

Stop TB Partnership

hosted by
UNOPS

STOP TB

Partnership

37th BOARD
REPORT



Foreword

Geneva, January 2024

To have dreams is essential. To have the ambition to pursue them and transform them in reality, is really amazing!

This Report shows how ambition, hard work, passion, and love can lead to achievement of amazing results.

2023 was the top year for us - so far - and here we unpack what we achieved, as the Secretariat of the Stop TB Partnership.

We focused a lot of our work on the UNHLM on TB, the development of the Key Asks, engagement and support of partners and civil society, the Multi Sectorial Hearing, the Political Declaration and negotiations and the amazing week and events we all had in New York in September.

200 million USD in newly signed engagements and diagnostic procurement orders, 165 million USD expenditures, 357 active grants, supplying more than \$320 million in TB products to 134 countries (including 56 countries procuring via GDF with domestic funds) as well as more than \$32 million in savings for countries and donors due to price reductions of medicines and diagnostics, introducing more than 300 Molbio instruments and 65 portable Xray and working in partnership to build local capacity in using these tools, pushing the boundaries of innovations with TB REACH grants on TB preventive treatment and health systems as well

as the getting more than 600 applications in the recent call for proposals, engaging people in the decision and designing the products they need through Reimagining TB Care, funding more than 200 Challenge Facility Grantees that implement Rights, Gender and Stigma assessments and plans, working with the tens of networks of TB survivors engaged in the TB response, having more than 1 billion views during World TB day, Varanasi End TB Summit and the large communication campaigns that we implemented and supporting the efforts to have new tools and new vaccines to roll out. It is with the great work of our staff, the amazing efforts and engagement of the partners and the great support and trust of our donors that we are counting these successes. Thank you!

All these efforts are to serve and support the people from the country programmes, CSOs, governments in their mission to save the lives of their own citizens and this is why I want to end this report by clearly stating that the ones to receive the BIG APPLAUS, are the country programmes that made 2022 and – according to our assumptions – 2023 - the best years ever in terms of diagnosing and treating people with TB. To all of you - RESPECT for all your ambition and efforts! We will always be here to serve you, we will have together and even better 2024 and we will keep going - because we know that Yes! We can end TB together!

Dr Lucica Ditiu
Executive Director



37th Board Report

Copyright © 2024

by the Stop TB Partnership, hosted by the United Nations Office for Project Services

Global Health Campus
Chemin du Pommier 40
1218 Le Grand-Saconnex
Geneva, Switzerland

All rights reserved. No part of this publication may be reproduced, in any form or by any means, without prior permission of the Stop TB Partnership.

Printing: Stop TB Partnership Geneva

Design: Diego Silva

Photo credit: Cover photo by Shehzad Noorani

P. 6,76, 79: Shehzah Noorani

P.15: Press Information Bureau, Government of India

P. 18, 30: Loey Felipe (UN Photo)

P. 19, 22: Laura Jarriel (UN Photo)

P. 28, 38: Malene Arboe Rasmussen

P. 36,37: Diego Menjibar Reynés

P. 42, 44: Mary Gelman

P. 40-42,87: Ashley Gilbertson

List of acronyms/abbreviations

AI	Artificial intelligence	KPI	Key performance indicator
AMR	Antimicrobial resistance	LTA	Long-term agreement
CAD	Computer-aided detection	M&E	Monitoring and evaluation
CCM	Country Coordinating Mechanism	MP	Member of Parliament
CCS4i	Country and Community Support for Impact	MSH	Multi-stakeholder Hearing on TB
CDC	United States Centers for Disease Control and Prevention	NGO	Non-governmental organization
CFCS	Challenge Facility for Civil Society	PCD	People-centred design
CRG	Community, rights and gender	PEPFAR	United States President's Emergency Plan for AIDS Relief
CSO	Civil society organization	PPM	Public-private mix
DEI	Diversity, equity and inclusion	PPPR	Pandemic prevention, preparedness and response
DR-TB	Drug-resistant tuberculosis	R&D	Research and development
DS-TB	Drug-susceptible tuberculosis	RTC	Re-imagining TB Care
EASI	External Affairs & Strategic Initiatives	SRS	Strategic Rotating Stockpile
EDO	Executive Director's Office	STTA	Short-term technical assistance
FIT	Friends for International Tuberculosis Relief	SUFT	Step Up for TB
FPF	Flexible Procurement Fund	TB	Tuberculosis
G7	Group of Seven	TPMAT	Tuberculosis Procurement and Market-Shaping Action Team
G20	Group of 20	TPT	Tuberculosis preventive treatment
GDF	Global Drug Facility	UHC	Universal health coverage
GFAN	Global Fund Advocates Network	UN	United Nations
GHC	Global Health Campus	UNHLM	United Nations High-Level Meeting
GLI	Global Laboratory Initiative	UNOPS	United Nations Office for Project Services
GTBC	Global TB Caucus	USAID	United States Agency for International Development
IGRA	Interferon-gamma release assay	WHO	World Health Organization
iNTP	introducing New Tools Project	WTBD	World TB Day
KOICA	Korea International Cooperation Agency		



OPERATIONS

UNOPS hosting services

In 2023, the United Nations Office for Project Services (UNOPS), the Stop TB Partnership's host agency, made significant progress on the [UNOPS Comprehensive Response Plan](#), which was developed in response to the management failures of the Sustainable Investments in Infrastructure and Innovation (S3i) initiative. The response plan is now 79% complete according to the [publicly available dashboard](#). New leadership has been appointed and is providing a strong direction for UNOPS, with renewed purpose and focus on the implementation of the 2030 Agenda for Sustainable Development.

For Stop TB, these changes are important, as hosting services are now prominent in the restated strategic plan of UNOPS, and the UNOPS Executive Director has spoken at length about how proud UNOPS is to host the Stop TB Partnership. There is no deadline for the current hosting arrangement, which allows for a longer term focus and prioritization.

In 2023, the renewed partnership and confidence have translated to record delivery numbers and a renewed focus on Stop TB's core activities. Moreover, UNOPS has agreed to lower the overall hosting fee for the Stop TB Partnership to 3%, which will save the Partnership nearly US\$ 2 million every year at current expenditure levels.

2023 highlights of the Operations Team

The Stop TB Partnership had a banner year in 2023 in terms of growth and successful programme delivery. It exceeded key performance indicators (KPIs) and thus reached even more people living with TB.

In terms of financial numbers, Stop TB outputs amounted to US\$ 165 million in expenditures and US\$ 200 million in newly signed engagements and diagnostics procurement orders – both new records for the Secretariat. The increased volumes and complexity are significant, putting extra strain on the Operations Team. All team members of the Secretariat deserve credit for having facilitated this achievement and for working tirelessly to provide efficient services with maximum impact.

Stop TB provided half of the total engagements and financial delivery of the UNOPS Geneva Office, further highlighting its outstanding performance and importance to UNOPS. For its part, UNOPS continued to engage with the Secretariat on operational and strategic matters in order to strengthen the financial oversight and management of the growing portfolio.

In line with the Organizational Instruction for hosting services and the Joint Hosting Agreement, the former UNOPS portfolio management team has now been fully integrated into the Stop TB Partnership Secretariat. The organigram and workflows have been updated accordingly. This integration has led to further strengthening of the Secretariat's work.

In 2023, the Secretariat underwent a three-week routine UNOPS internal control audit, which required careful preparation and heavy lifting across Secretariat personnel. The successful outcome of the audit reflected well on the maturity of the Stop TB Partnership Secretariat and the solid procedures and processes in place. Follow-up work on the recommendations will take place in 2024.

Below is an overview of the outputs supported by the Operations Team in 2023 across different functional areas.

Overview of consolidated outputs of the Stop TB Partnership

Operations Area	Activity Type	2023
STBP Procurement	Contracts for Services established	90
	Contracts for Goods established	15
GDF Procurement	New Long-Term Agreement (LTA) established	2
	LTA Amendments processed	12
	LTA Extensions (in time) processed	11
	New Project Agreements (Diagnostics and Medicines)	8
Grants	Active Grants	357
HR	Recruitment (New contracts issued)	71
	Active contracts	316
Travel	TAs processed	521

Project management and grants

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

In 2023, seven new donor contribution agreements were signed and six existing agreements were amended, further diversifying Stop TB’s funding landscape.

The Operations Team undertook the review and update of the Risk Management Framework, and the Secretariat is currently finalizing work to develop an internal online risk management tool and dashboard to better monitor its risk registers.

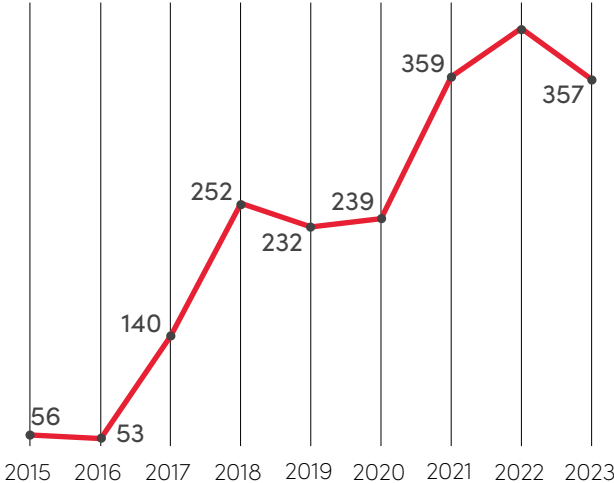
The grant support mechanisms continue to be in high demand by Stop TB’s partners. As a result, more than 350 monetary and in-kind grants were actively administered by the Secretariat in 2023. This included awarding 114 new Challenge Facility for Civil Society (CFCS) Round 12 grants and launching TB REACH Wave 11 in November.

Stop TB’s host UNOPS conducted a three-day regional grant support and monitoring and evaluation (M&E) workshop in October in Geneva, which brought together over 50 grant practitioners from the UNOPS Europe and Central Asia region and six colleagues from the Secretariat, who exchanged on current grant-funding practices and challenges across the region.

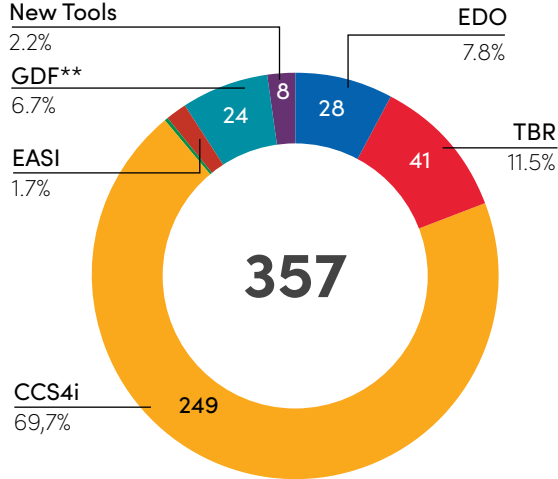
Ongoing grant policy updates were discussed with UNOPS, including how to effectively strengthen the organizational capacity assessments and protection against sexual exploitation and abuse assessments of implementing partners going forward.

Active grants in 2023

Grants Trends in yearly numbers



Nº. of active Grants in 2023 per team



Finance

The Finance Team had a busy 2023, with an increased workload due to larger operational volumes and complexity, alongside the usual regular financial reporting and budget-related work; provision of support to programme teams, grantees and donors; and support to the Stop TB Partnership Finance Committee.

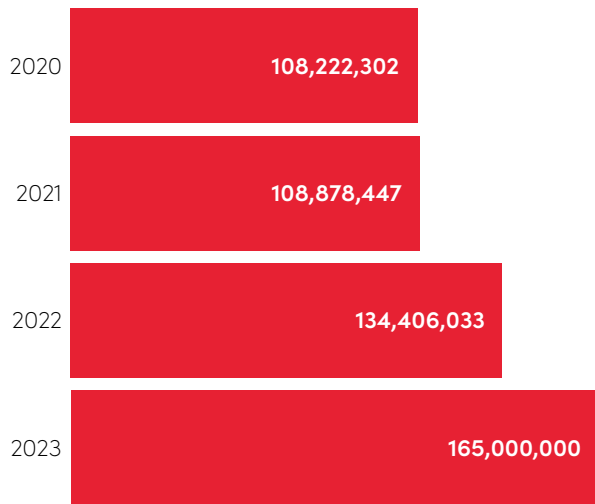
In 2023, there was added complexity to the budget preparation, which had to be aligned with the new Stop TB Partnership Operational Strategy. Moreover, the transition to the new Stop TB Procurement Agent (i+solutions) required additional attention, as it required the Finance Team to oversee about US\$ 200 million worth of procurement.

The following are highlights of the Finance Team's work during the reporting period:

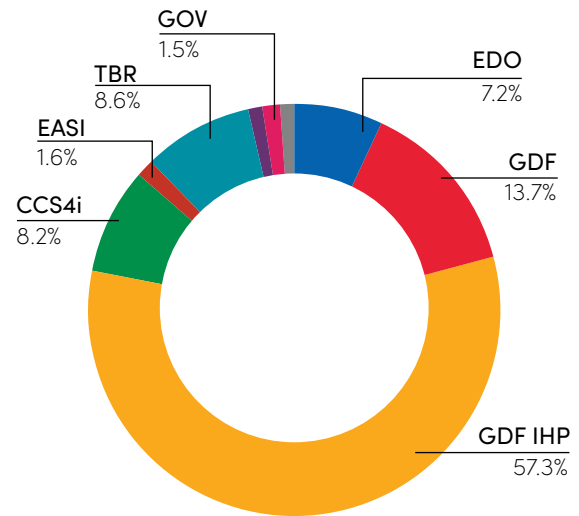
- Held four calls with the Finance Committee in 2023 (9 March, 20 July, 4 October and 8 November);
- Prepared and submitted the 2022 Stop TB Partnership Annual Financial Management Reports;
- Completed the mapping of Stop TB Partnership's financial resources for the year 2024 and prepared the 2024 budget for the Stop TB Partnership Secretariat;
- Reviewed 580 quarterly financial reports received from Stop TB Partnership grantees (TB REACH, Country and Community Support for Impact [CCS4i], New Tools Project, Global Drug Facility [GDF], and Executive Director's Office [EDO]);
- Ensured financial management for about 360 active grants (TB REACH, TBP and GDF);
- Reviewed and processed more than 550 grant payments and 2,100 supplier invoices;
- Prepared and submitted about 220 financial reports to donors, the Finance Committee, the Board, programme teams, and Stop TB Partnership management;
- Issued about 340 Stop TB Partnership Interim Financial Statements for in-house clients and Stop TB projects;
- Reconciled and issued final financial reporting to clients for about 390 in-house procurement orders of medicines and diagnostics;
- Reviewed and approved more than 520 Order Management System orders placed for the procurement of TB medicines and diagnostics;
- Reviewed 12 reports for the Stop TB Partnership/GDF Strategic Rotating Stockpile (SRS) medicines received in 2023;
- Engaged in the transition process to the new Procurement Agent (i+solutions), defining financial processes and financial reporting requirements, training the Procurement Agent finance team, and dealing with financial matters related to the transfer of the GDF SRS from the current Procurement Agent IDA to i+solutions;
- Ensured the financial oversight of both Procurement Agents' 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 grant oversight and related tools and systems (Grant Management System and Order Management System);
- Continuously supported Stop TB Partnership grantees, including through training sessions on grant financial guidelines and financial advice to help strengthen their financial management capacity.

Finance in 2023

Total annual expenditures for STBP 2020-2023 USD



2023 Financial Output per team



Procurement

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

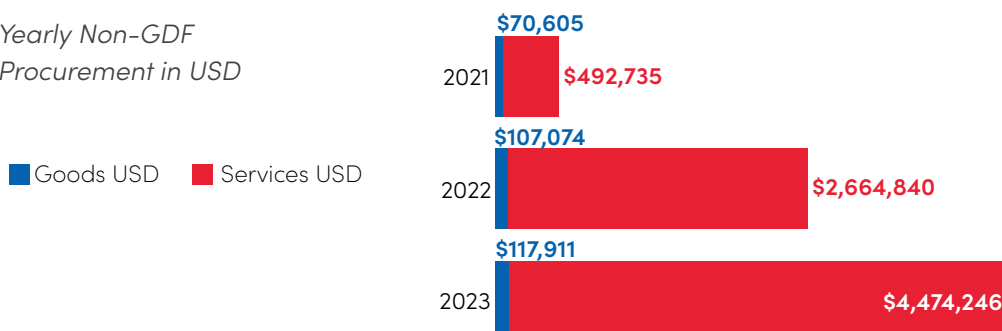
In terms of the first category, 2023 witnessed a growing trend compared to previous years. The Operations Team supported the establishment of two new LTAs, amendment of 12 LTAs and

extension of 11 LTAs for GDF. Regarding project agreements for diagnostics and medicines, there were eight new in-house diagnostic/medicine projects and 129 amendments. In addition, 935 call-off orders against LTAs were processed and 1,782 invoices were paid.

In terms of the second category, in 2023, Stop TB's procurement total was US\$ 4.6 million, of which 90 out of 105 processes were for procurement services (US\$ 4.5 million) to help the Stop TB Partnership Secretariat implement its activities in line with the annual work plan.

Procurement in 2023

Yearly Non-GDF Procurement in USD

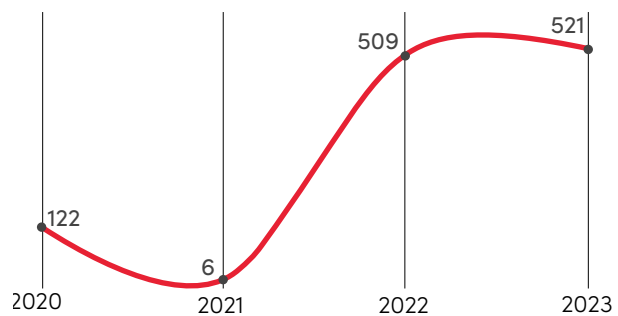


Travel

In 2023, more than 500 travel requests were processed. Submitting quarterly travel plans in advance helped the teams to plan ahead, be prepared for any changes or uncertainties, and enabled Stop TB to save time and money by booking flight tickets well in advance. Most of the flight tickets for 2023 were booked at least 1–2 months before the travel dates.

Travel in 2023

Number of Travel Authorisations 2020–2023



Human resources

Following the COVID-19 pandemic, UNOPS has put in place several flexible working arrangements, such as work-from-home (maximum two days per week) and long-distance teleworking considerations. This is at the full disposal of Stop TB and is working well.

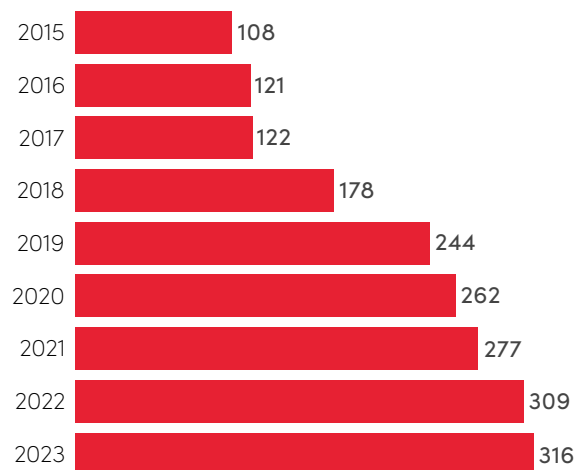
By the end of 2023, the Stop TB Partnership counted 314 active contracts for 106 personnel from 53 countries in the Secretariat and 208 consultants around the globe.

In line with previous years, Monday mornings traditionally bring all staff together in a unique weekly town hall, during which a weekly team summary is collated with team updates, and all staff members discuss the week ahead and hear about the most important news, meetings, deliverables and projects across the Stop TB Partnership. Over the past nine months, 38 such meetings took place virtually.

In addition, Team Leaders come together every Tuesday in the Executive Team Meeting and in an Extended Executive Team once a month.

Human resources in 2023

Active HR contracts





All Staff meeting

From April to December 2023, Stop TB Partnership representatives participated in regular Global Health Campus (GHC) Facilities Management consultations and coordination meetings with GHC co-tenants and partners to discuss and take collaborative action on issues that affect the GHC staff, their well-being, and smooth operations of the campus.

Life goes on at the Stop TB Partnership

Colleagues who had babies: 7

- Alexandru Hordila
- Alessio Mola
- Caoimhe Smyth
- Giovanni Verin
- James Malar
- Thi Hong Ngoc Chu
- Judith Mwaluko

Colleagues who joined: 14 (13 + 1 intern)

- Andrew Cross, Strategic Initiatives Manager, EASI, April 2023

- Judy Mwaluko, Communication Specialist, AC, April 2023
- Jurgen Boquin, Senior Programme Assistant, TBR, April 2023
- Martin Kauna, Procurement Administration Associate, OPS, June 2023
- Veselka Jensen, Procurement Administration Associate, OPS, July 2023
- Malaika Zaidi, Harvard Intern, EDO, August 2023
- Paul Chambolle, Programme Management Associate, AC, August 2023
- Ahnaf Tahmed Faiz, Programme Management Support Associate, GDF, September 2023
- Elizabeth Mahebo, Programme Management Support Associate, GDF, September 2023
- Yu Yu Thin, Administration Associate, EASI, September 2023
- Tushar Garg, Technical Officer, TBR, November 2023
- Maria Cabrera, Procurement Specialist, OPS, November 2023

- Diego Garcia-Lomas, December 2023, Diagnostics Procurement and Supply Assistant
- Wut Yee Lin, December 2023, Country Supply Officer

Colleagues who left: 8 (6 + 2 interns)

- Katherine Ireri, May 2023, Senior Programme Assistant, LICA 5
- Afrin Haque, June 2023, Programme Management Specialist, IICA 2
- Fatima de Leon, August 2023, Programme Management - Associate, LICA 6
- Malaika Zaidi, August 2023, Haward Intern
- Tunahan Kucukcelebi, November 2023, Procurement Specialist, IICA 2
- Lucy Mupfumi, December 2023, Diagnostics Project Officer, LICA 10
- Shihab Zafar, December 2023, Digital Health Analyst, LICA 9
- Elinor Spensley, December 2023, Quality Assurance Intern

Diversity, equity and inclusion

The Stop TB Partnership achieved significant results in the field of diversity, equity and inclusion (DEI), as part of the [Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership](#) and the Roadmap for an Inclusive and Thriving Stop TB, co-created with personnel in 2022.

For the first time, DEI features prominently in the organization’s Operational Strategy (2023–2028), with two out of three enablers tracking progress related to the diversity of the workforce and employees’ engagement.

Diversity and equity in the workforce

The Stop TB Partnership Secretariat continues to be very diverse, both in terms of gender and geographical representation, performing well beyond the targets set by UNOPS for the European region. For instance, this year, women made up 57% of the personnel overall, while men made up 43%; women held 67% of leadership positions (P4 and above levels) compared to men, who held 33%. In terms of geography, 49% of personnel were from the Global North and 51% from the Global South overall; 58% of leadership positions were occupied by personnel from the Global North, compared to 42% from the Global South. As a reference, the UNOPS targets for Europe are for women to make up a minimum of 50% of personnel overall and hold 48.9% of leadership positions, and for 50% of personnel overall and 44.5% of those in leadership positions to come from the Global South.

In order to enhance equity in the workforce, Stop TB continued to advocate for improvement of the Individual Contract Agreements (ICAs), in particular in Geneva. Many of the related recommendations were channeled through the Geneva Personnel Forum, which led to changes in fee setting, health care benefits and mobility support both globally and in Geneva.

On the occasion of the International Day for the Elimination of Racial Discrimination (21 March), Stop TB reaffirmed its commitment to fight racism and discrimination in all its forms. In partnership



International Day for the Elimination of Racial Discrimination flier

with the United Nations High Commissioner for Refugees, colleagues were invited to watch a selection of movies from the New York African Film Festival to learn from our past and understand our present.

Inclusion, well-being and psychological safety

Following the creation of the [Stop TB Partnership Values Charter](#) in October 2022, bimonthly sessions were held during all personnel meetings to discuss what those values meant in daily work. Teams and individuals discussed how to foster the six values of accountability, honesty, respect, care, inclusion and passion.

All Stop TB personnel had the opportunity to give feedback on their working environment twice in 2023 through the UNOPS Pulse surveys and through internal Slido questionnaires during all personnel meetings. UNOPS Pulse surveys continued to show a relatively low level of people engagement for Stop TB, as well as for UNOPS Geneva and UNOPS overall, compared to Gallup's overall database. However, the Slido questionnaires revealed that 85% of Stop TB personnel were satisfied overall with the Stop TB Partnership Secretariat as a place to work.

In 2023, monthly internal events were organized to strengthen team spirit and connection, such as world breakfast, pizza party, World Cup viewing, donut breakfast, "all things Asia", "discover Kenya", Barbie party, Halloween and the end-of-year holiday party.

An average of 6–10 colleagues were counselled monthly by the DEI adviser on incivilities, interpersonal conflicts and well-being related issues.

Managing people and talent

In May 2023, the Geneva Personnel Forum was created as an independent and confidential space to voice concerns and suggest ideas for improvement in areas such as organizational culture and career development. Two Stop TB personnel were elected to be part of the Forum.

Funds were set aside for learning and skill upgrades for Stop TB personnel. An executive leadership programme for all managers has been contracted in partnership with IESE Business School. The programme includes a two-day face-to-face discussion and practice-based teaching in Geneva based on the latest research in leadership development, plus three hours of individual coaching for every manager. The programme aims at addressing existing gaps in the Secretariat in terms of managing people and talent in order to equip the organization's leaders with the necessary knowledge and skills to enable a supportive environment in which their teams can thrive and deliver on their mission.

Following a UNOPS learning needs assessment for the Europe region, a Stop TB learning plan is in preparation. Based on the resources available, this plan will be rolled out to all personnel in 2024.

As part of efforts to recognize colleagues' contributions to Stop TB's mission and working environment, a system of individual awards was developed and then awarded to colleagues based on popular voting:

- 1. The Extra Mile** was awarded to Alexandru Hordila for going above and beyond normal day-to-day work to help partners, the organization and colleagues.
- 2. LOL** was awarded to Alessio Mola for creating a positive vibe and making people laugh.
- 3. The Brainstorm** was awarded to Sheng Teng Lim for bringing innovative ideas and solutions to problems or improving things in the world of TB or in the office.

Finally, exit interviews were systematically undertaken by the DEI adviser with every employee leaving Stop TB, including targeted questions on the working environment, possible experience of discrimination and misconduct, and feedback on teams and managers.



36th Board Meeting

For the first time, the Board held a Group of 20 (G20) presidency co-branded Stop TB Partnership Board Meeting, which took place in the city of Varanasi, India, over two days on 25–26 March 2023. The meeting was preceded by the “One World TB Summit” on World TB Day (WTBD) 2023. The meeting was attended in person by 95% of Board Members. The decision points from the meeting, presentations and background documents are available on the Stop TB Partnership’s [website](#). The 36th Board Meeting was also preceded by a side event organized by REACH India, together with Stop TB and partners: “Yes! We Can Invest in Communities to End TB!”. This event included TB Champions from India and was a true community-led effort.

The high-level “One World TB Summit” on 24 March 2023 was held under the leadership of Prime Minister Narendra Modi, the keynote speaker, and attracted more than 1,200 participants. Thanks to the efforts of Stop TB and India’s Ministry of Health and Family Welfare, this event was successful in demonstrating India’s incredible leadership and vision, bold ambition

and groundbreaking initiatives that inspire an end to TB globally.

Virtual regular updates

The Stop TB Partnership Secretariat organized four virtual regular update (VRU) calls with the Board to inform them of the work of the Secretariat teams and to keep the Board up to date with the latest developments in the TB agenda.

Executive Committee

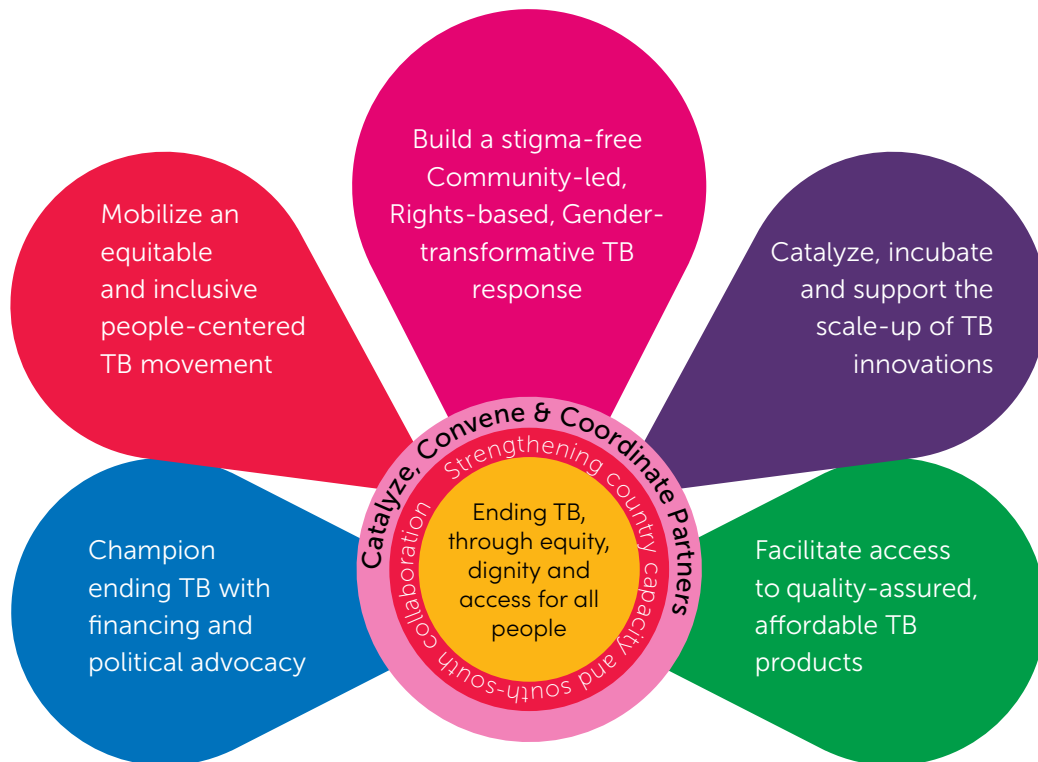
In the past 10 months, the Executive Committee held nine [teleconference meetings](#).

The main topics on the agenda of these Executive Committee meetings were: the implementation of the [Board's Action Plan](#); the Secretariat’s new Key Performance Indicator Framework for 2023–2028; preparations for the [37th Board Meeting](#); the United Nations High-Level Meeting (UNHLM) on TB; and the implementation of the Board recommendations on governance related to the [Board Strategy Review](#).



OPERATIONAL STRATEGY

FOR STOP TB PARTNERSHIP
SECRETARIAT, 2023-2028



Enablers

Motivated and passionate people with a diverse, equitable and inclusive culture

Transparent and collaborative information sharing within the Secretariat

Efficient, effective, resourced Secretariat operations, hosting and governance

The Executive Committee of the Board approved the new Operational Strategy for Stop TB Secretariat which was developed following extensive consultation with Board members and Stop TB personnel, facilitated by a team from McKinsey.

The Operational Strategy (link: <https://www.stoptb.org/2023-2028-operational-strategy>) has 5 goals, and there are 3 core enablers to facilitate the work on the goals.

Key Performance Indicators related to the new Operational Strategy

Following the finalization of the new Operational Strategy, a new set of Key Performance

Indicators, KPIs (link: <https://www.stoptb.org/board/board-affairs-documents-and-news>) were developed by the Secretariat. The KPIs were approved by the Executive Committee in December 2023 and the Secretariat will report on them for the first time during the Board meeting in February 2024.

Each of the 5 Goals has 1 to 3 KPIs with clear baselines targets. The KPIs represent strategic high-level indicators and targets for the purpose of informing the Board and seeking strategic guidance on the work of the Secretariat. They will be regularly reported to the Board. In addition, the Stop TB Secretariat has more detailed performance indicators for reporting to donors for specific donor funded activities.

ADVOCACY



UNHLM on TB 2023

The UNHLM on TB took place on 22 September 2023 during the UN General Assembly in New York. The Stop TB Partnership contributed substantially to the preparations for this meeting through significant financial and human resources participation, including by funding the Affected Communities and Civil Society Platform, co-organizing the UN Multi-stakeholder Hearing (MSH) on TB, engaging and aligning partners, leading advocacy with country missions in New York and capitals, promoting meaningful engagement of TB-affected communities, and raising the ambition level of the commitments included in the Political Declaration adopted at the meeting. Below is a summary of Stop TB's key contributions.

Stop TB was fully engaged in the process of developing and influencing the UN Modalities Resolution for the UNHLM on TB, which determined the dates, agenda and other aspects of the meeting. The Partnership was made aware that the proposal to hold the UNHLM during



Mr. Austin Obiefuna, Vice Chair, Stop TB Partnership, holding Key Asks document during UNHLM on Tuberculosis at UN headquarters in New York during UNGA.



Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization, holding Key Asks document during UNHLM on Tuberculosis at UN headquarters in New York during UNGA.

the UN General Assembly was under threat. The two UNHLM on TB co-facilitators (Ambassador Krzysztof Szczerski, Permanent Representative of Poland to the UN, and Ambassador Bakhtiyor Ibragimov, Permanent Representative of Uzbekistan to the UN) specifically asked Stop TB to lead a rapid response. Accordingly, the Partnership drafted and organized a sign-on letter, which was signed by 1,044 TB advocates from 650 organizations in 91 countries within 36 hours. The letter ([available here](#)) was sent to Csaba Kőrösi, President of the UN General Assembly in February 2023.

The Modalities Resolution was agreed by UN Member States on 24 February 2023. The agreement to hold the UNHLM on TB on Friday, 22 September during high-level week represented a huge win for the TB community.

Stop TB led partner coordination efforts in the lead-up to the UNHLM and organized monthly calls of the HLM Partners Group from August 2022 to September 2023 in order to brief partners on the latest updates and facilitate discussions and inputs into key processes and documents, including with participation of the two UNHLM co-facilitators.

The Partnership led work to develop a set of key asks for the UNHLM ([available here](#)) to capture the TB community's top priorities for inclusion in the TB Political Declaration. The process for

developing the key asks included a thorough and extensive engagement with TB survivors, people affected by TB, communities and civil society, and other TB stakeholders, including UN agencies, high-burden TB countries, donors and the private sector. The key asks were launched on 27 April ahead of the MSH on 8 May.

The Stop TB Partnership's 36th Board Meeting also featured a session on the UNHLM on TB on 26 March, which included work and plans by the Secretariat and WHO and featured interventions from the UNHLM co-facilitators, government representatives from India, Indonesia, Japan and Brazil, civil society partners, other international organizations, researchers and other key stakeholders.

The Stop TB Partnership, together with WHO, supported the President of the UN General Assembly in all aspects of organizing the MSH on 8 May. Stop TB played a lead role in shaping the agenda, organizing and briefing speakers, and coordinating the TB community for a successful event.

On 4–5 May, Stop TB, working with partners, organized and financially supported a series

of UN Mission meetings in New York ahead of the MSH, together with a group of over 60 TB community representatives whom Stop TB supported to travel to and attend the Hearing. Stop TB organized meetings with 45 UN Missions, including 11 from the Americas, 12 from Africa, 10 from Asia-Pacific and 11 from Europe, as well as with the UNHLM co-facilitators (Poland and Uzbekistan), the President of the UN General Assembly, and the Africa Union. Together with partners, Stop TB briefed the Missions on the UNHLM key asks and needed commitments to end TB by 2030.

The MSH on TB included 20 speakers and moderators and at least 25 floor interventions, as TB stakeholders made loud calls for the key asks to be included in the draft political declaration on TB. The Vice-Chair of the Stop TB Partnership, Austin Obiefuna, made a powerful appeal during the opening of the meeting and launched the [Accountability Report of TB-Affected Communities and Civil Society: Priorities to Close the Deadly Divide](#).

The Partnership played a key role in the process of engaging and supporting civil society and TB communities in the MSH, including through



Stop TB Partnership teams during their visit to various country missions to the UN in New York on the sidelines of Multistakeholder Meeting on TB, UNHC and PPPR in May 2023



Members from TB communities and civil society gathered in New York's Battery Park during the sidelines of the Multistakeholder Meeting on TB, UNHC and PPPR in May 2023

its grant support for the UNHLM Civil Society Organization (CSO) and Affected Communities Hub, hosted by the Global Fund Advocates Network (GFAN). The Hub successfully coordinated the engagement of TB-affected communities in the MSH in May and in the UNHLM in September, including through the launch of an Advocates Guide to the UNHLM, support of regular advocacy outreach, and provision of updates and coordination of engagement through monthly CSO webinar calls. The Hub also organized successful CSO picnics and CSO pre-briefing events for the MSH and the UNHLM on TB. Stop TB supported over 110 CSO participants to travel to and participate in the MSH and the UNHLM.

The zero draft of the UNHLM on TB Political Declaration was released on 15 May. The Stop TB Partnership responded with an analysis comparing the zero draft text to the UNHLM key asks and developed a document summarizing the key priorities missing from the zero draft, entitled TB Community Key Essentials for the UN High-Level Meeting on Tuberculosis Political Declaration. The Key Essentials document was sent to the UNHLM co-facilitators, key UN Missions and key country capitals.

The Partnership was heavily engaged in the negotiation process (all eight negotiation sessions), sharing its position regularly with capitals and UN Country Missions, and making sure that partners were briefed regularly and equipped to engage in negotiations and make informed decisions related to the UNHLM.

The Stop TB Partnership engaged with stakeholders working on the UNHLMs on universal health coverage (UHC) and pandemic prevention, preparedness and response (PPPR) to ensure alignment by developing briefs on TB and PPPR (available [here](#) and [here](#)), being part of preparatory webinars organized on the UHC UNHLM by UHC2030 and attending some of the negotiations on their respective political declarations.

During the week of the UNHLM, the Stop TB Partnership was highly visible throughout the various events it organized or supported. Stop TB hosted various side events, as listed on its website [here](#), with its Executive Director and Deputy Executive Director speaking at other events that Stop TB co-hosted or was involved in.

The Stop TB Partnership launched the Coalition of Leaders Against TB initiative on 19 September



Ministers of Health from Indonesia, Kazakhstan, Philippines, South Africa, Brazil and Tanzania's Chief Medical Officer sharing their commitment for the Stop TB Partnership-led Coalition of Leaders initiative on the sidelines of United Nations (UN) High Level Meeting (HLM) on Tuberculosis at UN headquarters in New York during United Nations General Assembly (UNGA).

2023 at an event at UN Headquarters. This initiative was conceived in Varanasi, India, during this year's WTBD and was announced at the last Board Meeting in Varanasi in March. The Coalition of Leaders is a high-level advocacy campaign to lead efforts towards ending TB, under the leadership of Heads of State and Government.

During the event, Ministers of Health from five countries, representing their Heads of State, Budi G. Sadikin, Minister of Health, Indonesia; Azhar Giniyat, Minister of Healthcare, Kazakhstan; Susan Nakhumicha, Minister of Health, Kenya; Teodoro Herbosa, Secretary of Health, Philippines; Dr Joe Phaahla, Minister of Health, South Africa; and Dr

Ethel Maciel, Vice-Minister of Health, Brazil; also Tumani Nagu, Chief Medical Officer, Ministry of Health, United Republic of Tanzania, shared their countries' progress on the TB response, enabled and empowered by their Head of State's vision, leadership and specific initiatives.

Each of the Ministers of Health, representing their leaders, emphasized the agreement of their Head of State to be part of the Coalition and continue to champion the TB cause at the national, regional and global levels towards ending TB. It is expected that the leaders of these countries will further raise awareness on TB, with other countries eventually joining the Coalition of Leaders Against TB as well. At the end of the event, the Ministers of Health also signed a special board, confirming their commitment to the Coalition of Leaders Against TB.



Scenes from the United Nations (UN) High Level Meeting (HLM) on Tuberculosis at UN headquarters in New York during United Nations General Assembly (UNGA).

The UNHLM on TB took place on Friday, 22 September. At the UNHLM, 127 Member States spoke in the Plenary Session, including one Head of State, 61 Ministers of Health and seven Ministers of Foreign Affairs, and UN Member States formally adopted the Political Declaration on the Fight Against Tuberculosis. Among key highlights, Member States committed to providing life-saving treatment for up to 45 million people between 2023 and 2027, including up to 4.5 million children and up to 1.5 million people with DR-TB, and providing TPT to up to 45 million people, including 30 million household contacts

of people with TB, including children, and 15 million people living with HIV.

Member States also committed to increasing annual global TB funding levels to over four times the current level (US\$ 5.4 billion) to reach US\$ 22 billion annually by 2027, and US\$ 35 billion by 2030. They agreed to mobilize this funding through domestic and international investment mechanisms, innovative financing mechanisms and costed action plans. The full news alert on the Political Declaration is available [here](#).

An analysis of Stop TB's key asks from TB stakeholders vs the final Political Declaration shows that, of the 46 key asks, 10 (22%) were fully included, 29 (63%) were partially included and seven (15%) were not included.

In November, Stop TB launched the abridged version of the Political Declaration ([available here](#)) during The Union World Conference on Lung Health 2023 to ensure that a concise version of the Political Declaration with key highlights was available for advocacy use and engagement of political leaders. Simultaneously, the countries share of global UNHLM treatment targets were released to ensure advocacy and action at country level. The Partnership is currently planning a series of high-level regional events to follow up on and chart the next steps for the UNHLM Political Declaration.

Stop TB Partnership at the Group of Seven (G7)

Japan's G7 presidency in 2023 proved to be a key facilitator for global TB advocacy. Through the Stop TB Partnership's high-level advocacy efforts, the organization was able to secure intervention slots at the G7 Health Working Group Meeting in January 2023. The Stop TB Partnership also used the platform to rally support from G7 countries, other partners and international organizations for the UNHLM on TB in September 2023.

For the first time ever, TB was discussed as part of the health agenda under the G7 presidency of Japan. Successful advocacy efforts by



Dr. Lucica Ditiu, Executive Director, and Deputy Director, Dr. Suvanand Sahu from the Stop TB Partnership met the Japan's Minister of State for Finance, Kozo Akino on the sidelines of the G7 Health Ministers Meeting in Japan in May 2023

the Stop TB Partnership and partners led to the inclusion of TB in the Health Ministers' communiqué. G7 members also committed to strongly supporting the upcoming UNHLMs, including the one on TB.

Stop TB Partnership at G20

While TB has regularly appeared in the G20 health declarations since 2017, it gained further visibility as the 36th Stop TB Board Meeting in Varanasi, India, was co-branded with the G20 presidency, and was preceded by the high-level "One World TB Summit" under the leadership of Prime Minister Narendra Modi as the keynote speaker. The Executive Director of the Stop TB Partnership was also an opening speaker at the event alongside the Prime Minister (for more details, see the Governance section of this report).

During the Board Meeting, members acknowledged the need for G20 and G7 countries to work closely to achieve the End TB targets by 2030. In addition, the Stop TB



Dr. Lucica Ditiu, Executive Director, Stop TB Partnership shares the stage with the Prime Minister of India, Mr. Narendra Modi during the high-level One World TB Summit in Varanasi, India on March 24, 2023.

Partnership worked closely with India's G20 presidency to highlight TB as a priority. The Partnership is also actively engaging with Brazil to prioritize TB in the health agenda as part of Brazil's G20 presidency in 2024.

Step Up for TB Initiative (SUFT)

The advocacy team worked on the SUFT 2023 project, analysed the policies of countries, developed news alerts, updated the project's website and created advocacy materials. The SUFT questionnaire and methodology underwent fine-tuning, along with the SUFT electronic platform, which is accessible through the Stop TB Partnership website or at <https://suft.stoptb.org/>. As of 2023, the SUFT e-platform automatically generates analyses of TB policy alignment with internationally recognized guidelines. In 2023, the TB policy status was updated for 20 high-burden countries. Work has recently started on SUFT 2024.



Asgar Ismayilov from Stop TB Partnership presenting the results of Step Up for TB (SUFT) 2023 during the Union Conference on Lung Health in November 2023.

Tuberculosis Research Funding Trends, 2005–2022



- Spending on TB vaccine R&D was a whopping 80% short of the targets set by the Stop TB Partnership’s Global Plan to End TB 2018–2022.
- Funding for medicines and diagnostics lagged behind targets by 75% and 35%, respectively.
- Funding from just two organizations – the United States National Institutes of Health and Bill & Melinda Gates Foundation – accounted for over half of all expenditures on TB research in 2022.

Country/Regional Advocacy

The advocacy team led and supported the following activities:

2023 Report on Tuberculosis Research Funding Trends

On 20 September, ahead of the UNHLM on TB, Treatment Action Group and the Stop TB Partnership launched the policy brief [Far Off Track: Funding for TB Research, 2018–2022](#), which previewed new data on TB R&D funding in the 2022 fiscal year. The full 2023 Tuberculosis Research Funding Trends report was released on 5 December, which found that the cumulative funding for TB R&D over the past five years has fallen shockingly short of commitments. The US\$ 4.7 billion in total funding reached for the period 2018–2022 is less than half of the US\$ 10 billion pledged by world leaders at the UNHLM on TB in 2018.

Key findings from the report include:

- Global funding for TB R&D was US\$ 1 billion in 2021 and US\$ 1.03 billion in 2022 – barely half of the US\$ 2 billion annual target agreed at the UNHLM on TB in 2018.
- Current R&D funding levels are insufficient to produce and roll out the new tools needed to find, treat and prevent the 10 million new cases of TB each year.

1. Letters to [NTP managers from high TB burden countries on WTBD](#), recommending mass TB screening campaigns with chest X-ray and AI reading as a core activity during the week of WTBD, with the engagement of leaders and celebrities.
2. Support to partners from Azerbaijan to organize a multisectoral meeting on TB: [“Azerbaijan initiative to expand robust international commitments to end tuberculosis by 2030: strong UN HLM 2023 Political Declaration agenda”](#). The aim of this event was to mobilize Turkic-speaking countries’ capitals to defend the strong language of the UNHLM Political Declaration protecting the interests of CSOs and people with TB.
3. Drafting of the African Union position statement for the UNHLM on TB – “Common Africa position (CAP) on the 2023 High-Level Meeting of the General Assembly on tuberculosis” – together with the African Union experts through several virtual meetings with the African Union and African partners.
4. Engaged with the Global TB Caucus (GTBC) and co-organized the [Future-Proof: Eastern Europe and Central Asia TB Summit](#) on 16–18

May, contributing to the concept note and agenda and sponsoring several members of Parliament to travel to Tajikistan.

5. Co-sponsored and was actively involved in collaborating with GTBC on the event in the African region, [Future-Proof: 4th Africa TB Summit, held on 27–28 July 2023](#). Both summits ended with declarations made and signed by the Members of Parliament (MPs), and received great media coverage.

TB PPPR initiative

The Advocacy and EDO teams worked on various aspects of TB and PPPR in order to develop proper evidence and practical guidance on efforts to end TB within the PPPR agenda. A policy brief was developed on PPPR and TB, entitled [Rationale and Recommendations for an Integrated Approach to TB and Pandemic Prevention, Preparedness and Response \(PPPR\)](#). This advocacy brief was widely used at various meetings and at Stop TB Partnership events. The Stop TB Partnership closely monitored and engaged with the UNHLM on PPPR regarding TB negotiations to ensure that TB was included in the final Political Declaration.

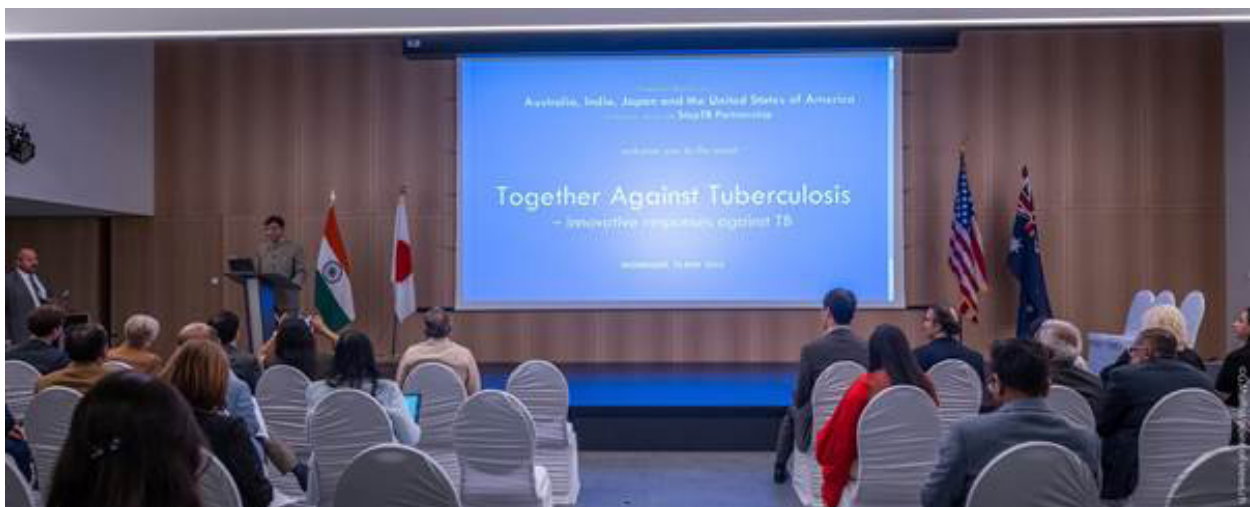
World Health Assembly

The Stop TB Partnership was involved in several high-visibility events during the World Health Assembly from 21 to 30 May.

These events included, but were not limited to, the Advocacy Team's collaboration with the SMART4TB Consortium to host a breakfast discussion during the World Health Assembly. The event "From innovation to implementation: Preparing now for new tools to end tuberculosis" emphasized the urgent need to improve TB detection, treatment and prevention, and advocated for political support to invest in new tools ahead of the upcoming UNHLM on TB.

Dr Lucica Ditiu, the Executive Director of the Stop TB Partnership, was a keynote speaker at the World Health Assembly roundtable event "On the road to the second United Nations High-Level Meeting on tuberculosis. Progress and challenges – 2018–2023", organized by WHO and the UN Mission of Poland.

The Stop TB Executive Director and Chair of the Board also spoke at an event entitled "Together against tuberculosis – Innovative responses against TB", co-organized by the UN Missions of



Dr. Mansukh Mandaviya, India's Union Minister of Health and Stop TB Partnership's Board Chair delivering the keynote address at a Quad Plus Side Event on Tuberculosis(TB) in Geneva during the 76th World Health Assembly in May 2023.

Australia, India, Japan and the United States of America, and the Stop TB Partnership.

The Secretariat partnered with the Private Sector Constituency of the Board to host a World Health Assembly side event on 25 May on “Opportunities to scale up innovations”. The panel, among others, included Jeremy Farar, Mark Edington and Lucica Ditiu, and was moderated by Suvanand Sahu. There was a lively discussion among the panel and with the audience on what is needed for faster scale-up of innovations in TB.

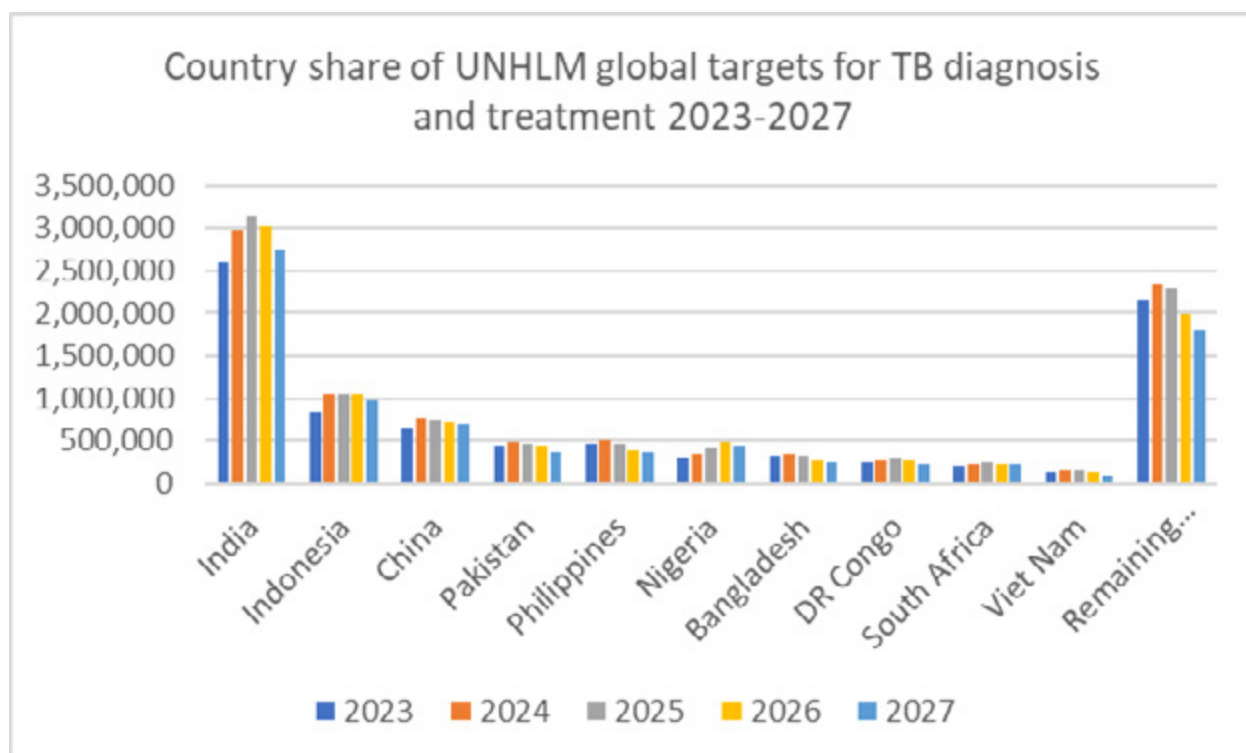
Global Plan, UNHLM targets and commitments

The Global Plan to End TB 2023–2030 served as a reference document for all stakeholders during the development of the draft political declaration for the UNHLM on TB. The Global Plan resource needs estimates for the period 2023–2027 for both TB care and prevention and TB research and development (R&D) were included in the final UNHLM Political Declaration.

Following up on the commitment to provide tools and datasets for increased advocacy around the UNHLM, global treatment targets were disaggregated to country-level targets following an approach similar to the methodology used for the Global Plan.

These targets were launched at a side event during The Union World Conference on Lung Health, on 17 November 2023. They were shared through a newsletter and are available here (<https://www.stoptb.org/un-high-level-meeting-tb/un-high-level-meeting-tb-2023>). The plan is for these targets to be shared with high-level stakeholders in all high TB burden countries in January 2024.

The country dashboards and maps on the Stop TB website (<https://dashboards.stoptb.org/country-profile.html>) were updated with new data, including data from the World Health Organization (WHO) Global TB Report 2023, WHO provisional monthly and quarterly TB notifications from countries, and real-time Nishay TB notifications from India. The dashboard section now also includes an aggregated view for all countries in the G20, Association of Southeast Asian Nations and African Union in order to facilitate advocacy with these political groups.





Media visit Mozambique

COMMUN

Media and communications continue to be at the heart of the Stop TB Partnership's work. Over the last nine months, the Communications Team made successful and continued efforts to raise the global awareness and overall visibility of significant TB issues among external and internal audiences through communication and media activities, and through the Partnership's growing social media channels and website.

Several other successful communication projects included bilateral meetings with international stakeholders and the MSH held in May; increased media events and opportunities for the Stop TB brand; for the second year in a row, a Times Square billboard campaign, including the successful Stop TB Kids campaign; a New York City transit TB awareness campaign; and several high-level outreach events on the sidelines of the United Nations General Assembly (UNGA78).

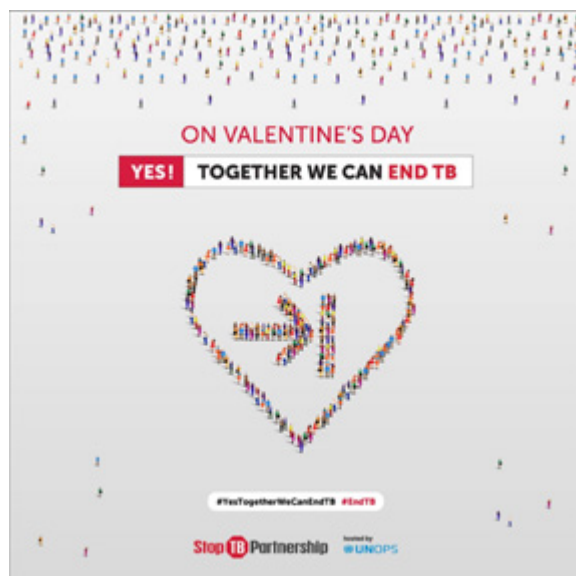


Valentine's Day campaign

Encouraging all of its partners to bestow love, support and empathy on the brave children, women and men across the world who are affected by TB and those who care for them, the Valentine's Day campaign went live with a toolkit containing six suggested tweets and accompanying images and additional features to customize the profile picture.

The toolkit was presented to over 200 partners through an official news alert and through a briefing call. The campaign received vibrant [social media coverage](#).

Keeping the Valentine's Day core message of "togetherness", the theme was strategically chosen to be "YesTogetherWeCanEndTB", in line with WTBD theme – Yes! Together We Can End TB.



COMMUNICATIONS

World TB Day 2023

WTBD is the most important moment in Stop TB's calendar year to raise awareness on the TB response. This year, 2023, was a critical year for everyone engaged in TB work. With India, a high TB burden country, leading on the G20 presidency and the UNHLM on TB slated for 22 September 2023, the Stop TB Partnership, in consultation with partners, decided that the 2023 theme would be "Yes! Together We Can End TB".

a. One World TB Summit

In the lead-up to the Stop TB Partnership Board Meeting and celebration of WTBD 2023, a huge event marking WTBD was organized in Varanasi, India, by the Government of India, Ministry of Health and Family Welfare of India, the G20 Presidency Secretariat and the Stop TB Partnership, which was inaugurated by the Prime Minister of India, Narendra Modi.



The Communications Team was closely involved in the planning of media outreach and communications activities to promote the event. The event was webcast on Stop TB's social media channels and several social media channels of the Government of India.

Stop TB's Executive Director, Dr Lucica Ditiu, shared the dais with the Prime Minister of India, the Governor of the State of Uttar Pradesh and the Chief Minister of Uttar Pradesh. Dr Ditiu also delivered a strong intervention.

The event was also broadcast on Doordarshan National, India's national broadcaster, which has both national and international viewership. View the full broadcast here: <https://www.youtube.com/watch?v=pPFRamZugek>.

The overall viewership of the event, especially from YouTube, was well beyond 1 million. The Communications Team also ensured wide media coverage, as listed here:

<https://www.stoptb.org/stop-tb-news/one-world-tb-summit>.

b. World TB Day Toolkit

As every year, a WTBD toolkit was specially developed and launched, including background designs, a social media challenge and templates for messages. The content was also translated into all six official languages of the UN (Arabic, Chinese, English, French, Spanish and Russian) and Ukrainian.

Stop TB invited all individuals and organizations around the world to get involved in WTBD by sharing their plans and events for WTBD 2023. The team pinned all the events on its [Global TB Events map](#).

c. WTBD social media stats for the Stop TB Partnership Secretariat

On X (formerly Twitter), Stop TB crossed more than 8.75 million impressions, receiving 30,200 new visits and gaining more than 500 new followers. On Facebook, Stop TB reached 55.5

million impressions and gained close to 1,000 new followers. On Instagram, the reach crossed 12 million. The #YesWeCanEndTB social media toolkit got more than 12,000 views and was accessed by all partners. With more than 36,000 posts, check out the [social media photo wall](#). The overall viewership of the event, especially from YouTube, was well beyond 1 million.

The UNHLM campaign series

a. UN Multistakeholder Hearing

The MSH on TB took place in New York City on 8 May 2023. Stop TB live-streamed the full Hearing on its Facebook page, which received massive engagement at 23,000 views.

b. Stop TB Executive Director's powerful media briefing on the global impact of TB to UN correspondents in New York

On 4 May, Dr Lucica Ditiu, Executive Director of the Stop TB Partnership, gave a presentation to the UN press corps and answered their questions on the global impact of TB, particularly in conflict areas. The presentation took place at the daily briefing by the Spokesperson for the UN Secretary-General and by the Spokesperson



Dr. Lucica Ditiu, Executive Director, Stop TB Partnership addressing the UN press corp ahead of the UN Multistakeholder Meeting on TB, PPPR.

for the President of the UN General Assembly, which took place in the press room inside the UN Secretariat in New York.

Link to the press briefing: <https://media.un.org/en/asset/k14/k144qr7fy6>

During her mission to New York, ahead of the UN MSH, Dr Ditiu engaged in several media opportunities with top-tier media, such as [Politico](#), [Health Policy Watch](#) and [CIDRAP](#).

The media coverage generated from the press briefing was a global success and resulted in some of the highest TB media coverage in recent times. In total, the media coverage for the mission to New York resulted in 381 media articles, reaching an audience of 2.43 billion. The Associated Press published a [news article](#) that was picked up by several international top-tier media houses, such as the New York Times, The Washington Post, El Pais, The Independent, Al Jazeera and countless others. The article was translated into multiple languages, including [French](#), [Spanish](#) and [Portuguese](#), which increased the overall impact and reached millions from key Stop TB target audiences.

Full media report: <https://share.coveragebook.com/b/dfd390ba6d433afa>

The list of media coverage can be accessed via this link:

<https://www.stoptb.org/stop-tb-news/global-impact-of-tuberculosis-press-conference>

c. Stop TB Kids campaign

In August, the Stop TB Partnership, with its partners, initiated a six-week campaign leading up to the UNHLM on TB, with an aim to rally for a robust engagement at the meeting in September and the formulation of a resolute Political Declaration.

This campaign revolved around the remarkable energy, aspiration and determination exhibited by young individuals. The Stop TB Partnership Secretariat, alongside their children, aspired to



spark a fresh movement that would capture the attention of key stakeholders, including Heads of State and Government, who themselves are parents.

While keeping it voluntary, staff members were encouraged and invited to let their children participate in a photoshoot. The images generated through a series of photoshoots were used in different combinations to generate a mosaic of social media tiles, which were widely shared with all Stop TB partners. The partners were also encouraged to use their children's photographs on template tiles and share the messages in their regional and local languages.

The first leg of the campaign was launched through social media. From 15 August to 30 September, the campaign hashtag #Ourfuture received a total of 847,392 impressions, with an organic conversation rate of 4% on social media (X, Facebook, Instagram

and LinkedIn), making it one of the most active campaigns of the Stop TB Partnership.

In the second leg of the campaign, a 15-second ad film was played for 30 days in Times Square. The approximate impressions of that video were over 2 million, as Times Square sees maximum footfall at that time. You can watch the [video here](#).

d. Live-streaming of events from New York

To ensure maximum spotlight and attention to TB from political leaders, donors and other relevant stakeholders during the UN General Assembly, Stop TB led on several events and collaborated with partners to co-organize others.

All the events that were led by Stop TB were live-streamed on its Facebook and YouTube channels. The overall social media views/ mentions of the Stop TB Partnership crossed the 29,000 mark, with an overall reach of 97.3 million across all social media platforms. The overall mentions for the month of September

touched 80,000 marks with 101 million reaches across all platforms.

e. Times Square billboard campaign

For the second year in a row, Stop TB launched a TB awareness-raising billboard campaign in the iconic Times Square, which is strategically located in the heart of New York City. The overall campaign ran for four months and served as a dynamic platform to showcase vital information about TB. This campaign was aimed not only at raising awareness about the TB pandemic, but also at shedding light on the challenges and opportunities inherent in the global TB response. It was estimated that the campaign received around 20 million impressions.

f. Bus awareness and prevention campaign in New York City

With the objective of raising awareness about TB and educating the people of New York City about the airborne transmission of this disease, Stop TB partnered with the New York City bus company to launch a comprehensive TB awareness campaign. This effective initiative involved a fleet of 75 buses traversing Manhattan, each adorned with prominent TB-related messages.

The bus campaign ran for four weeks and received approximately 16.25 million impressions. The campaign was also promoted on Stop TB’s social media channels, where it received over 1 million impressions.



New York City bus campaign

UNHLM on TB media coverage

During the high-level week from 19 to 22 September, there was a lot of interest from top-tier media, such as the Guardian, Time Magazine, Politico, CBC, Reuters, The Wire and many other international outlets, focusing on the global health agenda. During this time, there were 238 mentions of TB, including related terms (e.g., tuberculosis, TB, EndTB), Stop TB, Dr Lucica Ditiu or Dr Suvanand Sahu from 203 outlets.

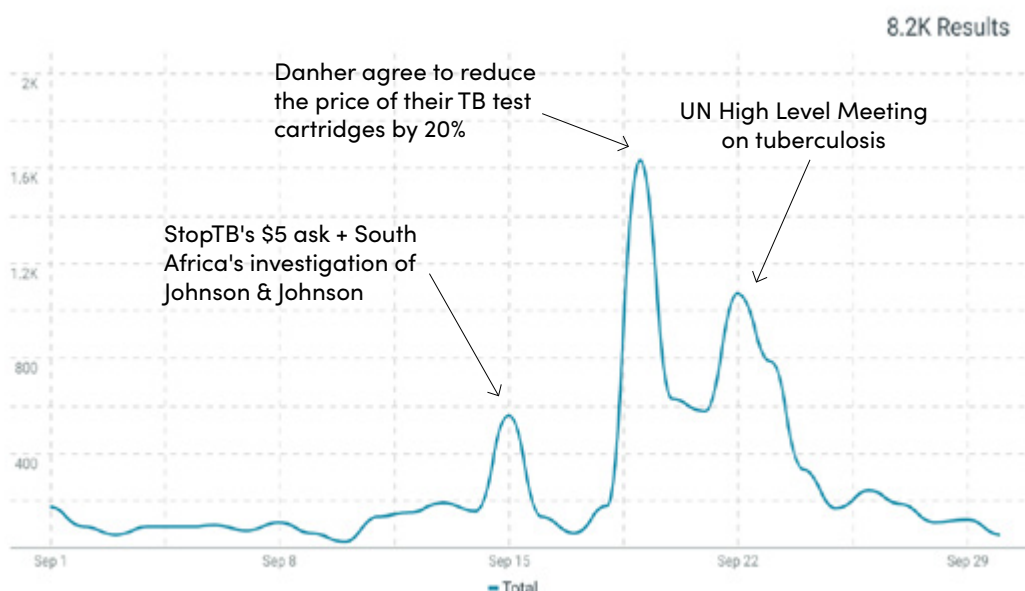
Overall, for the month of September, there were 1,000 mentions of TB from 687 outlets. Of these, there were 647 stories mentioning the Stop TB Partnership, Dr Lucica Ditiu or Dr Suvanand Sahu from 590 outlets.

The list of media coverage can be accessed via this link:

<https://www.stoptb.org/stop-tb-news/un-hlm-tb-media-coverage>

Stop TB + spokespeople mentions

Social media and media mentions over time (September 2023)



Media		
647 Results	2.3K Engagement	1.3B Potential reach

Social media		
7.4K Results	26.3K Engagement	130.7M Potential reach

Top articles for September per engagement:

Overall, there were 1K mentions of tuberculosis from 687 outlets. Of these, there were 647 stories mentioning the STBP, Lucica Ditiu, or Suvanand Sahu from 590 outlets.

<p>TIME</p> <p>Tuberculosis Could Be the Next Global Health Crisis. Is the World Ready? *The author attended the UNHLM breakfast briefing</p>	<p>The Guardian</p> <p>South Africa launches 'unprecedented' investigation of Johnson & Johnson over TB drug prices *The author attended the UNHLM breakfast briefing</p>
<p>AP</p> <p>Big Pharma's Johnson & Johnson under investigation in South Africa over 'excessive' drug prices</p>	<p>FOX NEWS</p> <p>'Disturbing' California biolab shrouded in mystery as China links emerge</p>
<p>WIRE</p> <p>Unprecedented TB Drugs Stock-Out in India: Union Health Minister Skips UN High-Level Meet</p>	



Dr Atul Gawande speaking at the event

a. Breakfast briefing with the media: setting the scene before the UNHLM on TB

As a precursor of the UNHLM on TB, the media, civil society, communities and partners attended a Stop TB-organized breakfast briefing held inside the UN Secretariat.

Dr Atul Gawande, Assistant Administrator of USAID, the lead donor of the Stop TB Partnership, also made several key announcements to accelerate the fight against TB and to end this deadly disease by 2030.

During the very lively and engaging event, several Ministers of Health, TB survivors, parliamentarians, and high-level representatives from main donors such as USAID joined the briefing, which was moderated by BBC London news anchor, Alan Kasujja.

You can watch the full event video here: <https://www.youtube.com/watch?v=dzt8Bpe2H2s&t=2s>.



Group photo of the speakers

Stop TB and GDF announcements on procurement of generic versions of bedaquiline and reduced pricing

On 13 July, following lengthy negotiations, Johnson & Johnson granted the Stop TB Partnership’s GDF licenses to enable it to tender, procure and supply generic versions of bedaquiline for the majority of low-and middle-income countries, including countries where patents remain in effect.

Link to the full statement: <https://www.stoptb.org/news/global-drug-facility-update-access-to-bedaquiline>.

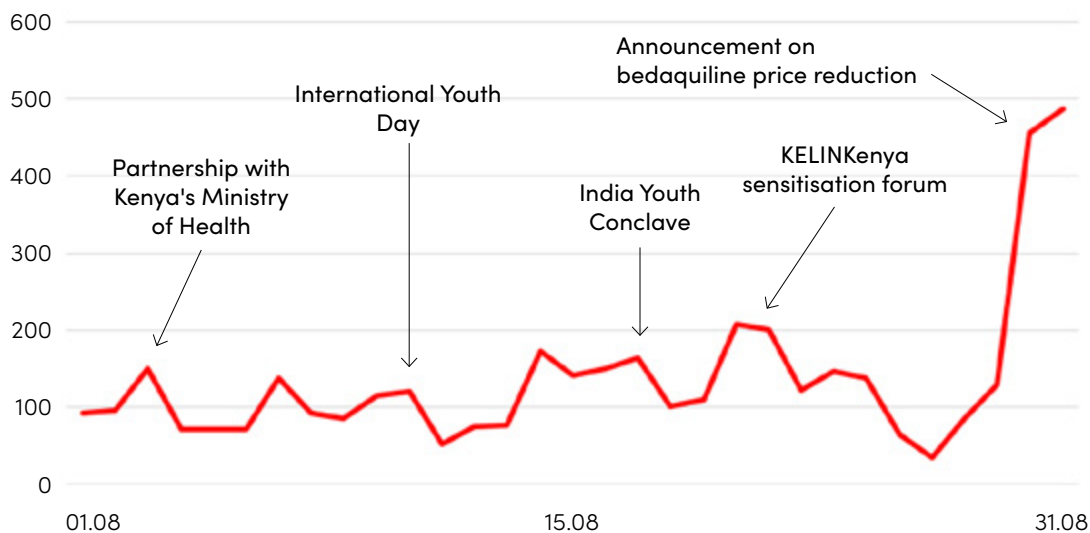
As a result of this breaking news, there was great media interest, which resulted in top-tier media

coverage. The list of media coverage can be accessed via this link: <https://www.stoptb.org/stop-tb-news/bedaquiline-agreement>.

On 30 August, in a virtual press event, the Stop TB Partnership and GDF announced price reductions of up to 55% for bedaquiline. Link to full statement: <https://www.stoptb.org/news/stop-tbs-global-drug-facility-announces-historic-price-reductions-to-55-bedaquiline-life-saving>. The list of media coverage can be accessed via this link: <https://www.stoptb.org/stop-tb-news/global-drug-facility-gdf-announced-price-reductions-to-55-bedaquiline>.

List of media highlights

Graph showing media coverage, reflecting media interest in bedaquiline price reduction



Media		
217 Results	412 Engagement	1.3B Potential reach

Social media		
3.4K Results	8.6K Engagement	29K Potential reach

Media partnership with DEVEX

Throughout 2023, Stop TB and Devex have continued their close collaboration to highlight the ongoing impact of TB to an international audience.

Several news articles, [op-eds](#), social media tiles and other TB-related [news](#) features were published on the popular [Stop TB - Devex Talking TB microsite](#). The latest [opinion piece](#), which was published in September, highlights that without the necessary R&D, we will not get the innovation tools needed to end TB.

During the UN General Assembly high-level week, the Stop TB Partnership's Executive Director, Dr Lucica Ditiu, was quoted several times in the [Devex](#) reporting of the week and also in their newsletter on the UNHLM on TB.

Other publications throughout the year included:

- A written [news feature](#) highlighting the latest tools, systems and innovative technologies, such as portable X-ray and molecular diagnostics devices, as well as other efforts to combat TB, which was launched on WTBD;
- A [news article](#) focusing on the impact of climate change on health: While there is no direct link between climate change and TB, experts believe that the long-term impacts of climate change, such as displacement and malnutrition, can have serious consequences for TB;
- An [op-ed](#), co-written by Evaline Kibuchi, Chief National Coordinator at Stop TB Partnership Kenya, and Leigh Raithby, Policy and Advocacy Officer at Results Canada, raising the need for further R&D to end TB; the op-ed was published in September, just a few short weeks before the UNHLM on TB.

In November, Devex published a [news feature](#) highlighting the key to overcoming the dual burden of TB and HIV, featuring Timur Abdullaev, a TB activist, consultant for Stop TB in Uzbekistan and Member of the Stop TB Partnership Board.



Stop TB Partnership press tour in Mozambique.

All generated multimedia content from the series continues to be shared on the Devex homepage and social media platforms, such as [X](#), [Facebook](#), and [LinkedIn](#), including the Devex newsletter [Newswire](#).

Press tour to Mozambique

In November, the Media and Communications Team organized a press tour for a select group of top-tier journalists to Mozambique, with the aim of showcasing successful Stop TB country programmes and projects in high TB burden countries, mainly focusing on projects in hard-to-reach or rural areas. The visit was part of ongoing efforts to raise much-needed global awareness on the continuous threat of TB and the lack of attention it still receives, despite it being the world's leading infectious disease killer after COVID-19. It was the first press tour to have been conducted in several years, and several others are envisioned for 2024.



The main objective of the mission was to provide the media with a first-hand account of the many successful efforts by Stop TB's TB REACH and CFCS grantees and partners in the country, such as Health Through Walls (HtW), the Association of Mozambican Mineworkers (AMIMO) and ADPP Mozambique.

Journalists from three international top-tier media organizations (Agence France-Presse [AFP], Voice of America and El Pais) were selected to attend the mission.

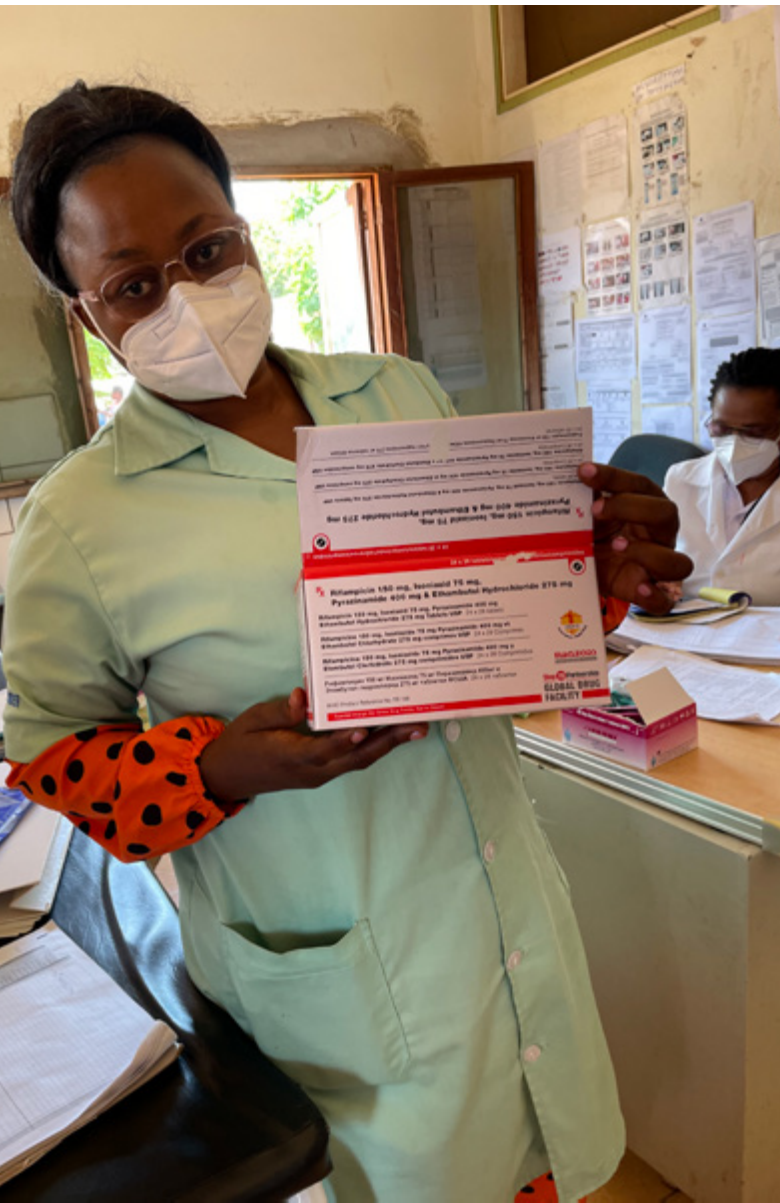
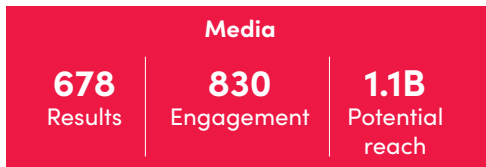
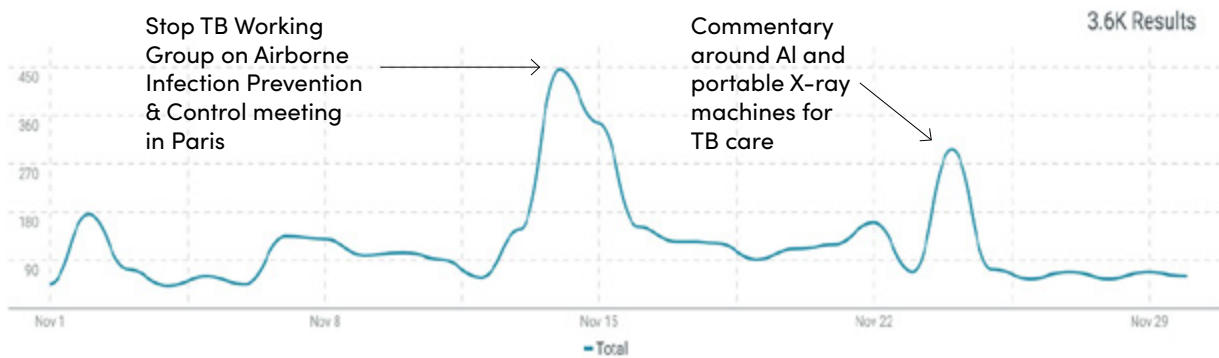
Over the span of five days, from 6 to 10 November, the media group was taken to visit Maputo, Zambezia Province and Gaza Province, where they were able to engage with affected persons, medical staff, local and district government officials, community leaders and other community-led monitoring representatives.



Stop TB Partnership press tour in Mozambique.

Graph showing media coverage generated from the press tour

Social media and media mentions over time (November 2023)



Media coverage generated from the mission can be accessed via this link:

<https://www.stoptb.org/stop-tb-news/press-tour-to-mozambique>.

Stop TB Executive Director and TB Champions raise awareness of link between TB and antimicrobial resistance (AMR)

In mid-November, Dr Lucica Ditiu, Executive Director of the Stop TB Partnership, and Naomi Wanjiru, nurse and TB Champion, spoke to Voice of America about the interconnection between antimicrobial resistance (AMR) and multidrug-resistant (MDR-) TB, the impact of MDR-TB on communities and individuals, the action needed to prevent further escalation of an MDR-TB crisis, and the recent findings from the WHO Global TB Report 2023. The [interview](#) was aired on Voice of America's Health Chat and its Africa 54 broadcast segment.



in 2023: Plotting the Course Toward a Record-Breaking Year





For more than two decades, GDF has pioneered an approach to TB market stewardship that focuses end-to-end across the entire TB product lifecycle. From scanning the horizon to identify up-and-coming innovations, to coordinating partners to align on the status of new and existing medicines, GDF is at the helm, helping global and national stakeholders navigate fragile TB medicines markets.

GDF works day-to-day with countries as they fund, plan, and procure essential TB medicines and diagnostics, helping them overcome unexpected challenges. Along the way, GDF provides clients with access to a powerful pooled procurement mechanism, rigorous quality assurance guarantees, robust technical assistance for procurement and supply planning, and much more.



GDF's unique and holistic business model remains a gold standard for how to put in place tools, systems, and relationships to ensure uninterrupted access to the most effective, affordable, quality-assured medicines and diagnostics, one which other disease programmes increasingly seek to replicate.

In 2023, GDF experienced a record-breaking year in terms of the value of TB products delivered and the number of countries served, including the number of countries procuring via GDF with government funding. Due to coordinated efforts by GDF, other teams from the Stop TB Secretariat, and partners, some essential TB medicines and diagnostics saw massive reductions in price allowing countries to apply their savings to reach even more people with TB. Countries were also supported by GDF to introduce many newly recommended regimens.

Meanwhile, work by the GDF-led TB Procurement and Market Shaping Access Team (TPMAT) to expedite countries' access to new TB medicines resulted in five new medicines receiving either WHO prequalification or Global Fund Expert Review Panel approval, as well as important updates to WHO Essential Medicines Lists. Taken together, GDF's work helped countries save over US \$32 million in 2023.

These achievements are even more remarkable considering that GDF faced formidable logistical challenges in 2023, challenges that occurred alongside a massive transition: GDF moved the entirety of its procurement and supply management services—including the warehouse of its Strategic Rotating Stockpile (SRS)—to



GDF works day to day with countries as they fund, plan and procure essential TB medicines and diagnostics.



a new procurement agent. Any misstep could have had disastrous consequences. Instead, this massive undertaking was implemented seamlessly, with GDF providing more technical assistance to more countries than ever before.

For countries which are now opting to carry out TB product procurement not through GDF but through national procurement mechanisms, the journey to sustainability can sometimes be a bumpy one. In such instances, GDF has lent a hand with technical assistance, capacity building, and—when necessary—a much needed safety net, delivering emergency shipments of medicines to help avert stockouts.

Regardless of how a country opts to procure, the size of its population, the size of its orders, or the size of its income, GDF has services available for everyone. In the coming year, GDF will continue to plot a course toward uninterrupted access to quality-assured TB medicines for all people.



Managing transition

GDF transfers a highly complex procurement business worth US\$ 200 million to a new Procurement Agent

In November 2022, GDF awarded i+solutions a contract to serve as the new GDF procurement agent following a competitive tender. It was a massive undertaking, requiring GDF to move more than US \$200 million in procurement agent operations from one entity to another, aligning with an entirely new team on key aspects of GDF procurement and supply systems. This included harmonizing processes around contracts, communications, client and order management, quality assurance, finance, and reporting and data management. It also involved moving the entirety of the Strategic Rotating Stockpile (SRS)—including five truckloads of stock—to the i+solutions contracted warehouse in Vuren, Netherlands.

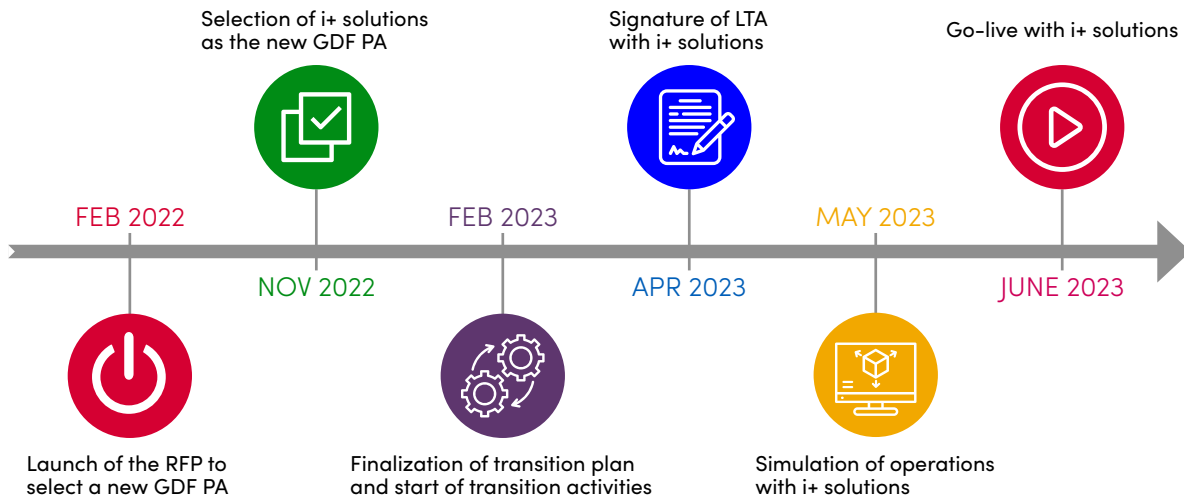
An operational transition of any business of this size will come with numerous risks. In the case of GDF, however, these risks were magnified by the fact that a disruption to GDF operations could potentially result in people in treatment for TB unable to access life-saving treatment regimens. Countries depend on the SRS to respond to urgent and emergency orders in order to avert stockout, and so the SRS must always be ready to pick, pack, and ship goods even if the physical stockpile is being moved. At the forefront of GDF's move to i+solutions was a commitment to ensuring a smooth, seamless transition for GDF's clients, so that no country experienced stockout and no person with TB faced a potentially deadly interruption in their treatment.



An image of The GDF warehouse.

GDF went live with i+solutions in June 2023, while simultaneously working with its previous procurement agent, IDA Foundation, on all existing orders placed prior to the transition. Dual procurement will continue through June 2024, a task made even more complicated by a surge of client orders with the end of the Global Fund grant cycle. Currently, GDF is diligently implementing hypercare for clients. This involves intensely monitoring all operations for each and every order to detect and resolve potential transition-related disruptions before they occur so that clients experience no delays in services and continue receiving timely deliveries of medicines.

Timeline of GDF's transition to its new Procurement Agent



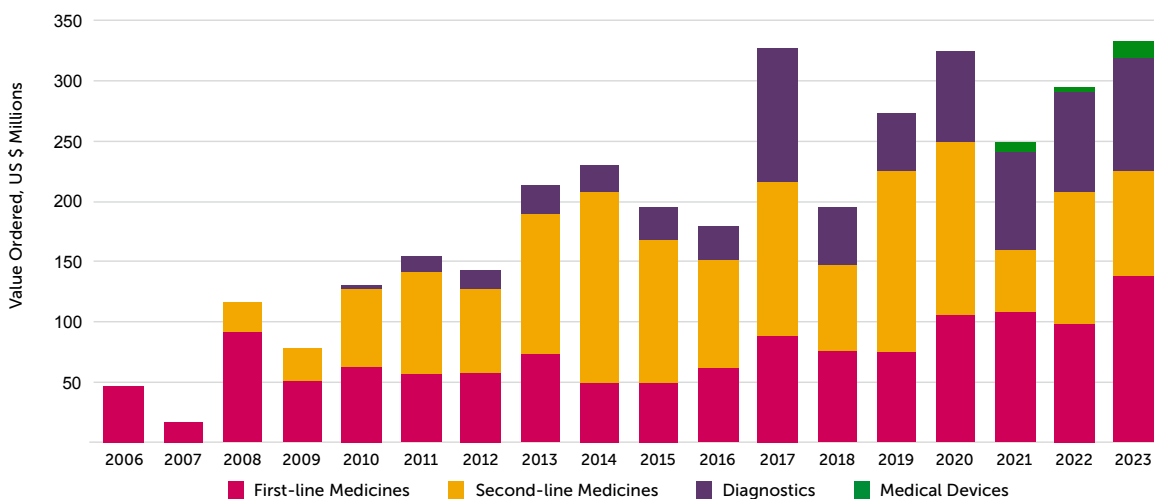
Breaking records

A record-breaking year: GDF delivers more products to more clients than ever before

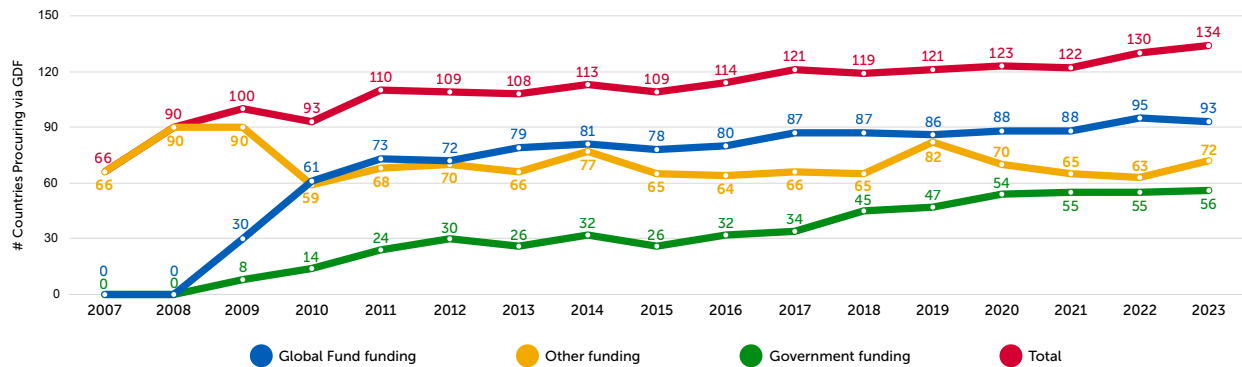
In 2023, GDF achieved a remarkable feat, breaking records for the value of TB products delivered, the number of countries served, and the number of countries procuring via GDF with government funding. A total of US \$324 million worth of TB products were delivered—US \$206 million in medicines, US \$112 million in diagnostics, and US \$6 million in medical devices—to 134 countries. The number of

countries procuring TB products through GDF with government funds reached an all-time high of 56 in 2023, while 93 countries continued procuring with Global Fund grant money, and 72 countries used other funding sources (e.g., other donor grants, NGO funding, research funding, etc.). These accomplishments were made even more impressive by the fact that they were achieved amid GDF's transition to a new procurement agent, and in the context of Global Fund orders requiring expedited delivery to meet year-end Global Fund grant cycle deadlines.

GDF supply of TB medicines, diagnostics and medical devices, 2007–2023



Countries procuring via GDF, by funding source, 2007–2023



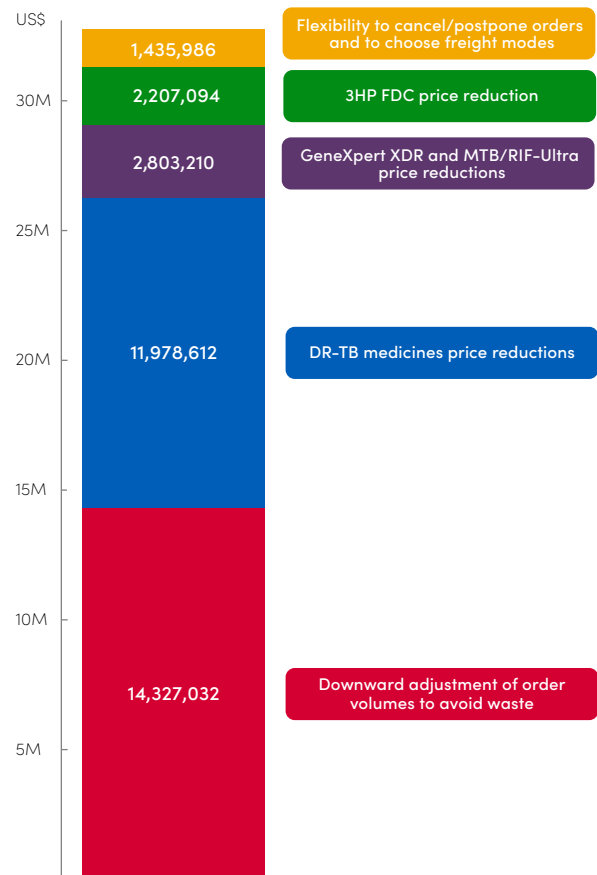
GDF strategies result in \$32.8 million savings for country programs and donors in 2023

In 2023, GDF initiatives resulted in US \$32.8 million in savings, an amount equivalent to the cost of treating, for example, more than 77,000 additional adults with DR-TB using the newly recommended BPaLM regimen or treating an extra 3.3 million people with 3HP for TB prevention.

These savings were realized through various GDF strategies, including dramatic price reductions in key medicines and diagnostics. Savings were also realized from flexibility afforded to clients to postpone and cancel orders in case of importation challenges, lower-than-forecasted enrolment rates, suggested changes in freight modes to decrease costs, or changes in WHO guidelines. Finally, GDF’s unique and integrated approach allowed GDF to validate and downwardly adjust countries’ orders by triangulating national data on stock and enrolment, thus reducing the waste that results from ordering more medicines than are actually needed.

GDF savings in 2023

GDF Savings Over US\$ 32 Million in 2023



ISO 9001: GDF's globally recognized quality management system achieves recertification in 2023

Quality is a main pillar of GDF's business and one of the key elements that gives its clients confidence in GDF services. ISO 9001:2015 is a globally recognized standard which certifies that a business has the ability to consistently provide products and services that meet customer and regulatory requirements.

In December 2023, GDF passed the annual ISO 9001:2015 surveillance audit for the third year in a row with zero non-conformities, retaining ISO compliance. GDF remains one of the few entities of its kind with ISO certification and GDF is committed to constantly improving the quality and efficiency of its services and maintaining customer satisfaction.

Securing supply

GDF ensures supply security for TB medicines to stave off medicine shortages

Increasingly, countries around the world are experiencing severe shortages of medicines. There are many causes of medicine shortages, ranging from the lingering effects of COVID-19-related disruptions, to manufacturing plant accidents and natural disasters. The cumulative effect of these shocks to the medicines' supply chain has led urgency to efforts to mitigate potential disruptions. For TB, medicine shortage leading to treatment interruptions can have fatal consequences, including severe illness, death, and increasing drug-resistant strains of TB.

In this context, guaranteeing supply security of TB medicines is of paramount importance to GDF. But achieving supply security for TB medicines is particularly challenging given the inherent characteristics of a tremendously fragile and fragmented market with low demand and only a few suppliers. Convincing companies to continue



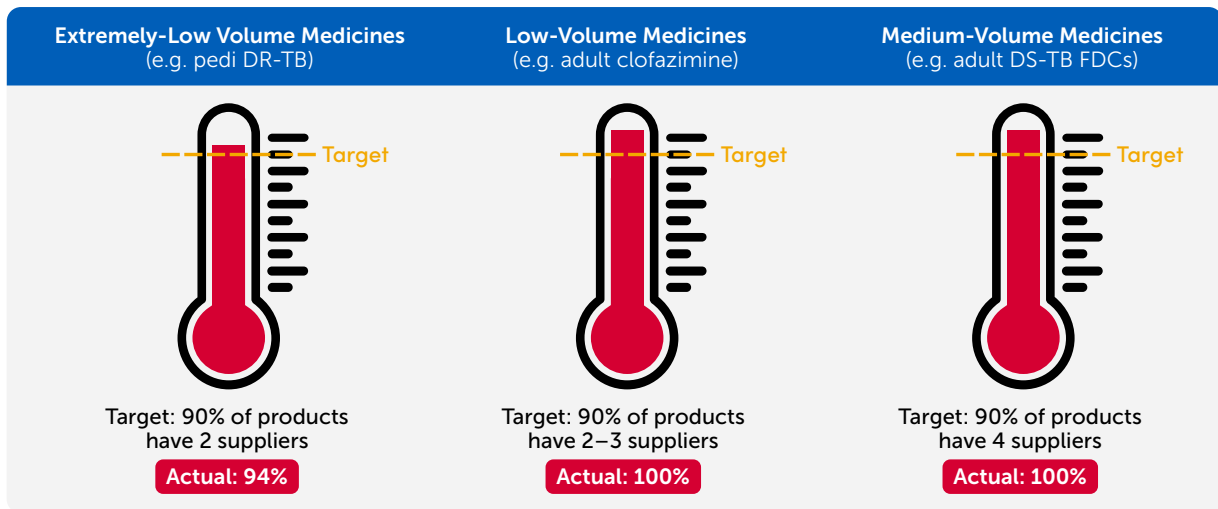
manufacturing low-volume, low-value medicines requires a partnership approach complete with incentives and risk sharing.

If an industrial strike, fire, or pandemic shuts down production, dependence upon a single supplier can be catastrophic. For GDF, supply security generally means having at least two suppliers making each of the formulations supplied by GDF.

GDF sets product-specific supply security targets according to three sales volume categories—extremely-low, low, and medium volume (there are no high-volume TB medicines as in other diseases)—with the target of 90% of products in each volume category being produced by at least 2,3, or 4 suppliers, respectively. Getting the number of suppliers right is a finely tuned balancing act. Too few, and supply security is easily disrupted. Too many, and demand is too thinly spread, the market fragments, and suppliers are disincentivized to produce.

In 2023, GDF has exceeded its supply security targets. This is a remarkable feat, and a testimony to both the power of GDF's unique collaborative approach to TB market stewardship and its long-standing, trust-based relationship with committed suppliers.

GDF exceeds supply security targets for TB medicines in 2023

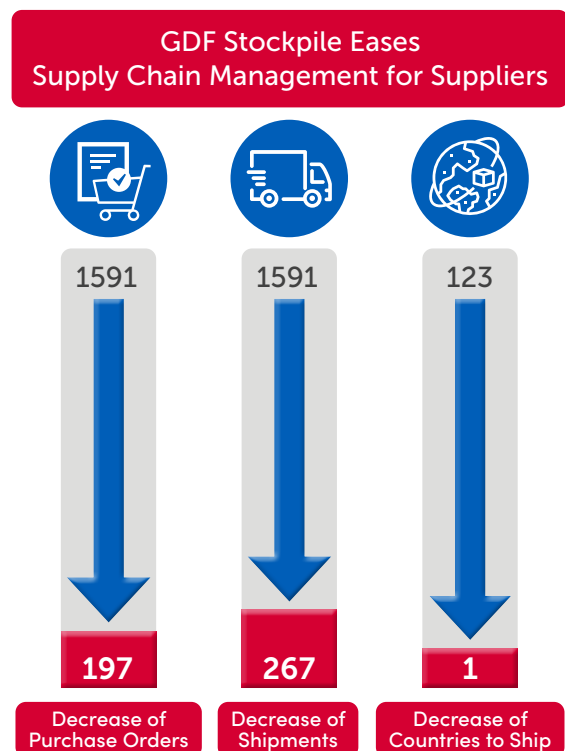


A lifeline to countries, an incentive to suppliers: The Strategic Rotating Stockpile in 2023

GDF’s Strategic Rotating Stockpile (SRS)—a vital tool for both countries and suppliers—is a physical inventory of TB medicines owned by GDF and stored at the warehouse of GDF’s procurement agent. Deploying medicine orders from the SRS decreases lead times for clients and allows GDF to provide emergency supplies of medicines for countries facing stockouts. By pooling procurement and ordering entire batches of medicines for storage in the SRS, GDF is able to meet suppliers’ minimum production quantities and deliver on the tiny quantities requested by countries to meet their exact needs. In 2023, more than 76% of the requests received by GDF to be supplied by the SRS were below suppliers’ production batch size.

The SRS also provides an incentive for suppliers to continue producing medicines with uncertain or low demand, improves supplier production planning, and eliminates suppliers’ risk of waste from medicines going unpurchased. Finally, the SRS dramatically reduces transaction costs for suppliers, decreasing the numbers of orders suppliers must fill, the number of shipments they must send, and the number of countries to

GDF’s Strategic Rotating Stockpile saves suppliers time and money in 2023



which they must deliver. Decreased transactional costs and shared risk of wastage result in lower medicine prices for clients.

Partnering for success

The GDF-led TPMAT: fostering partnerships, shaping markets, driving results

Hosted by GDF, the TB Procurement and Market-Shaping Action Team (TPMAT) is a platform that brings together key buyers, donors, national TB programmes, technical partners, and civil society groups to coordinate, collaborate, and align to address major TB market challenges with the aim to expedite and optimize countries' access to TB products. A dedicated resource centre is available on [GDF's website](#) with more information on TPMAT activities, meeting reports, and recommendations.

The TB Medicines Dashboard







The [TB Medicines Dashboard](#)—a roadmap for TPMAT—includes all TB medicines recommended for use by the WHO Global TB Programme, providing real-time visibility on the inclusionary status of each medicine across more than 15 key technical, regulatory, and donor guidance

documents, including those from GDF, WHO, and the Global Fund. Inclusion in these key documents is required for countries to procure new medicines. The sooner medicines are added, the sooner they can be made available to the people who need them.



The dashboard is the first of its kind, and provides a systematic, inclusive approach to manage and monitor inclusion of medicines across these key documents. GDF and the WHO Global TB Programme lead on assessments and draft recommendations, which are then provided to TPMAT members for input and alignment. TPMAT then submits recommendations to the stakeholders who manage these guidance documents. Other disease groups are now replicating the TPMAT model as a collaborative means to ensure new products are developed and reach those in need as quickly as possible.

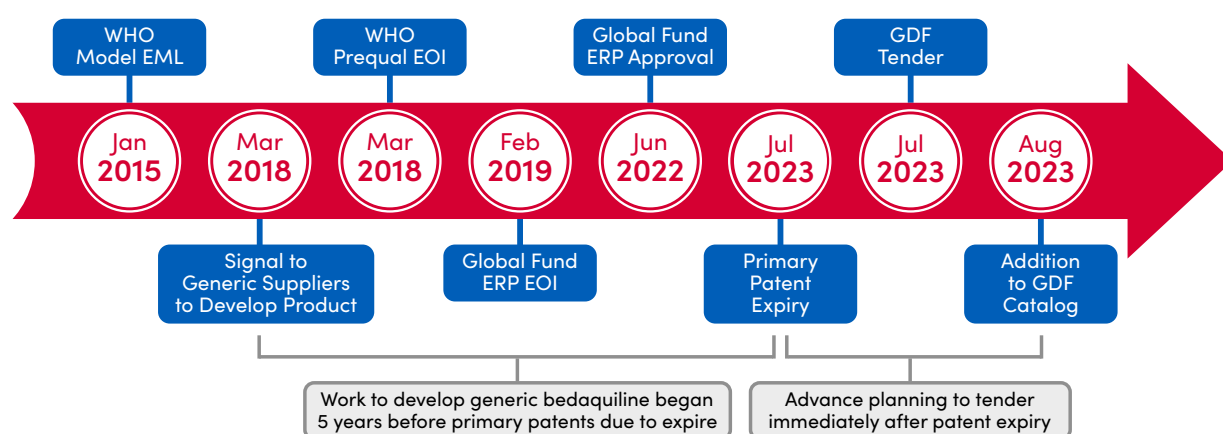
2023 TPMAT product recommendations and achievements

2023 TPMAT Recommendations Accepted		2023 TPMAT Product Achievements	
	WHO Essential Medicines List	Add pretomanid 200mg for use in BPaL(M) for DR-TB	 3 Medicines WHO-Prequalified: <ul style="list-style-type: none"> • Linezolid 150mg dispersible tablet • Bedaquiline 100mg tablet • Rifapentine 300mg tablet
	WHO Essential Medicines List for Children	Remove age restrictions on bedaquiline and delamanid in children for DR-TB Remove non-optimized paediatric formulations (e.g. non-dispersible, liquids)	 2 Medicines Approved by Global Fund Expert Review Panel: <ul style="list-style-type: none"> • 2nd Paediatric 3-FDC (rifampicin/isoniazid/pyrazinamide) • Rifapentine 150mg dispersible tablet
	Expert Review Panel Expressions of Interest	15 Medicines for standard list 2 Medicines for Priority List: <ul style="list-style-type: none"> • Clofazimine 50mg dispersible tablet • Rifapentine 150mg dispersible tablet 	 All above medicines added to the GDF Medicines Catalog

TPMAT and market-shaping for bedaquiline

Ensuring new, optimized products are developed as quickly as possible requires long-term planning and horizon scanning years in advance. In the case of bedaquiline for DR-TB, for example, TPMAT began five years prior to the product's primary patent expiry. TPMAT worked to ensure that two generic products were developed, approved by regulators, and included in key guidance documents, so that the product could be added to the [GDF Product Catalog](#) within a month of the primary patent expiring.

TPMAT timeline to expedite availability of generic bedaquiline



Global stakeholders achieve massive price reductions for critical TB medicines and diagnostics

In 2023, GDF and its partners, other Stop TB Secretariat teams, and global stakeholders worked together with suppliers to achieve major price reductions aimed at catalyzing introduction of newly recommended regimens and expanding scale-up of key TB medicines and diagnostics. For DR-TB, a game-changing price reduction was achieved for bedaquiline via a competitive GDF tender conducted immediately after the medicine's initial patent expiry, with price reductions of up to 55% which, in turn, resulted in a 26% price reduction in the new BPaLM regimen.

Meanwhile, the price of delamanid decreased by 30% following a direct GDF negotiation with

the sole manufacturer. For TB preventative treatment, a USAID and GDF collaboration led to price reductions of up to 30% for the 3HP regimen comprised of rifapentine and isoniazid. Finally, a 20% price decrease in GeneXpert MTB/RIF diagnostic cartridge prices and a 25% reduction of GeneXpert XDR cartridge prices were realized following joint negotiations involving the Global Fund, USAID, civil society organizations, activists, and the supplier. This collective success is a testament to what is possible when stakeholders come together and align on common challenges, and suppliers are committed to supporting access to TB products.

Key price reductions achieved in 2023

	OLD Lowest Price per Treatment Course	NEW Lowest Price per Treatment Course	Price Reduction
Bedaquiline	\$289	\$130	↓ 55%
Delamanid	\$1,700	\$1,190	↓ 30%
3HP	\$14.25	\$9.99	↓ 30%
GeneXpert MTB/RIF	\$9.98/test	\$7.97/test	↓ 20%
GeneXpert XDR	\$19.80/test	\$14.90/test	↓ 25%

PRICES

Catalysing prevention: USAID and GDF launch a US\$ 15 million initiative to scale-up TB prevention

At the September 2023 UN High-Level Meeting on Tuberculosis, USAID announced that it would commit US \$15 million in catalytic funding to scale up TB prevention efforts among household and close contacts of people diagnosed with TB. The project—jointly implemented by USAID and GDF—will provide grants to priority countries for procurement of 3HP, a three-month, once-weekly oral TB preventive treatment. These grants will support 3HP treatment for more than 1.2 million people. Millions more, however, also stand to benefit as USAID’s commitment has subsequently contributed to a 30% price reduction in the price of 3HP, allowing countries to utilize the resulting savings to reach even more people in need.

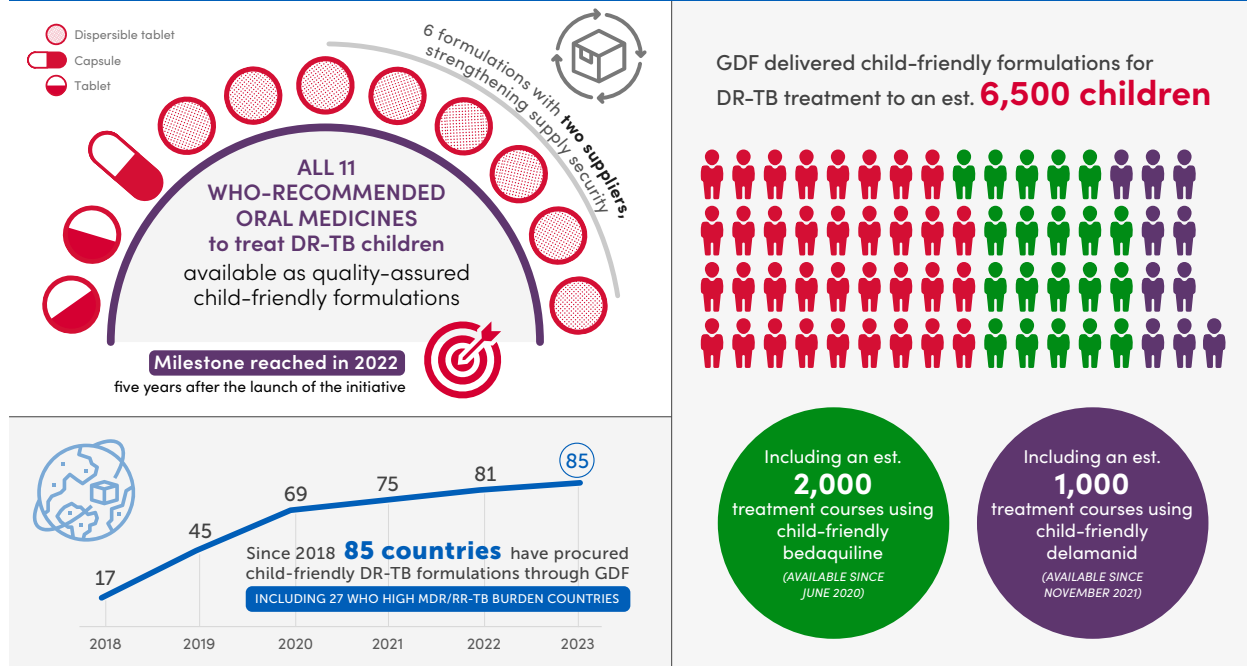
GDF’s Paediatric DR-TB Initiative: from successful introduction to scale-up and sustainability

Paediatric DR-TB medicines represent an extremely fragile, low demand market. This creates challenges in getting new formulations developed and introduced to country programmes that need them. Established in 2018, GDF’s [Paediatric DR-TB Initiative](#) has aimed to address these challenges and accelerate the development, introduction, uptake, and sustainability of child-friendly medicines and regimens for the treatment of DR-TB. Funded by the Government of Japan and USAID, the Initiative is ending in early-2024. Over the five years of the Initiative, GDF has achieved its target of introducing child-friendly formulations for all 11 oral medicines needed for DR-TB treatment. Other notable successes:

- Eighty-five countries have procured child-friendly DR-TB formulations through GDF, including 27 WHO high MDR-TB burden countries
- An estimated 6,500 children have received access to DR-TB treatment using child-friendly DR-TB formulations, including 2,000 children with access to regimens using child-friendly bedaquiline and 1,000 children with access to regimens using child-friendly delamanid
- Sustainable funding was secured for nearly all GDF-supported countries to ensure continued access to these formulations going forward.

The Initiative used a multiprong approach to achieve its goals. This approach involved prioritizing new paediatric DR-TB formulations and using pooled procurement and production planning to balance their supply and demand. Simultaneously, the Initiative worked to provide technical assistance to countries on paediatric DR-TB medicine quantification and supply planning, support funding for their initial

GDF's Pediatric DR-TB Initiative: Main Achievements 2018–2023



procurement, help identify sources of future sustainable financing, and provide clinical support for their introduction. A key partner in GDF's work on access to paediatric DR-TB medicines is the [Sentinel Project](#), a network of paediatric DR-TB-focused clinicians, researchers, and caregivers.

A key partner in GDF's work on access to paediatric DR-TB medicines is the Sentinel Project, a network of paediatric DR-TB-focused clinicians, researchers and caregivers.

Reaching countries

A busy year: demand for GDF Technical Assistance is increased and intensified in 2023

The technical assistance and capacity building that GDF provides to countries is vital, and includes day-to-day procurement and supply planning, participation in joint program reviews and in-country missions, capacity-building of National TB Programme staff, and management to overcome complex challenges.

In 2023, GDF noted an increase in demand for technical assistance (TA) with all 53 of GDF's priority countries requesting TA. The intensity in terms of the type of TA requested also increased in response to a number of converging factors. Countries were simultaneously developing new funding requests for the Global Fund 2023-2025 grant cycle while also deciding how to spend down remaining grant money at the end of their existing Global Fund grant cycle. All the while, countries were rapidly introducing newly recommended regimens (e.g., the BPaLM regimen for DR-TB), and needing to reallocate savings from recent price reductions achieved by GDF and partners.

GDF mobilized to respond as quickly as possible with a range of technical support and capacity building to help countries access and make best use of funding, expedite introduction of new regimens, receive a consistent supply of medicines, and apply savings to the purchase of additional TB products.

GDF Technical Assistance and Capacity Building for Procurement and Supply Planning

Day-to-Day Support

- Updated > 400 QuanTB TB medicines files for > 50 countries
- Modified > 124 planned orders to prevent stockout/wastage
- Developed 112 supply plans with budgets
- Supported > 40 countries to reallocate savings from price reductions

In-Country and Remote Missions

- Joined WHO in 15 countries for Joint TB Program Reviews
- Participated in 8 WHO Green Light Committee missions
- Organized 4 GDF missions on domestic procurement challenges
- Supported review of new funding proposals at 3 Global Fund regional meetings

Facilitation of New Shorter Regimen Introduction

- Supported 47 countries to plan BPALM introduction
- Supported 47 countries to plan TB preventive regimens
- Supported 17 countries to plan 4-month DS-TB regimens
- Supported > 40 countries to include new shorter regimens in the Global Fund funding request

Capacity Building of National TB Programme Staff

- Provided training to > 500 individuals from 35 countries
- Conducted > 100 mentoring and on-the-job sessions
- Organized high-level training sessions at 8 WHO regional meetings
- Conducted 4 in-country workshops to improve supply planning

Improving quality of life for people with TB: GDF and partners help countries rapidly adopt shorter regimens

Countries moved quickly throughout 2023 to adopt recent WHO recommendations around shorter regimens for DS-TB, DR-TB, and TB prevention. GDF worked closely with the other teams in the Stop TB Secretariat, especially its Country and Community Support for Impact (CCs4I) Regional Advisers, as well as collaborated with WHO and other partners to provide support to countries in making these regimens available to the maximum number of people as quickly as possible.

GDF technical support and new regimen uptake status in 52 priority countries

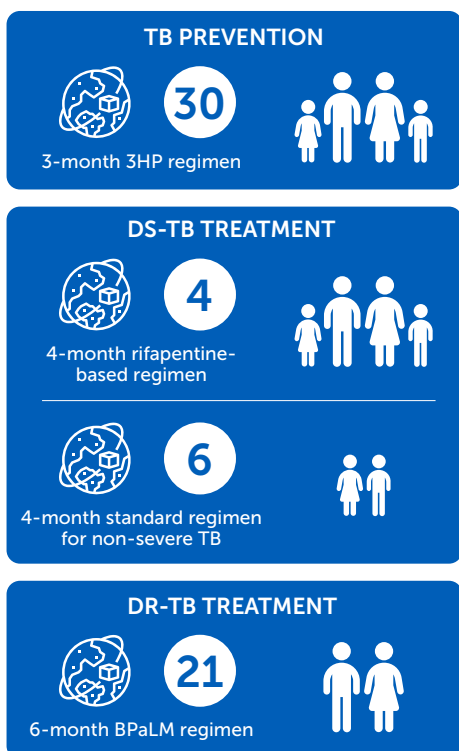
GDF assisted 52 of its 53 priority countries to adopt and smoothly phase in all of the most recently recommended regimens, including BPALM for DR-TB, four-month regimens for

DS-TB, and rifampentine-based regimens for TB prevention. This technical assistance also supports plans to phase out medicines and regimens no longer recommended in a manner that ensures people with TB are treated with optimal regimens, stockouts are averted, and medicine wastage is minimized.

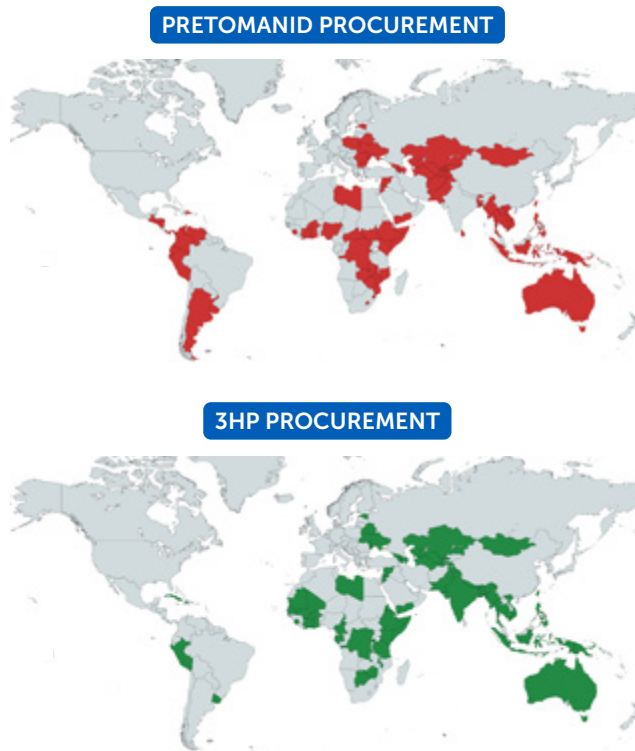
Global procurement via GDF for pretomanid and 3HP

GDF continues to be a platform which allows countries across the globe—whether or not they are GDF priority countries—to access a full set of medicines for new TB regimens. As of 2023, 66 countries have placed orders with GDF for pretomanid as part of optimized BPALM regimens for DR-TB and 51 countries have ordered 3HP regimens for TB prevention.

Countries that Started Introduction of New, Shorter Regimens among 53 GDF Priority Countries



Procurement of Medicines for New, Shorter Regimens via GDF



GDF flexibility, stockpile and prioritization enable delivery of emergency orders to 75 countries in less than two months, no matter the emergency


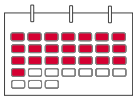

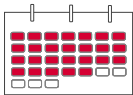

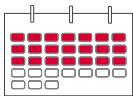

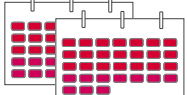

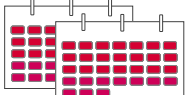
The number of requests for urgent and emergency deliveries continues to increase, largely due to an increasingly complex environment marked by ongoing research findings and ever-changing WHO treatment guidelines, an increase in the number of people diagnosed with TB, donor requirements around end-of-year delivery of commodities, and challenges encountered when National TB Programmes procure directly from suppliers.

GDF's unique operating model allows it to serve countries with expedited deliveries by utilizing a tailored set of GDF tools and services, namely:

- The Strategic Rotating Stockpile, the physical inventory of medicines owned by GDF and housed at the warehouse of its contracted procurement agent
- The shipment and consolidation of DR-TB medicine orders in the SRS warehouse prior to delivering to countries, thus taking control of the supply chain for these products
- A systematic approach to prioritization informed by the amount of existing TB medicines stock in a country, the number of people the country currently has enrolled on treatment, and the immediate production capacity of TB medicines suppliers
- The Flexible Procurement Fund which provides bridge financing to countries procuring TB products with domestic funds when pre-payment is not possible.

In 2023, GDF responded to requests for accelerated deliveries, supplying products to 75 countries in less than 2 months and to 119 countries in 2 to 4 months.

Select examples of emergency requests to GDF

COUNTRY	EMERGENCY REQUEST TO GDF	GDF DELIVERY TIME
 SPAIN	Paediatric medicines for TB prevention needed to expedite vital research among children	 22 days
 VENEZUELA	DR-TB medicines for increased demand after a national rollout of GeneXpert diagnostics found additional people in need of treatment	 26 days
 BHUTAN	Cycloserine urgently required after 7 people being treated for DR-TB developed side effects to linezolid	 21 days
 LAOS	Medicines for DS- and DR-TB urgently requested as part of government-funded procurement via GDF	 2 months
 KENYA	Medicines for DS-TB to avert stockouts arising from local supplier delays	 2 months

The GDF safety net

GDF continues its indispensable work serving as a safety net for countries in crisis and will work with any country to help avert TB medicines stockout, regardless of whether a country procures via GDF or buys directly from suppliers. In 2023, GDF:

- Supplied TB medicines to a number of fragile or conflict-affected countries, including Ukraine, Niger, and Burkina Faso, as well as other countries contending with long-term security challenges
- Provided emergency stock to the Central African Republic, Chad, Burkina Faso, and Kyrgyzstan which had central TB medicines stock destroyed in accidents

- Supported 13 countries facing risk of stockout after they encountered challenges when procuring directly from suppliers with domestic funds, including:

- Delivered emergency supplies to eight countries
- Identified approaches to mitigate and resolve serious stock challenges in five countries.

GDF will continue to go the extra mile to ensure countries can detect, mitigate, and prevent stockouts so that every person with TB can have access to an uninterrupted supply of quality TB medicines.



Jana Health Foundation conducting mobile X-ray campaigns among herd to reach populations in rural Nigeria

TB REACH Wave 11 – a call for proposals focused on people-centred approaches to integrated services for TB and other lung diseases at point of need

The focus of TB REACH Wave 11 as well as further investments were debated during a TB REACH consultative meeting in Geneva on 6–7 July 2023. After 10 waves of TB REACH funding, it was time to reflect on its positioning, considering progress in the TB space in terms of the availability of new diagnostics and treatment options; shifts in global developments and health strategies; and learnings from the COVID-19 pandemic, which affected TB services in almost all corners of the world.

The main direction given from this meeting was that TB REACH should continue to fund innovative

solutions and strategies, support bottom-up idea generation and encourage people-centred approaches to TB service delivery that can be adopted and brought to scale if successful.

In September, Canada announced new support for TB REACH at the UNHLM, with funding of 25.5 million Canadian dollars.

Following the announcement, TB REACH launched the call for applications for Wave 11 on 17 November at a special event (attended by more than 220 participants, including current grantees, community organizations, technical and implementing partners, and donors) during The Union World Conference on Lung Health held in Paris: <https://youtu.be/x46lZeglxQ>.

TB REACH Wave 11 is focused on innovative and people-centred approaches to 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.

The new call for proposals is open to a wide variety of not-for-profit organizations working in more than 90 high TB burden countries. Applicants are encouraged to partner with their national TB programmes and other programmes within the Ministry of Health, and engage with Global Fund Country Coordinating Mechanisms (CCMs) and other partners. Applicants can apply for grants of up to US\$ 550,000. Information on Wave 11 and the application is [available here](#).

TB REACH Wave 10 – linking more people to TB preventive care

Ensuring that more people receive TPT is a major global target; however, outside of people living with HIV, the TB community is not meeting this target. For TB REACH Wave 10, one of the key focus areas is expanding the provision of TPT. Among the 26 projects in this wave, 19 are



Jacob Creswell launching TB Wave 11 on the sidelines of the UNION Conference in November 2023 in Paris.

implementing innovative approaches and tools to enhance the uptake and completion of TPT. In a few short months of implementation, more than 10,000 children and household contacts started on TPT through these projects. A range of TPT regimens are being used, including the newer 3HP regimens in eight projects and the introduction of 1HP as well.

In recent years, several new tests for TB infection have been developed, but have yet to be widely implemented in programmatic settings due to issues including cost, novelty and complexity. New tests are also being developed, including Serum Institute of India's Cy-TB skin test and SD BIOSENSOR's TB-Feron FIA IGRA. Because the Wave 10 projects, through implementation research, provide an opportunity to learn more about the practicalities of new approaches, tests and regimens in different populations and settings, several of the projects, including ones in Bangladesh, Brazil, India, Mozambique, Viet Nam and Zambia, are incorporating these new tests through donations from these companies.

Serum Institute of India has donated around 140,000 skin tests to 14 of the 19 TB REACH TPT projects; in addition, its partner, Mylab Discovery Solutions, is providing an induration app reader for some of the projects to test its use in the field. SD BIOSENSOR has donated its new IGRA to two TB REACH projects that have the laboratory capacity to run these tests.

The collaboration between these companies and the TB REACH projects will provide high-burden countries with a better understanding of the performance of these tools in certain populations, including evaluation of the tests, 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.

In addition to the new tests being evaluated, in 2023, a TB REACH project in [Viet Nam](#) [documented evidence of how to deploy IGRAs at lower health care levels](#). The results showed that fidelity to the manufacturer-recommended

procedures in terms of handling, timing and temperature control throughout collection, transport and processing of specimens from the community to the laboratory resulted in positivity and indeterminate rates that were comparable to those of facility-based studies.

TB REACH Wave 10 projects are also working on introducing several TPT regimens that are new to the project countries. More evidence of preferences and outcomes will be available as the projects finish documenting their work in 2025.

TB REACH – documenting innovation

In 2023, TB REACH grantees and partners documented and published results on a variety of topics, reflecting work across new technologies, treatment support, social support, process innovations and working with TB key populations.

TB REACH continued to lead the way in sharing learnings from the implementation of AI software to read chest X-rays through several publications and developments. TB REACH supported studies in [India](#), [Indonesia](#), [Nigeria](#), [Pakistan](#) and [Peru](#) that documented the value of chest X-rays in TB screening, the ability to reach remote areas and key populations, the use of geo-tracking software

to improve the efficiency of active outreach efforts, and the performance of AI. More than 10 projects in Wave 10 are working with different key populations, including people deprived of their liberty, pregnant women, transgender women, children, and remote rural populations, to continue documenting how to best reach more people with TB with this promising technology.

TB REACH and the Digital Technology Hub at Stop TB collaborated with Google DeepMind and Google Research to work on an AI application for TB and breast cancer screening to maximize the performance of combined human and AI readings. Interestingly, an integrated workflow for breast cancer improved performance significantly – a remarkable contribution to health systems: <https://www.nature.com/articles/s41591-023-02437-x#>.

Earlier TB REACH investments in digital adherence technologies have produced several publications, including a study from [the United Republic of Tanzania](#) and a [meta-analysis of implementation feedback on acceptability and feasibility of digital adherence technologies](#) from six TB REACH Wave 6 projects.

TB REACH has continued to support process innovation around sputum pooling, with several countries documenting [large cartridge and time savings](#) from pooling strategies, including



FIT conducts community campaigns to detect and treat TB infection in Vietnam.

individual evaluations in [Brazil](#) and [Nigeria](#). Pooling sputum as an approach was also mentioned in the publication WHO Standard: Universal Access to Rapid Tuberculosis Diagnostics as a potential way to improve coverage for people with signs and symptoms of TB.

Much work in Viet Nam has documented the costs and support to people with TB. [One study](#) showed that active, compared to passive, case-finding approaches greatly reduced pre-treatment and treatment costs, and reduced the occurrence of job loss and use of coping strategies. However, catastrophic cost incurrence was high and was not reduced, as income loss is the largest driver of catastrophic costs. Another [study documented that what mattered most to people with TB](#) was accessible interventions that incorporated financial risk protection and nutritional and psychosocial support. These findings will help to support other Stop TB initiatives, such as Re-imagining TB Care (RTC) investments in the country.

In 2023, TB REACH-supported projects published 18 peer-reviewed scientific articles, bringing the total close to 200 publications of project results and contributing to policy development at the 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>.

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.

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. Access barriers include a focus on the accuracy of single tests, as opposed to optimized test combinations; centralized deployment of existing tests in hospitals and specialist centres; and inefficiencies in screening and diagnostic testing approaches.

START4ALL aims to accelerate the introduction and adoption of existing and novel TB diagnostic tools and diagnostic test combination packages at primary care level and outreach approaches to increase access to timely detection and linkage to care in high TB burden countries; develop the conditions for sustainable and equitable access to TB diagnostic tools and diagnostic test combination packages integrated within primary health care; and strengthen global alliances and national partnerships to enable scale-up.

START4ALL will demonstrate how combinations of current and newer TB tests can increase access to TB diagnostics and treatment, reduce mortality and impact TB transmission. START4ALL is working to serve several key populations, including children, the rural poor, internally displaced people and nomadic populations. The project is using optimized diagnostic approaches comprising single or combinations of screening tests (symptom screening, C-reactive protein, AI/CAD X-ray, lipoarabinomannan). It will investigate sputum pooling approaches to increase the throughput and efficiency of molecular diagnostic platforms, and validate AI algorithms for children. Cameroon was the first site to start enrolment, and activities will be implemented until 2026.

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 up 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.



**EXTERNAL AFFAIRS
& STRATEGIC
INITIATIVES (EASI)**

External affairs

Public–private partnerships

The [Re-imagining TB Care \(RTC\)](#) hosted the first RTC Collab Group Workshop on 2 December 2022 in Seoul, Republic of Korea, co-hosted with the [Korea International Cooperation Agency's \(KOICA\) Global Disease Eradication Fund](#), [RIGHT Foundation](#), and [Stop TB Partnership Korea](#). In advance of the workshop, the EASI team helped to organize bilateral meetings, which catalysed a recent grant agreement between [Friends for International Tuberculosis Relief \(FIT\)](#) and the RIGHT Foundation to conduct AI research under their current TB REACH grant, which was signed in November 2023.

[TB Innovation Summit 3.0](#) (TBIS 3.0) facilitated the development of a new partnership for innovative screening and programme delivery. [Qure.ai](#) and [Biospectal](#) will collaborate to bundle their innovative technologies for integrated service delivery for the first point-of-care screening for multiple findings. Qure.ai's tool qXR can detect the risk of heart failure through chest X-rays, which can be augmented by findings from Biospectal's tool OptiBP to triage for hypertension and cardiovascular diseases. This would strengthen the capacity of the front-line health workers in low-resource settings,

optimizing the resources for triage, diagnosis and further referral and reducing turnaround time in the absence of specialist doctors.

The [RTC initiative](#) launched a [Funding Opportunities Database](#) for countries' stakeholders and partners to facilitate new and/or additional funding opportunities that could further support current projects or their efforts to pursue future opportunities. The hope is that some of these funding opportunities, similar to the recent grant agreement signed between the RIGHT Foundation and FIT, will build upon the catalytic funding provided by the various Stop TB Partnership initiatives, including CFCS, TB REACH, etc.

Events

TBIS 3.0

The Stop TB Partnership, along with the Ministry of Foreign Affairs of the Republic of Korea, KOICA's Global Disease Eradication Fund, and the Stop TB Partnership's Private Sector Constituency, co-hosted TBIS 3.0 in New York on 19 September 2023, in advance of the second UNHLM on TB.

TBIS 3.0 was a unique gathering that moved beyond the traditional, one-dimensional global health event to take inspiration from the tech world (South by Southwest, London Tech Week,



Dr. Lucica Ditiu, Executive Director, Stop TB Partnership in a conversation with the First Lady of Malawi, H.E. Mrs. Monica Chakwera at the TBIS 3.0 Summit organized ahead of the United Nations (UN) High Level Meeting (HLM) on Tuberculosis in New York.



Panelists during a session at the TBIS 3.0 Summit organized ahead of the United Nations (UN) High Level Meeting (HLM) on Tuberculosis in New York.

etc.). The event featured a mixed-methods approach to foster rich discussions and learning opportunities. The summit included keynote addresses, fireside chats (tête-à-têtes), TED Talk-style sessions, experiential zones (discovery zones/innovation showcases, networking zones, etc.), start-up studios (pitch sessions), and so on across the afternoon.

TBIS 3.0 brought together leaders in the TB and global health space, and energized current and new stakeholders and partners, including new champions, donors, funders and innovators.

With close to 300 in-person attendees throughout TBIS 3.0, the summit successfully:

- Celebrated current and future TB innovations and the advances made by the TB community at large;
- Highlighted the need for new and additional funding/investment for current and future TB innovations;
- Brought the best minds together to accelerate the roll-out of current and future TB innovations; and
- United and strengthened the growing and thriving TB innovation ecosystem.

The Stop TB Partnership is currently facilitating introductory requests among participants and attendees, identifying follow-up discussions and potential public-private partnership opportunities, etc.

Key media and social media highlights are as follows:

- [Ambassador Choi Jae-Wook, Global Health Security Ambassador, attends UN high-level health session](#) (Ecojournal)
- [Balancing innovation, safety: Herbosa addresses TB Innovation Summit 3.0 in New York City](#) (Manila Bulletin)
- [First Lady of Malawi shares Malawi's success in TB fight in New York](#) (AllAfrica & Nyasa Times)
- [Global talks at UN to focus on pandemic preparedness, universal health coverage, and TB](#) (SciDev.Net)
- [Group announces deal to cut price of Cepheid's rapid TB test](#) (Cidrap.umn.edu)
- SD BIOSENSOR discusses innovative tuberculosis diagnostic methods at the Stop TB Partnership conference (Korea Economic Daily)
- [Tuberculosis gets some ambitious commitments. But will they be met?](#) (Devex)
- On [Facebook](#), TBIS 3.0 was the most watched event on the Stop TB Partnership's page with a reach of 56,000 people. The majority of the viewers joined from Bangladesh, Ethiopia, Pakistan and Sierra Leone.
- On LinkedIn, companies and organizations, including [AarogyaAI](#), [Bill & Melinda Gates Medical Research](#), [Delft Imaging](#), [Epcon](#), [FUJIFILM Holding America Corporation](#), [Gavi](#), [the Vaccine Alliance](#), [GSK plc](#), [Qure.ai](#), [Perenco](#), [Swaasa](#), and [Viatis](#), promoted the summit and their participation, garnering more than 1,000 reactions.

Additional resources:

- Sizzle reel: <https://www.youtube.com/watch?v=w7dPRqoLdAk&t=2s>
- Gallery of pictures: <https://tbis3.stoptb.org/tb-innovation-summit-3-0-gallery/>
- Recorded video: <https://www.youtube.com/watch?v=nO9P2zmo3y8>



Image of the invitation that was for the Preventing TB to End TB event which was organized ahead of the United Nations (UN) High Level Meeting (HLM) on Tuberculosis in New York in September 2023.

Preventing TB to End TB

The Stop TB Partnership, the U.S. Centers for Disease Control and Prevention (CDC) and the CDC Foundation co-sponsored a side event on 21 September 2023 in advance of the UNHLM on TB. This side event had over 170 attendees and featured two panels of top experts from TB-affected countries, civil society and community organizations, including TB survivors, U.S. government and multilateral organizations, to highlight the critical need for innovation and scale-up of existing evidence-based prevention activities, including TPT, to end TB.

Dr Atul Gawande from USAID announced a 30% price reduction for the 3HP TPT regimen and committed an additional US\$ 15 million from USAID for TPT scale-up.

Dr Rebecca Bunnell, Acting Principal Deputy Coordinator for the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), Bureau of Global Health Security and Diplomacy, committed PEPFAR to detect an additional 2 million active TB cases, potentially reducing TB-related mortality by half and preventing 500,000 deaths. This will be achieved by adopting innovative screening and diagnostic tools to improve case finding and ensuring ongoing TPT scale-up among people living with HIV.

Additional resources:

Recorded video: <https://www.youtube.com/watch?v=kT4lnK-i8uU>.



Dr. Ditiu addressing the Preventing TB to End TB event



Panelists during a session at the TBIS 3.0 Summit organized ahead of the United Nations (UN) High Level Meeting (HLM) on Tuberculosis in New York



Dr. Lucica Ditiu, Executive Director, Stop TB Partnership speaking at the Concordia Annual Summit which was held on the sidelines of the United Nations (UN) High Level Meeting (HLM) on Tuberculosis in New York in September 2023.

2023 Concordia Annual Summit

The Stop TB Partnership entered into a partnership with [Concordia](#) in 2023 and participated in its [2023 Annual Summit](#), including through co-convening a panel discussion on "[Re-imagining global health: financing the end of TB](#)".

The 2023 Concordia Annual Summit brought together over 3,198 registered attendees, with over 2,480 people participating in-person and 645 people tuning in digitally. The audience heard from 299 speakers, including nine sitting Heads of State. As the largest convening alongside the UN General Assembly, the Summit had 85 countries represented, with large constituencies from Colombia, Mexico, Nigeria and the United Kingdom of Great Britain and Northern Ireland.

The Stop TB Partnership also hosted a roundtable discussion, facilitated by Jacqueline Huh, entitled "From financing to implementation: rapidly and sustainably introducing health technologies to fight diseases in low- and middle-income countries and growth markets", which discussed the growing need for innovative, complementary financing and implementation vehicles to bring digital solutions and emerging technologies for health care to various user groups in low- and middle-income countries and growth markets. While it is critical for public-private sector partners to co-design and co-deliver these concepts, optimally figuring out the when, where and how to start is not always clear. This roundtable discussion brought together cross-sectoral leaders for a dynamic discussion on finding new creative solutions and actionable plans to identify new and additional funding and

investments, as well as the technical support needed to navigate certain markets, addressing communicable and non-communicable diseases for all people, including the most marginalized communities.

London Tech Week

The Stop TB Partnership was invited to be a main-stage speaker at [London Tech Week 2023](#) from 12–14 June 2023 on "[Health tech: unlocking digital health in underserved countries](#)".

The event brought together over 30,000 people, including more than 3,500 start-ups and 850 investors. Some of the high-profile speakers at London Tech Week 2023 included Prime Minister Rishi Sunak, Mayor of London Sadiq Khan, and CEO of Google Deepmind Demis Hassabis.



Jackie Huh, Head of the EASI team, speaks at London Tech Week on "Unlocking Digital Health in Underserved Countries".

Strategic initiatives

Re-imagining TB Care (RTC)

Over the past year, the Stop TB Partnership worked with local partners in two countries – [Walimu](#) in Uganda and FIT in Viet Nam – to implement the PCD process. Over 175 interviews and focus group discussions were conducted and over 4,000 statements collected

in both countries. After these interviews and statements were synthesized and 30 opportunity areas were identified, country stakeholders and partners, including civil society and communities, prioritized five opportunity areas and selected service and product innovations to transform and modernize their TB programmes. These innovations will be introduced from 2024 to 2026, with funding from KOICA.



Stop TB Partnership's EASI team organizing workshops on people centered design principles and approaches being implemented to "re-imagine TB care" in Uganda and Viet Nam.

Inspiration and co-creation phase

PCD and inclusive innovation selection: In December 2023, Phase 1 of the PCD process was officially concluded in both Uganda and Viet Nam. During this phase, decisions about what to prioritize and funding were driven by TB-affected people, country stakeholders and the Ministries of Health, rather than by donors. After nine months of interviews, workshops, consultations and deep stakeholder engagement, each country

held a final workshop in which a selected group, including TB survivors and champions, civil society, doctors, health care workers, district and national TB leadership, and the broader Ministry of Health, collectively decided on what innovations to pursue in the coming two years. This bottom-up, last-mile-first approach is the first of its kind; it not only led to a different result than traditional funding models, but has fundamentally changed how decisions on TB are made in Uganda and Viet Nam.



TB affected people in Uganda participating in a focused group discussion as a part of the people centered design process

Uganda: Stop TB partners Walimu and the RTC Leadership Group in Uganda has chosen to invest in strengthening digital tools for Community Health Workers (CHWs) and Village Health Teams (VHTs) to enable them to counsel, advocate for and support TB-affected people at their homes and in their communities, while connecting more with their peers. After 89+ interviews across six districts, categorized into over 2,000 statements, the team identified 15

opportunity areas, of which five were prioritized in the first workshop. After two more interactive workshops with over 60 participants, the community ultimately decided to focus on digital tools to transform health care worker service delivery, while also exploring some low-cost ways to implement awareness campaigns for communities and aggregated data visualizations to empower real-time decision-making.



Polymakers, healthcare providers, and TB affected people coming together to discuss and decide how to “re-imagine TB care” in Viet Nam.

Viet Nam: In Viet Nam, Stop TB partners FIT and the RTC Leadership Group have chosen in Phase 2 to address financing gaps left by Viet Nam’s Social Health Insurance (SHI) and social assistance systems by supporting PASTB and staff at the National Lung Hospital to provide timely financial assistance to people with TB. As in Uganda, the opportunity areas were informed by interviews and focus groups with over 88 people from five locations around the country. Those interviews were broken down into over 1,500 statements, categorized into 15 opportunity areas. Through three successive workshops with an inclusive panel of TB-affected people and decision-makers, the group overwhelmingly voted to support increased access to social protection with the primary goals to: 1) increase the number of TB-affected households that possess SHI, 2) reduce TB treatment initiation delays caused by

the inability to pay out-of-pocket costs and 3) prevent catastrophic costs from TB by providing differentiated financial support.

In both countries, the PCD process highlighted unique opportunities and created a sense of community and family within the leadership group, and concluded with TB-affected participants expressing tremendous energy, excitement and a feeling of inclusion. Rather than marking an end point, the conclusion of Phase 1 represented the culmination of nine months of in-depth work and engagement, and the start of the more ambitious, larger scale Phase 2 activities in which Stop TB partners will continue working closely with both TB-affected communities and the national TB programmes to design, implement and scale up their chosen innovations.

Acceleration phase

Tools and resources to support RTC in other contexts:

PCD toolkit: To support other partners who want to learn from its experiences and implement a PCD process, Stop TB is releasing a PCD toolkit with guidance, reference documents and case studies from RTC’s work in Uganda and Viet Nam. The toolkit is aimed at both fresh audiences and more experienced partners working on PCD approaches. Stop TB is actively gathering feedback and will continue to update and refine the toolkit based on future phases of RTC’s work.

Steps to understand various user groups' needs

Planning	<input type="checkbox"/> 7 Establish your baseline, define what you want to learn, and frame your objectives <input type="checkbox"/> 8 Identify sites and users for interviews and focus group discussions <input type="checkbox"/> 9 Apply for and obtain Institutional Review Board (IRB) approval <input type="checkbox"/> 10 Prepare PCD interview guides and facilitate dry runs <input type="checkbox"/> 11 Coordinate PCD interviews and focus group discussions <input type="checkbox"/> 12 Finalize interview guides	Screenshot map Journey map Interview guides
Conducting	<input type="checkbox"/> 13 Conduct interviews and/or focus group discussions	
Synthesizing	<input type="checkbox"/> 14 Transcribe, "tag" notes, and group into key themes <input type="checkbox"/> 15 Weekly synthesis to refine and iterate interview guides <input type="checkbox"/> 16 Conduct final synthesis <input type="checkbox"/> 17 Facilitate stakeholder workshop to validate and prioritize opportunity areas <input type="checkbox"/> 18 Write synthesis report	Final template Intro template Workshop deck Synthesis report

INTRODUCTION

Understand various user groups' needs

Complement existing insights and learnings with a more comprehensive understanding of what the various user groups' need and want in their own words by conducting PCD interviews and focus group discussions. With these one-on-one conversations you will build trust and empathy to get an in-depth view of people's daily lives, beliefs, past and current experiences and mindsets.

Product and Services Innovation Scan: As part of the innovation selection process, Stop TB actively sought innovations and ideas that may be new or unknown to its partners. Stop TB conducted a broad product scan to highlight innovations – from products to services to implementation initiatives – that might match the opportunities identified through the PCD process. A list of over 450 such innovations was compiled, including innovations originating in high TB burden countries, and will be released publicly. In addition, Stop TB is exploring ways for new innovators to join the list and provide new collaboration opportunities among innovators.

Integration phase

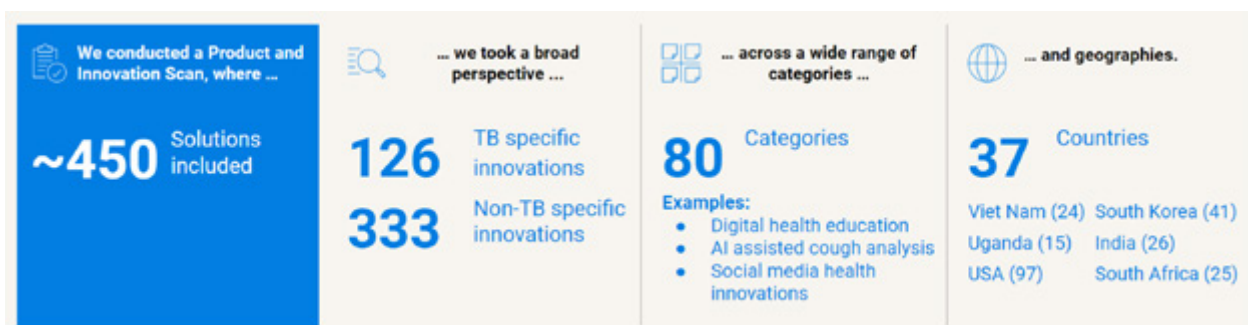
Electronic health records strengthening and interoperability:

In August 2023, Stop TB concluded its RTC Electronic Health Record (EHR) investments in

India, Uganda and Viet Nam. These investments sought to improve the digital infrastructure of each country’s TB programme, while reducing fragmentation and increasing the interoperability of existing data systems.

In India, the Central TB Division worked with partners PATH and Everwell Health Solutions with Stop TB’s funding to integrate Molbio’s Truenat diagnostics system into Ni-kshay, the country’s national digital platform. This integration reduces staff burden to manually enter results and helps to more quickly initiate people on treatment once diagnosed. As an integrated part of Ni-kshay, any newly procured Truenat machines can be plugged into this infrastructure and immediately scaled. In partnership with the Municipal Corporation of Greater Mumbai and the districts of Bail Bazar and Kurla, RTC’s partners PATH and Everwell supported the roll-out of a QR-code-enabled sputum tracking system in Mumbai. This

Product and Services Innovation Scan



system enables people to give sputum samples at home, which are then sent to laboratories while digitally tracked. The Central TB Division has now recommended that other states and geographies implement this same initiative using domestic resources. The team also supported innovative digital adherence technologies for the private sector, and ran awareness campaigns to encourage use of TB Aarogya Sathi, a digital tool for citizen engagement with the TB programme.

In Viet Nam, partners IRD worked with the National TB Programme to expand its digital platform, ACIS, to include workflows for latent TB infection and DR-TB, while linking the programme to the national IT system, VITIMES. This integration enabled over 21,000 tuberculin skin test results and over 2,000 TPT initiations to be tracked through ACIS. The team also conducted a proof-of-concept integration of a hospital information system, which will inform the development of VITIMES 2.0.

In Uganda, a consortium led by Walimu and supported by Everwell Health Solutions integrated a digital adherence module within the national IT system, eCBSS. The Everwell Hub, an open-source global good, had already been introduced to Uganda through Stop TB support and had reached over 2,000 people, but the data had not yet been connected to the national system. RTC and Stop TB's support enabled this integration, with 18 facilities now having integrated DAT and case management systems through which 3,045 digital adherence events were captured for 307 case records.

Resources:

RTC website: <https://rtc.stoptb.org/>

PCD toolkit: <https://rtc.stoptb.org/rtc-toolkit/>

Walimu (Uganda): <https://walimu.org/>

RTC in Uganda: https://www.youtube.com/watch?v=hqpl_8ZP0UQ

FIT (Viet Nam): <https://tbhilfe.org/>

RTC in Viet Nam: <https://www.youtube.com/watch?v=7vW9b8zfUY8>



TB affected person in India shares their experience using digital tools for treatment support and recovery.



THE INTRODUCING NEW TOOLS PROJECT



Use of the Truenat system used to detect TB at a community screening event organized by the USAID TB Platforms project in Tarlac, Philippines (source: Stop TB Partnership)

The introducing New Tools Project (iNTP) has been a collaboration between the Stop TB Partnership and USAID to introduce innovative diagnostics, treatments and digital health technologies to high TB burden countries. These innovations include rapid molecular tests for use in peripheral settings, ultra-portable digital X-ray equipment with artificial intelligence (AI)-powered software for the computer-aided detection (CAD) of TB, targeted next-generation sequencing, interferon-gamma release assays (IGRAs) for the detection of TB infection, regimens for TB preventive therapy (TPT), digital patient adherence and support technologies (medication sleeves and video-supported treatment) and diagnostics connectivity solutions. Use of products started between Q3 2021 and Q4 2022, and the Stop TB Partnership supported and monitored implementation through the end of 2023.

Within the Stop TB Partnership, iNTP has been a strong example of cross-team collaboration, with engagement of multiple colleagues' technical expertise in diagnostics and digital health technologies across teams, including the Stop TB [Digital Health Technology Hub](#), and with procurement primarily by GDF.

Project countries have implemented the following new tools:

Rapid molecular testing

With guidance and support from Stop TB, 301 Molbio Truenat instrument systems have been rolled out across nine project countries, representing the largest multi-country roll-out of this diagnostic test. The systems have been largely placed in peripheral and remote



Use of an ultra-portable X-ray system at a community screening event organized by the USAID TB Innovations Project in Cebu, Philippines (source: Stop TB Partnership)

settings. In some countries, the systems have been used in community-based active case-finding activities to confirm TB in people found to have X-ray abnormalities detected from CAD software on the ultra-portable equipment provided by the project. By the end of Q3 2023, over 375,000 tests had been conducted, leading to over 41,000 people with TB being identified across the project countries. The latest data from reporting countries show that adoption of Truenat has resulted in significant gains in access to rapid molecular testing: The percentage of people with TB having access to a rapid molecular test increased by a median of 57 percentage points compared to the period before implementation, when availability of such testing relied on referral of specimens or people to other molecular testing sites, or was absent altogether. At the end of 2023, five of the project countries had already solidified plans for significant expansion of Truenat under their national strategic plans and with Global Fund support.

Ultra-portable X-ray and CAD

63 ultra-portable Delft Light and Fujifilm Xair X-ray systems with Delft CAD4TB software

packages were provided to seven project countries, representing the largest multi-country roll-out of these technologies. The CAD4TB software packages included perpetual licenses, allowing for an unlimited number of reads. Stop TB provided extensive technical support to country implementing partners, who utilized the technologies in hard-to-reach areas with vulnerable populations. As a result, people with TB were identified and treated earlier, which reduces transmission and prevents the development of severe forms of the disease. By the end of Q3 2023, over 430,000 people had been screened for TB, over 44,000 had received confirmatory testing, and almost 14,000 people had been diagnosed with TB.

TB infection testing and treatment

Shorter regimens for treatment of TB infection using the 3HR regimen were provided for treating 170,000 people across six countries. Three of the countries also received QIAGEN QFT-Plus IGRA reagents for testing 20,000 people for TB infection. Activities largely targeted people who were household contacts of people with TB, as scale-up of TPT provision among this group has significantly lagged behind other target groups.



Ethiopia's network of GeneXperts is now connected to the LabXpert software. Stop TB supported the adoption of LabXpert under the USAID-funded introducing New Tools Project (iNTP).

Targeted next-generation sequencing

A proof-of-concept study using this cutting edge technology (Illumina MiniSeq system with GenoScreen Deeplex assay) was implemented in Bangladesh, allowing for resistance to 15 medicines to be rapidly tested directly from sputum samples. Findings were shared with WHO to contribute to the 2023 guidelines on the use of targeted next-generation sequencing to guide treatment of drug-resistant (DR-) TB. Use of the technology was expanded to test samples from across the country in 2023.

Patient adherence and support technologies

Medication sleeves and video-supported technologies, including with Everwell 99DOTS and domestically developed solutions, were rolled out to support 54,000 people being treated for TB and DR-TB in five countries.

Connectivity

Diagnostics connectivity solutions were introduced and strengthened using a variety

of technologies in five countries, including MedX LabXpert, SystemOne Aspect and a domestically developed solution Tibulims. Dashboards connected data from GeneXpert, Truenat and CAD4TB systems, allowing for real-time nationwide monitoring of instrument performance and rapid transfer of results, and facilitating earlier treatment of people with TB and DR-TB.

During the entire duration of the project, the Stop TB Partnership led the development of practical implementation guidance and tools, together with USAID. A Stop TB/USAID/Global Laboratory



Use of 99DOTS in Bangladesh (source: icddr,b)

Initiative (GLI) [Practical Guide to Implementation of Truenat](#) was published in English and translated into [French](#). A [Truenat training package](#) was developed and disseminated for country adaptation. A Stop TB [Practical Guide to Screening and Triage for TB Using CAD Technology and Ultra-portable X-Ray Systems](#) was developed based on implementation experience gained by Stop TB's TB REACH initiative, and translated into [French](#), [Russian](#) and [Spanish](#). Two [CAD and X-ray training packages](#) (one for end-users and the other for decision-makers) were also developed for use by project countries. Furthermore, a Stop TB/USAID/GLI [Manual on the Selection and Use of IGRAs](#) was published. Stop TB also engaged with USAID and in-country implementing partners on programmatic planning and organizing training.

Stop TB hosted regular webinars to facilitate experience sharing between iNTP countries and other prospective implementers on the use of the new technologies, including Truenat and ultra-portable X-ray and CAD. A [number of case studies, project summaries and webinars](#) highlighting lessons learned have already been published to



Use of a Truenat system in the Philippines (source: Lalaine Mortera, FHI360)

further disseminate the findings from the project. Stop TB's GDF engaged continuously with manufacturers to ensure uninterrupted use of equipment, resolve any challenges in functioning and help guide product improvements. Stop TB worked with country partners and the Global Fund to plan for the continued use and ambitious scale-up of new tools based on early implementation experience.

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

Use of Tibulims connectivity solution with a GeneXpert in Meru County, Kenya (source: Stop TB Partnership)





GeneXpert laboratory technician at Sylhet MAG Osmani Medical College, Bangladesh (source: Stop TB Partnership)

Improved pricing and service for molecular diagnostics

Several teams in the Stop TB Partnership Secretariat worked together with USAID and the Global Fund in successful joint negotiations with suppliers of molecular diagnostics for TB to attain significantly lower pricing and improved service and maintenance packages.

Negotiations with Molbio were concluded and announced in March 2023, including a price reduction from US\$ 9 to US\$ 7.90 per test with expanded eligibility criteria to include all public sector and non-profit buyers. Furthermore, Molbio committed to a global Service Level Agreement with reporting against KPIs provided to countries and to Stop TB/GDF. Under the global Service Level Agreement, Molbio has committed to targets around timely on-site repairs and replacement of parts, timely response

to service requests, and optimal functioning of workstations.

Cepheid negotiations, which concluded in September 2023, resulted in price decreases for Xpert Ultra from US\$ 9.98 to US\$ 7.97 per cartridge, and for Xpert MTB/XDR from US\$ 19.98 to US\$ 14.90 per cartridge, along with commitments to greater access to and options for service and maintenance. Cepheid has committed to making comprehensive service and maintenance packages, in the form of AccessCare or WarrantyPlus, available to most low- and middle-income countries. Under AccessCare and WarrantyPlus, countries can benefit from timely on-site interventions in line with a framework of KPIs under a Service Level Agreement.



COUNTRY

MAXIMIZING THE IMPACT



The Stop TB Partnership works with USAID, the Global Fund and WHO to maximize the impact of investments in priority countries and provide targeted technical assistance (TA) to national TB programme 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 developing funding requests, grant-making, portfolio optimization and reprogramming, and providing inputs for the Global Fund Technical Review Panel meetings;
- Support for quality assurance and coordination of TA as part of the TB Strategic Initiative, including facilitation of the final Annual Meeting “Strategic initiative on finding the missing people with TB: overview of progress and experience sharing in 25 countries” (Paris, 15–16 November 2023);
- Implementation of the Stop TB component of the Resilient and Sustainable Systems for Health (RSSH) Service Delivery Innovation Strategic Initiative (completed in December 2023);
- Contribution to the Global Fund’s independent evaluation of the resource allocation methodology;
- Advisory support to Stop TB management for the Global Fund Board Meetings, Strategy Committee meetings and Grant Approvals Committee meetings;
- Work with modellers to develop country shares of the global TB targets endorsed at the UNHLM on TB 2023;
- Development of the Stop TB application for Unitaids’ “Call for Proposals: Accelerate and promote responsible introduction of new DR-TB drugs and regimens”.

SUPPORT OF DONOR INVESTMENTS

Country work highlights by region

Africa

TB strategic planning

Contribution to development of national TB

programme reviews: Ethiopia, Ghana, Malawi, Nigeria, Uganda and United Republic of Tanzania;

Support to development of TB National

Strategic Plans: Kenya.

Global Fund

Technical support to funding request

development: Ghana, Malawi, Nigeria, Uganda, United Republic of Tanzania and Zambia;

Grant implementation support:

Ethiopia, Ghana, Malawi, Nigeria, South Africa, Uganda and United Republic of Tanzania (including Zanzibar);

Portfolio optimization for leveraging C19RM

funding: Ethiopia, Ghana, Malawi, Nigeria, Uganda, United Republic of Tanzania and Zimbabwe.

New tools

TB screening by digital X-ray: Ghana (technical support to revitalize the use of previously acquired digital X-rays); Nigeria (technical support to develop a scale-up plan for additional devices); South Africa (technical support to address implementation bottlenecks in 12 Global Fund-supported high-burden districts); and United Republic of Tanzania (implementation support for mobile vans);

Technical support for the deployment of Truenat under Global Fund support: Nigeria and United Republic of Tanzania;

Implementation support for the scale-up of

novel short-course TPT regimens: Ghana, Malawi, Nigeria, South Africa, Uganda and United Republic of Tanzania.

Other

Regional activities: Advocacy for increased domestic financing for TB and enhanced visibility of TB programmes; participation in regional meetings organized by WHO for TA coordination and peer review of Global Fund proposals; facilitation of the meeting of the Permanent Secretaries and national TB programme managers in Africa to accelerate progress on TB, held in Arucha, United Republic of Tanzania, 4–7 July 2023.

Asia-Pacific

TB strategic planning

Contribution to national TB programme reviews: Viet Nam;

Support to development of TB National

Strategic Plans: Bangladesh, India, Nepal, Pakistan and Viet Nam.

Global Fund

Technical support to funding request

development: Bangladesh, Cambodia, India, Indonesia, Nepal, Philippines and Viet Nam.

Other

Regional activities: Participation in regional meetings organized by WHO (Regional Office for South-East Asia, Regional Office for the Eastern Mediterranean, Regional Office for the Western Pacific) for TA coordination and peer review of Global Fund proposals, UNHLM preparations, TB prevention and DR-TB management;

India: Inputs for the TB burden estimation model at the subnational level; work with the Central TB Division to finalize and launch the TB innovations initiative; and technical inputs for new TB initiatives by USAID partners;

Indonesia: Support to Stop TB Partnership Indonesia for implementation of the PPM-TB advocacy project;

Pakistan: Support to the PPM-TB advocacy project by Dopasi; and support to new initiatives for scaling up TB preventive interventions and private sector engagement;

Philippines: Support to TB advocacy activities; and development of a concept note to engage private corporations in TB care.

Eastern Europe & Central Asia

TB strategic planning

Contribution to national TB programme reviews: Azerbaijan, Tajikistan, Ukraine and Uzbekistan.

Global Fund

Technical support to funding request development: Armenia, Azerbaijan, Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.

New tools

Support to roll-out of AI/CAD and portable X-rays through TA, capacity-building and peer exchange: Kyrgyzstan and Tajikistan.

Other

Regional activities: Participation in regional meetings and conferences organized by the WHO Regional Office for Europe, USAID and other partners on primary health care, civil society partnerships for resilient TB responses, integrated TB prevention and care in Central Asia, TB data systems, TB prevention and systematic screening;

National platforms: Continued support to the national Stop TB Partnerships in Kazakhstan, Tajikistan and Ukraine;

Azerbaijan: Advocacy and TA for strengthening civil society engagement in the TB response; and support to the Azerbaijan TB NGO Coalition;

Kazakhstan: Support to country engagement in the UNHLM on TB and the Coalition of Leaders Against TB;

Republic of Moldova: Facilitation of medicine donations by the Government of Japan for extensively drug-resistant TB treatment (including for people displaced from Ukraine and children), with supply through GDF;

Ukraine: Work with national and external partners for securing supply of TB medicines and commodities and other emergency support; implementation of the Stop TB component of the USAID/PATH country TB project; and support to country engagement in the UNHLM on TB and the Kochon Prize for Ukraine.



Governance of country TB responses

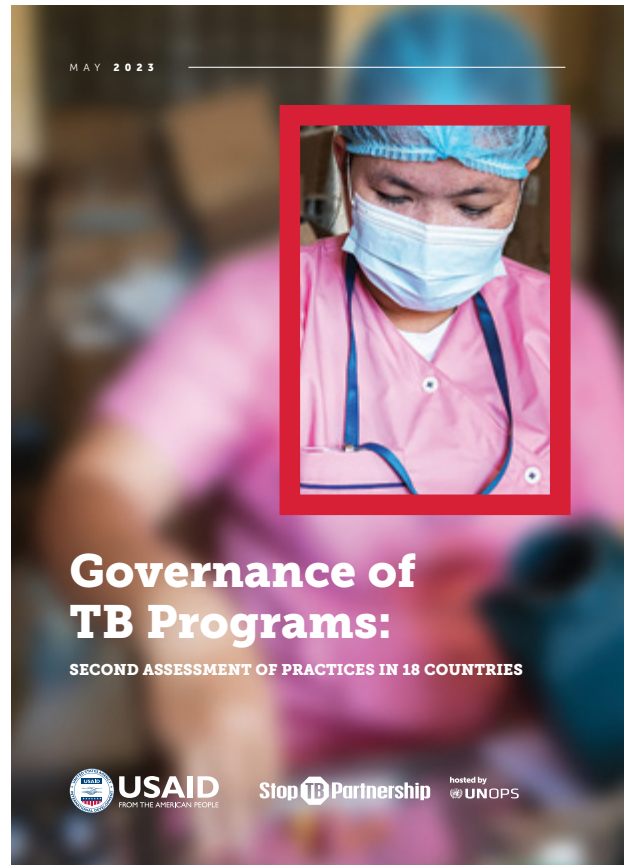
The Stop TB Partnership continued its work, in collaboration with the United States Agency for International Development (USAID), to measure the governance of TB responses in countries. The second report in this series was published (<https://www.stoptb.org/resources/governance-of-tb-programs>) in May 2023. This work included inputs from the national TB programmes and from TB-affected communities to ensure balanced and inclusive perspectives.

The report assessed how well the TB responses in 18 high-priority countries are governed. The assessment of governance covered progress against 20 benchmarks spread across four thematic areas: transparency, inclusiveness, legal framework, and process efficiency and effectiveness. Results show that countries have fully achieved an average of only four benchmarks (range 1–9), while making partial progress on several other benchmarks. The report is an excellent tool for advocacy for improved governance of TB responses in countries.

Short-term technical assistance (STTA) for countries

In 2023, under the USAID-supported STTA project, 21 consultants were deployed on 14 missions to support countries for developing their funding requests to the Global Fund to Fight AIDS, Tuberculosis and Malaria, including the related work of updating National Strategic Plans. These countries were: Armenia, Azerbaijan, Ethiopia, Kenya, Kyrgyzstan, Nepal, Nigeria, Republic of Moldova, South Sudan, Tajikistan, Ukraine, United Republic of Tanzania, Zambia and Zimbabwe.

The STTA mechanism also provided technical support missions on mental health and TB to local organization networks (LONs) in three countries (Cambodia, Indonesia and the Philippines), and technical support for drug resistance surveys in four countries (Democratic Republic of the Congo, Nigeria, Pakistan and Zimbabwe).



Community, rights and gender

The Stop TB Partnership has been established as the leading technical organization on TB communities, rights and gender (CRG) 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.

In 2023, Stop TB continued to provide specialized support and specific TA to community partners, civil society, and regional and country-level TB responses. Thanks to the support of USAID, the Global Fund and L'Initiative operated by Expertise France, this year was exceptionally exciting for CRG in the TB response, culminating like never before in the power of community demands at the UNHLM on TB 2023.

Together with partners, Stop TB achieved a stronger TB affected community and civil society movement and engagement in the UNHLM on TB.

The Stop TB Partnership supported national dialogues prior to the UNHLM: 22 countries, led by CFCS partners, held national dialogues prior to the UNHLM and rallied for heightened ambition, accountability and the adoption of concrete measures to end TB. These national dialogues were also supported by regional dialogues, hosted by ACT in Anglophone Africa, DRAFT TB in Francophone Africa, ACT Asia Pacific and APCASO in Asia and the Pacific, Socios en Salud and the Americas TB Coalition in the Americas, and PAS Center, TBEC and TBpeople in Eastern Europe and Central Asia. Stop TB achieved an unprecedented mobilization of TB-affected communities and civil society during the Multi Stakeholder Hearing in New York in May, for which Stop TB's support secured the presence of more than 65 people affected by TB and CSO representatives. These individuals not only engaged in the hearing, but, even more importantly, participated in the Mission briefings, with more than 45 Permanent Representatives to the UN Missions visited over five days of intense advocacy work.

Similarly, during the UNHLM week in September, the Stop TB Partnership supported over 45 individuals and 20 countries to convene in New York and engage in strategic-level advocacy for TB.

Stop TB funded the TB UNHLM Community Coordination Hub (hosted by GFAN and featuring a leadership group of TB advocates – for more details see the Advocacy Section of this report).

Stop TB worked further on the institutionalization of CRG in TB. To this end, the Partnership worked with national TB programmes in 30 countries to initiate, build upon and scale up CRG in TB. To date, over 30 national TB programmes have supported and endorsed CRG assessments and findings, 10 countries have incorporated national CRG action plans into their National Strategic Plans, and 26 national TB programmes have endorsed and supported OnImpact community-led monitoring and related indicators to systematically overcome barriers to TB services. Today, nearly 70,000 people affected by TB in 26 countries have been oriented on their rights and have downloaded OnImpact to engage in community-led monitoring, demonstrating national TB programmes'



UNOPS Executive Director Mr. Jorge Moreira da Silva and Assistant Minister of Health Brazil Dr. Ethel Leonor Noia Maciel

commitment to a rights-based approach to TB with people at the centre. As a result of national TB programme engagement in CRG initiatives, CRG is now a thematic area of joint programme review missions and National Strategic Plans, demonstrating national commitment to institutionalizing CRG in TB.

Through CFCS and technical support mechanisms, over 25 countries have been supported to conduct country dialogues to inform the Global Fund Grant Cycle 7 applications, leveraging the CRG assessment and action plans and conducting TB programme reviews. Around 30 countries developed TB CRG country profiles, which are publicly available on [our webpage](#).

CFCS, the Stop TB Partnership flagship programme, has continued to grow and strengthen efforts in support of ambitious and strong country-level TB responses that are community-led, human rights-based, gender-transformative and stigma-free, with community-led advocacy and accountability underpinning these efforts. With additional support from L'Initiative complementing the Global Fund

and traditional core funding of USAID, CFCS reached a coverage of over 38 countries and six regions through 200+ grants globally with a total amount of US\$ 24 million (Rounds 11 & 12). Stop TB warmly welcomes the collaboration with L'Initiative to scale up CFCS and CRG support in the Francophone African region. Despite the significant increase in funding, the Stop TB Partnership could still only meet 33% of the demand: The 406 proposals submitted from 38 countries for Round 12 exceeded US\$ 41 million, demonstrating the necessity of CFCS funding for TB-affected communities and the need for ongoing efforts to close the funding gap.

To end TB by 2030, CFCS supports community-led efforts to advance TB responses that are people-centred, rights-based, gender-transformative, equitable and accountable, through work primarily in six intervention areas, the outcomes of which will be documented and made available:

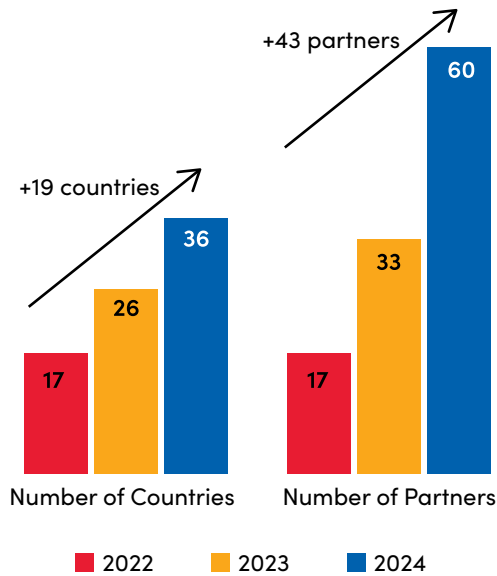
1. CRG and stigma assessments and costed action plans
2. Advocacy, awareness and activism, especially to increase domestic funding for TB and political leadership
3. Community-led monitoring for social accountability
4. Capacity-building and community empowerment
5. Engagement, networking, coordination and partnerships
6. Demand generation for new tools and innovations, including CRG.

This year, the Stop TB Partnership observed a continuous demand for OnelImpact TB community-led monitoring for social accountability. With the CFCS Round 12 partners and Dure Technologies, Stop TB will support around 60 organizations in over 35 countries globally to roll out, scale up and increase coverage of community-led monitoring for TB.



OnelImpact programme in Nigeria

One Impact expanding reach with CFCS support over years



In the last year, the Stop TB Partnership concluded a series of OnelImpact scale-up and institutionalization webinars and began working with country partners to develop specific country scale-up plans; these are now available and being supported by M&E. Stop TB, together with partners, also developed several new CRG tools to support TB CRG programming and advocacy.

In advance of the UNHLM on TB, and to support community-led political advocacy specifically for the meeting, Stop TB facilitated the development of the [Accountability Report by TB-Affected Communities and Civil Society: Priorities to Close the Deadly Divide](#). The report was led by community partners and was the product of unparalleled community engagement and participation, including over 1,000 community members from over 92 countries. Accompanied by an advocacy toolkit, the report is now the leading accountability report of the TB response and the six calls to action continue to shape efforts to finalize and implement the UNHLM on TB Political Declaration. The report was translated into French, Hindi, Portuguese, Russian and Spanish.

During The Union World Conference on Lung Health 2023 and in alignment with this year's theme "Transforming Evidence into Practice", the



A TB civil society member standing with the Deadly divide Report at Times square in New York.

Stop TB Partnership, in collaboration with partners, launched the latest CRG tools to support evidence-based decision-making and action on TB.

For an equitable TB response, there is a need to better understand, prioritize, estimate the size of and reach the TB key and vulnerable populations. To this end, the Stop TB Partnership, together with the Global Fund, supported the development of the [Tuberculosis Key and Vulnerable Populations Size Estimation Tool](#). The development of this tool is rooted in the recommendations from multiple CRG assessments and the Global Plan to End TB 2023–2030, and linked to the need for evidence in this area of work in order to access any donor funding (especially from the Global Fund). This tool will enable countries to better understand the size and distribution of these populations, which will facilitate evidence-based and targeted interventions for equitable TB programming.

The Stop TB Partnership has supported national TB programmes, civil society and affected communities to identify, monitor, mitigate and overcome the human rights- and gender-related

barriers prevailing in the TB response. Chief among these efforts has been the development and implementation of TB CRG tools, including the TB CRG Assessment, TB Stigma Assessment and OneImpact, the community-led monitoring approach for TB. Building on the latest peer-reviewed evidence and understanding of TB CRG and the right to health, the [Legal Environment and Human Rights Scorecard](#) aims to enhance visibility and multisectoral accountability with respect to the legal, policy and human rights barriers experienced by people affected by TB. These tools have been translated into French.

“A leading success in implementing TB CRG tools came this year with Indonesian partners finalizing, validating and disseminating a TB Community, Rights and Gender Costed Action Plan for 2024–2026. The Plan is budgeted at USD \$52 million and features interventions from the 7 TB CRG pillars to help remove barriers that currently inhibit finding and treating all people with TB. It is the most ambitious TB CRG Costed Action Plan to date. The costed plan also incorporates an expansion model for further scale up investments should further funding be available. Efforts will



Image from the launch of the Legal Environment & Human Rights Scorecard & the TB Key and Vulnerable Populations Size Estimation Tool during the Union conference on Lung Health in November 2023, Paris.



Mr. Austin Obiefuna, Vice Chair, Stop TB Partnership, speaking at Stop TB Partnership Awards ahead of the United Nations (UN) High Level Meeting (HLM) on Tuberculosis at UN headquarters in New York during United Nations General Assembly (UNGA).

now be focused on advocacy that can ensure the full implementation of the plan”.

Stop TB developed an assessment tool for CCMs. The assessment has been conducted in 10 high TB burden countries so far. This assessment looks at TB stakeholder representation, participation, engagement and impact, and draws on evidence from TB CRG assessments on the participation of people affected by TB in the response. The preliminary findings of these assessments were discussed and presented to the Global Fund and other stakeholders at The Union World Conference on Lung Health 2023.

Stop TB ensured the meaningful engagement of TB-affected community and civil society delegation members in governance processes and participation in Board activities, including in the creation of the newly formed Key and Vulnerable Populations Constituency.

The Stop TB Partnership awards those who care, engage and work continuously, sometimes unseen, towards ending TB. The

Kochon Prize is awarded annually to individuals and/or organizations that have made a significant contribution to end TB. It is endowed by the Kochon Foundation, a non-profit foundation registered in the Republic of Korea. This year’s Kochon Prize recognized the remarkable work of people and organizations in areas where there is armed conflict. It honoured two organizations and one individual from Ukraine – the Center for Public Health of the Ministry of Health of Ukraine, the Southern Kherson Pulmonary TB Medical Center and the Director of the Chernihiv Regional Medical Center Zhanna Karpenko – for their efforts to establish TB treatment and care systems and protect people with TB during wartime.

In addition, in 2023, the Stop TB Partnership recognized the work done by different organizations to increase access to TB services for TB key and vulnerable populations. Joined by Humana People to People Foundation, this year’s Community award was issued to two organizations that will be announced during the Stop TB Partnership Board Meeting in Brazil in February 2024.

Country-Level Partnership Platforms initiative

Overview

The Stop TB Partnership remains committed to actively engaging and supporting Country-Level Partnership Platforms through a combination of small grants and technical support. Our current funding cycle is strategically oriented towards several key objectives, including:

- Enhancing the visibility and comprehension of the TB response and efforts at the country level; to achieve this, Stop TB provides grants and technical support to Country-Level Partnership Platforms in 20 countries: Cambodia, Cameroon, Democratic Republic of the Congo, Ghana, Indonesia, Kazakhstan, Kenya, Malawi, Mozambique, Nigeria, Pakistan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Zambia and Zimbabwe, as well as with partners in Ethiopia and the Philippines;
- Development and implementation of targeted strategies aimed at expanding the involvement of partners in TB response activities at the national level, ensuring the continued relevance and effectiveness of country platforms;
- Enhancing domestic resource mobilization to secure more substantial financial support for TB-related initiatives.

In 2023, the Country-Level Partnership Platforms, through their activities of awareness-raising, advocating for policy change and providing support to TB-affected communities, contributed to successful participation, engagement and country dialogue for the UNHLM on TB and a strong Political Declaration.

The Country-Level Partnership Platforms received communications and social media training, with support from the Stop TB Partnership's Communications and Advocacy Team and Stop TB Partnership Pakistan.



Ms. Evaline Kibuchi – Chief National Coordinator – Stop TB Partnership Kenya

Below are the most remarkable achievements of Stop TB partners this year ([more details in Annex 1](#)):

- Stop TB Partnership Pakistan forged a close and impactful connection with the Offices of the President of Pakistan and the First Lady of Pakistan and managed to secure political commitments for ending TB in the country. Stop TB Partnership Pakistan received the Corporate, Humanitarian, and Strategic Achievements Award from the President of Pakistan. This recognition reflects the partnership's relentless efforts in social development and its role in creating a community-led and gender-transformative TB response in Pakistan.
- Stop TB Partnership Mozambique and Stop TB Partnership Malawi were formally established and became active.
- Tanzania Stop TB Partnership consolidated the TB Multisectoral Accountability Framework (MAF) document with all inputs from 26 ministerial sectors, in collaboration with the Ministry of Health and National TB and Leprosy Programme.
- The Prime Minister of the United Republic of Tanzania engaged with the Stop TB Partnership and participated in a high-level event in Simiyu Region on WTBD 2023.



- The national CCM assigned Stop TB Partnership Ukraine to select the members of the official Ukrainian delegation to the UNHLM from among CSOs and TB-affected communities. Stop TB Partnership Ukraine provided recommendations to each draft of the political declaration before and during the debates.
- In Tajikistan, WTBD was marked by a TB Friday public preach (Khotbah) in all mosques in the city of Dushanbe, dedicated to raising awareness of TB.
- Stop TB Partnership Ghana celebrated the birthday of the President of Ghana with a birthday card that said, “As we celebrate your 79th birthday, we congratulate you in advance on your commitment towards TB in the new year. Please return to the United Nations High-Level Meeting (UN HLM) with us in September 2023 with your commitment, Happy Birthday to You Sir”.
- On WTBD 2023, a speech by the President of the Republic of Zambia was read on his behalf by the Minister of Health, applauding the efforts being made in the fight to end TB in Zambia. The event was followed by a walk, which was attended by many people from the community.
- Twelve Country-Level Partnership Platforms held national meetings in preparation for the UNHLM on TB 2023 to lay the groundwork for impactful participation by their countries, ensure countries’ active and influential role, develop social media campaigns in parallel with the UNHLM to raise awareness, conduct national stakeholder consultations, and launch the Deadly Divide report.



ETTi Working Group meeting, Paris, November 2023

STOP TB PARTNERSHIP WORKING GROUPS

The Stop TB Partnership Secretariat continued to fund and support the activities of the eight thematic Working Groups that align partners and provide inputs on critical strategic issues for TB globally.

The Working Groups were funded with additional grants in 2023 amounting to a total of US\$ 922,552. The Working Groups continued to report activities on a quarterly basis based on the Executive Committee-approved workplans.

Implementing Working Groups

There are five active Implementing Working Groups. Four of the Implementing Working Groups are hosted by the WHO Global TB Programme: Global Drug-resistant TB Initiative (GDI), Global Laboratory Initiative (GLI), Public–Private Mix for TB Care and Control (PPM) and Child and Adolescent TB (CA TB). The End TB Transmission Initiative Working Group (ETTi) was hosted by University Research Co. (URC); however, in 2023, the Stop TB Partnership Secretariat started hosting it temporarily, based on a request by the Working Group.

Some examples of activities of the Implementing Working Groups are listed below:

Global Drug-resistant TB Initiative Working Group (GDI)

- Conducted a joint workshop with the Global Laboratory Initiative at The Union World Conference on Lung Health 2023, with a focus on TB detection, treatment and care, particularly in high-burden settings with limited health care infrastructure;
- Developed job aids for diagnosis of presumptive TB in children to support clinicians in timely diagnosis and enrolment on treatment;
- Selection of new members of the GDI Core Group for the term 2023–2025.

Global Laboratory Initiative Working Group (GLI)

- Conducted a joint GLI–GDI workshop on the diagnostic and treatment aspects of using BPaLM at The Union World Conference on Lung Health 2023;
- In the process of conducting a global assessment to identify existing external quality control panels and external quality control programmes, with the aim of cataloguing the existing quality control panels, outlining the procedures for accessing them, and providing cost information;
- Developed manuals and information sheets:
 - An implementation manual for the GeneXpert 10-Color instrument and the Xpert MTB/XDR tests is in process. The manual will be developed in collaboration with IDDS (Infectious Disease Detection and Surveillance), a USAID initiative, that has developed a training package for the test.
 - Information sheets on targeted next-generation sequencing equipment are in development.

Public–Private Mix for TB Care and Control Working Group (PPM)

- Held the global meeting of the Working Group on PPM for TB prevention and care on the sidelines of The Union Conference in November 2023;
- Updated the PPM Roadmap;
- Provided PPM support for country programme reviews.

Child and Adolescent TB Working Group (CA TB)

- Developed and launched the Roadmap Towards Ending TB in Children and Adolescents in November 2023;

- Selected new leadership – Chair and Vice Chair;
- Supported countries for programme reviews and Global Fund applications.

End TB Transmission Initiative Working Group (ETTi)

- Selected new leadership of the Working Group;
- Recruited new core members and rebranded the Working Group in view of the experiences during the COVID-19 pandemic;
- Developed the workplan for 2024.

Research/New Tools Working Groups (NTWG)

The Research/New Tools Working Groups aligned advocacy efforts for TB R&D funding

and action in the run-up to the UNHLM on TB and continued discussions on how to track progress against the Global Plan. The Working Group on New TB Vaccines (WGNV) is hosted by the International AIDS Vaccine Initiative (IAVI); the New Diagnostics Working Group (NDWG) is hosted by FIND; and the Working Group on New TB Drugs (WGND) is hosted by the TB Alliance. All three Working Groups together hosted a New Tools Summit in Paris in November 2023.

Some examples of activities of the Research/New Tools Working Groups are listed below:

Working Group on New TB Vaccines (WGNV)

- The dates and venue (Brazil) of the 7th Global Forum on TB Vaccines were announced after extensive consultations. Preparations have started and are ongoing.
- Following the publication of the [online TB vaccine pipeline](#) in September 2022, which currently focuses on the clinical pipeline,



New Tools Working Group meeting, Paris, November 2023

WGNV published a [more detailed form for candidates in preclinical research](#) on its website and is in the process of developing an online pipeline for preclinical candidates.

- The online TB research curriculum developed by the WGNV and other New Tools Working Groups in collaboration with the NGO and Affected Communities Delegations was launched on the TeachMeTB e-learning platform. WGNV worked with TB Vax ARM to coordinate an online advocacy fellowship programme.

New Diagnostics Working Group (NDWG)

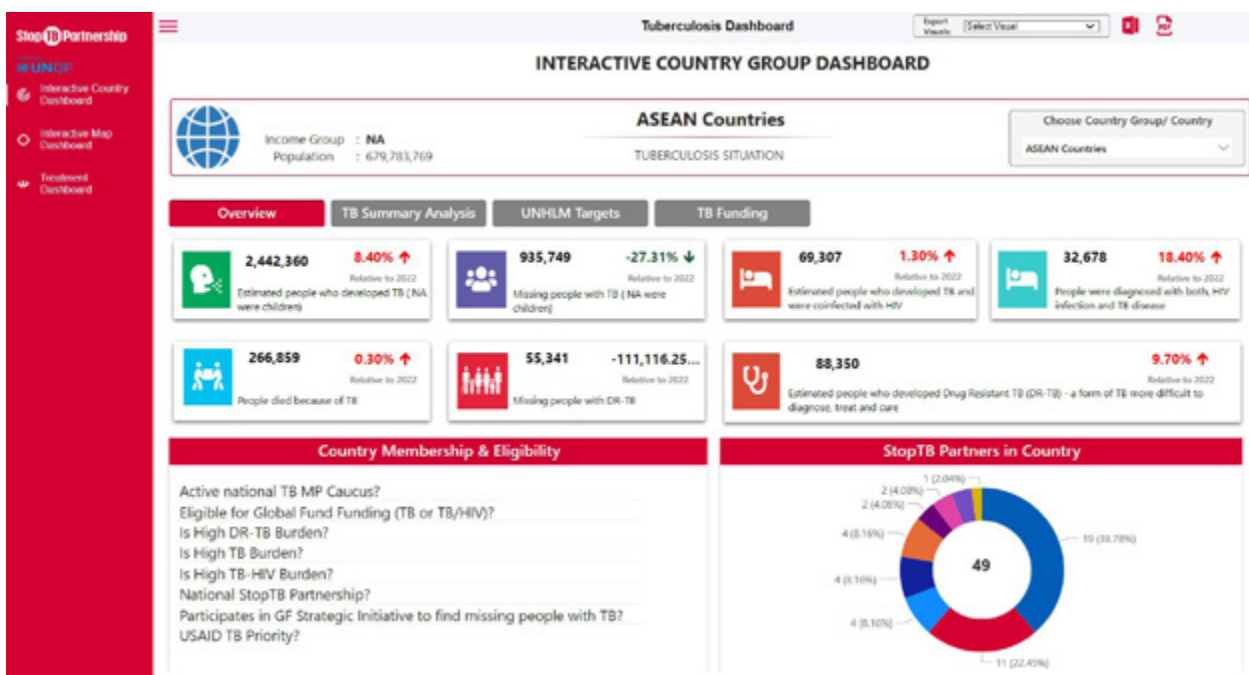
- The Task Force on Biomarkers for TB Point-of-Care Tests (Biomarker TF) submitted a manuscript for publication on the study design considerations for biomarkers for treatment monitoring. The Task Force on Next-Generation Sequencing and Drug Susceptibility Testing (NGS TF) developed an opinion piece on scaling and sustainability opportunities and options for WGS in the TB field.
- The Task Force on TB Infection and test of progression to active disease (TBI TF)

developed a consensus opinion paper: Large Scale Action on TBI Within the Tuberculosis Elimination Plan.

- The Task Force on Community Engagement is doing a survey to understand the gaps and needs for new TB diagnostics as perceived by the community groups, and improve the understanding of the affected communities on new TB diagnostics.

Working Group on New TB Drugs (WND)

- The Working Group hosted a virtual meeting to convene TB medicine researchers and developers focused on TB drug discovery, "Advances in TB drug discovery", with over 150 participants.
- WGND conducted its annual survey of TB medicine researchers and developers to update the Global TB Drug Pipeline and launch its latest version.
- WGND has monitored advances and changes in TB drug discovery, advocacy and development and disseminated all relevant updates via its web platform, social media and email to the WGND community.



Dashboard for ASEAN countries

Our People

EXECUTIVE DIRECTORS OFFICE

Lucica Ditiu

Executive Director

Catie Rosado

Special Assistant to the Executive Director

Saori Terada

Diversity and Inclusion Advisor

Jennifer Dietrich

Head of Governance

Kerrie Tyas

Programme Management
Support Associate

DEPUTY EXECUTIVE DIRECTORS OFFICE

Suvanand Sahu

Deputy Executive Director

Mohammed Anouar

Administrative Assistant

Shinichi Takenaka

Technical Advisor

NEW TOOLS PROJECT

Wayne Van Gemert

Technical Officer, TB Diagnostics

Akjagul Garajagulova

Programme & Grants Officer

Lucy Mupfumi

Diagnostics Project Officer (S. Africa)

DIGITAL HEALTH TECHNOLOGY HUB

Zhi Zhen Qin

Digital Health Specialist

Sarah Zaidi

Digital Health Analyst (UK)

Shihab Zafar

Digital Health Analyst (Bangladesh)

OPERATIONS

Mikkel Broholt

Head of Operations

Edith Takem

Travel and Administration Snr Assistant

PMO/GRANTS

Philipp Hodel

Portfolio Specialist

Andres Gallo

Portfolio Analyst

Dorothy Nanzala Nasubo

Grant Management Specialist

PROCUREMENT/LTA

Alexandru Hordila

Portfolio Senior Officer

Ngoc Thi Hong Chu

Portfolio Senior Officer

Tunahan Kucukcelebi

Procurement Specialist

Martin Kauna

Procurement Administration
Associate (Kenya)

Veselka Jensen

Procurement Administration
Associate (Denmark)

ADMIN/ICT

Sulochana Weerasinghe Roy

HR & Administration Officer

Richard Maggi

Information Technology Manager

FINANCE

Ramona Rata

Team Leader - Finance

Alejandro Garcia-Gonzalez

Finance Officer

Andrea Dwarika

Finance Assistant

Vicky Onditi Achayo

Finance Assistant

Vitaliy Makarov

Finance Analyst

Valton Dreshaj

Finance Officer

ADVOCACY & COMMUNICATIONS

Elizabeth Wamera

Advocacy and
Communications Manager

Gregory Paton

Senior Advocacy Officer

Asgar Ismayilov

Advocacy Officer

Ishan Bhatkoti

Advocacy and Communications Officer

Malene Arboe-Rasmussen

Media and Communications
Officer (Denmark)

Honey Mehta

Communications Specialist

Judy Mwaluko

Communications Specialist

Paul Chambole

Programme Management
Support Associate

COUNTRY & COMMUNITY SUPPORT FOR IMPACT TEAM

Viorel Soltan

Team Leader, Country &
Community Support for Impact

Andrei Mosneaga

Regional Advisor, Eastern
Europe and Central Asia

Enos Masini

Regional Advisor, Africa

Sreenivas Achuthan Nair

Regional Advisor, Asia and the Pacific

Caoimhe Smyth

Community, Rights and Gender
Programme Officer

James Malar

Community, Rights and Gender
Programme Officer

Suhair Talab

Partnerships Development Specialist

Ricarda Steele

Grant Management Analyst

Inara Namazova

Programme Assistant

EXTERNAL AFFAIRS & STRATEGIC INITIATIVES (EASI)

Jacqueline Huh

Head, External Affairs & Strategic Initiatives

Andrew Cross

Strategic Initiatives Manager

Yu Yu Thin

Administration Associate

INNOVATIONS & GRANTS

Jacob Creswell

Team Leader, Innovations and Grants

Amera Khan

TB Technical Officer

Beatrice Kirubi

TB Technical Officer (Sweden)

Toufiq Rahman

TB Technical Officer

Pauline Vandewalle

Grants & Program Officer, TB Reach

Tushar Garg

Technical Officer

Jurgen Boquin

Snr Programme Assistant

GLOBAL DRUG FACILITY**Brenda Waning**

Chief

MARKET STRATEGIES TEAM (MST)**Brian Kaiser**

Market Strategies, TB Medicines
Technical Officer

Olena Iakovenko

Programme Management
Support Associate

Ahnaf Tahmed Faiz

Programme Management
Support Associate

Elizabeth Mahebo

Programme Management
Support Associate

COUNTRY SUPPLY (CS)**Elena Mochinova**

Country Supply Team Leader

Cedric Andres

Country Supply Officer for Francophone
Africa and Western Pacific region (West)

Marion Grossmann

Country Supply Officer for Eastern
Mediterranean region and India

Annette Nazziwa Kasi Nsubuga

Country Supply Officer for
Anglophone Africa

Alvaro Meseguer

Country Supply Officer for Latin America

Alessio Mola

Country Supply Officer for South-East Asia

Wut Yee Lin

Country Supply Officer
for South-East Asia

Ala Yeutukh

Country Supply Officer for
Europe & Central Asia

Anna Harusovska

Country Supply Officer for
Anglophone Africa

Khirea Hashaishi

Country Supply Officer for Western
Pacific region (East) and South-East Asia

Jayne Mphinga

Country Supply Officer for
Francophone Africa

Arnaldo Bonucci

Country Supply Officer for Lusophone
Africa and Clinical Research

**DEMAND, TECHNICAL ASSISTANCE
AND CAPACITY BUILDING (DTC)****Maya Kavtaradze**

Demand, Technical Assistance and
Capacity Building Team Leader

Lela Serebryakova

Demand, Technical Assistance and
Capacity Building Technical

COORDINATION ADVISER**Erulappa N. Thanaraj**

Country Technical Advisor
for India (Based in India)

Salama Mwatawala

Regional Technical Advisor for
Anglophone Africa (Based in Tanzania)

Nerizza (Zaza) Muñoz

Regional Technical Advisor for
the South-East Asia and Western
Pacific (Based in Philippines)

Waqas Rabbani

Regional Technical Advisor for
Eastern Mediterranean and South-
East Asia (Based in Pakistan)

Arsène Ouédraogo

Regional Technical Advisor for
Francophone Africa and AMRO
(Based in Burkina Faso)

Ekpeno Akpanowo

Regional Technical Advisor for
Anglophone Africa (Based in Nigeria)

Natavan Alikhanova

Regional Technical Advisor for Eastern
Europe (Based in Azerbaijan)

Floribert Biziyaremye

Regional Technical Advisor for
Francophone and Anglophone
Africa (Based in Rwanda)

Mavlyuda Makhmudova

Regional Technical Advisor for
Eastern Europe and Central
Asia (Based in Tajikistan)

Maria Ochigbo

Regional Technical Advisor,
for Anglophone Africa, Eastern
Mediterranean and South-East
Asia (Based in Nigeria)

**STRATEGIC PROCUREMENT AND
BUSINESS INTELLIGENCE (SPBI)****Magali Babaley**

Strategic Procurement and Business
Intelligence Team Leader

Thomas Vergès

Stockpile Manager

Kaspars Lunte

Global Sourcing Officer

Luiz Fernando Avelino Reciolino

Information Quality Officer

Nigorsulton Muzafarova

Lead Product Quality Officer

Wilberforce L. Kwiringira

Product Quality Officer

Elinor Spensley

Intern

**STRATEGIC PROCUREMENT
AND BUSINESS INTELLIGENCE,
DIAGNOSTICS AND PROCUREMENTS
(SPBI DX)****Bibiana Angarita Zambrano**

Diagnostics Procurement Team Leader

Nathalie Pedro

Diagnostics Procurement
and Supply Assistant

Artur Giniyatullin

Diagnostics Procurement
and Supply Assistant

Tania Mlanao

Diagnostics Procurement
and Supply Assistant

Yann Brousse de Gersigny

Diagnostics Procurement
and Supply Assistant

Olga Sterkhova

Diagnostics Procurement
and Supply Assistant

René Salomón Pedraza

Diagnostics Procurement
and Supply Assistant

Giovanni Verin

Diagnostics Procurement
and Supply Assistant

Diego Garcia-Lomas

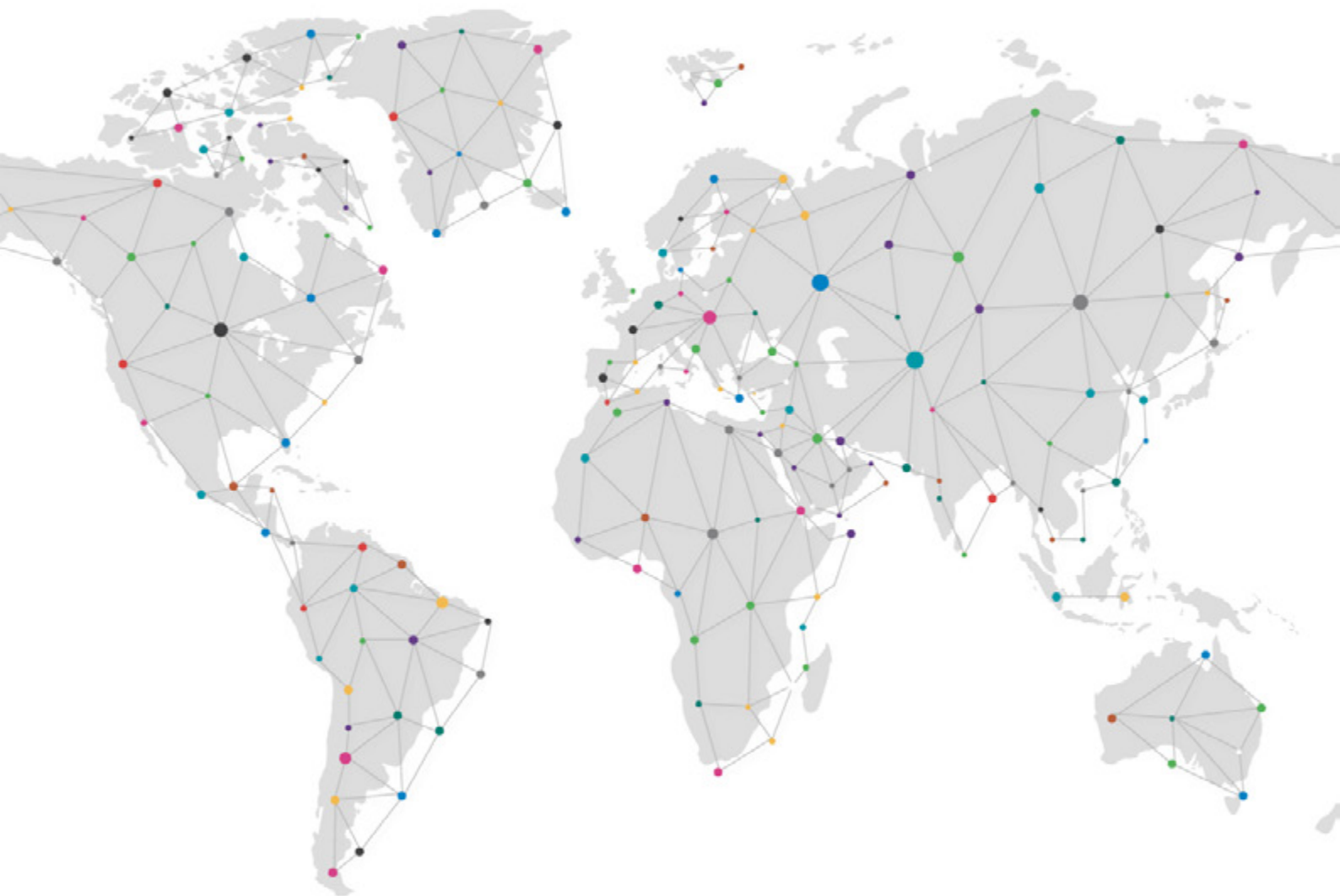
Diagnostics Procurement
and Supply Assistant

[Click here](#) to see
more details about
our people

YES!

WE CAN

END TB



Stop TB Partnership

hosted by
 **UNOPS**