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Report of the Executive Secretary
18 November 2012

Time to change so we can do things better and smarter

Good morning ladies and gentlemen, colleagues,

Allow me to welcome you to our 24th Coordinating Board meeting in this beautiful city of Kuala Lumpur.

At this Board meeting, the third during my tenure as Executive Secretary, the Coordinating Board faces important decisions for the Partnership: about direction, priority areas of focus for the next three years and about the manner in which we want to proceed with governance reform. We are looking at work that has to be done beyond 2013, and therefore we need to transform ourselves as the environment in which we operates transform, to answer to actual challenges with actual means and to make sure we leverage the best advantages that we have for the best TB work of which we are capable. To do things better and smarter we have to prioritize what we do. And you will hear a lot about prioritization these days.

First, on the three-year Operational Strategic Plan, as requested by you last February, we are delivering a focused, streamlined and clear three-year plan focused on what has been judged the best comparative advantages of the Stop TB Partnerships Secretariat. The work was led by the Steering Committee, and I would I like to thank Dr Jeremiah Chakaya for chairing the committee as well as all Committee members, who gave their time and/or expertise to this process. I would like to also thank our colleagues from McKinsey who with an incredible professionalism and patience supported us in all steps of this process. And I would like to thank our colleagues from the Gates Foundation – Michael – for suggesting and supporting this process together with out partners from private constituency Lilly.

The next steps will be around the governance reform – looking, analyzing and - if needed – adapting the way in which the Board, Board committees and Working Groups operate. You will see and discuss different options around this topic and we hope the outcome will be that we streamline and strengthen the way in which we work collectively.

During this meeting the Board will also decide on Wave III of TBREACH, and discuss – again and hopefully for the last time – how we should proceed in re-shaping the Global Drug Facility (GDF). We will hear a long-awaited update from our three New Tools Working Groups. We'll get an update on progress on addressing the global TB epidemic and the challenges ahead; and we will ask the Board to make strategic decisions on the technical areas in which we

need to collectively progress in order to reach 2015 with all targets met. The Board will be asked to decide as well the manner in which we should support and be involved in the post-2015 discussion on the Stop TB Strategy and targets and, more important, the post-2015 sustainable development agenda.

Ladies and gentlemen,

Looking back at 2012 it is clear the Stop TB Partnership has achieved some significant results. But crucially also, significant challenges remain before us to ensure the Stop TB Partnership has the greatest possible impact in the years ahead.

The human impact of TB is shocking: 1.4 million people died of TB last year: almost the entire population of Kuala Lumpur. Cumulatively over 10 million children have been orphaned by TB. Almost 10 times the number of students in New York City's public school system (1.1 million); over 5 times the number of children living in London (1.8 million); more than the total number of children living in Malaysia (9.8 million). Only 5% of the TB notified cases had access to a DSTtand only 19% of all estimated MDR TB cases had access to treatment. This is why we have to do better. And we have to do our work smarter. And we have to fight this fight with the mind and "equipment" of 2013 and beyond.

I would like to share with you now some of the key achievements of the Stop TB Partnership Secretariat since the last time the Coordinating Board met some nine months ago.

I'll highlight our work done at global level - including our advocacy and awareness-raising efforts, World TB Day, our work with the Global Fund to Fight AIDS, TB and Malaria and with UNITAID. I will highlight our achievements as a result of country focus, through national partnerships, affected communities, through the Challenge Facility for Civil Society, TBREACH and GDF.

Let me start with two initiatives that started from within the Coordinating Board, representing high level political advocacy.

The first was the letter that we (in the Secretariat and WHO) prepared for the UNSG to send to the heads of states of the 22 TB high-burden countries. The letter was developed in the context of World TB Day and triggered in several cases an encouraging answer from the recipients.

Second: When the Coordinating Board met in Johannesburg, South Africa, in October 2010, the health ministers of Lesotho, South Africa and Swaziland raised an important issue - the impact of TB among mine workers and the communities from and to which they migrate. These ministers of health have provided strong leadership on this issue, and have achieved notable results. The Board was updated with progress at its meeting in Bangkok: you will recall Minster Motsoaledi reported the three ministers had raised the issue to

the Southern African Development Community (SADC) in November 2011. The Stop TB Partnership working alongside the World Bank and the International Organization for Migration (IOM) supported this entire process. Two years of efforts by the trio of ministers culminated on 18 August 2012 in a pledge by Southern African Heads of State to address the raging tuberculosis (TB) epidemic among current and ex-mine workers, their families and affected communities. In a major step, the Declaration on TB in the Mining Sector, a legal instrument, was signed at the Summit Meeting of the Southern African Development Community (SADC) Heads of State and Government. The Stop TB Partnership applauds the leadership demonstrated on this issue and looks forward to continuing to support this work.

We got great media coverage, because of an approach we took that I believe was very smart and made effective use of our limited resources. A workshop for journalists from Botswana, Lesotho, Mozambique, South Africa and Swaziland was held in Johannesburg in March 2012. The objective was to brief journalists on TB and the mining issue in particular and to maximize media coverage of TB and mining and maintain momentum. Following the workshop, a story by the Associated Press's Johannesburg Bureau Chief, focusing on South Africa's commitment to testing miners for TB, was published in 64 newspapers worldwide including the Washington Post and the Huffington Post. SABC ran a three-minute radio bulletin; and the Mail and Guardian, All Africa and Mining Weekly ran in-depth articles highlighting the leadership role of the Stop TB Partnership and SADC.

In the context of the AIDS conference in Washington, a high-level delegation met with World Bank vice president Mark Diop and discussed the concrete manner in which World Bank can support and be engaged in the TB in the mining sector initiatives.

TB in the mines in South African was discussed when World Bank President Jim Kim visited South Africa as part of his first overseas trips as President, and met with President Zuma in August. *"Let me say first of all on the mines, I don't have anything to add to what the Honorable Minister said—but I can tell you that during the discussions, we actually talked about the mines in this perspective. We talked about the higher incidence of tuberculosis among miners and how that is a problem. And just to give you a feel for our discussion, we talked very explicitly about the fact that tuberculosis among miners is not a problem of the mine - it is not a problem even of just South Africa. It is a regional problem because the miners move around. So we talked specifically about how we might work together to develop a way of providing more effective treatment for miners even when they go home to places like Lesotho during holidays, for example. So the mining industry is very important to South Africa, and I think we stand ready to help in organizing, for example, service delivery to miners in a way that will be more*

effective—and again, with the realization that this is not a medical problem, but it is actually a logistics, systems, regional problem."[1]

We created several opportunities to interact, brief and discuss with different partners, donors and private sector representatives on how to move beyond a Declaration for TB in mining towards implementing it and – more than this – to use the mining issue as a platform to advance the conversation around the drama of TB in Africa. We have already initiated several discussions and briefings with representatives of DFID, CIDA (with whom we held a briefing for the Country missions representatives in Geneva); and other donors.

As this work moves along, we promise you that we will deliver on this one!

At the global level we are happy to see that our limited seed funding and encouragement that we provided to our partners from TAG and Partners in Health generated so much enthusiasm through two very special initiatives: the ZERO Initiative and the Sentinel Project on drug-resistant TB in children. I am impressed with the great enthusiasm and support these two initiatives generated and I am committed to support them in the future as much as I can. We will hear more around the ZERO Campaign today. I think there is a lesson to be learned here: the great uptake of the ZERO campaign, the enthusiasm it created in the TB Community shows, in my opinion a sort of hunger for more ambition and for new developments in TB!

Speaking of children, I am also proud and happy about the movement around TB in children. We, in the Secretariat followed on the efforts in 2011 of the DOTS Expansion Working Group's sub-group on childhood TB and the European Centre for Disease Prevention and Control. In March 2011 they had together organized an international meeting that culminated in the development of a call to action on childhood TB, which was made available on the Stop TB Partnership website (http://www.stoptb.org/wg/dots_expansion/childhoodtb/new.asp). We did some productive brainstorming in Geneva with multiple partners about the spin of 2012 World TB Day theme "Stop TB in my lifetime" around childhood TB. There were partners supporting it, others not in favour, but – those of us passionate about it and outraged by the silence around it – made an appealing case and this is how we actually had a great World TB Day campaign. We were able to obtain financial support from DFID and, in the run-up to World TB Day, the Partnership Secretariat and the Who secretariat of the Working Group produced a new brochure, *No more crying, no more dying – towards zero TB deaths in Children,* (http://www.stoptb.org/assets/documents/resources/publications/acsm/ChildhoodTB_report_singles.pdf*),* drawing the world's attention to the neglected epidemic of childhood TB.

World TB Day marks an important day for increasing TB awareness, and 2012 was the first year in a two-year campaign with the slogan *Stop TB in my*

[1] http://www.worldbank.org/en/news/2012/09/06/press-conference-wbg-president-jim-yong-kim-safrican-finance-minister-pravin-gordhan-wb-vp-africa-makhtar-diop

lifetime. To give people around the world a chance to create their own World TB Day posters and share them electronically to make an individual call to Stop TB, a new interactive site, www.mystoptb.org was launched. Myself, Mario and other colleagues form WHO department were in the United States for World TB Day. There, with essential support from partners and donors, we held a series of high-level meetings with decision makers and stakeholders to increase visibility and knowledge about TB and TB needs and gaps. I want to specially highlight the contribution to these series of events of David Bryden, who is 50% our liaison in Washington, hosted in Results US. I – together with some of you here in the room – participated in a very high level event organised by TBVI in the European Parliament with the participation of a large number of MPs and high-level representatives from different countries, including the Minister of Research from South Africa – to launch the Vaccines Blueprint and discuss the importance of development of a vaccine for TB elimination. I want to congratulate our "vaccines" colleagues for this well done and planned event.

All in all, there was a major push for World TB Day and we had at least 7 million people individually reached with messages on TB via Twitter, and more than 1000 people created their own posters for World TB Day on www.mystoptb.org.

Further reinforcing the theme of childhood TB for the first time since its establishment in 2006, nominations for Kochon Prize were limited to the theme of childhood TB. The theme was chosen in response to the overall focus on childhood TB given by global partners in 2012. There were 12 nominations for this year's Prize. I'm pleased to take this opportunity to say that the winner of the 2012 Kochon Prize is the Desmond Tutu TB Centre, South Africa.

Through ongoing advocacy with the Secretary General's UN Special Envoy for Malaria and Chair of the MDG Health Alliance, the Secretariat has played a leadership role in the establishment of the TB pillar in the MDG Health Alliance. You will hear more later today on this initiative, which aims to bring private sector support and "modus operandi" through participation of well-known CEOs of different companies to support the achievement of the 2015 MDGs. To develop the objectives and strategy for the TB Pillar, the Secretariat is now working closely with the pillar heads, and this will continue into 2013.

We continued developing and pitching the private sector led TB Branding initiative to move forward. I want to thank to our colleagues from USAID who agreed to commit US$ 450 000 to this project and, more than this, to agree to support the "leveraging effect" – fundraising with us for the remaining amount. I want to thank our colleagues from the Lilly MDR-TB Partnership and Eli Lilly and– Evan Lee and Tracy Sims, who is currently reaching out to corporate leaders and asking them to match USAID's commitment.

The Private Sector Constituency (PSC) continues to grow and is becoming an increasing effective tool for TB advocacy. For example, PSC members who also sit on the Global Fund Private Sector Delegation are being engaged by the Secretariat to shape the conversation on the Global Fund board, and key corporate partners will be taking part in a private sector consultation on the post 2015 MDGs hosted by Anders Nordstrom. Further strengthening the link between the PSC and the Global Fund Private Sector Delegation is something we will look to explore in the future.

We engaged in unprecedented efforts around advocacy for and with the Global Fund. We are represented in the Board, Phase 2 panels and TB Diseases committees of the Global Fund. Just to explain to you that through our representation on the Global Fund phase 2 panel since 2012, between Wave 5 and 10 of second phase grant renewals we collectively achieved the following:

- Additional funds (over and above what CCM had asked) were approved for Bangladesh - 10million USD additional for expanding case finding and new diagnostics through civil society PR in order to promote greater impact of the grant. This was unprecedented in TB grants in second phase.
- Additional funds earmarked for TB/HIV in the HIV grant of Nigeria and TB grant of Nigeria reprogrammed towards higher impact scale up of MDR-TB and PPM services.
- Advocacy efforts resulted in both TB and HIV grants being discussed together in one session. The issues raised in this meeting resulted in the Global Fund Secretariat calling a joint TB/HIV disease committee meeting.
- DPR Korea, Tajikistan and Lesotho reprogrammed grants were supported with inclusion of new diagnostics and MDR-TB scale up.
- In Wave 11 (week of the board), 2 HBCs are coming. A new approach for Pakistan is being attempted to top-up the grant to achieve full coverage, including PPM, case finding intervention and massive PMDT scale up.

We are also working very close with the Strategy Committee, and even though we are not present (as there is no other TB representation) and we have to work through our partners, we are working hard with TB supporters in SIIC to brief and interact with them to provide the best advice and information.

We are working hard, together with our colleagues from WHO to contribute in developing various elements of the new funding model – disease score and country funding envelopes, strategic investment framework, funding bands - ensuring that TB perspective is heard. Many partners came together around the Global Fund to voice concern over the proposed funding model for decision at the Global Fund Board meeting in September. A document was prepared to represent the reaction of the TB Community represented by the WHO Stop TB department and the Stop TB Partnership. This was circulated to partners, many of whom signed in support of the position.

We engaged into a unique approach for collaboration with the Communities constituency at the Global Fund, and we signed an agreement for joint work in support of TB advocacy among the members of the Global Fund Board and their constituencies. The interaction with the Secretariat of the Global Fund is much strengthened – also because of a better approach of the Global Fund Secretariat to the work with partners - and we have very recently established clear working relationships with the CCM and Advocacy teams.

Our informal Global Fund TB Friends platform increased in the number of partners, and we will move with it to a different level by formalizing and developing it in a more rigorous manner as part of our operational strategy. Our activities this past week at the Global Fund Board represents the best example of our efforts to increase the visibility around TB matters for Board members by using our own champions. Having the Health Minister Xaba of Swaziland in our Global Fund constituency seat and having him championing over strategic objectives ensured that the TB voice was heard loud and clear!

We are also participating as observers to the UNITAID Board and recently, with support from the Working Groups on new diagnosis and new drugs and WHO were able to provide significant input into the UNITAID evaluation and UNITAID future strategy. In addition, we have a great relationship with the UNITAID Secretariat – with joint efforts in supporting pediatric first-line drug grants, maintaining and expanding the second-line drug stockpile and unblocking the stock-out situation in Senegal.

Through a fairly long process we developed the MoU between UNAIDS and the Stop TB Partnership, which was signed by Michel Sidibé and me. Linked to it is a work plan that will ensure efforts in the following areas: advocacy efforts done jointly with UNAIDS leadership and business leaders with a special focus on African countries; joint efforts with leaders from the private sector to explore innovative financing mechanisms; ensure that the data on HIV associated TB deaths are available at country level; engage with Global Fund, PEPFAR and national leadership to ensure that funding is prioritized and accelerated to support country efforts to scale up TB/HIV care; joint efforts in strengthening civil society and community engagement in TB/HIV in collaboration with existing HIV networks; ensure countries are supported to develop specific TB/HIV plans designed to work with governments and civil society to achieve the common goal of 50% reduction in HIV-associated TB deaths by 2015.

This last point links perfectly with the planned work of the TB/HIV Global Fund focus, through the creation of a special task force on TB/HIV scale up – based on the Global Fund TB and HIV disease committees. It is not expected that we in the Secretariat should go to countries and develop action plans. We – together with all the other players - use our collective advocacy and political power to ensure that this action is happening at country level.

Many efforts were made to raise awareness on TB in the general population: Craig David spoke about TB in a World TB Day concert in Indonesia and each of the National TB Champions implemented incredible events for and around this important day in their home countries or at regional level. Building on the momentum offered by the AIDS 2012 Conference, we organized a unique event to bring the tuberculosis and HIV co-epidemic in women and children to the attention of key and audiences such as decision makers, influencers, HIV communities and the general public. National Champion against Tuberculosis Gerry Elsdon, brought together a dynamic group of women and young people who have suffered from tuberculosis and HIV to share their experiences with communities all over the world. The discussion focused on the main barriers, such as stigma and access to proper health care that young people and women living with HIV and tuberculosis have to face in their daily life. The event was webcasted live to reach out to affected communities, general public and influencers across the world.

A video news release on childhood TB was placed in the run-up to the International AIDS Conference in Washington. From Swahili to Spanish, the production was distributed in dozens of languages — reaching countries and communities with a high burden of TB/HIV. Also in the run up to the International AIDS Conference an opinion piece about TB/HIV, signed by actress Whoopi Goldberg, was place on the blog of the International AIDS Society.

Over the past year, some of the language used routinely by the TB community has come under scrutiny. The words ‘defaulter’ and ‘suspect’, for example, have been part of the language of TB services for many decades, and they continue to be used in international guidelines and published literature. Yet this judgmental language can powerfully influence attitudes and behaviour at every level. An international group of experts who authored an article in the June issue of the International Journal of Tuberculosis and Lung Disease, “Language in tuberculosis services: can we change to patient-centred terminology and stop the paradigm of blaming the patients?” called for the Stop TB Partnership to lead discussions on this issue and move towards change. In answer to this call and following broad consultations with the authors and all our partners, the Secretariat moved forward in drafting a TB language “style guide”. A subsequent survey of all our partners and news subscribers showed that three-quarters were in favour of the project, and encouraged us to produce this handbook, which we see as a living document – one that will be available only in electronic form and that will remain supple, evolving as language changes. The latest draft is in your materials.

A tangible indication of the strength of the Stop TB Partnership is the number of partners. The Secretariat undertook a review and re-organization of the partners’ directory to ensure that only active partners were included. Several hundred partners were removed – mostly organizations which no longer existed. From January we’ve grown to more than 1200 partners with an average of 23 partners a month joining us. Further growth can be seen through the number of followers of the Stop TB Partnership on twitter doubled

in 2012, reaching 2070 and on Facebook where the number of followers doubled, reaching 1225. Additionally, the number of people who subscribe to our news list is climbing, at a rate of about 1000 people per year, to 9000.

Work at country level continued, and we continued to support and promote National Partnerships, through ongoing daily interaction with many national secretariats and direct technical assistance provided through three country missions to Thailand, Nigeria and India and remote support to Vietnam, Uganda and Swaziland. In Nigeria, specific technical assistance was requested by the National Tuberculosis and Leprosy Control Programme to provide guidance on the finalization of the Operational Plan of the Nigeria Stop TB Partnership, considering planning for Phase II of Global Fund Round 9 grant. This was achieved through a Stakeholders Workshop, which the Partnership Secretariat facilitated.

A mission to India was facilitated by the secretariat of the India Partnership for TB care and control. The focus of the India Partnership has, so far, mainly been on Global Fund grant implementation. The India partners are now looking beyond Global Fund grant implementation and beyond 2015.

The team conducted an in-depth analysis and discussion with all active national partnerships on their experiences, achievements and challenges and all this rich information (selected through direct interviews with members, and secretariats of these partnerships) is included in the National Partnerships Handbook to be presented next week in Seoul, Republic of Korea. This will be done with the occasion of the 1st Forum of National Partnerships in the WPRO and SEARO regions, to take place 22-23 November 2012. This forum will provide an opportunity to look at good practices in partnering and at the first results of this commitment.

The Secretariat has strengthened efforts in re-thinking and re-packaging country level Advocacy, Communication and Social Mobilization (ACSM), following previous discussions of the ACSM group as well as recommendations from the Operational Strategy Steering Committee. A meeting was held in September to begin the discussion on ACSM and how to address current challenges. A concept paper has been drafted and will serve as basis for a series of consultations, starting with the ACSM Subgroup at its annual meeting in Kuala Lumpur.

We continued to strengthen empowerment and work with civil society and affected communities. With the goal of increasing the number and expertise of civil society and community representatives in TB, we embarked on a joint effort – led and guided by the feedback from representatives of civil society. We held a consultation with representatives of networks of people living with HIV networks in March 2012 in Amsterdam, followed by a meeting held in May with 30 representatives from TB and HIV communities, advocates and representatives from UNAIDS, the Global Fund and donor organizations such as GIZ (German International Cooperation). The participants drilled down the actions needed to promote greater engagement and joint work of communities

in TB advocacy, build on and expand existing regional networks and link with other related initiatives such as on HIV, migrants and harm reduction. The participants were unanimous on the greatest challenge to building community-based TB advocates: too few people affected by TB feel empowered to speak out and serve as advocates.

Following this meeting of civil society in May, we initiated the involvement of a new donor - the BACKUP Initiative of GIZ for securing funding for different activities. For example, BACKUP provided bursaries for nine civil society participants (five of whom are Challenge Facility Civil Society grantees) to attend the Union Conference. They also financed the mapping of organizations (already working or those that can potentially work in TB advocacy) in three regions. This work was complemented by Stop TB Partnership financing in the other three regions. In addition, BACKUP will finance an advocacy training in the European Region and the first Network of Advocates Meeting for the African Region early next year – based on the PATH work with advocates and civil society representatives in Africa organized in ACT!

The implementation of grants from the Challenge Facility for Civil Society continued through 2012. Twenty out of 21 Round 4 grantees completed implementation by October 2012. Round 5 of the Challenge Facility for Civil Society was launched early August 2012. A total of 337 proposals were received of which 179 grantees from 54 countries were eligible. The request was for a total of US$ 3,300,000, far in excess of the US$ 220,000 funds available for Round 5. The Challenge Facility for Civil Society leveraged additional resources: from the German Ministry of Development and the Open Society Institute.

During 2012, more evidence was produced highlighting the success of TB REACH. The results of Wave 1 have come in and in the 28 areas where TB REACH worked - 118,700 cases of TB were put on treatment versus the prior year when only 98,500 people were treated. For people with sputum-smear positive TB the increase was 25% (from 68,000 to 86,000). You will hear more about these achievements tomorrow.

Early assessment of the use of Xpert have revealed that TB REACH projects have tested over 50 000 people with suspected TB to date, far more than other multi-country scale up activities. As a result, more than 7500 people have been received early TB diagnosis through Xpert. Counting lives saved – using the same methodology used by global level estimates on lives saved – we found that approximately 15,000 lives have been saved to date.

Growing interest in TB REACH resulted in 500 application profiles being created through our online submission portal and 324 complete applications received from 64 countries after the Wave 3 call for proposals was launched. Among these applications, 266 were for the General Track of funding and 58 were for the Xpert Track of funding. The total amount of funding requested

was US$ 320 million. We will share with you the results of the PRC deliberations in the session tomorrow.

TB REACH projects are also starting to exert an impact on local policy, and the innovations they have introduced are being scaled up with other sources of funding. Here are some examples.

A Lao project on a social franchising model will be fully funded by the Global Fund for 5 years. TB REACH interventions in Ethiopia (using community volunteers), Lesotho (specimen transport and tracking system via outreach workers on horseback and mobile phones), Pakistan (contact investigation, PPM) are also under consideration for Global Fund funding. A TB REACH project in Tanzania is getting integrated into the NIMR PEPFAR project and will continue. A project in prisons in Zambia is likely to be funded and scaled up by PEPFAR after TB REACH funding ends. There will be JICA funding for some of the interventions in a project in Afghanistan. The TB REACH project in India among Tibetans made it possible for the first time for complete notification to India's RNTCP, and this has encouraged India to plan for notification to RNTCP of cases outside the programme in the private sector. Some interventions in a project in Kenya have been absorbed by the NTP. Finally, sustainable social business models planned in 3 countries will be self-sustaining beyond their TB REACH funding.

The Global Drug Facility of the Stop TB Partnership has had a productive year. There were over 1 million patient treatments delivered for TB and MDR-TB - more than 27,000 MDR-TB treatments delivered by 1 November 2012. On second-line drugs GDF secured two more approved suppliers of capreomycin and is finalizing cooperation with major cycloserine manufacturer Dong A so deliveries can be started in 2013. GDF conducted a RFP for the new GDF procurement agent and developed new LED Microscopy Diagnostic Kits. The TRC approved 22 first-line drugs grants (of which four were emergency requests). There were approximately 60 drug management missions conducted so far. In addition, in strong collaboration with the Global Fund country teams GDF supported the work to alleviate PSM bottlenecks in Congo Brazzaville, DRC, Guinea Bissau, Nigeria and Cameroon.

I'm pleased to report that no stock outs were reported for first-line drug orders because of GDF delays. Furthermore no stock outs were reported for second line-drug orders this year because of the mini-stockpile, which was funded by UNITAID. The GDF worked with several countries with pending stock out situations by mitigating and diverting TB medicines between countries to avoid delays and treatment interaction. Most of these situations arose because of payment delays by donors, notably the Global Fund.

We worked to develop the strategic framework and structure for GDF based on lessons learned over the last 10 years of work and on challenges that we have to address. The GDF Advisory Committee, comprised of technical partners, donors and civil society, was established and will provide strategic

advice and direction going forward. Further discussion on GDF will happen, as you know, tomorrow.

Early in the first quarter it was determined that the Stop TB Partnership's web site could be improved by better targeting material to different audiences. In June the new home page of www.stoptb.org was launched with changes to make the navigation more user friendly and new landing pages targeting three specific groups: new visitors, partners and donors. We also updated the donations portal on www.stoptb.org with specific push for donations for the TB REACH initiative.

Since the last Coordinating Board meeting 10 months ago we have worked hard to support Steering Committee members on the work for the development of the Operational Strategy for the next three years and towards governance reform. This has required extensive discussions, meetings and conference calls with and between members of the Steering Committee, members of the Board, partners and Secretariat. There were face-to-face meetings organized in this period and numerous conference calls.

We implemented all these with our Secretariat team, in Geneva. We have some colleagues who left the Secretariat during the last year - all of them getting promoted to different higher-level positions. I consider it a healthy atmosphere to have people changing jobs and environments or stations after six or seven years in the same place. There were two people from the finance team, one from the advocacy team and three from GDF who left. We were joined by two colleagues in the advocacy team, three in the GDF team – including the Interim manager - and two colleagues seconded by the Swiss government.

Dear all,

This is what we did this year. It is not all we did, and I always have difficulties in deciding what to put in and what to leave out of this report. I want to end with two statements.

We are the Secretariat of a partnership, and you are our Board. We are together going towards a common goal and we will achieve it only if we do it together. This is why we have to support and catalyse your dialogue, engage you – and serve you and our partners! I think we can do much better in this aspect and this is definitively the direction in which we are moving.

At the same time, you as the Board should support us, engage us, feel represented for us, fight for us! Decisions taken here make all of us accountable: the Board for taking these decisions and the Secretariat for implementing and delivering against them.

This Board will decide and lead us to a transformation process. It is a transformation for the Secretariat, for the way we work, for what we work. It is a transformation of the Board itself as well as its committees. It goes hand in

hand with the very changing landscape in which we operate and I strongly believe that is a very good transformation and that we should go for it!

I thank you all for being here with us, even though you are tired after five days of meetings. But you are our Board, and you are both valuable and valued. We need the Board to be both the harshest critic and the strongest supporter of the Secretariat, and of me.

Thank you for listening!