assessments of country stock levels, working with suppliers on production planning, prioritizing and expediting shipments to countries in need (including those that do not normally procure through GDF), and collaborating with partners to identify and expand active pharmaceutical ingredient (API) options.

Central to these efforts are GDF’s strategic partnerships with NTPs, donors, technical agencies, clinicians and civil society organizations to create sustainable, viable markets that deliver innovative, quality-assured and affordable TB products. Many of these partnerships have been catalytic, from the recently wrapped Government of Japan and USAID-funded Paediatric DR-TB Initiative to the ongoing USAID 3HP Scale-Up project. Building on this success, GDF’s partnerships now expand beyond TB.

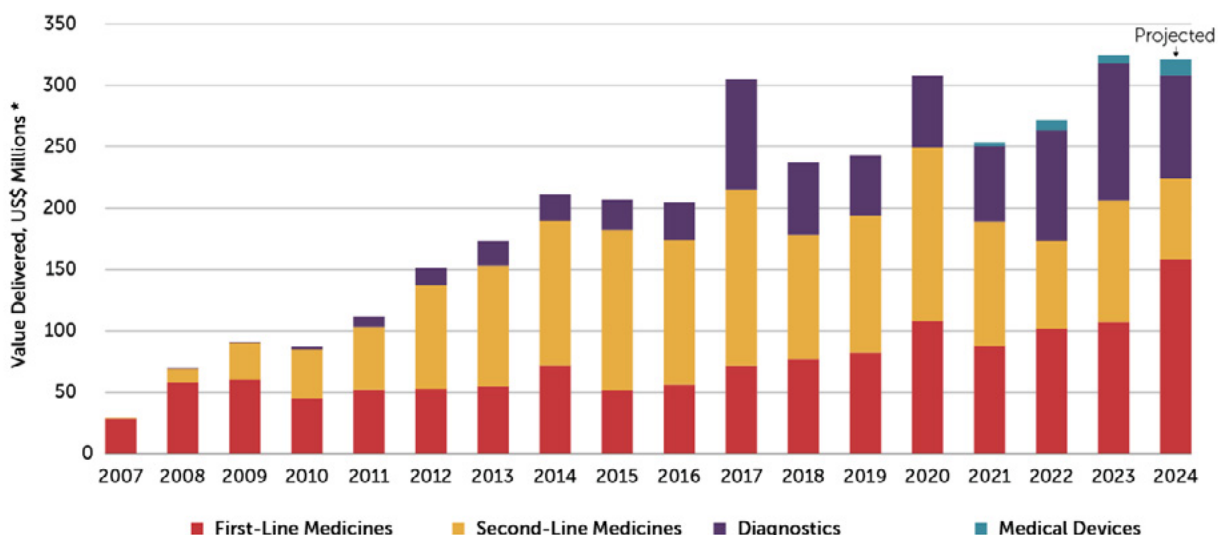
Recognizing that its holistic model has long been an example for other disease spaces, in May 2024, GDF and GARDP signed a collaboration agreement supporting the introduction of new, priority antibiotics to address AMR.

GDF in 2024: achieving results, expanding its reach

GDF supplies TB products to 127 countries in an ever-changing global supply chain landscape

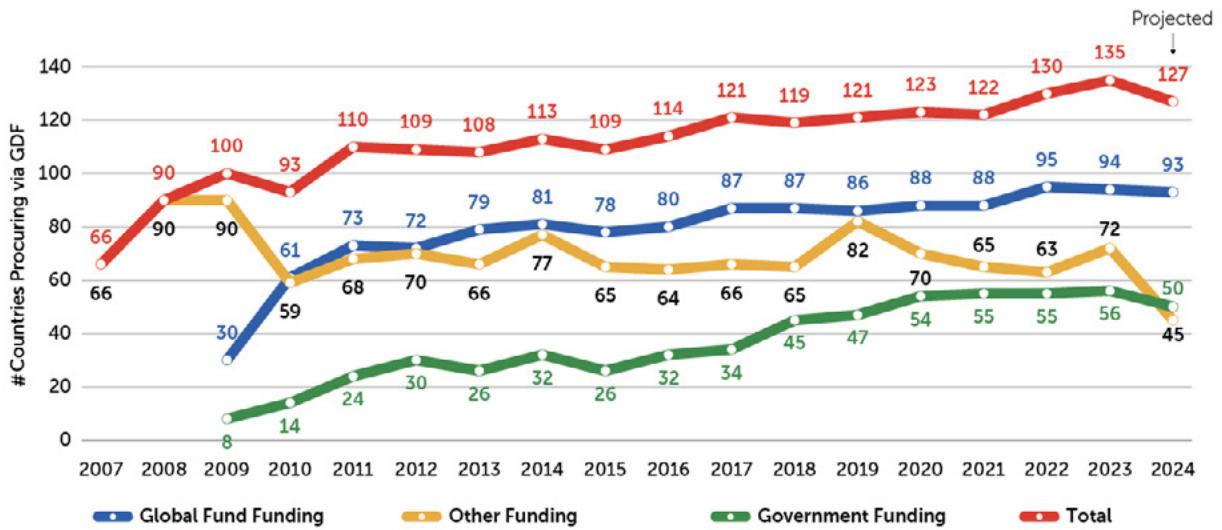
In 2024, GDF is projected to deliver more than US\$ 320 million worth of TB medicines, medical devices and diagnostics to 127 countries. This includes US\$ 224 million in medicines, US\$ 83 million in diagnostics, and US\$ 13 million in medical devices.

Value of GDF Products Delivered by Type of Product



*Value includes product and shipping costs

Countries Procuring via GDF by Type of Funding



GDF strategies result in US\$ 41 million savings for country programmes and donors in 2024

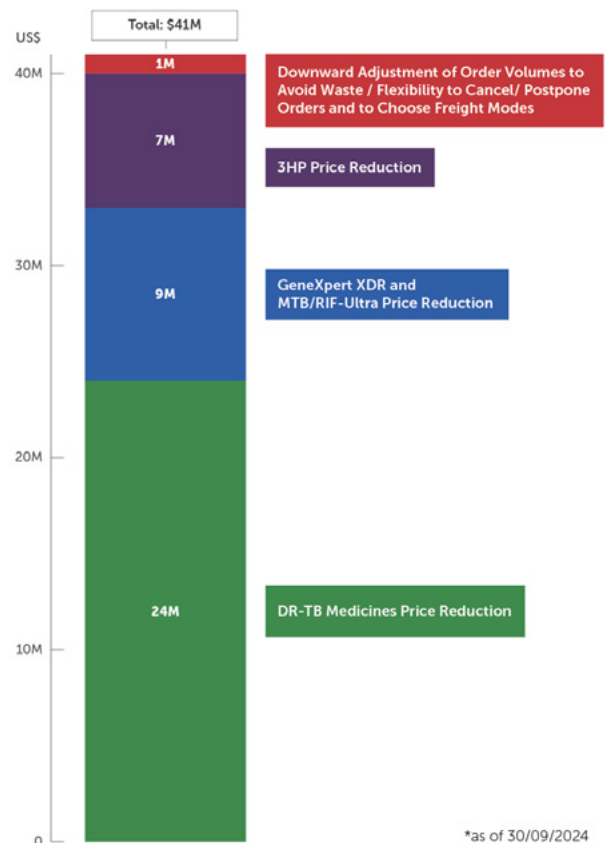
GDF initiatives resulted in US\$ 41 million in savings between January and September 2024, an amount equivalent to the cost of treating an additional 94,250 adults with DR-TB using the newly recommended BPaLM regimen or treating an extra 4 million people using 3HP for TB prevention.

These savings were realized through various GDF strategies, including dramatic price reductions for key medicines (e.g., bedaquiline, pretomanid, and rifapentine/isoniazid) and diagnostics (e.g., GeneXpert, Truenat). Savings were also realized from the flexibility afforded to clients in postponing or cancelling orders or changing freight modes to decrease costs. This flexibility has the added benefit of enabling countries to pivot to the newly recommended WHO regimens sooner, as opposed to being forced to accept and consume old regimens due to pre-existing orders.

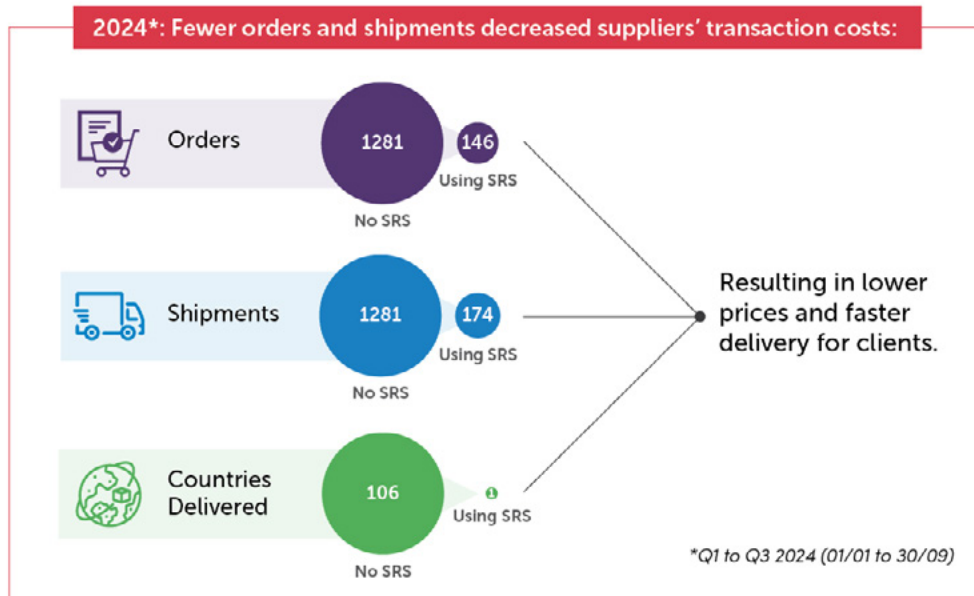
In a world of uncertainties, crises and constraints, the SRS speeds up the delivery of affordable TB medicines, no matter how small the order

GDF’s SRS is a critical inventory of TB medicines, stored at the warehouse of GDF’s PA. This stockpile enables GDF to respond rapidly to emergencies and reduce lead times for medicine delivery. The SRS also pools procurement orders

GDF Savings in 2024*



and purchases entire batches of medicines, which enables GDF to meet suppliers’ minimum production requirements and fulfil small orders that match countries’ exact needs. In 2024, over 85% of client requests to the SRS were below suppliers’ minimum batch sizes.



Suppliers benefit from the SRS as well, as it encourages the development and production of medicines with low or uncertain demand, improves production planning, and mitigates the risk of unsold stock. The SRS also reduces suppliers' transaction costs, lowering the number of orders, shipments and deliveries, which in turn leads to lower medicine prices for clients.

Recognizing the value of the SRS, as well as GDF's ability to effectively manage inventory turnover, Otsuka recently joined Johnson & Johnson in offering delamanid on consignment. This allows GDF to warehouse and offer delamanid without purchasing it from Otsuka up front, freeing up US\$ 1.5 million to add other new medicines to the stockpile.

Quality and trust: GDF maintains 9001:2005 certification in 2024

GDF's 2023–2028 Strategy commits to facilitating access to quality-assured TB products. Through its rigorous [Quality Assurance Policy](#) and comprehensive [Quality Monitoring System](#), GDF guarantees that all the



TB medicines and diagnostics it supplies meet international standards and stringent regulatory requirements.¹ This systematic approach ensures the consistent availability of effective, safe and reliable TB products, aligned with global health goals. By maintaining stringent control

1 <https://www.stoptb.org/suppliers/quality-assurance>

over the quality of its products and services and by carrying out continuous monitoring, GDF bolsters confidence among stakeholders, including NTPs.

In October 2024, GDF underwent a successful recertification for ISO 9001, a qualification it has held for 19 consecutive years. ISO 9001 is a globally recognized standard certifying that a business or organization has established a quality management system and is committed to maintaining and improving its performance. This certification is a testament to GDF's commitment to enhancing operational efficiency and customer satisfaction and reinforces its dedication to excellence in quality management for the next three years. This focus on quality assurance positions GDF as a trusted leader in the fight against TB, advancing Stop TB Partnership's mission to end TB by 2030.

Applying market and procurement expertise to AMR: GDF expands its services beyond TB

GDF's integrated end-to-end approach, linking supply and demand activities, has resulted in new suppliers, new formulations, significant TB product price reductions and an uninterrupted supply of medicines to more than 130 countries.

GDF's unique approach has not gone unnoticed. Partners in several different disease areas have requested that GDF utilize its expertise and adapt its infrastructure to address access challenges beyond TB. GDF used a set of guiding principles to assess opportunities for expansion. This assessment revealed AMR to be an area where GDF could add value and have a significant impact. An expansion into medicines for AMR was then included as part of GDF's new 2023–2028 Strategy.

In May 2024, GDF and GARDP signed a partnership agreement to support the introduction of new, priority antibiotics for AMR.² GDF also co-hosted

a meeting of SECURE, a WHO- and GARDP-led global initiative seeking to identify and address challenges to antibiotic access.³



StopTB/GDF, UNOPS and GARDP Partnership Agreement Signing Event, World Health Assembly Side Event, May 2024. | Photo courtesy: Stop TB Partnership

GDF's support to countries in 2024

Strengthening NTPs' journey towards self-reliant procurement and supply planning: GDF technical assistance to countries, January–October 2024

Aligned with its 2023–2028 Strategy, GDF remains committed to helping countries on their journey to self-reliance by providing tailored technical support and capacity-building to NTPs in 52 priority countries. This support has enabled countries to optimize funding, smoothly adopt new treatment regimens while phasing out outdated therapies, and ensure a consistent supply of TB medicines, whether funded by donors or domestic sources, or procured through GDF or domestic mechanisms. Through its technical assistance, GDF emphasizes the importance of data accuracy and sharing to foster the global stewardship of fragile, interconnected TB medicine markets.

Between January and October 2024, countries' demand for GDF technical assistance continued to be high as countries embarked on their Global

2 <https://gardp.org/new-partnership-to-improve-access-to-new-antibiotics-in-low-and-middle-income-countries-to-boost-efforts-to-combat-tb-and-amr/>

3 <https://gardp.org/secure/>

Fund 2023–2025 grant cycle. NTPs encountered a number of challenges, including the roll-out of new, shorter treatment regimens and the global shortage of rifampicin-based products for the treatment of drug-susceptible (DS-) TB. During this pivotal period, GDF provided day-to-day support to help priority countries to navigate obstacles, led special technical assistance missions, and built the capacity of NTPs for procurement and supply planning. In doing so, GDF contributed to priority countries’ planning around the introduction of new DS-TB, DR-TB and TB preventive treatment (TPT) regimens and the strengthening of early warning systems to help prevent TB medicine stockouts.

Generating data for supply security and self-reliance: GDF quantification workshops strengthen NTPs’ procurement capacity and boost national and global TB medicine data accuracy

GDF’s end-to-end approach rests largely upon the accuracy and timeliness of the data it receives. When a country has incorrect, delayed

or missing data, it has repercussions across the entire global supply chain, increasing the risk of over- and under-production of medicines by suppliers, as well as wastage and stockouts by NTPs. Therefore, the stakes around the precision and visibility of such data are incredibly high. For this reason, the Stop TB Partnership Board has urged countries to improve the accuracy and sharing of TB data in order to enhance national and global evidence for decision-making.

GDF plays a critical role in building countries’ capacity to manage these data. One of the key means by which GDF does this is via its regional quantification workshops. At these workshops, participants get hands-on experience working with their own national data sets in real-time, using the same tools and exercises that GDF and NTPs utilize for their day-to-day work and upon which GDF relies in its efforts to effectively steward global TB medicine markets. Regional workshops are designed to enable GDF to efficiently reach NTP staff from many countries at a single event, while still enabling participants to have an experience tailored to

Day-to-Day Support	Technical Assistance Missions	Capacity-Building Activities	Key Outputs from Technical Assistance and Capacity-Building Efforts
<p>Reviewed and supported</p> <ul style="list-style-type: none"> • Over 300 quantification files • 103 costed supply plans • 113 phase-in / phase-out plans • 103 stock replenishment plans • 10 order modifications 	<p>Conducted</p> <ul style="list-style-type: none"> • 9 joint technical assistance missions with WHO and the Global Fund • 3 standalone technical assistance missions on country-led procurement challenges 	<p>Organized and Facilitated</p> <ul style="list-style-type: none"> • 3 regional and 2 in-country quantification workshops • 25 mentoring and on-the-job sessions • 6 high-level training sessions at WHO regional meetings 	

GDF Delivers Practical Technical Assistance and Capacity-Building to 52 Priority Countries, January–October 2024



National co-hosts, facilitators, and participants of the regional quantification workshops held in Nairobi, Kenya, and Hanoi, Vietnam, October 2024. | Photo courtesy: Stop TB Partnership

their own country’s circumstances and to learn from each other.

Between January and October 2024, quantification workshops brought together more than 150 participants from 47 countries from Anglophone and Francophone Africa, the Eastern Mediterranean, South-East Asia and the Western Pacific. To prepare countries to adopt and expand new, shorter TB treatment regimens, workshop participants learned to carry out accurate demand forecasting, strategic supply replenishment and supply chain management.

As with all of its technical assistance, GDF offers its regional workshops to countries irrespective of how and from where they procure TB products. Workshops also represent a unique opportunity for GDF to convey the importance of data transparency with their country partners and to make certain that countries have the

tools they need to fully lead their own planning and procurement of TB commodities in the future.

Digitalizing TB medicine quantification in Kazakhstan

In 2024, GDF’s work supporting national procurement and supply planning has had game-changing impact. For example, in response to a request from Kazakhstan’s NTP and with USAID funding, GDF provided technical assistance to support digitalization of the country’s TB medicine quantification process. GDF worked closely with a national IT company to integrate the parameters and algorithms that are used to estimate demand, predict stock levels, and warn of impending shortages into the National TB Registry, leading to the creation of a quantification module similar to [QuanTB](#), the publicly available quantification tool managed by GDF.

This module is tailored to Kazakhstan's medicine supply context and standardizes TB medicine quantification, procurement planning and supply monitoring. Kazakhstan finances nearly 100% of the country's TB medicines through its state budget and procures them domestically via a national procurement process. The module will assist the NTP in coordination, strategic planning and efficient distribution of medicines so as to prevent stockouts or wastage, ensure the rational use of medicines, and scale up new treatment regimens.



GDF supports Tajikistan to achieve its first successful domestic procurement of quality-assured TB medicines

For the past five years, Tajikistan has faced challenges around securing a supply of TB medicines that conform to internationally recognized quality standards. In 2024, Tajikistan successfully led the domestic procurement of state-funded DS-TB medicines proven to have met these standards, a milestone widely celebrated in the country. This landmark achievement was facilitated by GDF's collaboration with Tajikistan's NTP, its Ministry of Health, USAID-funded in-country partners, the WHO Regional Office for Europe, and the United Nations Development Programme (Tajikistan's Global Fund Principal Recipient). Partners supported the NTP and the Ministry of Health to strengthen quality assurance requirements in national procurement documents by including WHO prequalification in their specifications for TB medicines. In addition, with support from GDF and USAID's Promoting the Quality of Medicines Plus (PQM+) project, Tajikistan also registered



GDF's Regional Technical Adviser with the head nurse of the DR-TB department at the Republican Clinical Center for Tuberculosis, Pulmonary Diseases, and Thoracic Surgery, Tajikistan, March 2024 | Photo courtesy: Stop TB Partnership

14 TB medicines that met international quality standards (13 for DS-TB, 1 for DR-TB).

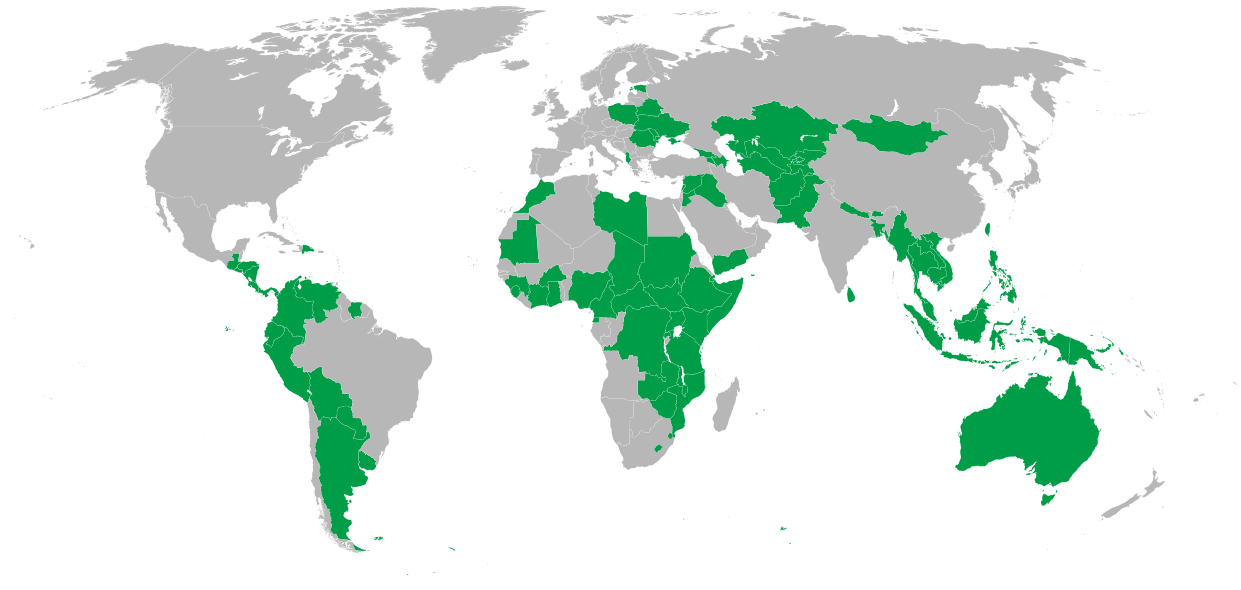
GDF accelerates the scale-up of the BPaLM regimen for DR-TB in 84 countries

Stop TB Partnership's [Global Plan to End TB 2023–2030](#) has set a target to deliver treatment to 50 million people with DR-TB by 2030.⁴ One important tool in this effort is the groundbreaking all-oral, six-month BPaLM treatment regimen, which was recommended by WHO in December 2022. BPaLM is one of the shortest DR-TB regimens and one for which a significant proportion of people with DR-TB are eligible. GDF is at the forefront of global efforts to expedite the scale-up of BPaLM.

Since 2022, GDF has delivered pretomanid, part of the backbone of the regimen, to 84 countries, representing over 70,000 BPaLM treatment courses. As of the end of September 2024, 40 out of 53 GDF priority countries have launched the regimen.

GDF has played a pivotal role in supporting BPaLM implementation. The GDF-led TPMAT has facilitated market access by guiding manufacturers through quality assurance processes and enhancing procurement readiness to meet global demand. GDF has also utilized its SRS, conducted global forecasting to provide manufacturers with

4 <https://omnibook.com/embedview/dc664b3a-14b4-4cc0-8042-ea8f27e902a6/en>



essential data for informed production planning, and employed a prioritization strategy to ensure equitable distribution of pretomanid, enabling TB programmes in all affected countries to maintain access to BPaLM treatment during supply constraints.

In addition, GDF has facilitated timely order placements, ensured the replenishment of necessary medicine stocks, and supported NTPs in the development of plans to transition to this new regimen while phasing out older medicines that are no longer recommended. Finally, GDF has helped countries to identify potential funding gaps and mobilize resources, including by incorporating BPaLM funding needs into their recent Global Fund grants. As a result, 25,000 people with DR-TB in GDF priority countries – or nearly half of all individuals requiring DR-TB regimens in these countries – have been initiated on BPaLM.

Helping countries to navigate crises

GDF leads the way in managing the first-line medicine supply chain to avert national stockouts

GDF only buys first-line medicines from suppliers who have received WHO prequalification to

guarantee their quality. In 2023, one of three prequalified suppliers of rifampicin API – an essential component of key regimens for DS-TB and TPT – unexpectedly closed, creating a manageable but serious supply constraint for countries that normally procure prequalified first-line medicines.

In 2024, GDF received a sudden surge in urgent and emergency orders from several high-burden countries that procure large volumes of non-prequalified first-line medicines themselves. GDF's first-line medicine suppliers were not prepared to quickly provide such a massive volume of medicines. As a consequence, there have been severe global supply constraints for prequalified first-line medicines, threatening many countries with stockouts and putting immense pressure on GDF's prequalified suppliers to meet this overwhelming and unplanned demand.

In response to this crisis, GDF took leadership of the entire prequalified first-line medicines supply chain, establishing a systematic process for production planning and equitable allocation. Rather than using a first-come, first-served approach, GDF prioritized delivery based on stockout risk, enrolment trends, orders already in process, and in-country inventory levels. By identifying the most at-risk countries and the

quantities they needed to avoid stockouts, GDF reallocated orders and adjusted production and delivery schedules. GDF projects that it will deliver prequalified first-line medicines to 80 countries in 2024.

In addition, GDF facilitated the WHO Prequalification Team's (PQT) priority review of critical API submissions, leading to the approval of an additional API supplier, which is expected to further strengthen supply security once operational. GDF also collaborated with the USAID-funded PQM+ programme to expedite WHO prequalification dossier submissions from another manufacturer, helping them to navigate the prequalification process efficiently. Moreover, Stop TB Partnership has escalated the global supply situation to the highest levels within WHO, ensuring that rifampicin-containing submissions to PQT are treated with top priority.

This coordinated effort has secured ongoing global access to rifampicin-based first-line medicines despite the global supply emergency. Avoiding such a scenario in the future will require improved data transparency by NTPs and suppliers to ensure that supply chain crises do not lead to inequitable allocation of limited stocks of medicine. This crisis also highlights the need for more coordinated procurement planning between GDF and large buyers, especially those who traditionally procure non-prequalified first-line medicines using domestic procurement mechanisms.

GDF's innovative end-to-end operating model uses intelligence-guided prioritization to carry out emergency deliveries to 100 countries in record time

The action that GDF has taken to respond to the first-line medicine crisis is embedded in its end-to-end approach. Preventing stockouts is one of the key measures of success in GDF's 2023–2028 Strategy. GDF's innovative end-to-end operating model enables it to predict in advance when a stockout may occur and proactively plan for and respond to potential emergencies up to one year before they would occur. From January to October 2024, GDF successfully responded to



requests for accelerated deliveries, supplying products to 58 countries in less than two months and to 93 countries in two to four months. GDF uses several tools to swiftly respond to urgent requests:

SRS: The SRS enables GDF to have immediate access to essential medicines for expedited delivery, so that countries do not have to wait up to 12 weeks for manufacturers to produce batches of medicines in response to their orders.

Order consolidation: GDF consolidates medicines produced by multiple suppliers and ships them in one consignment, decreasing the logistical burden for countries and ensuring that all four to five medicines comprising DR-TB regimens are readily available for use in accordance with WHO guidelines.

Prioritization approach: GDF employs a systematic approach to equitably allocate medicines to countries during supply shortages. This intelligence-guided prioritization utilizes country-level data on the existing stocks of TB medicines, the number of people currently and planned to be enrolled on treatment regimens, the time taken to deliver and import shipments, and the immediate production capacity of TB product suppliers.

Supporting GDF's priority countries to avert and manage stockouts

As is clear from the first-line medicine crisis in 2024, the factors driving the risk of TB medicine stockouts are wide-ranging and multifaceted. One key area of GDF technical assistance is the

support that it provides to its 52 priority countries to identify and address country-level, demand-side determinants of stockouts. In 2024, GDF carried out an assessment to better understand the key demand-side drivers of stockouts in priority countries – that is, drivers that are unrelated to supply constraints – in order to better develop strategies to address them.

The assessment found that an array of issues linked to fragile national procurement systems – including inefficiencies in countries’ medical supply management systems, shortfalls or delays in allocating domestic funding to TB medicines, and bureaucratic or regulatory delays such as those around medicine clearance – accounted for 66% of the main drivers of TB medicine stockouts in these countries.

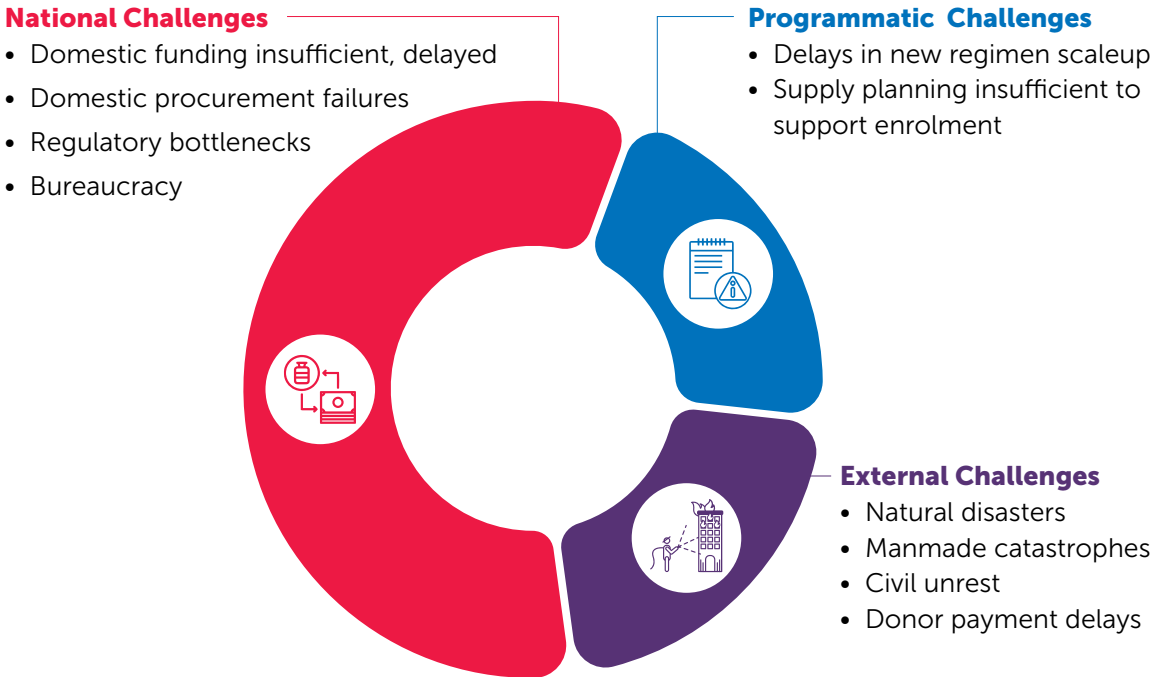
The study identified other demand-side drivers as well. Some NTPs successfully increased the number of people enrolled on treatment without clearly accounting for subsequent medicine needs. Other countries faced delays in rolling out new regimens. Still others experienced unexpected obstacles such as natural catastrophes or manmade crises. Besides increasing the risk of stockout, all of

these challenges diminish the shelf-life of TB medicines, which can lead to wastage and excessive costs for the health system.

GDF’s work navigating countries’ risk of stockout is continuous. Between January 2023 and the end of September 2024, GDF identified 215 demand-side instances of potential stockouts in 35 of the priority countries that share data with GDF. To address these potential stockouts, GDF accelerated order placements or deliveries, engaged in active shipment planning (i.e., splitting and reallocating orders or prioritizing orders in instances in which supply was limited), helped to identify alternative funding sources, supported priority countries as they implemented policy and regulatory adjustments, strengthened communication and coordination, and facilitated in-country redistribution. Meanwhile, GDF accelerated 69 shipments to countries at imminent risk of stockouts, 35 of which were delivered from its SRS.

By pursuing a multifaceted and holistic approach to these sorts of demand-side factors that contribute to stockout risk, GDF minimized or averted 149 instances of potential stockout in 35 priority countries.

Demand-Side Drivers of Stockouts in 35 Priority Countries



GDF Logistical Expertise Delivers Time-Sensitive Diagnostics in Challenging Environments

One of GDF's many value adds is its logistical expertise in the context of environmental and sociopolitical complexities. In 2024, GDF made time sensitive diagnostic deliveries to Bhutan, Sudan, and Haiti overcoming a number of challenging logistical hurdles to provide these countries tailored solutions to their unique circumstances.

Bhutan

Bhutan's Paro International Airport is one of the world's most challenging airports to navigate due to its location in a deep valley in the Himalayas, limited air connectivity, and an inability to accommodate wide-body aircraft. In 2024, Bhutan's Ministry of Health procured large diagnostic equipment that could not be accommodated by existing air freight option. The order also came with a tight, 10-week deadline. **Delivery of this equipment required a sophisticated logistical solution, involving a multi-modal transport strategy** that combined wide-body aircraft to Kolkata, India, with ground transportation to Bhutan. Efficient coordination with Indian and Bhutanese freight forwarders and the Ministry of Health also contributed to a timely and smooth delivery within the 10-week window.

Haiti

Haiti found its Port-au-Prince International Airport closed from March to June 2024 due to political unrest and gang violence. Due to the deteriorating security situation, three GDF shipments of TB diagnostics were held at Haitian customs and GDF's freight forwarder was unable to deliver the products due to gang control of the airport area. The unrest also meant that ready-to-ship diagnostics intended for Haiti were held up in supplier warehouses in Europe, further reducing their already short shelf life. **Through close collaboration with suppliers, the freight forwarder, Haitian customs, and the client, GDF delivered the diagnostics in June 2024**, once the security situation had improved sufficiently to allow for safe delivery. Once the airport reopened, GDF worked with suppliers to unpack and reallocate batches from the initial shipment to Haiti and then repackage Haiti's order with a fresh batch with later expiry dates.



Sudan

The conflict in Yemen and subsequent Red Sea blockade has seriously disrupted traditional shipping routes through the Red Sea to Port Sudan, Sudan's main container port through which most of the country's consumer goods pass. GDF was requested by Sudan's Ministry of Health to supply diagnostic equipment to the country, but the blockade created logistical challenges to sea freight reaching Port Sudan. **GDF devised a multi-leg solution involving feeder vessels, cargo ships that transport containers between larger hub ports and smaller ports which would otherwise be inaccessible by large ships.** GDF planned feeder vessel services from northern Europe to a south Mediterranean port, followed by another feeder vessel to Jeddah seaport and, finally, a third to Port Sudan. The process was further streamlined when GDF secured a faster route that avoided transit through the Mediterranean port. Despite the complex routing, GDF successfully delivered a container of diagnostic equipment to Sudan National TB Control Programme.



GDF's strategic partnerships

GDF-led TPMAT: Partnership drives progress on access to new medicines and formulations

Strategic partnership is one of the driving principles of GDF's 2023–2028 Strategy. The GDF-led TPMAT is one of the most important platforms that GDF uses to bring together key donors, NTPs, technical partners and civil society organizations to identify and address pivotal TB market challenges and align on ways to expedite countries' access to new and optimized TB products.

TPMAT signals to suppliers what new medicines or formulations need to be developed and helps to unblock access barriers that arise. One of TPMAT's key contributions is reviewing and making recommendations to the WHO PQT and Global Fund Expert Review Panel (ERP)

Expressions of Interest (EOIs), two vital global quality assurance mechanisms. EOIs signal to suppliers what products are eligible for regulatory review and, therefore, what to focus on for development. Getting new products on these EOIs helps to ensure that they will be developed and available for introduction as soon as possible.

In 2024, GDF, WHO's Global TB Programme, and TPMAT partnered to review the WHO PQT EOI. Together, 30 changes were recommended, including the addition of five new medicines, the removal of 13 old medicines, and 12 updates to strengths and formulations. The updated EOI was published in April 2024, reflecting the most current WHO recommendations on the prevention and treatment of TB, including for

new fixed-dose combinations (FDCs) for shorter DS-TB treatment.⁵

TPMAT partners also reviewed and updated two rounds of the Global Fund ERP EOI, which gives time-limited approval for innovative TB products in anticipation of their prequalification in order to fast-track access. This mechanism helped to accelerate the availability of an ERP-recommended rifapentine 150 mg dispersible tablet, a key formulation to support TPT in children. The product received support for introduction from the Unitaid-funded IMPAACT4TB project and was launched alongside new WHO dosing recommendations on rifapentine in children.

One important tool developed by TPMAT is the TB Medicines Dashboard. The Dashboard is a roadmap to guide GDF’s partners in TB medicine selection and investment. It provides real-time access to the status of all TB medicines across more than 15 technical, regulatory and guidance documents. The Dashboard is the first systematic approach to managing, monitoring and aligning on the inclusion of medicines across multiple

sources of guidance. It is used by NTPs to understand which medicines to adopt and phase out, and for which donor funding can be used. It signals to suppliers what opportunities exist and what products might no longer be worth their effort. The dashboard is now being replicated by







market-shaping groups in other disease spaces.

GDF and USAID catalyse the global scale-up of 3HP TPT for people at risk of TB

TPT is a cornerstone in the global fight against TB, preventing the progression of TB to active, contagious disease and helping to achieve the ambitious goals set in the 2023 UNHLM Political Declaration on TB.⁶ One of the most important

2024 TPMAT Recommendations to Expedite Development and Availability of New Medicines

Organization	TPMAT Recommendations	Results
 <p>World Health Organization Prequalification Expression of Interest</p>	<p>30 changes made:</p> <ul style="list-style-type: none"> • 5 new medicines added • 13 old medicines removed • 12 medicines updated for strength and formulation 	<ul style="list-style-type: none"> • Ensures the WHO PQ EOI includes all medicines included in the most recent WHO TB Guidelines; • Signals to suppliers which products to prioritize for development.  <p>Use the QRCode to see the updated EOI</p>
 <p>THE GLOBAL FUND Expert Review Panel Expression of Interest</p>	<p>18 medicines added to standard list 5 medicines prioritized:</p> <ul style="list-style-type: none"> • 1 rifapentine 150mg dispersible tablet • 1 rifapentine-based FDC for DS-TB • 3 x rifampicin-based FDCs for DS-TB 	<ul style="list-style-type: none"> • Ensures a regulatory pathway for expedited approval and availability of new medicines; • Ensures priority review of medicines that are critically needed.  <p>Use the QRCode to see the updated EOI</p>

5 https://extranet.who.int/prequal/sites/default/files/document_files/EOI_TB_v21_29June2021_v1_2024Review_v8_final.pdf

6 <https://documents.un.org/doc/undoc/gen/n23/306/91/pdf/n2330691.pdf>

TPT regimens is 3HP, a 12-week, once-weekly combination of isoniazid and rifapentine that reduces pill burden and treatment duration compared to the longer daily regimens used in the past.

Partnering with USAID, GDF is working to make 3HP widely available in high-burden countries. The GDF-led TPMAT helped to greatly accelerate the development and market entry of a 3HP FDC by signaling to manufacturers the need for such a product and advocating for its prioritization by the Global Fund ERP and WHO PQT. USAID provided US\$ 17 million in catalytic funding to a GDF-implemented project to scale up 3HP FDC regimens among eligible contacts of people with TB. From January to October 2024, 52 countries procured 2 million treatment courses of 3HP FDC from GDF, of which the USAID catalytic project fully financed 1.3 million. USAID’s funding has led to a 30% reduction in the price of the 3HP FDC regimen, bringing the cost of an adult treatment course down from US\$ 14.25 to US\$ 9.99.

As part of this project, GDF has worked with NTPs and donors to evaluate their preparedness for 3HP scale-up, assess funding availability, develop transition and supply plans, address data collection gaps, monitor importation processes, ensure timely shipments and coordinate project stakeholders. GDF also collaborated with manufacturers on production plans to ensure 3HP availability according to countries’ enrolment timelines and, utilizing the SRS, ensured that 3HP stock was readily available, expediting access by up to four months upon receiving country orders. GDF also managed production delays caused by supply chain disruptions and challenges with quality testing.

This comprehensive approach – involving strategic prioritization, catalytic funding, stakeholder coordination and demand- and supply-side interventions – exemplifies how targeted market-shaping efforts can lead to significant price reductions and broader access to life-saving treatments.

USAID-Funded 3HP Catalytic Scaleup Project



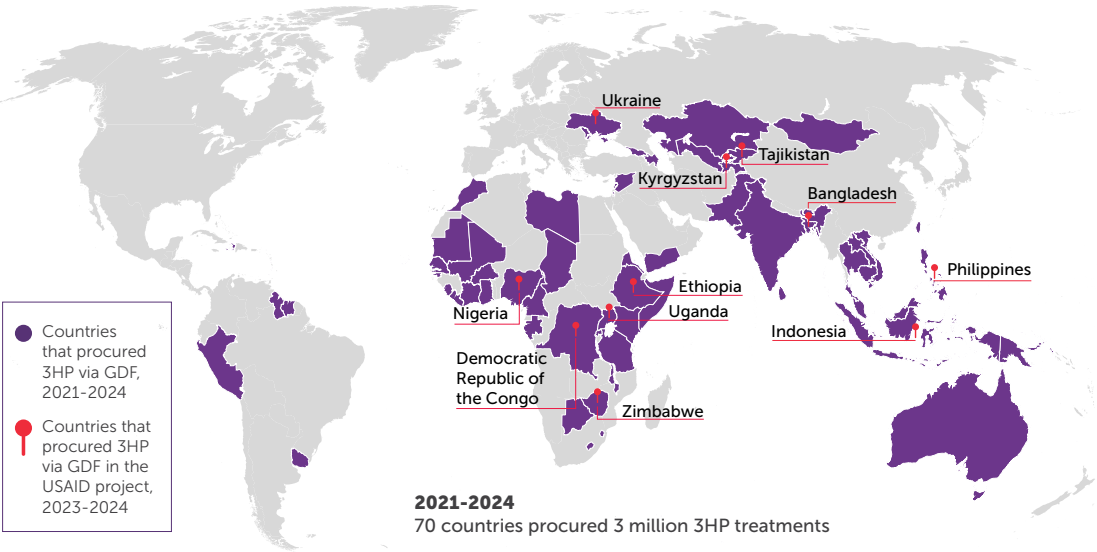
\$17 million in USAID catalytic funding for 3HP FDC scaleup



30% 3HP FDC price reduction from \$14.25 to \$9.99



USAID funded 1.3 million treatment courses to 11 countries



GDF's Paediatric DR-TB Initiative, 2018–2024: Transforming the treatment landscape for children with DR-TB

GDF's strategic partnerships have had life-changing impact. One example is the work of GDF and partners to develop better options for children with DR-TB. Paediatric DR-TB medicines have long represented an extremely fragile, low-demand market. Very few children with DR-TB are diagnosed and treated and so suppliers have had little incentive to invest in developing child-friendly formulations. This has meant that, for decades, children with DR-TB received medicines that were unpalatable, difficult to swallow, and/or cut down from adult formulations. The [GDF Paediatric DR-TB Initiative](#), which ran from 2018 to 2024, aimed to address these challenges by incentivizing and introducing child-friendly DR-TB medicines and regimens.⁷ By the time it

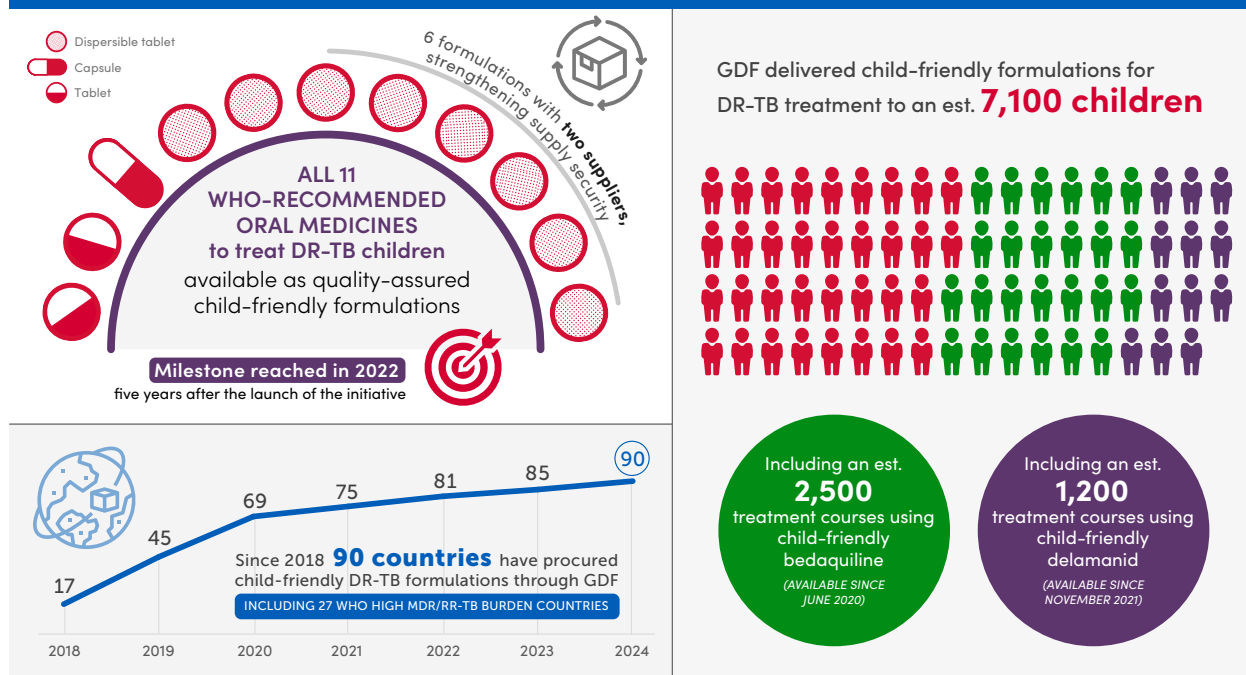
ended, the Initiative had achieved all its targets – including introducing child-friendly formulations for all 11 oral medicines needed for DR-TB treatment in more than 70 countries – and transformed the landscape of paediatric DR-TB treatment options.

The Initiative's success was due to the collective and tireless efforts of numerous implementing partners (for example, the [Sentinel Project](#)), NTPs, paediatric TB medicine suppliers, and the countless clinicians, nurses and caregivers who find and treat children with DR-TB. Lastly, the Initiative would not have been possible without the generous funding provided by the Government of Japan and USAID.

どうもありがとうございました

Thank you so very much

GDF's Paediatric DR-TB Initiative: Main Achievements 2018–2024



⁷ <https://www.stoptb.org/access-paediatric-formulations/its-time-to-end-drug-resistant-tb-children>



TB REACH WAVE 11

INNOVATIONS & GRANTS

TB REACH Wave 11: Providing people-centered approaches for integrated services for TB and other lung diseases at point of need

Wave 11 from TB REACH is focused on innovative and people-centred approaches for integrated services for TB and other diseases at the primary and community levels of health systems. These approaches aim to provide access to services for people with TB and other lung conditions, closest to the first point of contact with the health system in an integrated manner. TB REACH Wave 11 is generously supported by Global Affairs Canada and the Foreign, Commonwealth and Development Office of the United Kingdom.

Stage 1 TB REACH applications closed on 17 January 2024. Almost 600 applications were submitted and, after an internal review,

a total of 411 complete applications from 63 eligible countries, with a funding request of US\$ 224 million, were sent out for external review by TB REACH's independent Proposal Review Committee (PRC). A total of 144 proposals were selected based on their proof-of-concept Stage 1 application and invited to submit a more detailed proposal for Stage 2 review.

The Stage 2 application process for successful applicants took six weeks and closed on 23 April 2024. A total of 133 complete proposals were received and forwarded for Stage 2 review. Each proposal was assigned to two PRC reviewers, considering stated conflicts of interest, with each



TB REACH Wave 11 grantees at the grantee workshop in Nairobi in October 2024. | Photo courtesy: Stop TB Partnership

reviewer receiving a total of 22–23 applications. The Stage 2 review process culminated in a two-week in-person meeting in Istanbul between 27 May and 6 June where the PRC gave funding recommendations. **Stop TB Partnership's Executive Committee approved 28 new TB REACH Wave 11 projects for US\$ 15.1 million in 15 different countries.** The results of successful Wave 11 projects were released a few days later in June, and all grants were signed in Q3.

Selected projects will be implementing various integrated service delivery (ISD) models to integrate TB with other health conditions, including lower respiratory tract infections (pneumonia), chronic respiratory diseases such as chronic obstructive pulmonary disease (COPD), asthma, post-TB lung disease, silicosis and lung cancer; and addressing risk factors such as malnutrition, smoking cessation, substance use disorders, and other systemic conditions including cardiovascular diseases, sickle cell disease, viral hepatitis among others. They will also evaluate the impact of such ISD models on health systems strengthening. The projects will implement gender-responsive interventions, and work to improve gender equity and empower women through their TB programming as part of Stop TB Partnership's commitment to gender-responsive programming and gender equity.

The Wave 11 projects aim to diagnose and link more than 135,000 people with TB to treatment and will provide support for the diagnosis and treatment of many more with

other lung health conditions. For the first time ever, TB REACH will also focus on post-TB lung disease, which affects many TB survivors and has long been overlooked.

Wave 11 grantee workshop

TB REACH hosted the Wave 11 grantee workshop in Nairobi, Kenya, from 7 to 10 October 2024. A total of 72 participants were in attendance, including grantees from 28 projects across 15 countries, members of the Stop TB Partnership Secretariat, and external monitoring and evaluation and (M&E) reviewers. Other guests included officials from the NTP in Kenya, as well as donor representatives from Global Affairs Canada and the UK Foreign, Commonwealth and Development Office, which are also funding this Wave.

The workshop provided essential information to grantees on TB REACH and Wave 11 grant concepts, particularly focusing on the integration of TB and lung health services, establishing gender-sensitive TB interventions, and the Wave 11 M&E framework. Grantees also received guidance on practical approaches to managing common lung health conditions, using DHIS2 reporting systems, financial reporting, stakeholder engagement for sustainability, and integrating operational research into their projects, among other areas.

The Wave 11 projects aim to integrate TB care with the management of other respiratory conditions, such as pneumonia, chronic respiratory diseases such as COPD, asthma, silicosis, and lung cancer, as well as address risk factors including smoking cessation, malnutrition and mental health conditions. For the first time, TB REACH is placing a specific focus on post-TB lung disease, a condition affecting many TB survivors that has long been neglected. In line with the theme of innovation, projects will incorporate new TB screening and diagnostic tools, including digital chest X-rays, oral swabs, AI-assisted cough analysis, lung flute echo devices, and AI-guided sputum pooling techniques. Additionally, point-of-care ultrasounds, spirometry, and other diagnostic

tools will be used to support the diagnosis and care of other airway and lung diseases.

Wave 10

Interim project data

TB REACH Wave 10 focuses on two areas of intervention: ISD and/or improving TB Preventive Therapy (TPT). As of June 2024, 26 active projects under the Wave 10 initiative have screened 2,639,301 individuals for TB. In the evaluation area, 75,056 individuals with all forms of TB were notified during the implementation period from the initiation of Wave 10 interventions. In addition, 543,635 individuals were screened for TB infection and 55,442 were enrolled on TPT. These projects also identified 32,203 individuals with other comorbid conditions, which include HIV/AIDS (943 patients), diabetes (5,463 patients), chronic respiratory diseases (1,679 patients), cardiovascular diseases (12,627 patients), mental health conditions (1,930 patients), undernutrition (1,522 patients), skin conditions (609 patients), syphilis (3 patients), maternal health issues (2,159 patients), smoking-related issues (682 patients), substance dependency (4,000 patients), and hepatitis (586 patients).

Implementation research on TB infection test

As part of Wave 10, 16 grantees expressed interest in using new TB infection tests during project implementation. TB REACH coordinated with Serum Institute (Cy-TB skin test), ZhiFei (C-TST skin test), and SD Biosensor (STANDARD F TB-Feron FIA IFN-gamma) to include these new TB infection tests in the projects for evaluation of performance and feasibility in different geographies and target populations. Serum Institute of India has made available up to 140,000 skin tests to the 19 TB REACH TPT projects. SD Biosensor of the Republic of Korea has donated its new IGRAs to two TB REACH projects with the laboratory capacity to run the tests.

The collaboration of these companies with TB REACH projects will provide high-burden



countries with a better understanding of the performance of these tools in certain populations, best practices, challenges in implementation in different settings (i.e., training health care workers, test interpretation, follow-up), and the impact of the test results and tools on the uptake and completion of TPT.

Evaluation of new oral swab diagnostics

TB REACH grantees in Cameroon, Nigeria and Viet Nam are conducting early evaluations of new point-of-care molecular testing platforms that employ swabbing technology. Swabbing is a promising alternative to sputum for diagnosing TB, as many people with TB have a hard time producing sputum for testing, including elderly people, women, children and people living with



TB REACH Wave 10 partner, Bamenda Center for Health Promotion and Research evaluating new point-of-care molecular testing platforms developed by UStar in Cameroon. | Photo courtesy: Stop TB Partnership

HIV. Having a test for which a sample is easy to obtain could improve the number of people overall diagnosed with TB, even if the sensitivity of testing is slightly lower than current sputum-based testing platforms.

TB REACH documenting innovation

In 2024, the Innovations and Grants Team, together with TB REACH grantees and other partners, documented and published results on a variety of topics reflecting work across new technologies, treatment support, social support, process innovations and working with key populations in TB. More than 10 scientific articles have been published in 2024, and another 10 are currently undergoing peer review, including articles on results of USAID's support of private sector engagement, a large pharmacy intervention in Pakistan and the use of C reactive protein (CRP) in children in Zambia.

TB REACH has continued to lead the way in sharing lessons learned from implementing AI software to read chest X-rays through several publications and developments. TB REACH and

the Digital Health Technology Hub worked on a [computer-aided detection \(CAD\) and AI study](#) with researchers from South Africa. The study evaluated 12 CAD products, including some that had not previously been evaluated, namely XVision, TiSepX-TB and RADIFY. It was also the first evaluation of many CAD products in a high TB/HIV burden population, outlining how performance differs between subgroups.

A [collaboration between TB REACH grantees](#) from Bangladesh, Nigeria, Viet Nam and Zambia and the Liverpool School of Tropical Medicine examined how harnessing the potential of CAD and AI can improve the testing efficiency of pooling sputum.

USAID and TB REACH worked together on an article that provides a framework for improving the detection and treatment of TB in children, and TB REACH and the Liverpool School of Tropical Medicine worked together on a piece that outlined the critical steps in [developing better evidence for AI technologies for children](#).

The Digital Health Technology Hub collaborated with Médecins Sans Frontières on an important publication to [document the scatter radiation from ultra-portable X-ray machines](#) that have been procured by many countries to facilitate TB screening. The results showed that the total radiation dose from ultraportable X-ray devices can be kept below the safe dose thresholds for workers per year by employing basic radiation safety rules.

Earlier TB REACH investments in digital adherence technologies have produced several publications, including a [cluster randomized trial from South Africa](#) finding that people with DS-TB had improved treatment adherence in the intervention arm (receiving intensified support including texts, phone calls, home visits and motivational counselling).

Much work in Viet Nam has documented the costs and support to people with TB, including a recent study comparing costs and catastrophic costs between people who attended [public and private sector facilities](#).

the end of 2024, TB REACH will have supported more than 200 peer-reviewed publications from project results that have contributed to policy development at national and global levels across many different areas of work. A database of searchable publications is available on the TB REACH website at <https://www.stoptb.org/tb-reach/tb-reach-publications>.

Global Implementers Exchange: AI and radiology

In March 2024, the Stop TB Partnership convened a three-day meeting – AI Radiology Innovations: Implementers’ Exchange – in Manila, together with the Department of Health of the Philippines, USAID, the Global Fund, the Stop TB Board’s Private Sector Constituency, and other partners. The meeting brought together over 200 participants to share experiences, best practices and lessons learned from implementing CAD and X-ray in TB programmes. There were also opportunities for networking with manufacturers through a dedicated show and tell session. This marked the first of its kind meeting on CAD and AI, highlighting the immense interest in the area as well as the leadership and convening power of Stop TB Partnership.

The meeting highlighted the importance of South–South collaboration for implementing and scaling up innovative technologies. Several key lessons emerged, including the need for tailored procurement options, early planning for importation, strong maintenance agreements and ISD. Priorities include enabling local calibration of CAD tools, addressing radiation safety, building



the capacity of stakeholders, and improving data systems for patient care. In addition, further improvement of CAD technology, especially for children and non-TB cases, are key areas for future development.



Participants at the AI Radiology Innovations: Implementers’ Exchange in Manila, March 2024. | Photo courtesy: Stop TB Partnership

The START4ALL Project: Algorithms for TB screening and testing at the point of need

Stop TB’s Innovations and Grants Team is working with the Liverpool School of Tropical Medicine and country partners in Bangladesh, Brazil, Cameroon, Kenya, Malawi, Nigeria and Viet Nam as part of the **Start Taking Action For TB Diagnosis (START4ALL)** project, funded by Unitaid. The project aims to accelerate the introduction and adoption of existing and novel TB diagnostic tools and diagnostic test combinations to increase access to timely detection and linkage to care in high TB burden countries, and to strengthen global alliances and national partnerships to enable scale-up.

No single TB test currently available in the market has sufficient accuracy or product characteristics to support implementation with strong clinical outcomes across all populations and settings. START4ALL will demonstrate how combinations of current and newer TB tests can increase access to TB diagnostics and treatment. The project is using optimized diagnostic approaches



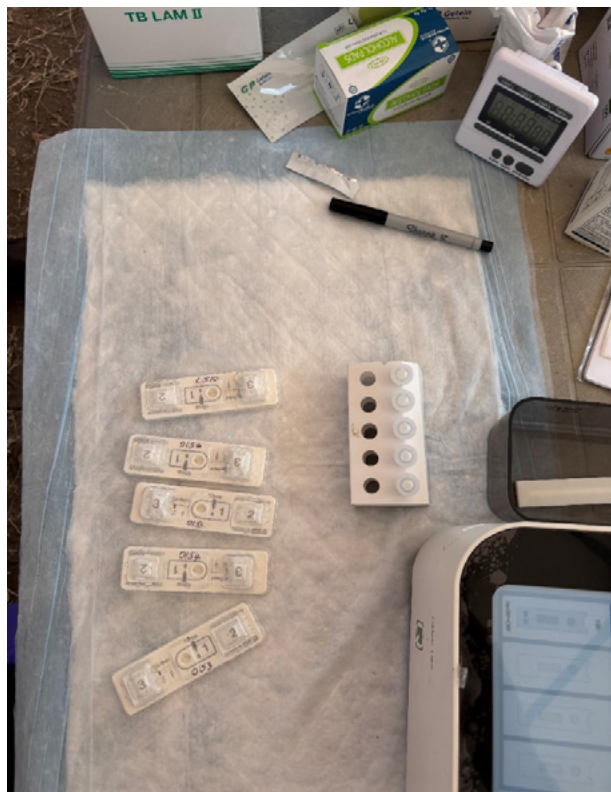
Ultraportable CXR with AI being evaluated in START4ALL
| Photo courtesy: Stop TB Partnership

comprising single or combinations of screening tests (symptom screening, C-reactive protein, AI CAD X-ray, FujiLAM); investigating sputum pooling approaches to increase the throughput and efficiency of molecular diagnostic platforms; and validating AI algorithms for interpretation of children’s chest X-rays.

The results of Phase 1, which is currently under way in seven countries, are expected by mid-2025. So far, the project has recruited over 4,500 adults and 700 children in a Phase 1 study. In addition to evidence on test combinations, this phase will generate new evidence on the third-generation FujiLAM in different populations. Specifically for the paediatric population, this will also generate labelled chest X-ray libraries that will be used for training and evaluating AI platforms for paediatric chest X-rays.

START4ALL is working to serve several key populations, including children, rural poor,

internally displaced people and nomads. The project will directly increase TB case detection by 12,072, including 596 children. This will save an estimated 5,691 lives during the project period in project countries. If successful interventions are scaled in project countries, then the interventions will contribute to successfully treating 94,791 additional people until 2031 and potentially up to 246,180 people if four additional high-burden non-project countries are also included.



Evaluation of third- generation FujiLAM in START4ALL at the recruitment site in Kisumu, Kenya | Photo courtesy: Stop TB Partnership



EXTERNAL AFFAIRS & STRATEGIC INITIATIVES

External affairs

Events

Re-imagining TB Care Initiative's People-centred Design Workshop (March 2024)

In March 2024, Stop TB Partnership and the External Affairs and Strategic Initiatives (EASI) Team, as part of the [Re-imagining TB Care](#) (RTC) initiative, co-hosted a **People-centred Design Workshop** with the Ministry of Foreign Affairs, Republic of Korea and the Korea International Cooperation Agency's Global Disease Eradication Fund to discuss how – similar to Apple – Stop TB Partnership is using a structured, inclusive and measurable people-centred design (PCD) process to accelerate the proactive, concrete and practical roll-out of innovations (i.e., processes, services and products).

The hybrid event had over 125 participants and featured remarks by the following speakers:



JOIN US!

What does **Stop TB Partnership** have in common with **Apple**?

Learn how we are using a people-centered design approach to creatively accelerate the roll-out of innovations!

Remarks from:

- **Amb. Seongmee Yoon**
Deputy Permanent Representative,
Permanent Mission of the Republic of Korea
- **Dr. Stavia Turyahabwe**
Assistant Commissioner, Tuberculosis Leprosy Control,
Ministry of Health, Uganda (video)
- **Prof. Nguyen Binh Hoa**
Vice-Director, National Lung Hospital, Viet Nam (video)
- **Dr. Lucica Ditiu**
Executive Director, Stop TB Partnership



Tuesday,
5 March 2024



12:00 – 1:30 PM (CET)



Global Health Campus
L1 – Banyan Room

Please scan to register as space is limited



#TBInnovations

#RTC

#EndTB

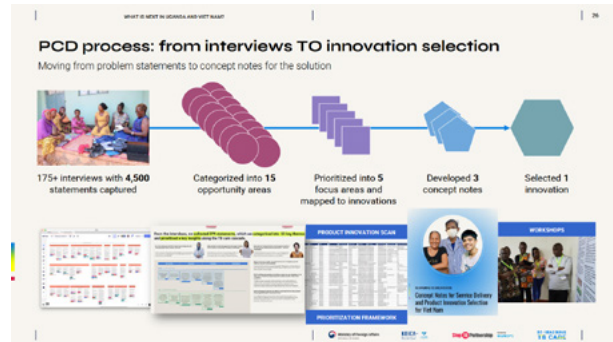
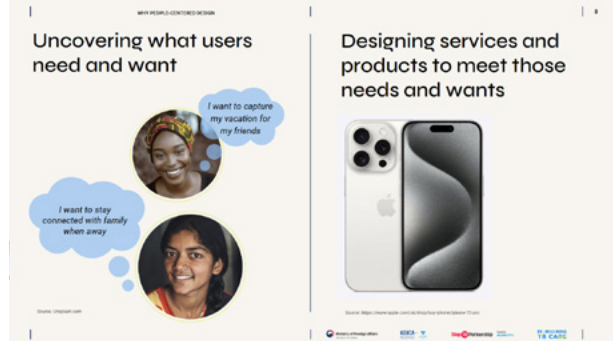
RTC PCD Workshop invitation



Amb. Seongmee Yoon from the Permanent Mission of the Republic of Korea opening the PCD workshop | Photo courtesy: Stop TB Partnership

1. Ambassador Seongmee Yoon, Deputy Permanent Representative, Permanent Mission of the Republic of Korea (in person);
2. Dr Stavia Turyahabwe, Assistant Commissioner, Tuberculosis Leprosy Control, Ministry of Health, Uganda (see video [here](#));
3. Professor Nguyen Binh Hoa, Vice-Director, National Lung Hospital, Viet Nam (see video [here](#)); and
4. Dr Lucica Ditiu, Executive Director, Stop TB Partnership (in person).

The PCD workshop featured dynamic discussions with participants, including a talk by a PCD expert about Stop TB's approach and [PCD toolkit](#), which was developed to support country stakeholders and partners who want to conduct a PCD process in advance of national strategic plan development, the Global Fund's re-programming/funding request applications, and other relevant purposes.

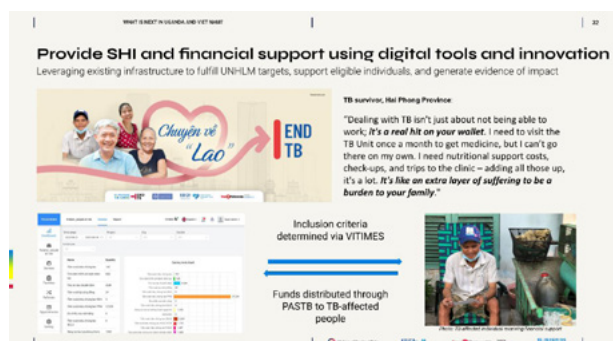


RTC takes inspiration from how product companies, like Apple, use HCD / PCD | Photo courtesy: Stop TB Partnership

The EASI Team also shared updates on the country-selected innovations by the RTC Leadership Groups (i.e., TB-affected people and communities, community health workers, health care providers, local implementers, and policymakers) in Uganda and Viet Nam. These include (1) laying the groundwork for the end-to-end digitalization of the health management information system and empowering and equipping community health extension workers (CHEWs) with various digital and AI-enabled solutions, including AI chatbots, in Uganda, and (2) increasing enrolment in and access to social health insurance (SHI) and social protection, including the necessary back-end digitalization, in Viet Nam.



In Uganda, partners are empowering and equipping community health workers with various, integrated digital and AI-enabled solutions. | Photo courtesy: Stop TB Partnership





Stop TB's Executive Director, Dr. Lucica Ditiu with Nicolai Haugard (Vice-President, Novo Nordisk) and Nick Cain (VP, Strategy and Innovation, McGovern Foundation) at the Concordia Annual Summit in NYC. | Photo courtesy: Concordia

2024 Concordia Annual Summit (September 2024)

Stop TB Partnership participated in Concordia's [2024 Annual Summit](#), which brought together 3,600+ registered attendees with a digital audience of over 600. As the largest non-partisan forum alongside the UN General Assembly, the Summit had representation from 112 countries, with large constituencies from Colombia, Nigeria, Switzerland, United Arab Emirates, the United States, and the United Kingdom. The audience heard from 302 speakers, including nine sitting Heads of State.

All photographs from Concordia's 2024 Annual Summit can be found here on the [2024 Concordia Annual Summit - Concordia](#)

Stop TB Partnership organized a panel discussion on **"Bridging the health care gap: Leveraging digital- and AI-based solutions"** with the following speakers:

- Aria Bendix, Health Reporter, NBC Universal (moderator), Nick Cain, Vice President, Strategy & Innovation, Patrick J. McGovern Foundation, Lucica Ditiu, Executive Director,

Stop TB Partnership, Nicolai Haugaard, Vice President, Global Health Equity, Novo Nordisk.

The primary purpose of the panel discussion was to discuss the opportunities for leveraging digital and AI-based solutions to transform health care delivery in low- and middle-income countries and emerging markets, and for communicable and non-communicable diseases, including TB, HIV, lung cancer, diabetes, etc.

The video of the panel discussion can be found here: [Bridging the Healthcare Gap | 2024 Concordia Annual Summit](#)

Stop TB Partnership also organized a roundtable discussion on **"Innovative financing: Catalyzing and strengthening health insurance systems in middle-income countries"** with the following participants: Josué Alcántara, Guyana Country Director, Mount Sinai Health System, Muhammed Chaudhry, Managing Partner, MAC Capital, Laura Davis, Co-CEO, Renew Capital, Dr Susan Harvey, Founder, Curing Women's Cancer, Amie Heap, Director, Global Citizenship, Abbott, Andrew Hobbs, Head of Public Policy, EY, Shirona Partem, Founder, Amplify, Héctor Pourtale, Executive Director, Movement Health Foundation, Dr Jay Rajda, Physician Executive, Global Healthcare,

Amazon, William Cole, Millennium Challenge Corporation and , Nicole Fox, Senior Director, Corporate Partnerships, Shatterproof.

The primary purpose of the roundtable discussion was to discuss the need and ability to deliver modern, people-centred and sustainable health care services and support to all people, including the most marginalized communities, and across communicable and non-communicable diseases – such as TB, lung cancer, diabetes, heart disease, etc. – in middle-income countries and how the public and private sector – such as policy-makers, private health insurance providers, donors/funders, technical/multilateral agencies, etc. – can help catalyse and strengthen health insurance systems through collective financing, broad risk-pooling and so on.

TB Vaccines Dialogue (September 2024)

At Stop TB Partnership’s [37th Board Meeting](#) in February, the Secretariat organized a dedicated session on TB vaccines. One of the primary decision points from the session on TB vaccines was the Board’s approval of the Secretariat’s efforts to convene and engage with a diverse group of country and global stakeholders and partners, including academia/researchers, advocates, civil society/communities, donors/funders, local partners, multilateral/technical agencies, vaccine developers, etc., to further increase the momentum related to the advocacy and financing of TB vaccines.

As such, during the most recent UN General Assembly, the Ministry of Health of Indonesia and the Secretariat organized a high-level, interactive TB Vaccines Dialogue (i.e., “fishbowl exchange”).

The objectives of the TB Vaccines Dialogue were to convene key and relevant country and global stakeholders and partners who, now and in the future, will be critical for the practical and realistic development and delivery of TB vaccines; understand and start addressing critical misconceptions, questions and knowledge gaps, including needs, desires and challenges related to the practical and realistic development and delivery of TB vaccines.



TB Vaccines Dialogue invitation | Photo courtesy: Stop TB Partnership



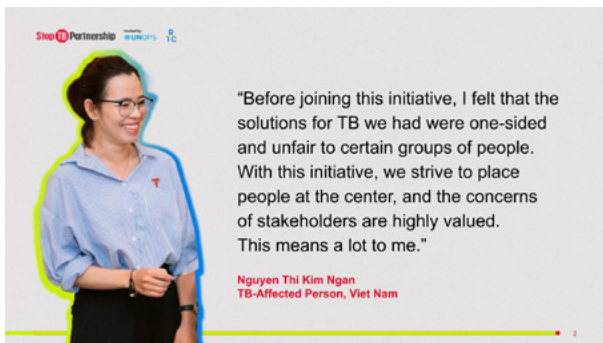
Stop TB’s Executive Director, Dr. Lucica Ditiu with Hon. Budi Gunadi Sadikin (Minister of Health, Indonesia) and Anupriya Patel (Minister of State for Health and Family Welfare, India) at the TB Vaccines Dialogue. | Photo courtesy: Stop TB



Stop TB’s Executive Director, Dr. Lucica Ditiu opens the TB Vaccines Dialogue | Photo courtesy: Stop TB Partnership

To meet these objectives and to ensure a meaningful and action-oriented discussion, the event moved away from the traditional speaker/panel format and nearly all attendees completed a confidential, brief Insights Survey.

A post-TB Vaccines Dialogue synthesis report distilling critical findings will be shared with all attendees and made publicly available.



managed by GenLabs, which can report the results to both systems as well as directly to TB affected people, VHTs, CHEWs and health facilities via SMS. On top of the eCHIS, the Walimu team is deploying an AI chatbot to support VHTs and CHEWs with their day-to-day work and engagement with TB affected people, which is powered by Dimagi's Open Chat Studio.



Strategic initiatives

RTC Initiative

Uganda

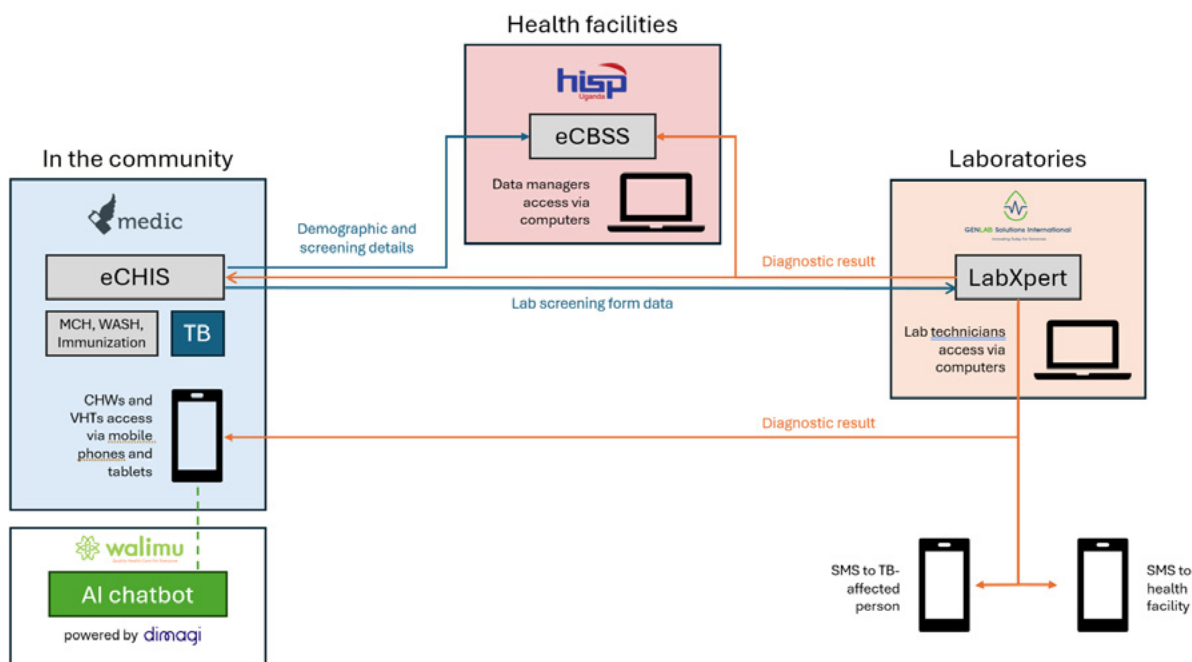
Unified and integrated digital ecosystem

The RTC Leadership Group commenced the planning, development and implementation of a unified and integrated digital ecosystem across the Ministry of Health, National Tuberculosis and Leprosy Programme (NTLP), and laboratory management information platforms.

At the community level, the Medic Mobile team is overseeing the electronic community health information system (eCHIS), which village health teams (VHTs) and CHEWs will use to conduct screening, case-finding and counselling. By adding a TB module, this system will now be able to notify potential cases to the electronic case-based surveillance system, which is managed by Health Information Systems Program (HISP) Uganda. In addition, it will be able to request diagnostic tests from the LabXpert system



Stop TB Partnership meeting with technical partners, data managers, and clinicians in Uganda to plan integration activities to unify the digital architecture across the Ministry of Health, NTLP, and laboratory management.



Architecture for a people-centered, integrated ecosystem for digital innovations in Uganda

| Photo courtesy: Stop TB Partnership

AI-enabled chatbots to equip VHTs and CHEWs

The EASI Team travelled to Uganda in October 2024 to hear early feedback on a newly deployed AI chatbot to support VHTs and CHEWs. The solution helps to coach VHTs through counselling scenarios through role-play exercises and answer their questions about TB or related diseases. The AI chatbot is currently available in English and Luganda, although the partners have already requested that voice interaction and other languages be incorporated.

The early feedback has been positive. The VHTs and CHEWs reported feeling more confident and knowledgeable, as they can quickly answer questions from TB affected people; more prepared, as they can practice difficult scenarios; and more respected in the community, since they have more information and are trying out new technologies.

In another example, one VHT cited being nervous about conducting a counselling and screening session in a particular household, as this household was known to have higher education and might not welcome volunteer VHTs. They opted to use the AI chatbot to engage the household, showing them the tool and



VHTs, CHEWs and health providers share their experiences with digital tools and an AI-enabled chatbot to empower their work

encouraging them to ask their own questions. This shared activity increased the household's respect for the VHT, as the volunteer had access to new technology. This respect enabled the VHT to conduct a complete household screening instead of being asked to leave.



Viet Nam

The RTC Leadership Group in Viet Nam has started to define the parameters for using digital tools to extend SHI and provide social protection to the most vulnerable populations receiving TB treatment and initiated the digital integration work to digitize the Patient Support to Fight TB (PASTB) system, which provides financial transfers to vulnerable populations to subsidize their TB treatment. It is expected that, when complete, TB affected people will be able to apply for and

receive instant financial subsidies to enable them to immediately start on TB treatment.

TB Innovation Sandbox: Creating a “playground” to improve and increase the roll-out of TB innovations

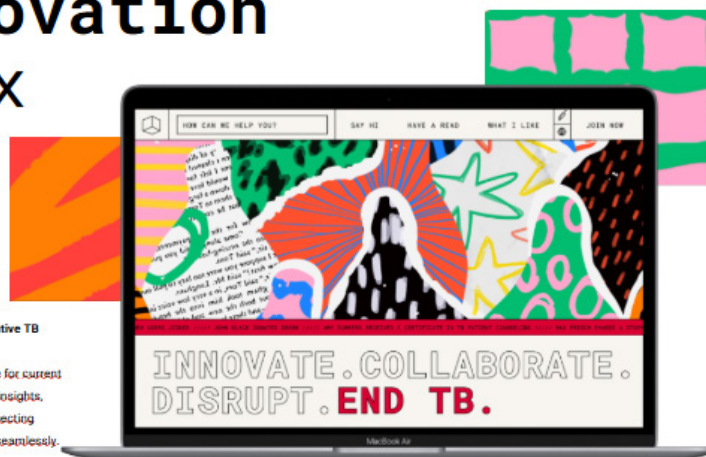
The EASI Team commenced the development of an AI-enabled TB Innovation Sandbox to create a “playground” to improve and increase the roll-out of TB innovations by serving as a:

- One-stop clearinghouse of curated content and resources;
- Social network (similar to Facebook, Instagram, LinkedIn, Reddit, etc.) for country and global stakeholders and partners across sectors to connect, share knowledge (i.e., posts, images, videos, etc.), exchange ideas and collaborate on projects;
- Real-time tracking of country-by-country activities and roll-out; and
- Virtual platform to “learn” through simulations (similar to how people learn how to drive a car, fly a plane, etc.), gamified learning experiences (similar to how children build interactive worlds), online learning communities (similar to Massachusetts Institute of Technology’s OpenCourseWare), etc.

TB Innovation Sandbox

A dynamic, virtual “playground” for transformative TB innovations.

The TB Innovation Sandbox is your go-to space for current information, sharing breakthroughs, real-time insights, country collaboration, and skills building - connecting country and global stakeholders and partners seamlessly.



Early vision of the TB Innovation Sandbox

The Team anticipates that the alpha/beta version will be operationalized by mid-2025 and available for early target audience groups to “play” with and provide their feedback for continuous improvement and expansion.

InnoScan: Systematically mapping over 450 new and promising innovations for TB

The EASI Team developed the first version of InnoScan, which has systematically mapped over 450 new and promising innovations from 40 countries, including 90 solutions from TB affected countries, matched against 30 opportunity areas identified by country stakeholders and partners.

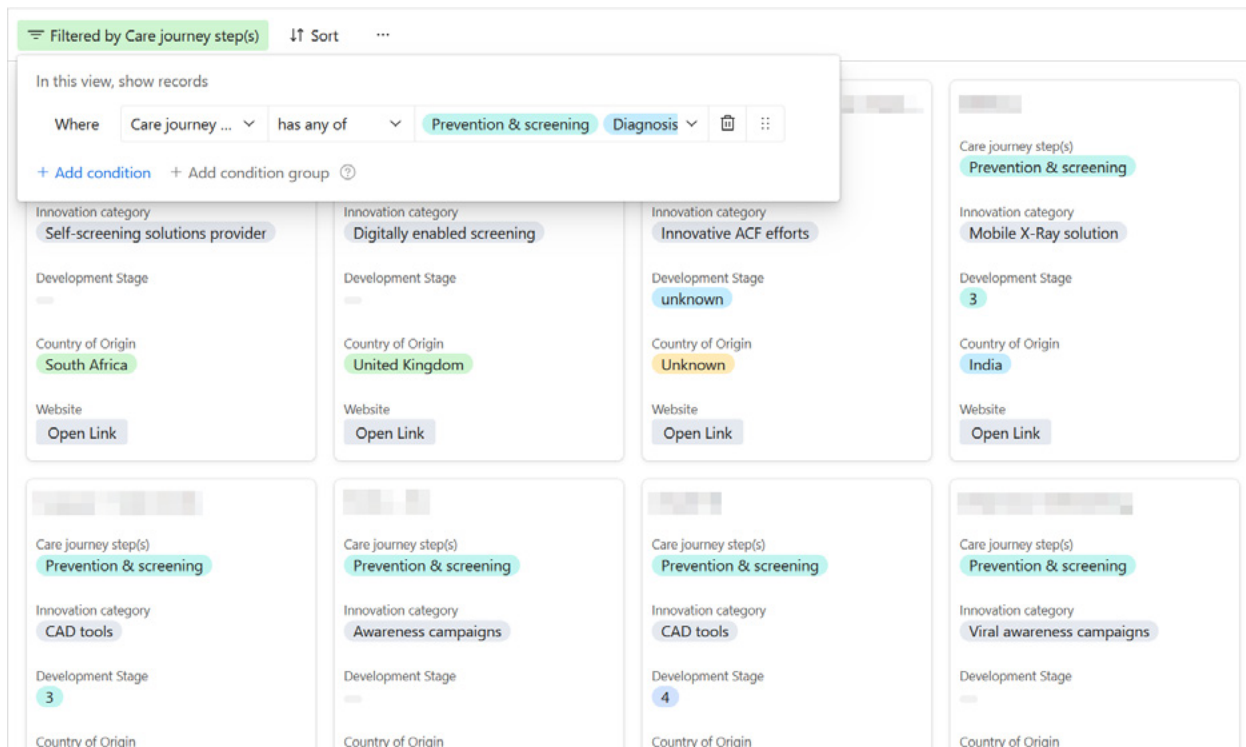
As of 2024, the high TB burden countries with the most innovations are India, South Africa, Viet Nam, Uganda, Kenya and Nigeria; and the non-high-burden countries with the most innovations are the United States, the United Kingdom, Republic of Korea, Germany and France.

The purpose of InnoScan is to serve as a living and growing database that can bring more visibility to the current and future TB

innovation landscape and options for country stakeholders and partners to consider as they prioritize and identify areas of opportunity and select innovations to roll-out. In addition to this purpose, some add-on features identified by stakeholders and partners to help facilitate their work will enable them to:

- Find innovations from TB affected countries;
- Filter innovations by their development stage from research through delivery; and
- Know which innovations from other diseases (i.e., COPD, coronavirus disease (COVID-19), lung cancer, etc.) could be applied to TB.

As of today, anyone can search InnoScan (see link above) using several parameters, such as innovation category, care journey step, development stage, approval level, and country of origin. As the EASI Team continues to refine and enhance this database, more materials will be included, such as an AI-enabled conversational search alongside more information about each innovation, such as case studies, pricing materials, etc.



Early version of the InnoScan



A Truenat system in Kenya supported by the iNTP

THE INTRODUCING NEW TOOLS PROJECT (INTP)

The introducing New Tools Project (iNTP) is a collaboration between Stop TB Partnership and USAID to introduce innovative diagnostics and digital health technologies to high TB burden countries. In 2024, additional funding has been made available to support the introduction of next-generation sequencing, new skin tests to detect *M. tuberculosis* infection, diagnostics connectivity solutions and ultra-portable X-ray/CAD systems, and to continue supporting the use of systems introduced under the project in 2021–2023.

The project will support the introduction of targeted next-generation sequencing in

the Philippines. To this end, a readiness assessment mission was conducted by Stop TB, USAID and the San Raffaele Scientific Institute (Milan Supranational Reference Laboratory) in May 2024 to guide project planning. Capacity for testing is planned to be established in 2025. Furthermore, a grant has been provided to the San Raffaele Scientific Institute to conduct much-needed research on mutations that may be causing resistance to medicines in the BPaL regimen, which would increase the utility of sequencing as a method for the rapid detection of resistance to these medicines.



In preparation for introducing sequencing for the detection of DR-TB in the Philippines, a workshop on sequencing was organized in May 2024

With the new funding, activities are also under way under the iNTP to support strengthening of diagnostics connectivity solutions to connect GeneXpert, Truenat and X-ray/CAD instruments in Cambodia, Ethiopia, Kenya and Zimbabwe. Focused efforts are being made to build in-country capacity for managing these systems and to integrate them with existing electronic health information systems, thereby strengthening sustainability. New funding will also be used to pilot a new ultra-portable X-ray system and comprehensive lung screening CAD software in Uganda. Pilot support for introduction of the new *M. tuberculosis* antigen-specific skin test (added to the GDF Catalog in October 2024) is also being planned.



Data from a GeneXpert system in Uganda is connected to national dashboards using the LabXpertDS software supported by the iNTP

Results and experience sharing

The iNTP has been sharing its results and experiences from the first phase of the project through the following publications and events in 2024:

- Seven new case studies were written in collaboration with country implementers and published in 2024, sharing the key findings and main lessons learned from using Truenat in Cambodia, Kenya, Nigeria and the Philippines; ultra-portable X-ray/CAD in Kenya and the Philippines; the Tibulims connectivity system in Kenya; and the LabXpert connectivity system in Uganda. A total of 23 case studies on using the innovations rolled out under the project have been published so far on the iNTP Country Experiences page.
- An updated version of the “Stop TB/USAID/GLI practical guide to implementation of Truenat tests” was released in English and French, including a new annex that features the best practices and lessons learned from countries implementing Truenat under the iNTP.
- A results report on Truenat and a results report on ultra-portable X-ray/CAD were published. These documents serve as high-level advocacy documents to share the impact, key findings and main lessons learned from introduction of these tools under the iNTP.
- Three peer-reviewed articles on iNTP findings were published by country counterparts: Impact of Truenat on TB diagnosis in Nigeria, Targeted next-generation sequencing of *Mycobacterium tuberculosis* from patient samples: lessons learned from high drug-resistant burden clinical settings in Bangladesh, Beyond diagnostic connectivity: Leveraging digital health technology for the real-time collection and provision of high-quality actionable data on infectious diseases in Uganda.

- Stop TB, together with USAID, the Department of Health of the Philippines, the Global Fund, Stop TB's Private Sector Constituency, and other partners, co-organized the event AI Radiology Innovations – Implementers' Exchange in Manila in March 2024. Over 200 participants gathered from 37 countries, including from NTPs in high-burden countries, NGOs and technical organizations, for three days of knowledge exchange on the use of AI and radiography for TB screening. Presentations included experience sharing from the iNTP, including country implementers from Bangladesh, Kenya, Nigeria and the Philippines.



A community event is organized in the Philippines to screen people using an ultra-portable X-ray and CAD system supported by the iNTP

Stop TB also collaborated with partners to provide guidance and support to countries for introducing new diagnostic innovations:

- Stop TB organized three webinars on the use of targeted next-generation sequencing (tNGS) for detection of DR-TB, jointly with FIND and in collaboration with USAID, Unitaid,

the Global Laboratory Initiative and the New Diagnostics Working Group. The first webinar shared information on the recent WHO recommendations, implementation resources and country experiences, and was attended by 360 people (1,038 registrations from 108 countries), breaking a Stop TB record. The second webinar included presentations by manufacturers on their product lines and described progress in improving the accuracy of assays. The third webinar was for TB affected communities and civil society to build a foundation for advocacy. Recordings, including in English, French, Portuguese, Spanish and Russian, are online.

- Stop TB participated in the Uganda TB Diagnostic Network Assessment in July 2024, acting as the regional lead for the Kigezi region and leading the core capacity assessment around equipment and supplies. The assessment resulted in key recommendations that will guide the development of the NTLP's next national strategic plan.
- With USAID funding, Stop TB supported the Benin Supranational Reference Laboratory to organize training for Francophone African countries on the detection of paediatric TB, including the use of the simple one step (SOS) method for stool processing. The training took place in April 2024. Support was also provided for technical assistance missions to three countries, which took place in July, August and September.

For more information, visit the [introducing New Tools Project website](#).

Participants in training for Francophone African countries on the detection of paediatric TB, organized by the Benin Supranational Reference Laboratory





AIDP: THE AIRBORNE INFECTION DEFENCE PLATFORM

The Airborne Infection Defense Platform (AIDP) is a USAID-funded project for ASEAN countries, implemented by Stop TB Partnership in collaboration with Stop TB Partnership Indonesia. The ASEAN region is particularly susceptible to the rapid spread of airborne infections, including TB, due to several key factors such as its dense population, fast-growing urban centres, large mobile populations, and the worsening impacts of climate change. Within this region, multiple countries are featured on WHO's list of high-burden countries for TB, TB/HIV coinfection, and DR-TB. AIDP is designed to enhance pandemic preparedness in ASEAN countries with a focus on TB and potential airborne pandemics.

AIDP was endorsed by the ASEAN Senior Officials for Health Development in April 2024 and was formally inaugurated on 7 August 2024, during the week of the ASEAN Health Ministerial Meeting in Luang Prabang, Lao People's Democratic Republic. The Minister of Health of Lao People's Democratic Republic, the Secretary of Health of the Philippines and heads of delegation

of other ASEAN countries participated in the inaugural meeting along with USAID and Stop TB Partnership representatives.

In the first phase of AIDP, a landscape assessment was done for ASEAN member countries. The AIDP landscape assessment report provides an evaluation of countries' readiness to combat airborne infectious diseases, with a focus on TB care and prevention and pandemic preparedness. This report was presented at a consultative meeting of key officials from the NTPs and ministries of health responsible for pandemic preparedness and response across ASEAN member states in a virtual meeting in November 2024.

In the second phase of AIDP, based on the findings of the landscape assessment, further work will be done on community-based and primary health care activities that will strengthen the TB response capacity and enhance preparedness for airborne respiratory infections and pandemics. Planning for phase 2 of the project is ongoing.



COUNTRY AND COMMUNITY SUPPORT FOR IMPACT

Community, rights and gender

Overcoming human rights and gender barriers in the TB response

Stop TB Partnership is the leading technical organization in relation to CRG in TB and remains committed to making the TB response rights-based, just, equitable, gender transformative and stigma free, with TB affected communities, especially key and vulnerable populations, at the centre.

2024 CRG key highlights

Ending TB stigma

- The Stop TB Partnership CFCS is supporting 21 countries to complete the TB stigma assessment, establishing the evidence base and the urgency to overcome stigma to end TB by 2030.
- Stop TB Partnership hosted its first [Global hackathon: Innovation to end TB stigma](#), and two national hackathons in India and South

Africa, generating scores of ideas to end TB stigma by 2027.

- The 2024 Stop TB Partnership Community Award – ending stigma through creative arts – was awarded.

Stop TB Partnership CFCS

- Launched in June 2024 with an unprecedented US\$ 13.5 million, the Stop TB Partnership CFCS Round 12 is supporting 112 organizations across 38 countries, with support from USAID and L'Initiative implemented by Expertise France. CFCS was launched in June 2023 and grant implementation began in December 2023.
- KPMG completed an independent evaluation of the Stop TB Partnership CFCS support mechanism, concluding that 91.5% of respondents (CFCS partners) found that CFCS funding had helped them to address local needs to “a very large” (70.4%) and “considerable extent” (21.1%).
- Over 100 sessions at the Union Conference featured CFCS grantees sharing lessons learned and progress from their work.

Francophone Africa

- Stop TB Partnership, in collaboration with the Ministry of Public Health Cameroon, conducted the first regional meeting on CRG in TB for the Francophone Africa region, garnering political will for CRG in TB, the establishment of CRG action plans and the launch of TB Femmes Afrique Francophone.

OnelImpact

- OnelImpact is the largest platform ever created and implemented for TB CLM. The number of people affected by TB engaging in OnelImpact CLM is doubling every six months. As of the end of November 2024, over 250,000 people have downloaded and are using OnelImpact across 36 countries.

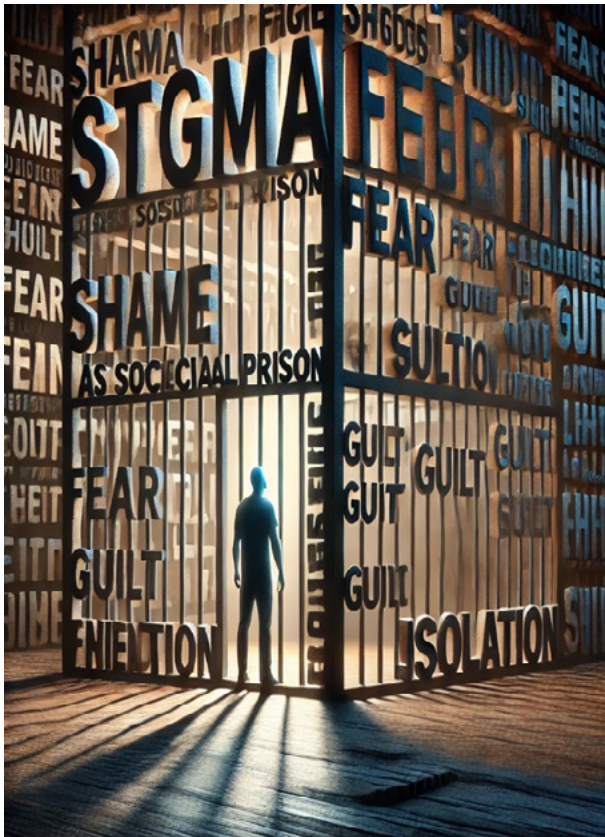
New tools and innovations

- Stop TB Partnership supported the roll-out of the [Key and Vulnerable Populations Size Estimation Tool](#) and the [Legal Environment and Human Rights Scorecard](#) in 15 and 16 countries, respectively, thereby establishing the evidence base for targeted TB programming and the enhancement of social accountability in TB.

In 2024, Stop TB continued to provide specialized support and specific technical assistance to community partners, civil society, and regional and country-level TB responses. This year, Stop TB placed a strong emphasis on the UNHLM on TB Political Declaration, which set targets for the TB response, including the goal of ending TB stigma by 2027. Thanks to the support of USAID and L'Initiative implemented by Expertise France, countries and communities under CFCS are actively working towards transforming the response to end TB.

During the year, Stop TB continued to support the institutionalization of CRG in TB through CFCS and technical support mechanisms. CFCS grantees have been supported to conduct country dialogues to inform Global Fund Grant Cycle 7 applications, leveraging the CRG assessment and action plans and conducting TB programme reviews.

Ending TB stigma by 2027



TB stigma assessments to identify levels and dimensions of TB stigma

[Stop TB Partnership's TB Stigma Assessment](#) has been successfully completed by 13 countries, with an additional 11 assessments under way, with the support of CFCS. The findings of these reports provide valuable insights into the dimensions and levels of TB stigma that prevents access to TB care and support services and negatively impacts peoples' quality of life. Three of the assessment indicators focusing on self-stigma, community stigma and stigma within health care settings have been incorporated into the [Global Fund Performance Framework](#).

Hackathon to eliminate TB stigma

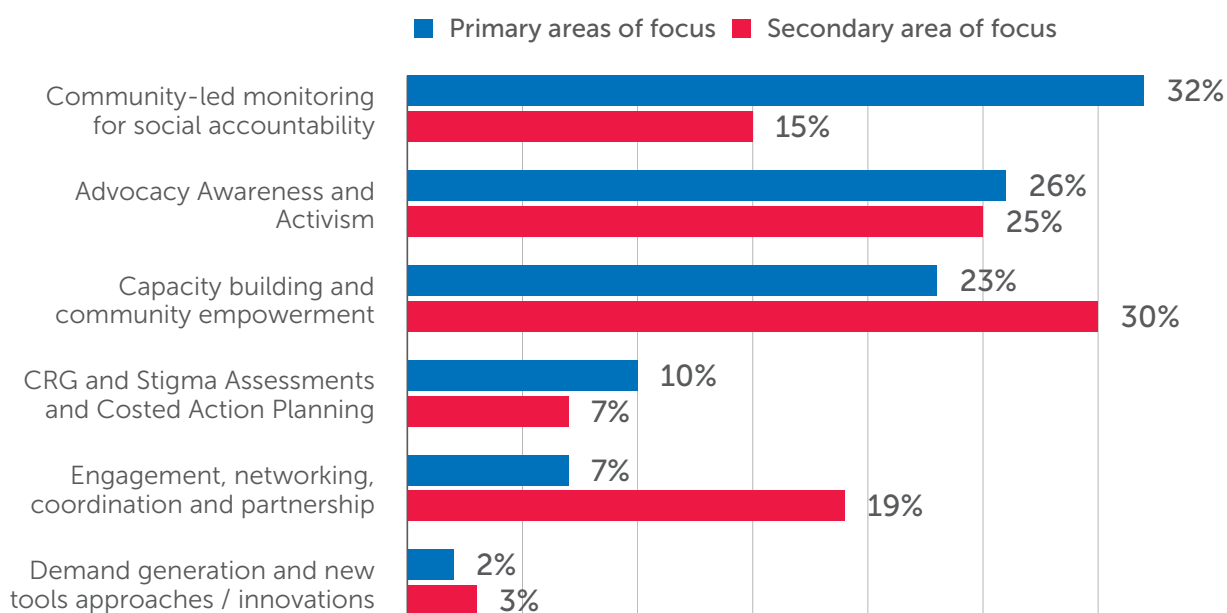
Leveraging the evidence, findings and trends from these assessments, Stop TB hosted a two-day multisectoral Hackathon on TB Stigma Elimination at the GHC in Geneva to collaborate intensively to create solutions to end TB stigma in community and health care settings, as well

as self-stigma. The hackathon brought together 30 representatives, including TB survivors, private sector innovators, journalists, lawyers, artists, influencers, students and community organizers. It encouraged experimentation, learning and rapid problem-solving, culminating in the presentation of innovative solutions. The global hackathon was complemented by two national-level hackathons with youth and university students in India, led by REACH, and in South Africa, led by TB Proof. Over 30 ideas were pitched by various teams, with five being selected as the best. Ideas included TV, media and film productions to "normalize" TB, using food delivery models as models for delivering TB support services, public interest litigation, engagement of humorists, AI chatbots, partnering with fashion brands, leveraging "contagious" musical numbers, and normalizing and rebranding TB and the notion of living with it.

CFCS

An unprecedented number of countries and organizations supported

CFCS is Stop TB Partnership's grants mechanism to support TB affected communities, civil society and grassroots organizations to drive transformative TB responses at local, national and global levels, supported by USAID and L'Initiative implemented by Expertise France. CFCS Round 12, with US\$ 13.5 million in available funding, achieved unprecedented coverage, supporting 38 countries and six regions through 112 grants. Nevertheless, an additional 132 quality proposals to the amount of US\$ 12.9 million remained unfunded. CFCS Round 12 grantees primarily focus on six CRG areas of intervention linked to the CFCS Theory of Change, notably CLM for social accountability; advocacy, awareness and activism; capacity-building and community empowerment; CRG and stigma assessments and costed action planning; engagement, networking, coordination and partnership building; and demand generation for new tools and innovations.



First external evaluation of CFCS

The first external assessment of CFCS was completed by KPMG in 2024. The evaluation dove deep into country and regional experiences between Round 9 (2018) and the ongoing Round 12. CFCS grantees, along with NTPs, Country Coordinating Mechanism (CCM) members, along with other partners were invited to participate. The evaluation utilized a mixed methods approach and undertook a deep dive into 10 countries: Cambodia, Democratic Republic of Congo, India, Indonesia, Mozambique, Nigeria, Pakistan, Tajikistan, Ukraine and United Republic of Tanzania. The evaluation provided clear recommendations to ensure that CFCS can continue to be strengthened. The report also concluded that 91.5% of respondents (CFCS partners) found that the CFCS funding had helped them to address local needs to “a very large” (70.4%) and “considerable extent” (21.1%). The evaluation aimed to establish the direct and indirect outcomes, results, relevance, impact, replicability, sustainability and future needs of CFCS. Other key findings and recommendations included the significance of CFCS to the following outcomes, in particular: increased TB awareness, advocacy and commitment to TB and increased participation of TB affected

communities, including CLM. Limited funding was, however, the highest rated challenge to realizing these very outcomes:

1. Strategic knowledge
2. Reduced human rights and gender barriers to care, including stigma
- 3. Increased TB awareness, advocacy and commitment to TB**
4. Reduction in harmful gender norms and practices affecting communities
- 5. Increased participation of TB affected communities, including CLM**
6. Increased skills and capacity within TB communities and networks
7. Increased uptake of CRG-related tools and innovative approaches

Roll-out of new CRG tools

In 2024, Stop TB Partnership continued to build evidence to ensure that everyone can access the TB services they need by advancing the roll-out



of CRG tools, notably: TB Stigma Assessment Tool (mentioned above), Key and Vulnerable Population (KVP) Size Estimation Tool, Legal Environment and Human Rights Score Card, TB CRG Assessment and Action Planning tools.

- The latest CRG tools to support evidence-based decision-making and action in TB, notably the [TB KVP Size Estimation Tool and Legal Environment and Human Rights Scorecard](#), which were launched in 2023 during the Union Conference, spurred increased demand among countries in 2024.

Following successful piloting in five countries, the KVP Size Estimation Tool is currently being implemented in 15 additional countries with the support of CFCS as a priority CRG intervention area for targeted TB programming for KVPs.

- The **Legal Environment and Human Rights Scorecard**, which has been effectively piloted in three countries, is currently being rolled out in 16 more countries with CFCS support, paving the way for broader advocacy and accountability in TB programmes. This tool is instrumental in assessing and enhancing the legal and human rights frameworks impacting TB responses, promoting a more equitable and effective approach to tackling TB.



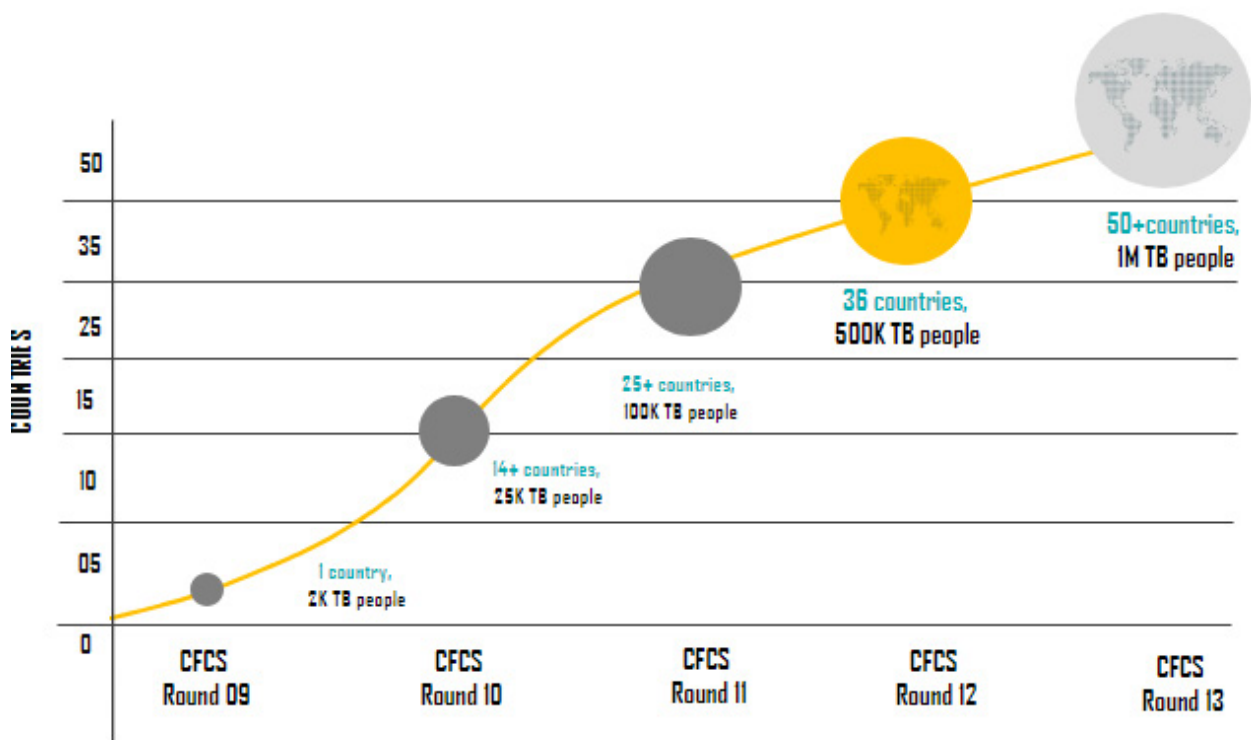
OnImpact scale-up

With the support of CFCS Round 12, OnImpact was newly introduced in nine countries and scaled up in 25. To support the ambitions of countries to scale up OnImpact, Stop TB Partnership support focused on:

- **Integrating OnImpact into NTP communication and dissemination strategies** to increase peoples' access to essential information on TB;
- **Supporting national dialogues on CLM integration** using OnImpact as the entry point;
- **Leveraging emerging technologies and innovations** such WhatsApp AI Chatbot for TB communities;
- **Launching OnImpact global dashboard** for enhanced accountability in TB;
- **Developing and disseminating [OnImpact case studies](#)** for cross-learning and documentation of impact.

Key progress

- **OnImpact is the largest CLM platform ever created.** The number of people that are onboarding is doubling every six months. Currently, over 250,000 people affected by TB are engaged in OnImpact.
- **OnImpact is the established platform for TB CLM in countries,** with multiple community organizations engaged, accompanied by ministry of health/NTP leadership.
- **OnImpact is the only platform that is collecting real-time data on TB stigma,** thereby establishing a mechanism
- **OnImpact lessons learned have translated into regional acceptance.** All new countries (five) from Francophone Africa have adopted OnImpact in collaboration with the NTP and received approval from the Ministry of Digital Health for roll-out of the system.
- **Total number of countries:** 36
- **Total number of CLM community partners:** 75
- **Total number of people affected by TB engaging with OnImpact:** 250,000+



In addition, an **Asia-Pacific Exchange on the role of CLM in TB programming** was conducted in Manila on 18–20 October by Stop TB Partnership and the Global Fund, hosted by APCASO, to take stock of the experiences and lessons learned on TB CLM in the region and to support CLM scale-up.

Strategic meetings for political will in TB

Following the adoption of the UNHLM on TB Political Declaration in 2023, Stop TB Partnership, with the support of USAID and L'Initiative implemented by Expertise France, organized several high-level regional meetings to promote

country and community engagement and commitment, notably the following:

First Francophone Regional Meeting on CRG in TB

Stop TB Partnership, in collaboration with the Ministry of Health of Cameroon, with co-funding from L'Initiative implemented by Expertise France, and hosted by a CFCS partner DRAF TB, held a regional workshop in Yaoundé on 11–13 June 2024. The workshop was entitled "[Advancing community, rights and gender for equitable TB response in Francophone countries](#)". The event gathered over 100 experts and advocates from 15 countries to discuss how to better integrate community engagement, human rights and gender considerations into TB responses. Renewed political will for CRG in TB and the development of **CRG country roadmaps**, and the launch of **TB Femmes Afrique Francophone** were clear outputs of this meeting.



TB Femmes Afrique Francophone



Asia-Pacific TB accountability meeting

Stop TB, in collaboration with the Royal Government of Cambodia and CFCS grantees KHANA, TBpeople Cambodia and APCASO, convened Asia-Pacific governments, journalists, civil society and affected communities representing 20 countries for a significant TB accountability event in Siem Reap, Cambodia, on 19–21 June. The meeting involved the adoption of the Regional Siem Reap Statement for action on a rights-based, people-centred vision for health. H.E. Dr Youk Sambath, Secretary of State, Ministry of Health of Cambodia and representatives from several different Cambodian ministries, alongside USAID, Expertise France and the Ambassador of the Japanese Embassy in Cambodia endorsed the statement and reiterated the commitment of Cambodia to achieving its ambition.





Over 20 TBpeople national chapters supported by CFCS will be formalized and strengthened and will be instrumental in bridging global-level agendas and national-level advocacy. The findings from the TBpeople country chapters' capacity assessment, presented during the meeting, will serve as a vital resource for tailoring future CFCS capacity-building initiatives and enhancing the capabilities of TBpeople chapters worldwide.

TBpeople Global Network Strategic Meeting

The TBpeople Global Network Strategic Meeting, held in Istanbul, Türkiye, on 10–12 October 2024 with Stop TB support was a pivotal event focused on shaping community development priorities and strategies for the 2025–2027 period. This strategic gathering aimed to reinforce the mobilization and effectiveness of the TBpeople network to enhance both global and national responses to TB. TB community representatives came from countries and agreed to: 1) **enhance** the mobilization, coordination, capacity and governance of TBpeople global and country chapters, including the network administration and the capacity assessment results; 2) **articulate** the strategic priorities for TBpeople sustainability and growth; and 3) **elevate** TB community advocacy priorities to achieve the UNHLM targets and commitments, including relating to TB financing and the Global Fund disease split.

UNHLM on AMR

Stop TB Partnership supported the mobilization of TB affected communities and civil society during the UNHLM on AMR. People affected by TB and civil society representatives from 20 countries were engaged in mission visits and strategic-level advocacy towards recognizing TB as a critical component of the global AMR response prior to the Multi-stakeholder Hearing on AMR and were further engaged in the UNHLM on AMR in September 2024.

Convened in New York for the UNHLM on AMR, TB affected communities and civil society representatives were also engaged in the launch of Stop TB Partnership's new report "Governance of TB programmes: Third assessment of practices in 21 countries". This report is an important advocacy tool for NTPs and civil society partners for improved governance of national TB responses.



Engagement and visibility for CFCS grantees at the Union Conference

In 2024, the Union Conference witnessed extraordinary engagement by CFCS grantees, with 100+ events showcasing their groundbreaking work during symposiums, workshops, abstracts, posters and side-events.

Grantees focused particularly on TB stigma reduction, implementation of person-centred care tools, and effective communication strategies for enhancing person-centred care.

There was also significant attention given to data-driven action and accountability in several sessions, highlighting the use of the KVP Size Estimation Tool, CRG assessments, Legal Environment and Human



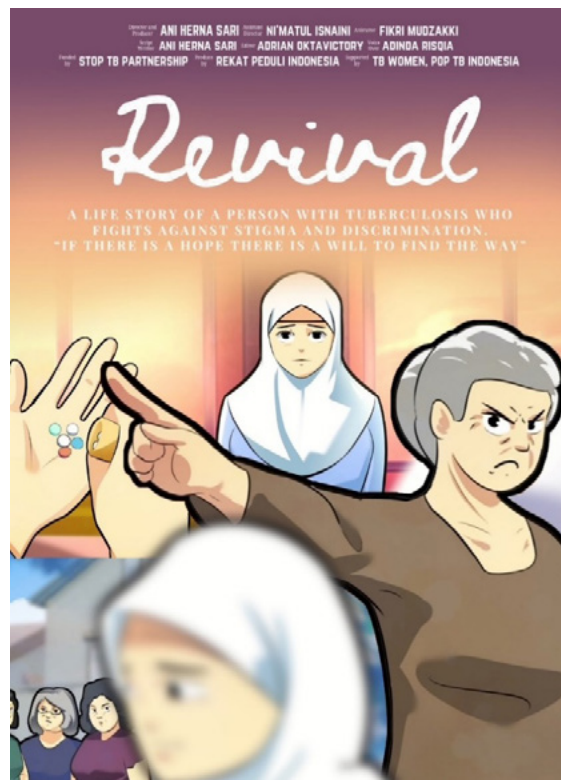
- 1: Symposium presenting the TB Legal Environment and Human Rights Scorecard.
- 2: Engaging youth to end TB symposium;
- 3: GCTA Youth Country Chapters Advocacy Workshop.
- 4: TBpeople Indonesia Launch.
- 5: Activists' Coalition on TB Asia-Pacific (ACT! AP) Donor Dialogue.
- 6: Civil society and affected community partners' message during the Opening Ceremony.

Rights Scorecard, and CLM data for improving TB responses.

Community award

The Stop TB Partnership Community Award theme for 2024 was “Ending TB Stigma Through Art”, co-supported by the Humana People

to People Foundation. There were over 30 submissions with six standout entrants identified by the review panel. Mediums featured included sculpture, film, anime, comic, poetry, music and TikToks, and demonstrated the significant creativity that builds upon the lived experience, evidence and work of TB affected communities and civil society that can be mobilized to end TB



Submissions for the 2024 Community Award from Paulina Siniatkina, TBpeople; and Ani Herna Sari, Rekat Peduli

stigma by 2027. The winners of the award will be presented at the Stop TB Partnership Board Meeting in Abuja, Nigeria.

Country-Level Partnership Platforms initiative

Stop TB Partnership actively engages and supports Stop TB Country-Level Partnership Platforms through a combination of small grants and technical support. The main areas of work are creating and delivering TB-related messaging,

aligned with the global agenda and national and regional advocacy efforts; developing and implementing specific efforts to increase the number of partners engaged in the TB response at the national level; ensuring the relevance of the country platforms; and enhancing efforts on domestic resource mobilization to better finance the TB response.

A series of activities were held from grant allocation and approval to implementation, including:

- The Annual Grantee Onboarding Webinar Series “Communicating for impact and managing your grant”, which took place on 4–7 March 2024;
- The Stop TB Country-Level Partnership Platforms in South-East Asia participated in the Regional Dialogue on achieving the UNHLM on TB commitments in Manila on 14–16 March 2024, as well as the commemoration on World TB Day 2024;
- Francophone Africa and Europe meetings were held in Cameroon and Tashkent, respectively, in May 2024.

The previous 18-month grant cycle of the Country-Level Partnership Platforms was completed in May 2024, and 19 country platforms were engaged in raising awareness about TB, advocating for policy change, providing support to TB affected communities, and contributing to the overall TB response to secure political commitments for the UNHLM on TB 2023 and laying the groundwork for effective participation by their countries’ leaders in the meeting. The current funding round was launched in June 2024 and will end in May 2025, with 17 grants with Country-Level Partnership Platforms in TB high-burden countries including Cambodia, Cameroon, Democratic Republic of the Congo, Ethiopia, Ghana, Kazakhstan, Kenya, Indonesia, Malawi, Mozambique, Pakistan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Zambia and Zimbabwe. The current funding round will continue to focus on increasing the visibility and understanding of the TB response and TB efforts at the country level; developing and implementing specific efforts to increase the number of partners engaged in the TB response, as well as Country Coordination Committee (CCMs) at the national level, and to ensure the relevance of the country platforms; and enhancing efforts on domestic resource mobilization to better finance TB. Noteworthy stories from the field can be accessed here: <https://www.stoptb.org/news/stories-field-june-2023>.

Country support: Maximizing the impact of donors’ investments

January–October 2024

Stop TB Partnership works with USAID, the Global Fund, WHO, Bill & Melinda Gates Foundation and partners to maximize the impact of the Global Fund and other donors’ investments in priority countries and to provide targeted technical assistance to NTP teams.

The three Regional Advisors implemented and contributed to the following key activities:

- Technical advice and support to countries and the Global Fund Secretariat in the development of funding requests, grant-making, portfolio optimization and reprogramming; support for quality assurance and coordination of technical assistance to countries through Coordination team for technical assistance among parties (CORT) meetings and expanding the roster of Stop TB Partnership/UNOPS experts in different technical areas;
- Contribution to the Global Fund’s Independent Evaluation of Resource Allocation Methodology (completed in February 2024); development of discussion papers on the Global Fund global disease split by Stop TB and inputs for the Global Fund allocation methodology discussions, prior to its approval by the Global Fund Board in November 2024;
- Development of the Stop TB Partnership application for Unitaids’ “Call for proposals: Accelerate and promote responsible introduction of new DR-TB drugs and regimens” (the application was submitted on 10 January 2024 and approved); operational planning of the project interventions by Stop TB and sub-recipients;
- Work with modellers for developing country shares of the global TB targets endorsed by

the UNHLM 2023 (work on financial targets completed in March 2024);

- Advisory support to Stop TB Partnership management for Global Fund Board meetings, Strategy Committee meetings and Grant Approval Committee meetings;
- Representing Stop TB Partnership in the climate change and infectious diseases conclave organized by ADB in Tokyo in July 2024.

Country work highlights by region

Africa

Global Fund

- Technical support to develop funding requests for South Africa
- Grant implementation support: Chad, Democratic Republic of the Congo, Ghana, Malawi, Niger, Nigeria, South Africa, Uganda, United Republic of Tanzania
- Portfolio optimization for leveraging C19RM funding for Uganda

New tools

- Technical support to address implementation bottlenecks for TB screening by digital X-rays



Nigeria TB performance review meeting September 2024

for Ghana, Nigeria, South Africa and United Republic of Tanzania

- Implementation support for the scaleUp of novel short-course TPT regimens: Ghana, Malawi, Nigeria, South Africa, Uganda, United Republic of Tanzania

Other

Regional activities: Advocacy: Technical support for the development of:

1. SADC TB Strategic Plan (2025–2030)
2. Population and Size Estimate of Artisanal and Small-Scale Mines in SADC countries
3. Fully Costed African Union Roadmap to 2030: Sustaining the AIDS Response, Ensuring Systems Strengthening and Health Security for the Development of Africa



SADC national TB Program managers review meeting July 2024

Asia Pacific

TB strategic planning

- Contribution to National TB Programme reviews: Nepal
- Technical assistance provided: Bangladesh, Cambodia, India, Indonesia, Nepal, Pakistan, Philippines, Viet Nam

Global Fund

- Technical support to grant development: Bangladesh, India

Other

Regional activities:

- Facilitated a Regional Dialogue meeting on achieving UNHLM targets, 14–15 March 2024 in Manila, the Philippines. Organized a side-meeting with leaders of ASEAN countries on the USAID/Stop TB AIDP project during the Manila meeting
- AIDP project launched in August in Lao People's Democratic Republic
- PPM-TB advocacy projects in Bangladesh, Indonesia, Nigeria and Pakistan. Private Sector Provider Constituency meeting in Kochi, India
- **Bangladesh:** Advocacy and technical assistance provided for ADB loan to include TB diagnostics. Facilitated high-level mission to Bangladesh
- **Cambodia:** Supported TB prevalence survey
- **India:** New USAID/Stop TB project to support TB elimination in the state of Mizoram. Technical assistance for TB innovations supported through the India Health Fund. Facilitated climate change and infectious diseases conclave organized by ADB in New Delhi.



STBP Regional Advisor with leaders of REACH, Chennai during a country mission to India. | Photo courtesy: Stop TB Partnership



Secretary of Health Philippines, Dr T Herbosa and team with STBP Regional Advisor Dr Sreenivas A Nair | Photo courtesy: Stop TB Partnership



STBP team with TB team of Philippines in an Active TB Case Finding campaign – Manila, in March 2024 | Photo courtesy: Stop TB Partnership

Eastern Europe and Central Asia

TB strategic planning

- Support to TB National Strategic Plan development: Uzbekistan
- Contribution to National TB Programme reviews: Georgia, Kazakhstan, Republic of Moldova, Tajikistan

Global Fund

- Technical support to funding request development: Armenia, Azerbaijan, Kazakhstan, Turkmenistan, Uzbekistan

New tools

- Support to roll-out of portable X-rays with AI/ CAD through technical assistance, capacity-building and peer exchange: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan

Other

- **Regional activities:** Organization of the regional event for promoting realization of UNHLM political commitments and attainment of country-level targets “Achieving the UN High Level Meeting Commitments on TB: Regional Dialogue in Europe and Central Asia” (Tashkent, Uzbekistan, 24–25 June 2024), in cooperation with the WHO Regional Office for Europe and USAID ([Stop TB News Alert 26 June 2024](#)); facilitation of other regional activities including civil society advocacy events and work with the Regional Green Light Committee Europe
- **National platforms:** Continued support to the national Stop TB Partnerships of Kazakhstan, Ukraine and Tajikistan
- **Ukraine:** Implementation of the Stop TB component of the USAID/PATH country TB programme (project completed in September 2024); technical support for grant-making and implementation of the new Global Fund project; support to meeting emergency needs in supply of TB medicines and maintenance of medical equipment

- **Azerbaijan:** Advocacy and technical support to Azerbaijan TB NGO Coalition and other partners for strengthening civil society engagement in TB responses
- **Republic of Moldova:** Facilitation of the donation of medicines for extensively drug-resistant (XDR-) TB treatment (including people displaced from Ukraine and children) by the Japanese Government, with supply through Stop TB/GDF (completed in March 2024)
- **Mongolia:** Technical support for intensified TB case-finding to bridge the gaps in the number of missing people with TB, including peer exchange of best practices with countries in Eastern Europe and Central Asia.



Kazakhstan National TB Program Review, August 2024

STOP TB PARTNERSHIP'S THEMATIC WORKING GROUPS

Stop TB Partnership's thematic Working Groups were supported via grants to the respective Secretariats (hosting entities) of the Working Groups, guided by the leadership of the Working Groups. The Stop TB Executive Committee approved workplans for 2024 were implemented by the Working Groups. Each Working Group maintained a webpage and sent quarterly reports to the Stop TB Secretariat. Activities included meetings, coordination activities, advocacy and development of implementation tools in the specific thematic areas. Details of their activities are on their respective webpages (see below).

[Global Drug-resistant TB Initiative](#) (GDI)

[End TB Transmission Initiative](#) (ETTi-Powering Airborne IPC)

[Global Laboratory Initiative](#) (GLI)

[Child and Adolescent TB Working Group](#) (CATB)

[The Public-Private Mix Working Group](#) (PPM)

[Working Group on New TB Diagnostics](#)

[Working Group on New TB Drugs](#)

[Working Group on New TB Vaccines](#)

WHO continued to host the Secretariats for the GDI, GLI, CATB and PPM Working Groups. The ETTi Working Group was rejuvenated in 2024 with new leadership and is on the lookout for a new Secretariat, with plans for phasing out the current Secretariat, South African Medical

Research Council (SAMRC). The New TB Drugs and New TB Vaccines Working Groups continued to be hosted by TB Alliance and IAVI respectively. The New TB Diagnostics Working Group was hosted by FIND up to 2024, but for 2025 the Working Group is looking for another host. In 2025, Stop TB Partnership will act temporarily as a host for ETTi and New Diagnostic Working Groups, till a new hosting entity is selected for each of them. All other hosting entities of Working Groups will continue in 2025. The Stop TB Executive Committee has approved the 2025 workplans of all Working Groups and the Stop TB Secretariat is currently developing the 2025 grants for each Working Group.

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ANNEX 1.

Major highlights from Stop TB Partnerships, July 2023–September 2024



Stop TB Partnership Cambodia

Stop TB Partnership Cambodia convened a national strategic stakeholder engagement meeting to follow up on the 2023 UNHLM on TB. The engagement meeting was held on 17 July 2024.

The annual TB conference 2024 was organized by the NTP/CENAT on 4–5 April 2024. On 29 March 2024, Stop TB Partnership Cambodia, in collaboration with ACT!AP/APCASO and the CCC secretariat, hosted capacity-building training in Phnom Penh on basic knowledge of TB and PPPR among peer support groups or peer networks of TB KVPs and last-mile populations.



Stop TB Partnership Cameroon

Stop TB Partnership Cameroon seized the opportunity of the 2024 holidays to mobilize the inhabitants of 10 villages in the Lolodorf rural health district in the South Cameroon region – one of the regions most affected by TB/HIV coinfection – around the creation of demand for TB services.



Stop TB Partnership Democratic Republic of the Congo

A meeting was held on 1–8 July 2024, to announce the use of OnelImpact in Kananga, in the province of Kasai Central, thereby supporting the scale-up of OnelImpact in the Democratic Republic of the Congo. Stop TB Partnership Democratic Republic of the Congo organized a TB supervision mission in four provinces on regular monitoring of health centres. This mission was also to support and encourage community members and people with TB to use OnelImpact. There was also collaboration with the NTP on a workshop for integrating communication content on 19–20 June 2024, and participation in the regional Francophone Africa meeting.



Stop TB Partnership Ethiopia

There was a heartwarming recognition and get-together event at some hospitals such as Bishoftu Hospital, Oromia, on 23 July 2024, and at St. Peter's Hospital in September to celebrate over 50 to 150 TB patients who successfully completed their treatment through the support of Stop TB Partnership. In August 2024, the VHS team, with support from Stop TB Partnership, visited another local TB facility to promote person-centred care and community ownership.



Stop TB Partnership Ghana

Stop TB Partnership Ghana organized a pre-implementation and TB training workshop in Kumasi, bringing directors and/or representatives of all 97 implementing partners (NGOs) together to train them on TB and finding the missing TB cases, especially in the hard-to-reach communities of Ghana as part of the World TB Day celebrations for 2024.

in six additional regions “excluding the previous nine in the first quarter of 2024” reached 63 million tenge (US\$ 141,573).



Stop TB Partnership Malawi

On 30 April 2024, Stop TB Partnership Malawi, Paradiso TB Patients Trust, TB CSO network, Forum for AIDS Counselling and Training Malawi, Malawi Network of AIDS Service Organizations, TB survivors, civil society organizations and the NTP held a luncheon meeting with the First Lady of Malawi, a TB ambassador, to discuss priorities for CRG, TB financing and TB interventions in Malawi. This meeting followed her participation in the 2023 UNHLM on TB events.



Stop TB Partnership Kenya

Stop TB Partnership Kenya held a training of 50 TB champions who serve as community health promoters in their respective communities. A total of 22 men and 38 women from four counties were selected to participate in different panel discussions hosted at the Stop TB Partnership Zimbabwe booth. Stop TB Partnership Kenya, together with other partners from the African region, supported the International Conference on AIDS and STIs in Africa in Zimbabwe.



Stop TB Partnership Indonesia

In September 2024, Stop TB Partnership Indonesia conducted a training programme for young people, for which 20 young individuals from 15 cities across Indonesia were selected. Participants learned various communication techniques, such as drafting press releases, engaging journalists, creating digital campaigns, and developing advocacy strategies such as conducting meetings with policymakers.



Stop TB Partnership Kazakhstan

Several high-level meetings were held on the official establishment of the National Platform and strengthening the involvement of civil society in TB response. The meetings were held in Zhezkazgan city, in the new Ulytau region, for the first time. During the period from April to May, the allocation of grants by the government to NGOs



Stop TB Partnership Mozambique

On 30 July 2024, Stop TB Partnership Mozambique conducted a training for 53 journalists on engagement and advocacy to end TB by 2030. The training was held in Nampula City in Nampula Province – the third largest and the most populated province of Mozambique.



Stop TB Partnership Nigeria

Stop TB Partnership Nigeria, in collaboration with the Minister of Health and Social Welfare, launched the Private Sector Strategy to End Tuberculosis in Nigeria on 12 July 2024. The event underlined the importance of private sector participation in rallying support for TB prevention and care in Nigeria.



Stop TB Partnership Tanzania

Stop TB Partnership Tanzania recently held a constructive advocacy meeting with the Head of Programs and the team of the NTP from the Ministry of Health to assess the one-year progress on Multisectoral Accountability Framework for TB (MAF-TB) activities and institutionalization of UNHLM TB targets.



Stop TB Partnership Pakistan

Meetings were conducted with key stakeholders, including the Director General of Health, Chairman of Health, National Coordinator of the Common Management Unit for TB, AIDS, and Malaria, and the managers of provincial TB programmes in Khyber Pakhtunkhwa and Balochistan. The meetings focused on aligning national advocacy efforts with global commitments and initiatives.



Stop TB Partnership Uganda

Stop TB Partnership Uganda had a review meeting with the TB survivors who are engaged in income-generating activities. A total of 65 participants attended the meeting. TB survivors had an opportunity to visit places of worship for awareness creation and sensitization.



Stop TB Partnership Tajikistan

Stop TB Partnership Tajikistan completed a survey assessment of public awareness on TB, based on the impact of advocacy and communication efforts in collaboration with national celebrities and respected public figures in Tajikistan. The survey questionnaire was in Tajik, Russian and Uzbek languages. An Excel database was used for collection and analysis of the data, which represented various age-groups, genders, designations/social positions and regions of the country, with 1000 people responding to the survey.



Stop TB Partnership Ukraine

In September 2024, Stop TB Partnership Ukraine focused on raising awareness about childhood TB. They used a creative approach by creating a cartoon video called "Become an Explorer" to make it easier to talk to children about TB.



Stop TB Partnership Zambia

A quarterly meeting was held for people affected by TB to create a mass movement and to advocate for change around TB issues. The meeting had 17 participants, who were all TB survivors. During the meeting the participants identified key

advocacy issues around availability, accessibility, acceptability and quality of TB services. Among them were poor staff attitude, limited access to laboratory services including persistent shortage of cartridges for GeneXpert machines, long waiting hours at health facilities and stigma.



Stop TB Partnership Zimbabwe

A training session was held for 45 TB stakeholders, focusing on utilizing the Onelmpact CLM platform to monitor the TB response and combat stigma. Additionally, a meeting with the Namibian Parliamentarian Standing Committee provided valuable insights. Furthermore, 35 TB survivors received training on TB counselling and peer support. Sensitization sessions were conducted for 40 key stakeholders on UNHLM targets and commitments.

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