Executive Director's Report

Stop TB Partnership

MARCH 2018

HEROES FROM THE FIELD

Paola Ariane Pinto Contreras's story

2017 in pictures

Year in review

EMPOWERING COMMUNITIES

MOVING & SHAKING - BREAKING RECORDS - COMMUNITIES
CUTTING EDGE - CREATING THE FUTURE TOGETHER - HAND IN HAND

Content

Content and design: Advocacy & Communications department

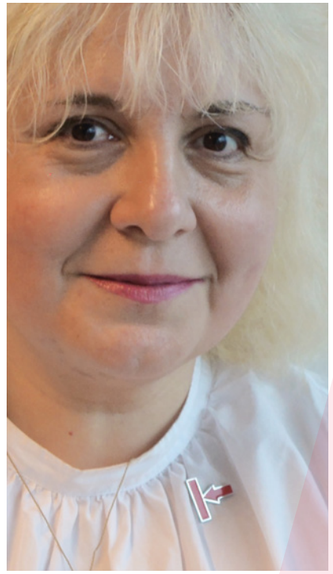
Stop TB Partnership

hosted by UNOPS

Spotlight

An interview with Lucica Ditiu

Executive Director of the Stop TB Partnership



You have been leading the Stop TB Partnership for over six years now. Can you tell us in a few words what is the difference between Stop TB and other global health organizations? What makes the Stop TB Partnership unique?

In terms of my team – the Secretariat – we managed to construct a team that is driven by the desire to help people that are affected by TB. I think 99% of all staff feel deep in their hearts the passion to save lives and support the less vocal and visible people with TB. We combine in an amazing manner the fact that we are a UN organization, but we remain lean, flexible and with an incredible appetite for change and innovation. And one more point, which I am sure is pretty unique: 60% of our staff are women, and out of eight members of our Senior management, five are women! And I think we are embracing a culture of doing the right things and doing things right as well – stand behind the work you do and be proud of it!

In terms of the Stop TB Board: an amazing, amazing group of leaders, partners, colleagues and friends. Very different from other Boards I know – very much hands-on and action-oriented. I think every single member of the Board cares deeply about people with TB and wants to see this world TB-free.

In terms of our work, we are a unique structure with several streams of work coming together in an incredible way through a continuum of work: high-level advocacy at country, regional and global level, demand creation for services, tools – especially new tools and innovations through our work with country programmes and partners and through the special efforts to expand global, regional and national networks of people affected by TB and civil society; procurement and supply of TB medicines, diagnostics and commodities; promoting innovations in service delivery and financing; supporting developers and manufacturers in pushing their ideas and products towards markets.

> *'' In Stop TB Partnership we try to ensure that every single one of us stands behind the work done and is proud of its quality and impact.''*

The TB situation remains very alarming. What is needed to achieve a global push in the right direction to bend the curve of the TB epidemic?

Three things are needed: First is high-level political leadership – heads of state and governments who must understand that TB kills their citizens, their people, affects their families and society. We must reach beyond the ministers of health! Second is to really go and implement at scale the TB interventions – bold and ambitious scale-up of things that have worked in TB. The last one is funding – funding for the scale-up, but especially funding for research and development. Now, in 2018, we know that there is still a lot to learn about TB – basic scientific gaps in knowledge – and we don't have the right tools to eliminate it.

What are your expectations from the groundbreaking UN High-Level Meeting on TB that Stop TB so loudly called for?

I expect a lot of heads of state and governments to attend and understand TB and the impact on their own people affected by TB. TB was never on the agendas or among talking points of heads of state or governments, and has too often been forgotten from discussions at global level. It is our time now – so I hope that it will be great.

As an outcome: Among other key asks, I especially look for the high-level accountability framework – multi-sectorial and multi-stakeholder – that we called for from the beginning. This is very important!

Innovations are key to any progress. Can you tell us how the TB community embraces change, from innovative financing models to technology progress in diagnosis and care?

The TB community used to embrace everything with a lot of caution – slow, prudent and worried. It comes from the lack of support and finances, lack of "voices" to call for people affected by TB to have access to the newest diagnostics and treatment. In TB, everything was so much prioritized and re-prioritized as availability of funding was what was driving our efforts – and not the need, not the desire to find everyone with TB! Very few country programmes included country-wide interventions aimed at finding and treating everyone affected by TB. This is why diagnosis is so much left behind in TB. I feel this situation is changing slowly

and I am happy that our Global Plan to End TB speaks about a "Paradigm Shift" – This is what it is about!

You are one of the few female executive directors in the global health space. What does it take to become a woman leader?

A huge amount of work. A huge number of sleepless nights. Neglected family and private life. A very good sense of humour. Energy. A great team, a great Board and many friends. But first and foremost it takes guts – an inner strength to keep going, looking ahead and doing your work with love. And a good mirror to look in every evening to "feel" whether you did good work.

A helicopter view on the things we are most proud of:

we contribute to lifting TB conversation from being merely a technical one to a high level political one linked to global agendas of health security, AMR and UHC. We ensure that our work and specifically our Stop TB Board meetings are major global events with a concrete impact on high level advocacy (calling for the UNHLM in September 2016, engaging on G20 MoH and HoS agenda, supporting India vision to end TB by 2025), we make a significant impact on the scale-up of innovative approaches to overcome systemic barriers in the fight against TB and facilitate world-wide, equitable access to TB medicines and diagnostics, including new tools, across public and private sectors.

Our Secretariat grew significantly over the last 3 years with a 100% increase in personnel and almost 150% increase in delivery expenditures (from US$50 million in 2015 to US$140 million in 2017).

The Secretariat teams are streamlined and aligned to deliver on our Operational Strategy (using modern communication platforms) and we have a much better coordination and engagement with our strategic partners – especially Global Fund (through our advisors at country and regional level, part of the Country and Community support team), WHO, USAID and others.

We have a unique structure which enables us to work, together with country programmes and partners through a continuum of from creating demand to supply and delivery of products and services through our teams or platforms: Challenge Facility for Civil Society countries and Communities Support, Accelerator for Impact, TB REACH Grants and Innovations, GDF, GF engagement, Advocacy and Communications.

It is good, it will be even better !

Heroes from the field

We have numerous TB survivors across the globe, who have overcome social stigmas and demonstrated through courage that TB can be cured. Sharing the stories for every day heroes.

AHMED (name changed) is a painter from Pallavaram whose favorite pass time is to watch man made birds float above the Chennai airport from his home. Ahmed is a hardworking man who lives in a joint family that includes his wife and children.

All was going well until Ahmed visited the doctor after a month of persistent coughing. The doctor gave him a coupon (a Wave 5 TB REACH recipient) for a free chest X-ray and GeneXpert (CB-NAAT) test. Ahmed was diagnosed with MDR-TB and his wife left him almost immediately owing to the stigma surrounding the disease and his subsequent admission to a sanatorium. Ahmed was completely devastated by the impact the disease had on his life and was about to lose hope at which point he was also diagnosed with diabetes. This is when the REACH TB Nanban, counselled Ahmed and his family members to support him in his treatment process. Ahmed's mother turned out to be his biggest support in the road to recovery.

He is currently on treatment and recovering fast. TB Nanban also counseled his wife and convinced her to get back to support her husband. With all this social support around him, Ahmed is confident that he will rid himself of TB soon.

AGNES KING sought treatment in various places but the medicines were not working and she continued to feel sick. As a traditional midwife, she could no longer do her daily job. Her husband stepped up to take care of their children and grandchildren. She shifted to the local Church and slept on the floor, believing that the stubborn illness that has defied all treatment was not 'ordinary', there must be spiritual forces behind it.

In early July 2017, there was an announcement in her village in Nigeria that there will be free tests done for those who had symptoms similar to that which she had been experiencing. Reluctantly, she went to the village square where other people had gathered and she also submitted her sputum which was transported to Brass, the only town in the Local Government Area where GeneXpert test was available. The next day, she received a call, she had tuberculosis. She immediately started the treatment. Although she continued sleeping in the church, she kept faith in taking her medicine until she completed her treatment. She is now feeling much better and has recently resumed her old job. She is very grateful for the opportunity to be able to care for her husband, children grandchildren and clients once again.

Hello!

My name is Olya. I'm 31 years old and come from Ukraine.

For now, I'm a healthy happy mother. I have a 9-year-old daughter, a small restaurant and family members living nearby. I have all that one can ask for. But just two years ago, everything was different.

In 2015, I met a baby who stirred my heart. After a lot of thought, I decided to adopt her. I was asked to take a medical health examination as a local requirement for adoption. That is when the doctor told me that I had a bad X-ray. As I did not have any signs of tuberculosis (TB) such as temperature, cough or any other signs characteristic of the disease, the doctors assumed that it was the remaining effects of pneumonia, which I had recovered from only a month ago. I was put on a course of antibiotics and only on the third day of medication, I developed a high fever. I went through several tests without any firm findings for my deteriorating health. It was a very tough period for me.

While I was being diagnosed, I kept praying to God to have cancer instead as TB is a disease that separates you from all your loved ones. I did not want to have TB and become isolated in my social circle. There is a huge gap in TB awareness amongst people and this creates stereotypes and stigma. In my community, people are insensitive, they think that only ill-behaved people get TB.

I was cured, but the process was very painful. It was more the attitude of the people around me than the medical procedure itself. The patient isn't killed by a disease but the attitude of society towards him. It is crucial for people to know that in addition to medication, the most important thing for a patient is the support of his family. Psychological support for the patient is important at each stage of the treatment.

Also, there is no acceptance towards a TB survivor to lead a normal life. For society, unfortunately, you are still the person with TB, despite being fully cured. Therefore, it is very important to focus on medical developments but equally on building awareness in society to destigmatize the disease and create social support for TB survivors to lead a full life.

I am thankful to the Stop TB Partnership community for unifying people from all over the world in their struggle for life. You are much more confident and stronger when you know that you are not alone!

Moving & Shaking

Bold messaging & daring outreach

Jet d'eau turned red to commemorate the WTBD 2017

Much of the first quarter of 2017 was dedicated to planning and executing the global communications campaign for World TB Day, led by the Stop TB Partnership. World TB Day 2017 was an exceptional edition, with partners coming together in an overwhelming push to make the voices of the TB community heard. Under the overarching theme of "Unite to End TB", World TB Day 2017 was an important milestone on the road to the Global Ministerial Conference on TB in Moscow in November 2017 and the UN High-Level Meeting (HLM) on TB in 2018, and eventually to ending TB.

The 2017 Stop TB Partnership communications campaign focused efforts on highlighting important but often misunderstood facts about TB that prevent people from seeking treatment or act as barriers in efforts to reduce the stigmatization of people infected and affected by the disease. Understanding such drivers of myths and misconceptions is important for improving information, education and communication efforts. Also, the Stop TB Partnership, in collaboration with the Graduate Institute's Global Health Centre organized the Swiss premiere of the then new feature-length film "Lucky Specials" in Geneva on 24 March 2017. A special World TB Day Edition newsletter was published on 7 April 2017.

The Stop TB Partnership website had the full suite of communications products (in all six official UN languages) available for partners to download, adapt and use for media outreach, including World TB Day call to action specific messages, posters, adaptable merchandise designs, social media campaign materials and community engagement toolkits.

N°29 STOP TB PARTNERSHIP

Coordinating Board Meeting

Berlin, 17-18 May 2017

Executive Director's Report

Foreword

Honorable Ministers, Ladies and Gentlemen, Dear Friends, Colleagues and Members of the Coordinating Board.

DR. LUCICA DITIU
Executive Director

The communications team supported a workshop on TB, human rights and law for law enforcement and health care workers, held in Mombasa, Kenya. Over 100 participants from 12 African countries and Ukraine came together over three days to discuss the challenges faced by community members in accessing TB services, both in prison settings and in the general population.

Our social media channels continue to grow and analytics are produced every month to track coverage, reach and pick-up across all channels. We have seen exponential growth in the Stop TB Partnership's Twitter feed, which currently boasts almost 14 000 followers. The Partnership's Facebook page has nearly 16 000 followers, and the key news items and statements that we publish weekly are shared multiple times by important stakeholders and partners.

The 29th Stop TB Partnership Coordinating Board Meeting was held in Berlin in May. The deliverables for the meeting were many and included the Executive Director's Report to the Board, which was drafted, developed and designed by the communications team; a series of infographics featuring high-level panelists at the Board Meeting to highlight and prioritize the upcoming UN HLM on TB; and a social media strategy was developed to maximize the impact of the Board Meeting and support a series of high-level events.

VALENTINE'S DAY CAMPAIGN

Our Valentine's Day social media campaign was very well received and created a buzz in the TB world. Our campaign material was widely circulated on Twitter and Facebook by our partners.

In September, the Partnership progressed on the UN HLM on TB work track for PR and Communications.

In order to kick-start the work on this track, the first face-to-face meeting took place in the UNOPS offices in New York, on the sidelines of the UN General Assembly (UNGA) in September 2017.

The Stop TB Partnership is in a fortunate position to be able to bring together a ground-breaking alliance of agencies to develop this first-ever coordinated public engagement campaign on TB in the lead up to the UN HLM. This alliance is being anchored by the Dentsu Aegis Network, a leading advertising and marketing services group that has pledged to support efforts to deliver on this global campaign. The alliance will incorporate a creative agency, a media agency, a measurement and research group, a PR agency, events, and social media in order to help bring the message to life from the launch until after the summit. Dentsu (working with this alliance of agencies), in collaboration with the Stop TB Partnership Secretariat, will focus on creating and delivering the global campaign.

During the UN General Assembly, the Stop TB Partnership funded and organized, with support from WHO a high-level reception to present the case for action on ending TB, and the need for the highest levels of commitment to ensure a successful UN HLM on TB. The reception, United to End TB: A Global Response to a Global Emergency, was attended by UN and government leaders, civil society and CEOs with remarks given by the Chair of the Stop TB Partnership Board and Minister of Health for South Africa, Dr Aaron Motsoaledi, WHO's new Director General Dr Tedros Adhanom Ghebreyesus, the newly-appointed United States Agency for International Administrator (USAID) Mark Green, and Kate O'Brien, a TB survivor from the U.S. who was diagnosed while she was pregnant. During the reception, WHO launched two reports. The first report, **'Antibacterial agents in clinical development - an analysis of the antibacterial clinical development pipeline, including Mycobacterium tuberculosis'** shows a serious lack of new antibiotics under development to combat the growing threat of antimicrobial resistance (AMR). In addition to MDR-TB, through the second report, **WHO also identified 12 classes of priority pathogens** - some of them causing common infections such as pneumonia and urinary tract infections - that are increasingly resistant to existing antibiotics and in urgent need of new treatments.

The Partnership supported all the communications for the various Secretariat teams around the 48th Union World Conference on Lung Health, which took place this year in Guadalajara, Mexico. The Partnership launched the first **90-(90)-90 progress report** of the Global Plan to End TB 2016-2020 on the margins of the Conference. The report was picked up by the BMJ and the media coverage for this is here: http://www.bmj.com/content/359/bmj.j4758

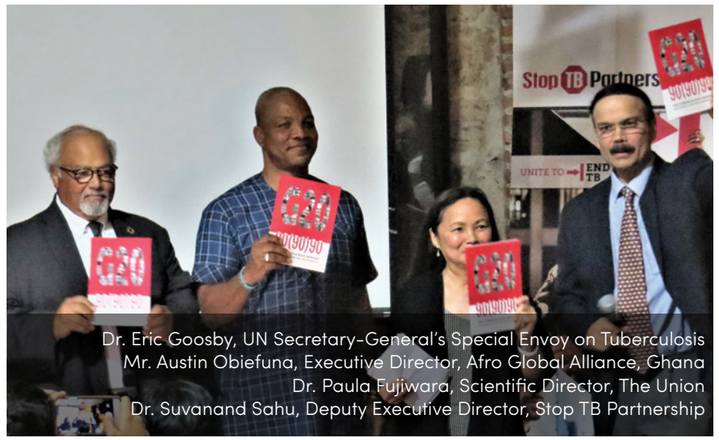
WORLD TB DAY 2018

In the last quarter of 2017, the Partnership held a series of Communications Coordinating Group calls to mobilize people around the UN HLM on TB. Such mobilization presents a unique opportunity in the lead up to and on World TB Day to raise TB as a political priority and ensure that the Day serves as an opportunity to move away from technical discussions only. After a series of consultations with partners, the final theme selected was: **"Wanted: Leaders for a TB-Free World | You can make history. End TB"**

The Partnership has developed an A&C toolkit comprising campaign materials in partnership with WHO, making it a first ever joint effort of this kind. The A&C toolkit is available for download from the website at: **http://bit.ly/2F92dGZ**

HIGHLIGHTING G20 SUCCESS – KEY HIGHLIGHTS

Following a sustained campaign by the global TB community and Stop TB Partnership, which included letters to G20 Ministers of Health from Dr Aaron Motsoaledi, Chair of the Partnership's Board, G20 Heads of State acknowledged the importance of AMR and TB at their July 2017 Summit – the first time a G20 Heads of State Communiqué has included TB as a health priority.



Dr. Eric Goosby, UN Secretary-General's Special Envoy on Tuberculosis
Mr. Austin Obiefuna, Executive Director, Afro Global Alliance, Ghana
Dr. Paula Fujiwara, Scientific Director, The Union
Dr. Suvanand Sahu, Deputy Executive Director, Stop TB Partnership

A HISTORIC OPPORTUNITY: ENSURING A SUCCESSFUL UN HIGH-LEVEL MEETING ON TB

• During the 29th Stop TB Partnership Board Meeting in Berlin, the Board endorsed key steps towards a successful UNHLM on TB, including the establishment of a UN HLM Coordinating Group supported by the Stop TB Partnership.

• Establishment of thematic work tracks to drive forward key deliverables including: New York and UN Missions engagement; HLM Modalities; Political Declaration and Accountability Content Development; In-Country Advocacy; PR and Communications; Civil Society coordination; and Private Sector engagement.

• The UN HLM Coordinating Group ensures strong coordination within the TB community, development of clear priorities, and sustained advocacy calling for ambitious HLM outcomes. In addition, the group has driven forward the development of clear priorities for the HLM,including the development of key asks for the HLM Modalities Resolution and the HLM Political Declaration.'

• A joint briefing was organized at UN Headquarters in New York on the UN High-Level Meeting on TB, in partnership with the Permanent UN Missions of Thailand, Japan, Russia, and South Africa, and UN HLM Coordinating Group partners. The briefing was attended by over 55 UN Missions.

• Regular coordination with Japan and Antigua and Barbuda, who serve as the co-facilitators, the UN Secretary-General, and the Deputy Secretary-General, to advance our shared priorities for a successful HLM.

Lucica Ditiu, Executive Director, Stop TB Partnership along with Mr Jagat Prakash Nadda, MoHFW, India; Dr Aaron Motsoaledi, MoHFW South Africa and Chair of the Stop TB Partnership Coordinating Board and Dr Joanne Carter, Executive Director, RESULTS and Vice Chair of the Stop TB Partnership Coordinating Board in Moscow at the Global Ministerial conference on TB.

Lynette Mabote from ARASA (left), WHO's Director-General Dr. Tedros Ghebreyesus (centre), Mariam Avanesova from TBpeople (right)
Photo: Rodrick Beiler/MSF

#STEPUPFORTB CAMPAIGN

The joint campaign developed by the Stop TB Partnership and Médecins Sans Frontières (MSF) on TB policies, Step Up for TB (www.stepupfortb.org), was heavily promoted ahead of the Global Ministerial Conference in Moscow, Russian Federation. The campaign secured over 35 000 signatures from over 120 countries in the lead up to the conference, making it one of the most widely supported TB campaigns in history. Mariam Avanesova, a person affected by TB, handed over #StepUpforTB petition to WHO Director-General Dr Tedros Adhanom Ghebreyesus, who voiced his strong support for the campaign. The petition contained an urgent call for health ministers in key TB-affected countries to align their TB policies and practices with international standards. Country-specific fact sheets on the Out of Step findings were also launched ahead of the Global Ministerial Conference.

GLOBAL TB CAUCUS

The Global TB Caucus includes over 2300 parliamentarians from more than 130 countries – an unprecedented number that reflects the impact of the TB crisis in communities around the world. The Stop TB Partnership is grateful to Minister Motsoaledi and Nick Herbert, the Caucus co-chairs, for their excellent leadership of the Caucus.

Key highlights

· The Global TB Caucus, the Stop TB Partnership, and the ACTION Partnership, along with German NGO DSW, hosted The Berlin TB Summit, which called on G20 leaders to prioritize TB ahead of the G20 Summit. This, together with a six-month campaign by the Caucus targeting ministers and officials, helped to ensure the inclusion of TB in the final G20 Leaders' Communiqué.

· The "Price of a Pandemic 2017," a report predicting the global economic cost of inaction in resolving the TB epidemic, was launched.

· As an important partner in engaging with the UN on behalf of the TB community, the Caucus engaged with over 70 UN Missions in New York and supported the Stop TB Partnership's briefing for UN Missions.

· The Global TB Caucus urged the American, African, Asian Pacific, Francophone and European and Central Asian TB Summits to develop a global position on the HLM. Work continued with national caucuses in many countries, including Nigeria, South Africa, Kenya, Zambia, Philippines, India, Argentina, Australia, Ukraine and Azerbaijan. Civil society continued to engage regularly with members of parliament in all regions, supported by partners, for example in Eastern Europe and Central Asia (EECA) including TB Europe Coalition (TBEC) and TB people.

HIGH-LEVEL ADVOCACY MISSIONS TO COUNTRIES

Engaging with high-burden countries to scale up activities aimed at reaching the targets set out in the Global Plan to End TB and End TB Strategy and to build high-level political commitment to achieve ambitious outcomes from the UN HLM on TB.

Glimpses of high level activities undertaken

India: Participated in and supported the "Ministerial Meeting Towards Bending the TB Curve in the South-East Asia Region," which led to a Ministerial Declaration signed by 11 Ministers of Health in the region;

Ethiopia: World TB Day events organized by the Africa Union and the Stop TB Partnership at the Africa Union Commission on Health and Population in Addis Ababa, Ethiopia, in collaboration with CDC Africa, BD, FIND and Cepheid;

Ukraine: High-level mission in Ukraine for the "Regional Cities Project," in collaboration with Alliance for Public Health: A Zero TB Cities initiative was launched in Odessa, and meetings were held with various partners including the Ministry of Health and the National TB Programme;

Denmark: Supported the launch of "A People-Centred Model of Care: Blueprint for EECA Countries," developed by the European Respiratory Society, London School of Economics and Political Science, London School of Hygiene and Tropical Medicine, PAS and the Stop TB Partnership;

Ghana: Supported and contributed to the meeting with TB stakeholders from across the Africa region in conjunction with the Union Africa region Conference on TB in Accra, Ghana and presented the work of the Stop TB Partnership;

Thailand: Hosted a global meeting in collaboration with APCASO and Treatment Action Group (TAG) of more than 60 community and civil society advocates from 32 countries in Bangkok, Thailand; the meeting focused on advocacy priorities promoting community-led, people-centred, rights-based and gender transformative approaches to ending TB;

Japan: High-level meetings organized with Dr Hiroto Izumi, Special Advisor to the Japanese Prime Minister; and Dr Kenji Shibuya, Professor and Chair, Dept of Global Health Policy;

Moscow: Participated in the first WHO Global Ministerial Conference on Ending TB in the Sustainable Development Era: A Multisectoral Response, held in Moscow, Russian Federation. Several bilateral meetings were held with Ministers of Health, including those from the Democratic Republic of the Congo, Angola, Nigeria, South Africa, Namibia and India. Served as a panelist on a Ministerial Panel on "Respect for Equity, Ethics and Human Rights" and spoke on the importance of TB policies at a side event organized by the Stop TB Partnership, MSF and the Union;

Kazakhstan: Led a Stop TB Partnership high-level mission to present at the 3rd HLM on TB and Migration in Astana, Kazakhstan, focusing on the "Plan to Fight TB in the Republic of Kazakhstan for 2014–2020" and the programme "Addressing Cross-Border Control of TB, MDR/XDR-TB and TB/HIV among Labour Migrants in the Republic of Kazakhstan"; met with Dr Yelzhan Birtanov, Minister of Health, to address the engagement of Kazakhstan's leadership in central Asian leadership in the lead up to the UN HLM on TB;

Estonia: Participated in the conference sponsored by the Estonian Presidency Health Team on "Addressing HIV and TB Challenges: From Donor Support to Sustainable Health Systems."

Stop TB Best sellers

90(90)90

TUBERCULOSIS REPORT FOR HEADS OF STATE

GLOBAL PLAN TO END TB 2016-2020

The 90-(90)-90 Report is the first report monitoring the status of implementation of the Global Plan to End TB against the agreed upon targets. The Global Plan to End TB's 90-(90)-90 targets are designed to address the substantial gaps in reaching people living with all forms of TB and ensure treatment for all in order to put the world on the right path towards ending TB by 2030.

The Report, launched in October 2017 at the 48th Union World Conference on Lung Health in Guadalajara, highlights the achievements and gaps in reaching the 90-(90)-90 TB targets. It aims to inform a high-level, non-technical audience that includes world leaders, heads of state, governments, and ministers of health and finance on the current status of the efforts to prevent and end TB. The Report emphasizes how TB continues to infect millions of people, and kills more than 4000 human beings per day, despite being a curable disease.The 90-(90)-90 Report underlines how and where the missing, inconsistent or incomplete TB data correspond to the major deficiencies in managing the TB response. Global leaders must address these challenges in order to ensure that people with TB have universal and equitable access to quality health care services. The Partnership acknowledges the high-level strategic inputs on the draft report received from Board members during the Berlin meeting.

Gaps in Demand and Supply

In 2016, 10.4 million people fell ill with TB and only 50% of these people were successfully treated. The situation is worse for the 600 000 people who developed DR-TB in 2016, of which an alarmingly low proportion of 12% completed treatment.

Time to act !

· None of the high TB or DR-TB burden country has achieved 90% treatment coverage for first-line or second-line TB treatment.

· Almost 4 out of 5 people with DR-TB remain undiagnosed, and a staggering 9 out of 10 people are not being treated successfully.

· Despite TB being a major cause of death among women worldwide, only 56% of women who developed the disease were diagnosed and put on treatment.

· The greatest gaps are in diagnosis and successful completion of treatment.

· Lack of availability of global-level laboratory data on the number of people who have been screened and tested for TB hampers the efforts to end the disease.

Knowledge gaps !

For Key Populations there is limited to no standardized approach for the collection, collation, analysis and especially programmatic use of TB data. Key Population data are available globally only on people living with HIV (PLHIV). Of the 1.2 million PLHIV who had TB, only 33% were put on both TB treatment and antiretroviral (ARV) therapy. At the regional level, some data are available on prisoners in the EECA region and on mining-affected communities in the Southern African region. At the national level, data on key populations are variable, incomplete and lack uniformity.

Achieving 90% treatment success:

Worldwide, first-line TB treatment success is above 80%, with eight of the high TB burden countries having reached 90% coverage. With more than half a million people ill with DR-TB, it is a major concern that the success rate for second-line TB treatment remains very low at 50%; this indicates huge problems associated with adherence. None of the high DR-TB burden countries have reached 90% second-line TB treatment success. No global data are available on the completion of preventive TB therapy, nor are data reported on TB treatment outcomes at the national and global level disaggregated by age and sex.

Reach at least

90%

OF ALL PEOPLE WITH TB

and place all of them on appropriate therapy—first-line, second-line and preventive therapy as required

As a part of this approach, reach at least

(90)%

OF THE KEY POPULATIONS

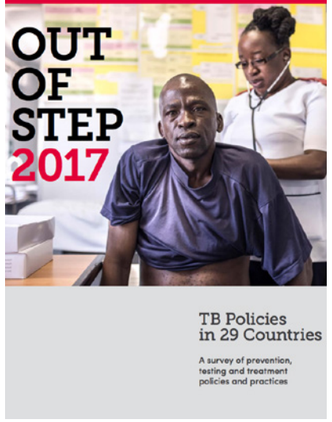
the most vulnerable, underserved, at-risk populations

Achieve at least

90%

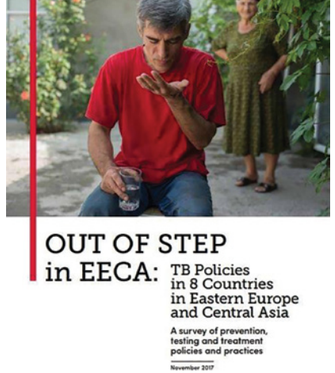
TREATMENT SUCCESS

for all people diagnosed with TB through affordable treatment services, adherence to complete and correct treatment, and social support.



OUT OF STEP 2017 REPORT

The Stop TB Partnership and MSF released the third edition of Out of Step, a report highlighting the need for governments and other relevant stakeholders to increase efforts to combat TB. The report reviews TB policies and practices in 29 countries, showing that countries can do much more to prevent, diagnose and treat people affected by TB.



LAUNCH OF THE 2017 REPORT ON TB R&D FUNDING TRENDS

The 2017 report on TB funding trends, "The Ascent Begins: Tuberculosis Research Funding Trends, 2005–2016," was launched by the TAG and Stop TB Partnership on 8 November 2017, a week before Ministers of Health and high-ranking officials from over 90 countries met in Moscow, Russian Federation for the Global Ministerial Conference on Ending TB in the Sustainable Development Era.

The report found that the global funding for TB research reached a high of US$ 726 million in 2016. This represents a US$ 100 million increase over 2015 levels and marks the first time that annual funding for TB R&D has exceeded US$ 700 million since the TAG began tracking spending in 2005. Although higher than in previous years, this amount remains inadequate when judged against the US$ 2 billion per year called for in the Stop TB Partnership's Global Plan to End TB 2016–2020.

The report cautions that the spending increase observed in 2016 is mostly attributable to existing major donors such as the U.S. National Institutes of Health and the Bill & Melinda Gates Foundation, which together have contributed over half of all reported funding for TB research since 2005. By contrast, pharmaceutical industry expenditures on TB R&D declined for the fifth straight year.

The report also benchmarked spending against the R&D spending targets (basic science, diagnostics, drugs, vaccines, operational research, paediatrics) in the Global Plan to End TB 2016–2020. Only one year into the Global Plan to End TB, funding in each area sits far below where it should be to reach the amounts called for by 2020.

KEY POPULATIONS BRIEF

To find the missing people with TB, we must understand more about populations that are disproportionately affected by TB. Key populations are groups of people who have increased exposure to TB because of where they live or where they work; people who have limited access to quality services; and people at increased risk because of biological or behavioural factors.

Over the past 12 months, the Stop TB Partnership has initiated a global discussion on key populations in TB. Several key population briefs have been produced to assist countries and communities in understanding more about key populations and enabling access to essential health services for these populations. These groups include miners, PLHIV, people who use drugs, prisoners, mobile and migrant populations and urban poor.

This year, the Stop TB Partnership released its most recent policy brief, introducing indigenous peoples as a TB key population.

Breaking Records

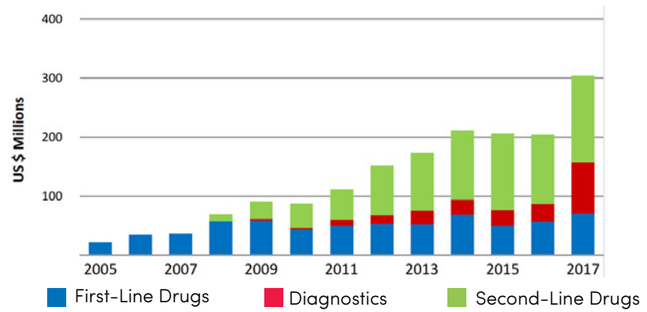
2017 Marks a Record-Breaking Year for GDF Supply of TB Medicines and Diagnostics

Key Highlights

GDF 2017 SUPPLY HIGHLIGHTS:

- **Averted more than $20 million in TB medicines wastage**
- **Delivered nearly $304 million worth of TB medicines and diagnostics to 119 countries – a 49% increase compared to 2016**
- **Supplied 41% of all Xpert MTB/RIF cartridges procured globally: 4.6 million out of 11.3 million cartridges**
- **Delivered 7,971 treatments of bedaquiline to 60 countries and 2,259 treatments of delamanid to 34 countries**

GDF Supply of TB Medicines and Diagnostics, 2005-2017



GDF – NOT JUST FOR DRUGS ANYMORE WITH SURGE IN DEMAND FOR TB DIAGNOSTICS

GDF - traditionally known for its supply of TB medicines - is setting new trends in the procurement of quality-assured TB diagnostics, offering countries a one-stop shop in the fight to end TB. GDF is currently supplying diagnostics to 60 countries, and its share of the global market continues to increase.

For Xpert MTB/RIF cartridges procured for the public sector under concessional prices, GDF accounted for 41% of global procurement, supplying 4.6 million of the 11.3 million cartridges procured in 2017. These cartridges play a critical role in quality TB care, allowing TB and rifampicin resistance to be simultaneously detected from patient specimens in less than two hours.

Given its large and increasing share of the diagnostics market, GDF is now ideally positioned to assume an impactful market coordination role in diagnostics, leading stakeholders and countries in negotiations with manufacturers for better pricing and servicing of diagnostics to improve patient access and ensure efficiency and sustainability of laboratory networks.

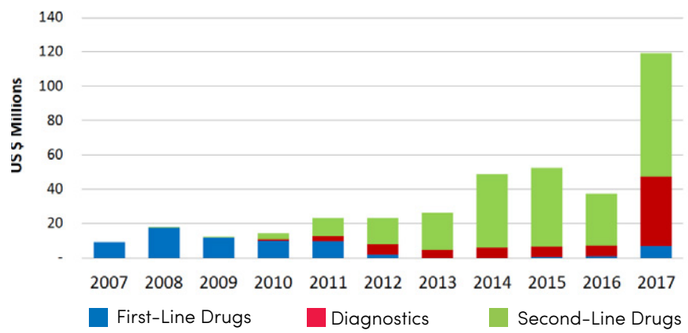
FULL STEAM AHEAD! GDF SUPPORTS INDIA'S AMBITIOUS PLAN TO END TB

In 2017, India ordered from GDF an unprecedented amount of TB medicines and diagnostics: 2.6 million GeneXpert cartridges; 507 GeneXpert systems; medicines to treat more than 700,000 DS-TB cases, 31,965 MDR-TB cases, and 3,500 XDR-TB cases; 3,500 bedaquiline patient treatments; and new, optimized pediatric formulations. These TB medicines and diagnostics will go a long way towards eliminating TB by 2025 as per India's recently announced National Strategic Plan.

GDF provided additional supply chain services to India in an effort to get these products to those in need as quickly as possible, including facilitation of customs clearance and delivery of medicines to in-country, regional warehouses. For GeneXpert cartridges and systems, GDF went even further – delivering diagnostics directly to end users. All in all, GDF delivered GeneXpert systems to 507 different destinations within India, including small clinics in remote areas.

GDF teams mobilized existing, internal resources to manage these massive Indian orders, but successful delivery was only possible through a strong working relationship with and extraordinary efforts by both the Global Fund Country Team and the National TB Program.

GDF Supply of Medicines and Diagnostics to India, 2007-2017



GDF LEADS THE WAY TO SECURE WAIVERS FROM WHO PREQUALIFICATION FEES FOR TB MEDICINES

In January 2017, the WHO Prequalification Programme introduced a new fee structure for medicines that included both an application fee for new submissions and an annual maintenance fee for existing medicines previously prequalified by WHO. These new fees are being levied by WHO in an effort to decrease reliance on donor funding. GDF, however, became immediately concerned about the impact of these new fees on TB medicines markets, with particular concern for fees applied to low-volume, low-profit TB medicines.

A risk assessment of the new fee structure was conducted by GDF and revealed numerous, substantial risks to the sustainability of TB medicines markets, including dramatic price increases and unwillingness of manufacturers to continue supplying some TB medicines. Ultimately, the proposed fees – if left unchanged – would likely limit GDF's ability to continue providing an uninterrupted supply of affordable, quality-assured medicines to its clients.

After analyzing GDF's historical procurement data, considering recent and upcoming changes in WHO treatment recommendations, estimating future demand of medicines, and engaging with TB suppliers, GDF developed an approach for a waiver system that could safeguard the TB medicines markets.

GDF presented the proposed wavier system to WHO and the two organizations worked closely over several months to come to agreement on a waiver system for TB medicines. In the end, the WHO agreed on a system that will protect 84% of GDF-supplied medicines by waiving their annual maintenance fees for the next three years; the remaining 16% of GDF-supplied medicines can reasonably absorb the WHO PQ fees without negative consequence.

Along with working closely with WHO on the waiver system, GDF engaged donors, civil society, and other stakeholders to raise awareness about the overall risks of the fees for low-volume, low-profit medicines. This has led to other groups beginning to replicate GDF's approach to fee waivers for at-risk medicines used to treat other diseases, including HIV and malaria.

KIDS FIRST! GDF PULLS OUT ALL THE STOPS TO ENSURE PROMPT ACCESS TO NEW, CHILD-FRIENDLY TB MEDICINES

GDF's multi-pronged strategy on introduction of new pediatric medicines resulted in delivery of 293,710 pediatric treatments to 58 countries in 2017, bringing the total number of treatments delivered by year-end 2017 to 356,496 treatments in 60 countries.

These new medicines - the world's first-ever child-friendly and appropriately-dosed formulations - became available in early 2016. With an ethical imperative to get these optimized medicines to children as quickly as possible, GDF led the charge on product introduction. Working end to end, from production planning to rational use, GDF interventions included:

- Assistance to suppliers for production scheduling that meets demand and minimizes wastage of both new and old formulations;
- Policy development and implementation at global and national levels;
- Collaboration with Global Fund, WHO, and other stakeholders to identify and address barriers to introduction;
- Technical assistance to National TB Programs to support phase-out of old products and phase-in of new products, including quantification and forecasting;
- Grants to 22 National TB Programs – with funding from Global Affairs Canada – to procure new formulations;
- Development and dissemination of technical briefing notes and other tools to guide medicines prescribing and administration;
- Ongoing monitoring and support for new formulation scale-up.

GDF'S INTELLIGENCE AND PROACTIVE INTERVENTIONS AVERT MEDICINE STOCKOUTS AND TREATMENT DISRUPTIONS

Case Example of Indonesia and Bangladesh

Ever wonder how GDF can proactively prevent a medicines stockout from happening? GDF works with countries to monitor patient treatment enrollment and levels of existing, in-country stock to determine when and how much medicine a particular country should order.

Quick and proactive analyses of data provided to GDF by Bangladesh through QuanTB (an electronic quantification and early warning tool for procurement, ordering, and supply planning), revealed a risk of stockout for capreomycin - an injectable medicine used in MDR-TB treatment. At the same time, QuanTB data provided to GDF by Indonesia highlighted the probability of overstock of the same medicine.

Using intelligence obtained from the two countries' QuanTB files, the GDF team was able to identify the quantity of capreomycin needed to prevent treatment interruption in Bangladesh, while at the same time quantify the amount of medicines over-ordered by Indonesia. GDF then quickly diverted the excess medicines bound for Indonesia and rerouted them to Bangladesh. In so doing, GDF successfully reduced the risk of treatment interruption in Bangladesh while at the same time preventing an overstock situation and potential wastage of medicines in Indonesia.

This example highlights the proactive, technical role GDF plays in assisting countries to manage their supply chains for TB medicines, as well as the benefits of GDF's pooled procurement model for TB medicines. It also demonstrates the utility of standardized tools and information sharing across multiple countries and GDF.

It takes a team to effectively manage medicine supply chains. GDF plays a coordinating role across suppliers, its procurement agent, freight forwarders, and National TB Programs to facilitate supply chain management; but the National TB Programs are the real stewards of their supply chains.

By the way, this isn't the only means by which GDF can avert stockouts. GDF holds physical medicines inventory in its newly-reconstituted Strategic Rotating Stockpile, allowing GDF to immediately respond to emergency orders for medicines at risk of stocking out.

GDF CONTRIBUTION TO THE ROLL-OUT OF NEW TOOLS FOR DRUG-RESISTANT TB

GDF plays a vital role in the introduction and roll-out of new tools for drug-resistant tuberculosis (DR-TB). For bedaquiline and delamanid – two recently approved DR-TB medicines – GDF serves as the sole source of supply for all countries eligible for Global Fund TB financing.

For bedaquiline, GDF administers the USAID-Janssen donation program that provides bedaquiline free-of-charge. GDF has separate funding - outside the bedaquiline donation program - to cover transportation costs, fees, and other non-drug costs. This means the entire process of budget approval and financial payment can be bypassed, allowing GDF to ship bedaquiline to countries with extremely low lead times.

For delamanid, GDF has an agreement with Otsuka to offer a flat price of $1,700 per six-month treatment course to Global Fund-eligible countries. Both bedaquiline and delamanid are part of GDF's Strategic Rotating Stockpile. GDF also plays a role in ensuring bedaquiline and delamanid are used in accordance with WHO's treatment guidelines as well as supporting active drug-safety monitoring and reporting, as required by United States and European regulators.

GDF publishes and disseminates monthly reports of bedaquiline and delamanid orders to all stakeholders, including the DR-TB Scale-Up Treatment Action Team who is charged with monitoring, identifying, and addressing programmatic barriers to introduction and scale-up of new tools for DR-TB.

Of course, GDF can supply all medicines needed for shorter DR-TB regimens recently recommended by the WHO. These shorter DR-TB regimens decrease duration of treatment to as little as nine months, compared to historical treatment durations of 18-24 months. For all new medicines and regimens, GDF works across the entire supply chain, from end to end, to expedite and facilitate access to the best treatments as soon as they become available. In 2017 alone, GDF provided technical assistance to more than 40 countries.

GDF Supply of Medicines for Shorter DR-TB Regimens in 2017

By the end of 2017 more than 30 countries had introduced shorter DR-TB regimens with medicines supplied by GDF.

GDF Supply of Bedaquiline (BDQ), 2015-2017

Year	BDQ Treatments* Delivered
2015	815
2016	1'384
2017	7'971
Total	**10'170**

**Number of treatments calculated based on 6-month duration*

GDF Supply of Delamanid (DLM), 2016-2017

Year	DLM Treatments* Delivered
2016	889
2017	2'259
Total	**3'148**

**Number of treatments calculated based on 6-month duration*

LEAD TIMES FOR MDR-TB MEDICINES SLASHED THANKS TO GDF'S NEWLY-RECONSTITUTED STRATEGIC ROTATING STOCKPILE

GDF is constantly looking for mechanisms to decrease lead times for TB medicines. In this regard, GDF undertook a complete redesign and reconstitution of its Strategic Rotating Stockpile (SRS). The SRS is physical inventory of MDR-TB medicines held by GDF's procurement agent. Unlike other diseases, manufacturers of TB medicines rarely stock physical inventory. This means when a country places orders for TB medicines, they need to wait for the medicines to be manufactured, resulting in long lead times of up to six months. The SRS allows GDF to process orders via its own physical inventory, thereby dramatically decreasing the time in which clients need to wait for medicines to be delivered.

The aim of the recent SRS revamp was to ensure maximum efficiency towards its three main goals: decreased lead times, ability to serve emergency orders to avert stockouts and treatment interruptions, and support for new medicine introduction. After one full year of operation, the lead time for medicine orders served via the new SRS was 3 months, while the lead time for orders sent directly to manufacturers was 5.5 months.

The new SRS has also allowed GDF to serve more requests for urgent and emergent medicine deliveries to countries at risk of stockouts. And, finally, the new SRS has proven to be a critical tool in expediting introduction of new medicines and regimens. In the case of delamanid, for example, 50% of orders placed with GDF have been for quantities of 10 patient treatments or less. In fact, GDF received numerous orders for as little as 2-3 patient treatments. It is only because GDF added delamanid to its SRS that GDF was able to respond so quickly to these tiny orders.

Despite the success of the new SRS, GDF will continue to explore options for further impact, including the addition of other types of medicines to the SRS, and integration of country-level quantification data with the dynamic batch allocation model that guides GDF's strategic deployment of medicines from the GDF SRS.

GDF SPANS THE GLOBE TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE ON SUPPLY CHAIN MANAGEMENT OF TB MEDICINES

In 2017, GDF conducted technical assistance (TA) missions to 38 countries and facilitated 11 workshops and technical meetings worldwide. Each GDF mission and training is tailored to meet the individual needs of National TB Programmes towards strengthening in-country supply chains.

Most GDF missions are specifically focused on providing support for estimating and planning TB medicine needs, but also address challenges with procurement, warehousing, distribution, information management, phase-in of new medicines, and phase-out of old medicines. GDF also provides support for the development of Global Fund grant submissions; and more recently, GDF has been asked to provide guidance to countries as they assume increasing responsibility for co-financing and procuring TB medicines and diagnostics.

The impact of GDF's training and TA missions is clear: expedited uptake of new medicines and regimens, prevention of stockouts and treatment interruptions, and cost savings from improved procurement practices.

GDF plays a key leadership and coordinating role across other stakeholders providing similar TA services, inlcuding: National TB Programs, WHO, Global Fund, Union, KNCV, and others. This GDF-led coordination aims to minimize duplication of effort and ensure all stakeholders provide consistent guidance to programmes. Active participation in Joint Programmes Reviews as well as meetings of National and Regional TB Programme Managers offer additional means for GDF to collaborate and share lessons learned.

In 2017, GDF held four workshops to train regional and national supply chain staff in Dakar, Guatemala City, Islamabad, and Ouagadougou. These week-long workshops provided hands-on training to build capacity in forecasting, quantification, supply planning, and early warning systems.

By utilizing GDF staff based in headquarters, GDF staff based in five geographic regions, and a roster of more than 30 GDF consultants, GDF is able to consistently carry out more than 50 technical-assistance and capacity-building activities per year, including missions to countries, regional workshops, and stakeholder meetings.

Empowering Communities

The global plan includes eight areas which require a paradigm shift – a change in mindset; a human-rights and gender-based approach to TB; inclusive leadership; an approach driven by communities and people affected by TB, innovative programs; integrated health systems; innovative and efficient approaches to funding; and, investment in socio-economic aspects of the TB response.

Guided by the Global Plan to End TB, Sustainable Development Goal 3, and the End TB Strategy, the Stop TB Partnership is committed strengthening community systems and ensuring community leadership in the TB response in order to maximize the role communities can play in finding the missing millions and ending TB as a global epidemic.

Thus, the work of the Stop TB Partnership is critical for ensuring community-led, people-centered, rights-based and gender-transformative approaches to TB; forging partnerships and building strategic alliances with organizations like the GF, WHO and other partners; finding the missing millions; and reaching the people-centered targets of the Global Plan to End TB.

Achievements

- Built capacity on the principles and processes of the three TB **legal environment** assessment, **gender** assessment and **key population data framework** tools (CRG Tools) with country partners in Bangladesh, Cambodia, India, Kenya, Nigeria, Tanzania and Ukraine;
- Supported the roll-out of CRG Tools in **six countries**;
- Facilitated the formation of, and provided ongoing support to, the **Civil Society and Affected Community Advisory Panel on the UN HLM** on TB;
- Strengthened five **regional TB community and civil society networks** for advocacy through seven workshops and small grants whereby four are now registered and/or hosted legal entities;
- Provided support to nine civil society organization grantees implementing **Challenge Facility for Civil Society**, documented lessons learned from the Round 7 and launched the Round 8;
- Developed and piloted in Tajikistan the **OneImpact** -- a platform of digital health solutions to improve access to quality, people centered TB care in diverse community settings;
- Strategized global TB advocacy priorities and approaches with over 70 community and civil society advocates;
- Commenced community dialogue and round table discussions on the community led measurement of stigma experienced people affected by TB;
- Facilitated technical assistance for TB affected communities in Nigeria, Cameroon and for the TB in the Mines Regional Grant for Southern Africa.
- Launched Vulnerable and Underserved Populations Brief on Indigenous Peoples

COMMUNITY PANEL FOR THE UNHLM

In July 2017, the Stop TB Partnership initiated and funded a global meeting on strategic advocacy planning for the United Nations High Level Meeting on TB. In collaboration with APCASO and TAG and with more than 70 community and civil society advocates from 32 countries – it was one of the first global TB advocacy gatherings of its kind. During the meeting, it was agreed that a Panel representing affected communities and civil society needed to be established and that strategic coordination was needed to ensure the priorities and engagement of affected priorities were integrated into the HLM process.

Stop TB Partnership secretariat supported civil society and affected communities Board Members as they conducted a transparent and competitive process of review to identify a group of advocates to form the Community Advisory Panel and also identify an organization well placed to coordinate global civil society engagement during the HLM process. The Panel has representation from across the globe, including the GCTA, WHO CSTF, ACTION Partnership, ACT Asia-Pacific, ACT Africa, Americas TB Coalition, TBpeople and TBEC.

The panel comprises: Dean Lewis, Jeff Acaba, Louie Teng ,Donald Tobaiwa, Ingrid Schoeman, Endalkachew Fekadu, Evaline Kibuchi, Bertrand Kampoer, Abdulai Sesay, Mike Frick, Mandy Slutsker, Yuliya Chorna, Safar Naimov, Kathy Brito, Leonid Lecca, with Olga Klymenko to be mentored by Panel members . International Civil Society Support (ICSS) were also selected as the organization to coordinate the panel and broader civil society engagement. This is the first time we have had this sort of community mobilization for TB – and we are confident that it can positively contribute to HLM outcomes and contribute to sustainable community movements going forward.

REGIONAL COMMUNITY AND CIVIL SOCIETY NETWORKS

Coordinated and capacitated community and civil society groups are critical if we are to build political will and achieve the paradigm shift that is required to end TB. Over the past 12 months, there has been significant growth in the number and strategic engagement of advocates, at national and global level, but significantly also at the regional level.

TBpeople – a network of people affected by TB with origins in Eastern Europe and Central Asia has legally and extended its reach to membership in Asia and Africa. The Activist Coalition on Tuberculosis in Asia-Pacific (ACT! Asia-Pacific) has stretching across the region and has an official hosting arrangement with APCASO – a regional network working for communities most in need who also host the Community Rights and Gender Platform in the region. This group has developed an ambitious action plan ready for implementation. In Africa, a regional network has re-emerged in the form of ACT, now registered and hosted in Ghana. While in Latin America and the Caribbean, Americas TB Coalition has been complemented by a second network comprising only people affected by TB. This strengthened regional organization complements the organization at the global level, including, the Global Coalition of TB Activists (GCTA) who have become a registered legal entity.

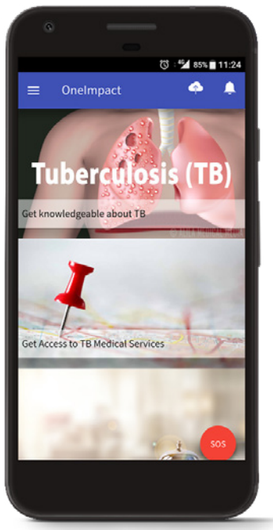
We have undertaken seven regional workshops with networks affected community and civil society. These workshops have focused on strategic planning, treatment literacy, advocacy planning and engagement in the UN HLM. The enhanced mobilization has also been complemented by partnerships with International Federation of the Red Cross Red Crescent (IFRC), who joined us in jointly delivering three of these workshops. In addition, Stop TB Partnership has worked with regional networks to access technical assistance for Global Fund Grants in several countries, including Cameroon, Nigeria and the Southern Africa TB in the Mines regional grant.

DIGITAL SOLUTIONS
PUTTING THE NEEDS OF PEOPLE AT THE CENTER OF THE TB RESPONSE

Designed by and around the needs of people with TB

OneImpact

OneImpact is currently a platform with 4 digital solutions to improve access to quality, people centered TB healthcare in diverse community settings. Designed by and around the needs of people with TB, OneImpact digital health solutions enhances social accountability, rights-based, people centered and community driven approaches to TB, key elements of the Stop TB Partnership's Global Plan and core to the paradigm shift needed to end TB.



OneImpact

1. Get Knowledgeable
An App to improve treatment literacy and medication adherence for people with TB;

2. Get Access to TB Medical Services
A health service locator App that helps affected TB communities find nearby health services and information about the services;

3. Get Access to Peer & Social Support Services
A peer and social support locator App that helps affected TB communities locate relevant services and connect to people for support;

4. Get Involved
An App to report barriers and challenges preventing people with TB from accessing quality services or completing treatment;

5. Resources
OneImpact also consists of resources and tools to guide country implementers to adapt, design and roll out OneImpact for their own purposes.

ONEIMPACT IN TAJIKISTAN

Drug resistant tuberculosis (DR-TB) is a major public health concern in Tajikistan. Although effective treatment exists, people with DR-TB face several barriers to accessing information on TB and quality services and completing treatment. While service providers and the national program are aware of these barriers the prevalence and frequency of the challenges are unknown. Smartphones are carried by the majority of the Tajik population, offering a favorable option to identify and address some of the barriers faced by people with TB.

In 2017 STOP TB Partnership Tajikistan introduced, adapted, integrated and monitored the use of OneImpact among 100 MDR-TB patients in 10 districts. An additional 82 users downloaded the App. Usage to determine feasibility, acceptability and potential impact was monitored using the OneImpact dashboard and end of project focus group discussions

In 2018 Stop TB Partnership will roll out OneImpact in an additional 7 countries.

ADVANCING HUMAN RIGHTS, GENDER IN SUPPORT OF KEY AND VULNERABLE POPUALTIONS IN TB

To end TB, we need a response that is human rights based, gender transformative and inclusive of vulnerable populations. Over the last 12 months Stop TB Partnership in collaboration with partners has continued to advance its work on human rights, gender and vulnerable populations TB. Having led the development of the Legal Environment Assessment for TB, the Gender Assessment Tool for National HIV and TB Responses and the Data for Action for TB Key, Vulnerable and Under-served Populations, Stop TB supported countries to effectively engage and implement this tools: Bangladesh, Cambodia, India, Kenya, Nigeria, Tanzania and Ukraine. These CRG tools are also designed to support the strengthening of national and regional platforms for community engagement and advocacy and to secure the engagement of TB survivors in high-level meetings.

The work in each of these countries kicked off with an intensive training workshop in Bangkok, Thailand, where human rights, gender and data experts led country teams through each of the tools and the planning for implementing the tools in each country context.

The Key Populations Data Framework is designed for implementers and countries to plan TB services for groups within their populations that are more vulnerable, underserved or at higher risk of infection and illness related to TB. Stop TB is working to build capacity among identified key populations, including through the delivery of training at the Harm Reduction Academy.

The Stop TB Partnership and UNAIDS developed the HIV/TB Gender Assessment Tool, which builds on the UNAIDS HIV Gender Assessment Tool launched in 2013 and has been adapted to include TB and it has been (or is in the process of being implemented in eleven countries.

The Legal Environment Assessment Guide (LEA) was adopted from and based on "Legal Environment Assessment for HIV: An operational guide to conducting national legal, regulatory and policy assessments for HIV" produced by UNDP in January 2014. The LEA Identifies populations that are particularly impacted by TB; reviews laws, policies and practices that serve as barriers to access for these populations; analyses where human rights violations might occur and hamper access; moves response from gender-blind to gender-sensitive to gender-transformative; engages country stakeholders in addressing the alignment of laws, policy and practices with human rights and gender equality frameworks; plans for the allocation of resources to implement changes; and recommends interventions to address the challenges identified. In 2017, LEAs were commenced in Bangladesh, India, Kenya, Nigeria, Tanzania and Ukraine.

Over the next 12 months, the tools will be rolled out in a further seven countries (DRC, Indonesia, Mozambique, Myanmar, Pakistan, Philippines and South Africa), moving towards the "Paradigm Shift" called for in the Global Plan.

Stop TB Partnership is also working closely to advance the Nairobi Strategy working closely with global human rights experts, including the O'Neill Institute, KELIN. Work has focused on building a case compendium and workshops to build the capacity of communities, law enforcement and the judiciary on TB, justice and the law.

Stigma creates an additional barrier to accessing TB services as well as broader social services, for many people affected by TB. In July in Bangkok, Thailand and in October at the 47th Union World Conference at Lung Health in Guadalajara, Mexico, the Stop TB Partnership provided a space for the TB community to discuss ways to measure and address stigma at the community level.

In both consultations, it was agreed that the impact of stigma is felt at multiple levels, including the individual, institutional, community and legislative levels. Many affected communities do not know their rights or how they can leverage laws and policies to change the status quo highlighting the connection between the LEA, engagement of vulnerable populations and community led responses to stigma and discrimination.

HAND IN HAND

STRENGTHENING COMMUNITY NETWORKS

a. Independent regional community and civil society networks were established and strengthened: Activists' Coalition on TB Asia-Pacific (ACT! Asia-Pacific), hosted by APCASO in Bangkok; African Coalition for Tuberculosis (ACT), registered in Ghana and hosted by the Afro-Global Alliance; TBpeople, registered in Georgia; TBEC – where Stop TB Partnership sit on the Steering Committee – registered in Netherlands; and networks in Latin America as well. Several of the regional meetings were organized in partnership with the International Federation of the Red Cross Red Crescentand the respective local civil societies. These workshops were held in Tbilisi, Minsk, Accra, Lima, Panama City and Bangkok.

b. Global Coalition of TB Activists (GCTA): The Secretariat of the GCTA is hosted by the Society for Promotion of Youth & Masses (SPYM) in India, with continuous support from the Stop TB Partnership and the Global Fund. The highlight of 2017 was the operationalization of the GCTA Constitution and Strategic Framework, with elections being held for regional focal points and for the GCTA advisory body. The first GCTA Board Meeting was held in India. A Communications Officer has also been recruited for the Secretariat. Registration of the GCTA as an independent entity was completed in the Netherlands.

c. Through Challenge Facility for Civil Society grants, Stop TB continued to support the formation of national community and civil society networks at the country level in 9 countries.

d. Country Level coalitions of people affected by TB have been established with support from Stop TB Partnership in India, Cambodia, Tanzania, Tajikistan, DRC and Cameroon. In India, Touched by TB has been launched. At the launch, officials from the Ministry of Health and Family Welfare attended In addition, Stop TB Partnership has supported the development of national coalitions through Challenge Facility grants, in several countries to build an advocacy movement that begins at the grass roots, moves up to the regional level and informs priorities and advocacy at the global level.

In addition, a workshop on "Accelerating Innovations for Ending TB and Investing for Impact" was organized together with the regional Green Light Committee and the GF as part of the Union Asia-Pacific Regional Conference in Tokyo.

STOP TB PARTNERSHIP WORKING GROUPS

1. The Executive Committee approved the change of status of the three working groups to (i) the Child and Adolescent TB Working Group, (ii) Public–Private Mix Working Group and (iii) the End TB Transmission Initiative Working Group.

2. Global Drug-Resistant Initiative (GDI) ensured funding for the work of DR-TB STAT and the TB, Human Rights and the Law (TBHRL) Task Force. The TBHRL Task Force developed and completed the first-ever "TB, Human Rights and the Law Case Compendium," comprising summaries of more than 70 cases from 17 countries and two regional courts. The Compendium was launched on 9 March 2017 at a joint meeting co-organized by the Stop TB Partnership and KELIN (human rights NGO) in Geneva. link

3. The GDI/GLI Task Force met on 24 October 2016 and discussed the translation of the new diagnostic and treatment policies into linked implementation guidance.

4. The Global Laboratory Initiative (GLI) issued six publications:

a. GLI Model TB Diagnostic Algorithms, a handbook that provides four model algorithms graphically depicting the most up-to-date WHO recommendations on use of TB diagnostics

b. GLI Practical Guide to TB Laboratory Strengthening provides practical guidance on the implementation of WHO recommendations and international best practices for TB laboratory strengthening

c. Planning for Country Transition to Xpert® MTB/RIF Ultra Cartridges

d. Programme Modules for Diagnostic Network Strengthening

e. Guide to TB Specimen Referral Systems and Integrated Networks provides practical information to improve the efficiency of specimen referral systems

f. Laboratory Safety Handbook for Culture and DST Laboratories

5. Public–Private Mix (PPM) for TB care and control: The 12th PPM Working Group Meeting was organized in Dar es Salaam on 14–16 February 2017. Eight TB consultants working in Africa were trained on PPM to provide support to countries undertaking national PPM situational assessments. The consultants were tasked with preparing national PPM action plans that could be integrated into national TB strategic plans and GF applications. The countries targeted for PPM expansion were: Ethiopia, Ghana, Kenya, Malawi, Namibia, Nigeria, Tanzania, Uganda and Zambia.

6. Child and Adolescent TB Working Group: In January 2017, the Child and Adolescent TB Working Group received full Working Group status. The Working Group is comprised of nearly 300 members from around the world, representing various stakeholders including pediatricians, academicians, public health specialists, NTP managers, nurses and community representatives. The Group ensured the participation of pediatricians in TB-related events in Indonesia and Ethiopia (January 2017), Kenya (Feb/March 2017) and Swaziland (May 2017). The annual meeting of the Working Group took place on 9 October 2017 in Kigali, Rwanda, in conjunction with the WHO AFRO annual review and planning meeting of reproductive, maternal, newborn, child and adolescent health and nutrition programme managers in the East and Southern African Region.

7. End TB Transmission Initiative (ETTi) Working Group: The Working Group announced the appointments of its new Chair, Ms Carrie Tudor from the International Council of Nurses, and the Vice-Chair, Dr Grigory Volchenkov from the Vladimir Regional TB Control Centre. The Group updated existing technical guidelines, aligned training materials, and developed scale-up plans for Myanmar and Malawi. Core Group members were involved in the development of national TB strategic plans in Namibia and South Africa. For India and Ethiopia, funds from the grant were used to procure germicidal ultraviolet (GUV) fixtures. A monitoring and evaluation (M&E) framework for infection, prevention and control (IPC) interventions was also developed. In addition, ETTi Working Group members have written a manual on GUV maintenance and several members of the Core Group were invited to provide training on infection control and TB care in Uzbekistan and to give master classes in Tashkent. The Azerbaijan WHO Collaborating Centre on Prevention and Control of TB in Prisons also conducted training courses with special sessions on TB IPC in prisons.

8. New Tools Working Groups (NTWGs): During the Stop TB Partnership's 29th Coordinating Board Meeting, the NTWGs presented new research indicators and continued discussions on tracking progress against the Global Plan.

a. Working Group on New TB Vaccines (WGNV): The 5th Global Forum on TB Vaccines is a major initiative of the WGNV. The WGNV is providing support for the development of a publication on the state of the field of TB vaccine R&D, which will be launched at the 5th Global Forum on TB Vaccines.

b. New Diagnostics Working Group (NDWG): FIND and the NDWG co-convened a symposium for partners and members on 11 October, back-to-back with the 48th Union World Conference on Lung Health.

c. Working Group on New TB Drugs (WGND): In conjunction with the June 2017 Gordon Research Conference "Tuberculosis Drug Development," the WGND held a workshop on repurposing medicines for TB and host-directed therapies. The 2017 WGND Annual Meeting in October provided updates on the most recent advances in the global TB drug pipeline. The Secretariat highlights the achievements of the Working Groups through biannual bulletins that can be accessed at **http://stoptb.org/wg/**

Task Force on latent TB infection (LTBI) and test of progression to active disease: A viewpoint paper, "From Latent to Patent: Rethinking Prediction of Tuberculosis," was published in Lancet Respiratory Medicine in January 2017. The NDWG coordinated the organization of a stakeholder meeting that was convened by WHO on behalf of the NDWG in Geneva. The Consensus Meeting Report "Development of a Target Product Profile (TPP) and a framework for evaluation for a test for predicting progression from tuberculosis infection to active disease" was published in October 2017 under the aegis of WHO. The NDWG contracted Erasmus University Medical Centre, Rotterdam to develop a mathematical model for estimating the public health and economic impacts of screening and treatment for LTBI

Task Force on biomarkers for TB point-of-care tests (POCTs): Building on the biomarker systematic review and scoring system, the first-stage development of a new biomarker database, Biomarkers to Diagnostics (Bm2Dx), was initiated with the goal of centralizing TB biomarker research and discovery efforts and facilitating the translation of such efforts into more efficient, affordable and accessible TB POCTs.

Task Force on next-generation sequencing: The NDWG Core Group appointed Dr Paolo Miotto of San Raffaele Scientific Institute as the new Coordinator. The goal of the Task Force will be to convene key experts and stakeholders representing the TB diagnostics and TB drugs communities, with a view to assessing the alignment of the current TPP for a next-generation DST at peripheral levels.

Country & Community Support for Impact Team

PARTNER'S UNPDATE

The Directory of Partners added 117 new members in 2017, reaching a total of 1673 as of 31 December 2017, representing organizations from 120 countries. According to the 2017 partners' survey aimed at evaluating the services and support provided by the Secretariat, almost 90%of partners are satisfied with the Stop TB Partnership Secretariat's workand think the work of the Secretariat is very important in the global fight against TB; and 93% would recommend to others to join the Stop TB Partnership. A total of 279 partners participated in the survey. Prizes were given to three randomly selected survey participants. The survey report is available at: **http://stoptb.org/about/partners_who.asp.**

A Stop TB Partnership evening was held on 9 October 2017 in Guadalajara, Mexico. The Director of the Public Health Department Mr Fernando Petersen (representing the Guadalajara Mayor's office) was the keynote speaker. The highlight of the event was the launch of the 90-(90)-90 progress report for the Global Plan to End TB 2016–2020.

THE KOCHON PRIZE FOR 2017 recognizes the best and brightest in the TB research and development community

In the lead up to the UN HLM on TB in 2018, accelerating access to and uptake of existing TB products and technologies, and catalysing research and development of new, game-changing TB diagnostics, medicines and vaccines is a matter of immense urgency. The 2017 Prize award is the 12th consecutive award from more than a decade-long collaboration between the Stop TB Partnership and the Kochon Foundation. The 2017 Prize call received 18 nominations from six countries. The applicants were scored against pre-defined criteria by an independent evaluation committee of highly esteemed TB experts. The Kochon Prize winner for 2017 will be announced at the Stop TB Board Meeting in March 2018 in New Delhi, India.

PARTNERSHIP AWARDS & PRIZES

>> The Civil Society Movement against Tuberculosis Sierra Leone and the STOP TB Partnership Tajikistan jointly won the Effective Community Monitoring for Accountability Award.

>> Friends for International TB Relief (FIT) from Viet Nam was awarded the 2017 TB REACH Initiative's Prize for delivering innovative, community-based solutions.

>> The Stop TB Partnership awarded the Paradigm Shift Prize to the National Tuberculosis Programme of India for its exceptional effort in ensuring a "Paradigm Shift" in TB.

>> Project Hope Kazakhstan was awarded the World TB Day 2017 Prize for the organization of a series of events, including hosting an international media training tour for TB issues among labour migrants.

>> The GDF team awarded excellence in TB procurement and supply chain to Sri Lanka, Zimbabwe and Turkmenistan.

>> The Partners Engagement Prize was given to the Moldovan Center for Health Policies and Studies, Development AID from People to People (DAPP) Zimbabwe, and Socios and Salud from Peru.

CHALLENGE FACILITY FOR CIVIL SOCIETY: RESULTS FROM ROUND 7 INFORMING ROUND 8

In 2017, the Stop TB Partnership completed Round 7 and launched Round 8 of the Challenge Facility for Civil Society (CFCS), a grant mechanism that supports innovative community responses.

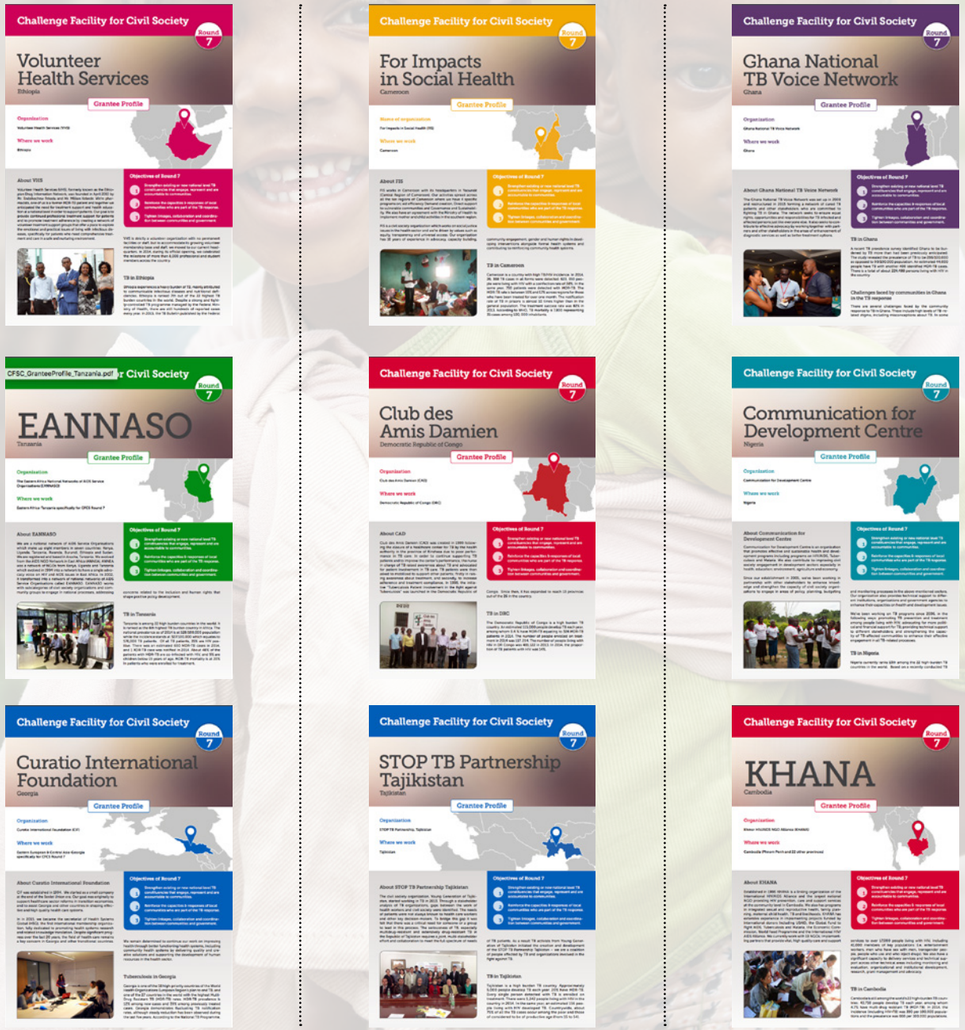
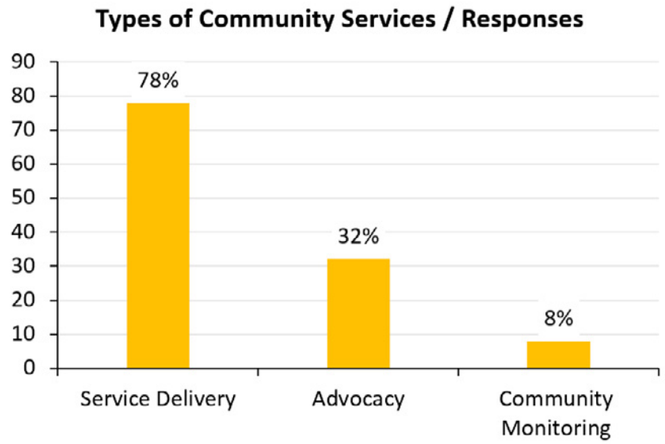


Image 1: Types of community actors in the TB response across nine countries

The nine CFCS Round 7 grantees mapped the community-led activities and response in their respective countries, types of services available, geographic coverage, target populations, and gaps and barriers to accessing services and completing treatment. They found that the three main types of community actors in the nine countries were: community health workers, patient support groups, and the NGO/CBO/CSO sector.

The majority (78%) of the 648 organizations identified support service delivery, whereas far fewer (32%) are engaged in advocacy and fewer still are engaged in community monitoring for social accountability (8%). Although the mapping exercise did not determine what was needed in terms of community services it did indicate that community actors could potentially play a much more significant role in advocacy and in enhancing social accountability through community monitoring.



Types of TB services provided in the NGO sector across nine countries

Round 8 of the Challenge Facility was launched in December 2017. Building on the previous learnings, Round 8 will continue to support advocacy, community innovation and social accountability to expand access to quality TB prevention and care services. We received 387 proposals, of which 211 were eligible for review. The review process, which is being conducted by an independent evaluation committee is near final and selected proposals will be announced in March 2018.

Cutting edge innovations & grants

TB REACH is funded by Global Affairs Canada and other donors and is a flagship initiative of Stop TB Partnership. TB REACH combines rigorous external monitoring and evaluation (M&E) processes with fast-track results-based financing. We fund the most promising and innovative active case finding interventions and drive them to scale by securing support from governments and other donors. In 2017, TB REACH Wave 5 grantees hit the ground running in 18 countries and projects were reporting advances in finding missing people with TB by mid-year.

o TB REACH provides grantees with rapid access to funds and commodities, but also technical, monitoring and advocacy support.

o In Wave 5 we committed US$ 16 million to 38 projects to reach over **120,000 people with TB** and provide services to over **60 million people**. Among these 38, five projects focus on developing new tools – mobile screening applications, sputum collection tools and laboratory connectivity solutions – that accelerate and improve case finding.

o TB REACH launched **Wave 6** call for proposals in October 2017.

· USAID has come on board as a new donor for pledging **US$4.2m** for projects that focus on engaging the private health care providers to improve case detection.

· In Stage 1, TB REACH received **570 proposals** requesting US$ 224 million. Each wave is a two-stage process with rigorous virtual review of the short proposals and then an in-person review of the full proposals solicited from around 150 potential grantees.

A YEAR WITH TB REACH: RESEARCH, ADVOCACY AND TECHNICAL EXPERTISE

Q1

Wave 5 grantees received first payments and TB REACH met our key performance milestone of rapid funding. 38 projects were supported at a value of US$16 million.

Focusing on M&E and Transition to Scale Up

· In Wave 5, M&E coordination was brought in-house reducing overall program costs by about 35%.

· "Transition to Scale Up" model guarantees funding to grantees who can match TB REACH funds with either national, Global Fund or other contributions. The

new M&E team met in Barcelona to discuss the framework for reviewing these grants and to establish a working relationship with the TB REACH team.

Advocating for Sustainability of Pediatric Case Finding in Kenya

To promote sustainability of TB REACH investment, we contributed to the mid-term review of Kenya's national TB control program.

Q2

Over 100 delegates attended Wave 5 grantee meeting in Bangkok, Thailand. The TB REACH M&E team and representatives from McGill University and Cepheid were in attendance. The meeting included one-on-one deep-dive sessions between grantees and M&E reviewers to finalize project milestones and discuss achievable goals for both case-finding and advocacy.

Bangladesh Boasts the First Transition to Scale-Up Grantee, Hosts a Zero TB Meeting

A site visit to Bangladesh was organized to discuss the implementation of TB REACH's first Transition to Scale-Up project and to share TB REACH experience at the kick off meeting for Zero TB Dhaka hosted by USAID.

Public-Private Partnership and Costs of TB Care in Vietnam

Putting TB elimination on the map, TB REACH promoted the public-private partnerships developing in Vietnam, and took part in national discussions around the roll out of preventative TB treatment services and alleviating the catastrophic costs TB patients face in accessing care in the country.

Q3

Developing New Partnerships

· Stop TB Partnership has been collaborating with the **Zero TB Cities** Initiative to focus on high burden urban areas and coordinate efforts. By way of supporting smaller scale urban projects that have capacity to expand to entire cities, TB REACH has a role to play in planning the Initiative's work. TB REACH participated in the Steering Committee meeting of the Zero TB Cities Initiative to develop the M&E framework that supports case finding in a growing number of cities.

· TB REACH signed a contribution agreement with the **National Philanthropic Trust** which manages funds from the **Indonesian Health Foundation**. New funding from traditional and non-traditional donors is essential to sustain the level of innovation and rigor that TB REACH is aiming to achieve and this contribution agreement signifies an exciting development for TB REACH's future work in Indonesia and beyond.

· Deepening our exposure to development stakeholders, TB REACH also presented at the Asia-Pacific Economic Cooperation (APEC) conference on Public-Private Partnerships and Multi-Sectoral Collaborations in support of Healthy Asia Pacific 2020.

Q4

TB REACH Interventions Shine at the Union World Lung Health Conference

A key event for TB scientists and implementers, the Union World Conference on Lung Health held in Guadalajara, Mexico was an opportunity for TB REACH to feature grantee successes, conduct advocacy with government and multi-lateral stakeholders, and promote innovations that are driving the global push for finding the missing people with TB.

Country Missions Promote Sharing of Experience and Reveal Early Results

Contributing to advocacy for impact, TB REACH participated in country-level review meeting organized by Stop TB Partnership Pakistan which brought Wave 5 recipients and government representatives together to share experiences and disseminate results. Reports from M&E reviewers and grantees confirmed that early successes and scale up of past work is already noticeable in Nigeria, India, and Cambodia.

Wave 6 Launches and Stage 1 Proposals Are Sent for Review

TB REACH received 570 proposals requesting US$ 224 million. TB REACH screened out 125 proposals and in early December 445 short applications were sent to TB REACH independent Proposal Review Committee. Additional funding for Wave 6 will include a USAID pledge of US$ 4.2 million for projects that focus on engaging the private sector to improve case detection.

TB REACH: FOCUSING ON INTERVENTIONS THAT IMPACT WOMEN AND GIRL

Bangladesh UNICEF reports that gender discrimination is pervasive in Bangladesh and that girls are often considered to be a financial burden on their family, and from the time of birth, they receive less investment in their health, care and education. That is why focus on women and girls is crucial for success of TB elimination in the country. TB REACH grantee -International Centre for Diarrhoeal Disease Research, Bangladesh or icddr,b - is an institution that combines research with innovation. Successful in previous interventions, icddr,b matched TB REACH funds 1:2 by Global Fund and USAID / Challenge TB in Wave 5. The new project works to expand case finding at 5 sites in Dhaka City and 4 additional sites in Bangladesh's second and third largest cities. The project involves private sector partners like pharmacies in finding and treating people with TB. Cognizant of the gender disparities in the country, iccdr,b

also works to ensure that young women are not left behind in TB interventions. This story speaks to these efforts:

A network pharmacy referred a young school girl who complained of a prolonged cough, chest pain, low-grade fever, loss of appetite, and rapid weight loss to one of icddr,b screening centers. The girl was screened verbally and the staff did an X-ray. The young woman couldn't produce any sputum in the screening center. Taking this into consideration, project staff gave her a sputum collection container to bring early morning sputum for GeneXpert testing. The girl did not return to the center.

Her radiology report was suggestive of TB and concerned project staff contacted the girl's father. The staff encountered resistance from the girl's family that speaks to the realities of TB stigma in Bangladesh as well as of the influence that family might have over the health of young women. The girl's father first refused to bring her back for sputum testing. Gradually convinced, he then refused to put her on TB treatment when GeneXpert testing confirmed TB. Ignoring the staff concerns over the girl's deteriorating condition, he said that the TB diagnosis will impact her future and her potential of getting married.

The staff, working closely with the pharmacy ensured that the family would not receive any "alternative" treatments, continued to communicate with the family. It took over a week for the family to accept their daughter's diagnosis and agree to treat TB without further delay. Within weeks, the young woman began eating and her cough subsided. She resumed preparation for her Secondary School Certificate. The family and the girl were joyous when she presented for her school examinations while on TB treatment. She took the treatment for six months and now is free of TB.

Icddr, b and TB REACH hope that there are more stories like this not only in Bangladesh, but across all the countries where TB REACH projects operate. Timely TB diagnosis and treatment are not only life-saving, they are life changing, having an influence over opportunities and development of individuals and entire societies.

Mission Possible

Finding 1.5 additional million people with TB by 2019

Stop TB is on a mission – to help countries diagnose and treat an additional 1.5 million people with TB by 2019. Supported by the Global Fund and partnering with WHO in 2017, Stop TB embarked on a true paradigm shift – cancelling business as usual and urging 13 high burden countries to focus efforts on finding a large portion of the 4 million people with TB who are currently missed by national TB control programs through the Global Fund's Strategic Initiative. Stop TB is leveraging two of its most important technical areas of expertise to help these efforts, case detection through TB REACH and Communities, Gender and Rights, to help countries meet their national targets.

The Strategic Initiative was officially kicked off at the Union World Conference on Lung Health in Guadalajara, Mexico in October 2017. Stop TB, in collaboration with WHO and the Global Fund, successfully convened with more than 110 representatives from high burden countries, technical and donor agencies and civil society to discuss national plans to improve case detection and to optimize coordination of technical assistance provided by the Strategic Initiative and partners.

People with TB are currently being missed due to three bottlenecks:

Access to Care: Too many people still have limited access to care. Working with and in communities and private health care providers is essential to improve and expand access.

Screening, Diagnostic and Treatment Services: In many settings, people who are sick with TB have access to health services, yet they are not identified as needed to be tested, or are tested but not diagnosed with TB or diagnosed and not treated

Linkages to Care: Many people are receiving care for TB (often substandard), but are not notified to National TB Control Programmes.

THE 13 STRATEGIC INITIATIVE PRIORITY COUNTRIES

These countries together account for 75% of all missing people with DS-TB and for 55% of all missing people with DR-TB:

Bangladesh, DR Congo, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania, and Ukraine

COMBINING INNOVATVE APPROACHES AND BEST PRACTICES TO REMORE BARRIERS TO ACCESS TB SERVICES, FOCUSING ON KEY AND VULNERABLE GROUPS

In order to successfully detect many more people with TB, the Strategic Initiative seeks to help countries answer the following cardinal questions:

Who are the missing people with TB?

Where are the missing people with TB located?

Why are the missing people with TB not diagnosed and/or notified and linked to adequate treatment?

What can be done to find the missing people with TB?

The Global Fund will make available up to USD 6 million to Stop TB and a consortium of partners (KIT/Netherlands, IRD/Singapore and TB REACH M&E experts). Stop TB will catalyze on its vast experience in innovating case detection through TB REACH and its deep engagement with communities and key populations to generate change in countries and globally.

A historic photo moment to kick off the Stop TB Partnership and WHO UNGA side event in New York, "Unite to End TB: A Global Response to a Global Emergency"

We need the highest levels of commitment from world leaders to ensure a successful UN HLM on TB in September 2018

Dr. Lucica Ditiu, Executive Director, Stop TB Partnership and Marijke Wijnroks, Interim Executive Director, The Global Fund to Fight AIDS, TB and Malaria, signed the MoU on finding an additional 1.5 million people with TB

GDF country mission

Grantees from Wave 5 of the TB REACH initiative met in Abuja, Nigeria to discuss implementation of their projects focused on private pharmacy engagement (LSTM/ Bingham University), IDP screening (GomSACA) and fisherfolk screening (GLRA)

The Stop TB Partnership on social media: 16 000 likes on Facebook, 16 000 voices to end TB.

This TB advocacy meeting in Panama City was the product of a collaboration between Stop TB Partnership, International Federation of Red Cross and Red Crescent Societies and community advocates

Blast from the past

2017 in pictures

The Strategic Initiatives & Innovative Financing Team organized the 1st Focus Group Workshop on Digital Adherence Technologies on 8 October 2017 in Guadalajara, Mexico, in advance of the 48th Union World Conference on Lung Health. Innovators such as Everwell Health Solutions Pvt Ltd (99DOTS), Wisepill Technologies (evriMED medication monitor), Keheala (SMS-based behavioural counselling) and SureAdhere Mobile Technology, Inc. (V-DOT) were connected with representatives of key NGOs, implementers and country programmes (including those in Zimbabwe, Philippines, Moldova and South Africa) in order to discuss opportunities for experimentation and uptake of digital adherence technologies through TB REACH Wave 6 grants.

FIRST EVER WEB-BASED TB DIAGNOSTICS PATHWAY

FIND, McGill International TB Centre, Stop TB Partnership, Unitaid and WHO launched the very first web-based pathway for TB diagnostics and adjunct technologies at Accelerator for Impact's (a4i) 1st Innovators & Adopters Workshop on 9 October 2017 in Guadalajara, Mexico.

The TB Diagnostics Pathway (www.tbdxpathway.org) is a common good resource for everyone in the TB community. The site was conceived as a tool to help innovators develop their ideas from research to roll-out, offering guidance on the critical activities to follow and right partnerships to pursue. The TB Diagnostics Pathway will help to standardize research, commercialization and roll-out procedures in order to accelerate the introduction of promising new TB diagnostics and adjunct technologies.

DAVOS DEBUT

For the first time ever, the Stop TB Partnership organized a meeting on the sidelines of the World Economic Forum's Annual Meeting in Davos, Switzerland to highlight and discuss some of its partners' innovative partnerships and technological solutions. Leaders from Dentsu Aegis Network, Everwell Health Solutions, Global Fund to Fight AIDS, Tuberculosis and Malaria, Johnson & Johnson, Microsoft Research, Nestlé, Tata Trusts and World Economic Forum were among the participants.

STOP TB MAKES ITS AMR DEBUT

The Wellcome Trust, United Nations Foundation, and the governments of Ghana, Thailand and United Kingdom organized the first, global "Call to Action" on tackling AMR in Berlin, Germany. The post-event report can be found at https://wellcome.ac.uk/sites/default/files/call-to-action-on-antimicrobial-resistance.pdf.

At the two-day summit on 12–13 October 2017, Dr Lucica Ditiu, Executive Director of the Stop TB Partnership, was one of the keynote speakers alongside Dr Sally Davies, Chief Medical Officer for England, and Dr Jeremy Farrar, Director of the Wellcome Trust.

The Stop TB Partnership, along with its partners, pledged commitment to develop a web-based AMR database. With seed funding from USAID, this database is expected to be launched in the first half of 2018.

NEW FRIENDS OF STOP TB

- **AdvaMedDx**
- **Chatham House**
- **Dentsu Aegis Network**
- **Mitsubishi UFJ Research & Consulting Co. Ltd.**
- **SemanticMD**
- **Sky PLC**
- **Wellcome Trust**
- **World Economic Forum**

Hello!

My name is Paola Ariane Pinto Contreras and I am a TB survivor from Bolivia. My daughter has been the key motivation behind my struggles to overcome TB. I live in Yacuiba, Tarija, where I am studying and at the same time working in a shop to support myself and my 7-year old daughter.

I had never imagined that being an active person, full of energy and leading a normal life, I could fall ill to such an extent to become terminally ill. Having survived TB, it has changed my life forever and I see things in a different way now.

Tuberculosis came to my family without warning when my brother was diagnosed with it. Because we didn't share the same house, I never imagined that I could be next. He started the treatment but adverse reaction to the medication (Anti-TB ADR). My family didn't know what the illness really was and the only thing we knew was that it was fatal, if it not treated. These were very hard times because we lived far from a health center and costs were very high, but in spite of hardships, he followed and finished the treatment.

My symptoms started when I was seven months pregnant and started to feel discomfort and weak, subsequently I had a premature delivery. I was with my baby only for a few days as I became very week to do anything. It took a very long time for my diagnosis and my health continued to deteriorate.

Due to late detection and inadequate treatment, I became drug resistant. In addition, I developed breast TB, which made it very difficult for me to take care of my new-born. Finally, with prolonged and consistent treatment, I was finally cured.

During my illness, it was so important to have the right contact with my doctors and receive the warm and carrying support of the hospital staff. However, the help of organizations like ASPACONT-BOLIVIA (Association of Patients and Former Patients against Tuberculosis) made the difference for me. I knew I was not alone. I could talk to former patients and count on their understanding. I would not have made it without their support.

That is why I do not hesitate when a TB patient needs me. I am part of the Association and share my TB experience with patients to motivate them to never give up. I know what it means to spend long months thinking only about the disease, alone and afraid. I strongly believe that people who have TB are treated humanely without stigma and discrimination. I have the urge to tell that that they must go on and that we will fight TB together. Sometimes I get a smile. It's the biggest reward of all.

House Keeping

• TB REACH's Grant Management System as well as its Stage 1 and Stage 2 application systems were completely re-built to optimize operational effectiveness and efficiency.

• The stockpile module of GDF's Order management system was re-designed and re-implemented to stay in line with their evolving business needs.

• Significant additional functionality was added to the finance module of GDF's Order management system to support GDF's in-house procurement, the additional invoicing demands involved, the management of the GDF handling fee and the management of the UNOPS PSC.

MONEY TALK

Finance highlights

1. Developed Financial Report 1 April – 31 December 2017, Stop TB Partnership Financial Management Report 2017 and detailed budget for 2018

2. Financial support to the payment in record time of 40 Wave 5 TB REACH grants.

3. Reviewed 125 quarterly financial reports submitted by grantees

4. Processed more than 1,353 supplier invoices for a total value of $92.4 million (GDF procurement and services invoices) and 125 grant payments for a total value of more than $ 11 million.

Prepared Substantial increase in efficiency of the finance function:
unchanged finance team resources (4 team members) provided financial support to 30% increased program teams and supported almost double the activities in the previous year (USD 61 million worth of transactions in 2016 vs. more than worth USD145 million worth of transactions in 2017).

5. More than 80 financial reports prepared and submitted to donors, Finance Committee, Board, program teams and the management

6. Closure and submission of final financial reports to donors of 7 multiyear grant contributions: UNITAID Xpert (2013-2016), Canada1 TBREACH (2009-2016), Eli Lilly (2013-2017), CDC, Global Fund GCTA, Global Fund Missing Data and UNFIP. Review and approval of more than 346 OMS (Order Management System) orders placed for procuring TB drugs and diagnostics

7. Resolution and closure of several long outstanding issues: closure of the grant UNITAID MDR TB Scale Up Initiatives (2007-2013), UNITAID Pediatric TB Project (2007-2013) and completion of the Partnership transition from WHO to UNOPS as the hosting agency.

8. Developed new and improved control and monitoring financial tools including new financial processes for activities implemented by program teams

9. Streamlined existing financial processes, with increased accuracy of the financial reconciliation between different systems

Secretariat assisted in the election process. The PSC Board Member(s) will represent the global business community as one of the voting members on the Board

- The Developing Country NGO constituency led its own process of renewal of representation during April and selected Mr Austin Obiefuna, Executive Director, Afro Global Alliance on no-objection basis

- The Developed Country NGO constituency also renewed representation of Mr Aaron Oxley, Executive Director, RESULTS UK via its own selection process

- The Stop TB Partnership Secretariat was asked for assistance by the TB-affected Communities constituency in the election process that led to re-election of Mr Timur Abdullaev, International Consultant and Ms Thokozile Phiri Nkhoma, Executive Director of Facilitators of Community Transformation (FACT).

KPI

Twelve of the 17 Key Performance Indicators of the Stop TB Partnership Secretariat require reporting for 2017.
Of these 12 indicators 11 met the targets for 2017.

GOVERNANCE

The Stop TB Board provides leadership and direction, monitors the implementation of agreed policies, plans and activities of the Partnership, and ensures smooth coordination among TB actors.

During the year under review, the Executive Committee provided oversight and guidance on;

1. election of board member seats and on finance committee membership
2. review of the Governance Manual
3. UN High-Level Meeting on TB andplanning of the Stop TB Partnership 30th Board Meeting
4. the Finance Committee reviewed the expenditures in 2017 as well as the Annual Budget for 2018

The 29th Stop TB Partnership Board meeting was co-hosted by the German Federal Ministry of Health in Berlin on 17-18 May 2017. The meeting was an opportunity for stakeholders to reflect on the status of TB interventions globally, the way towards scaling up activities at country level at the back of the UN High Level Meeting on TB in 2018. The Board meeting was attended by Ministers of Health from India, Indonesia, Germany, Mozambique and South Africa as well as heads of the agencies: UNAIDS, the Global Fund to Fight AIDS, TB & Malaria, and UNITAID, and the United Nations Special Envoy for TB, Dr Eric Goosby.

CONSTITUENCIES

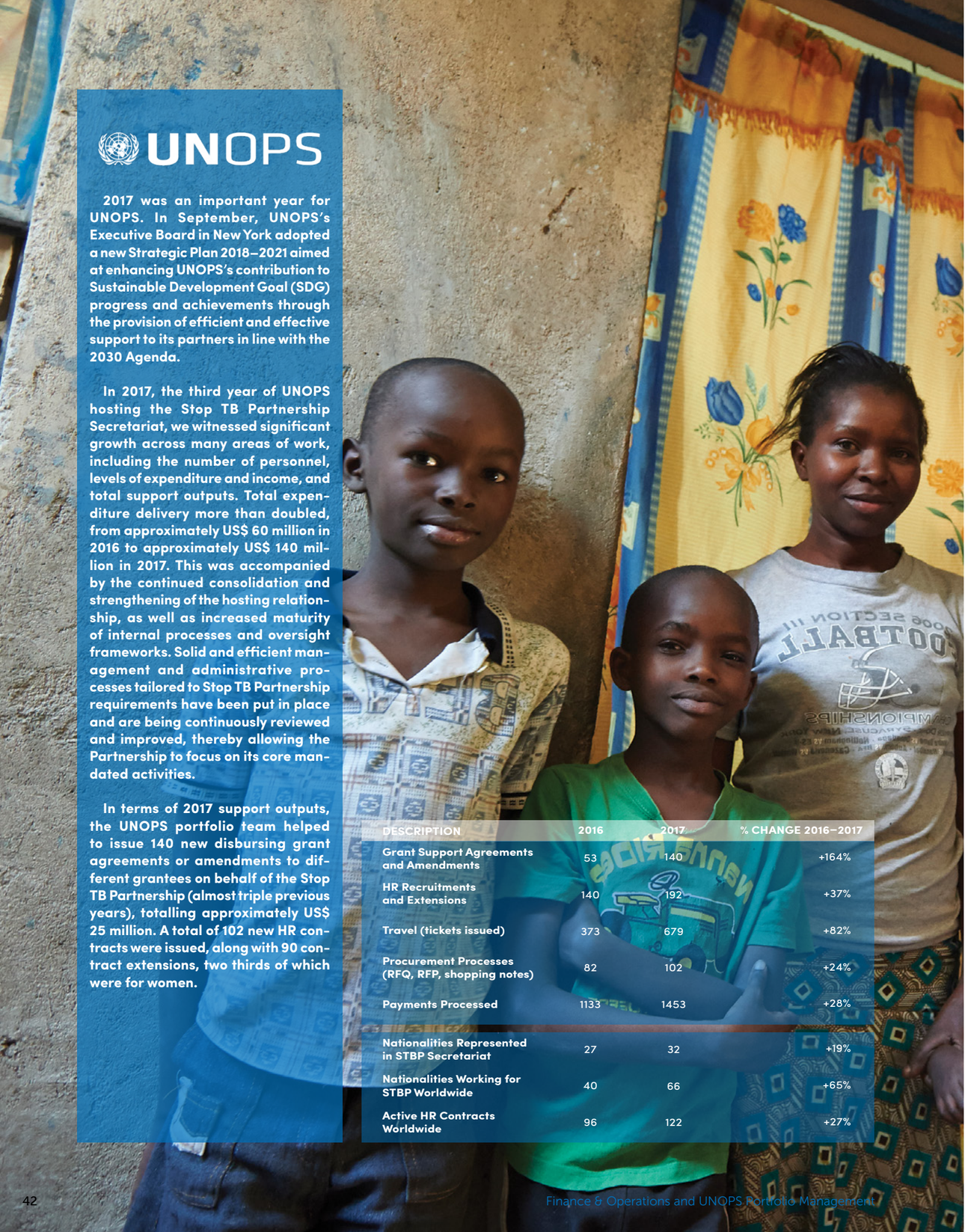
>> From the Secretariat, the constituency representatives receive a monthly update about the new Stop TB partners that were approved to join the Partnership in a specific constituency. Constituency representatives are encouraged to introduce themselves to their respective constituency members and explore possibilities for any collaborative activities.

>> The Developing Countries NGO Rep reported that there has been a sustained frequent communication and engagement of the Developing Country NGO constituents via email list serve communication, Facebook posts, skype, and participation at conferences. Similarly, the TB Communities representatives have developed strong communication within their constituency via email list serves, one on one discussions forums and social media outreach interventions. As a result, there is an increased awareness of the constituency across the various global institutions such as GAVI, GF Communities Delegation and UNITAID CSO constituencies and UNITAID with a heightened level of engagement of community representatives during board meetings.

>> Also, during the 29th Stop TB Partnership Board meeting, a civil-society platform exploring intersection of work and coordination and aligning messaging on TB, TB/HIV, TB and HSS was held and attended by UNITAID, The Global Fund, GAVI, UNAIDS, and members from Global Fund Advocates Network (GFAN) The UNION, WHO Civil Society Task Force and Global Coalition of TB Activists (GCTA).

TB DATA AT A GLANCE
Stop TB Dashboard

The interactive TB dashboard developed by Stop TB presents information on TB for each country in a simple and visually appealing manner, including TB burden, missing people with TB, available funding and selected determinants of TB. The dashboard is being used widely by the TB community across the globe. http://stoptb.org/resources/cd/



UNOPS

2017 was an important year for UNOPS. In September, UNOPS's Executive Board in New York adopted a new Strategic Plan 2018–2021 aimed at enhancing UNOPS's contribution to Sustainable Development Goal (SDG) progress and achievements through the provision of efficient and effective support to its partners in line with the 2030 Agenda.

In 2017, the third year of UNOPS hosting the Stop TB Partnership Secretariat, we witnessed significant growth across many areas of work, including the number of personnel, levels of expenditure and income, and total support outputs. Total expenditure delivery more than doubled, from approximately US$ 60 million in 2016 to approximately US$ 140 million in 2017. This was accompanied by the continued consolidation and strengthening of the hosting relationship, as well as increased maturity of internal processes and oversight frameworks. Solid and efficient management and administrative processes tailored to Stop TB Partnership requirements have been put in place and are being continuously reviewed and improved, thereby allowing the Partnership to focus on its core mandated activities.

In terms of 2017 support outputs, the UNOPS portfolio team helped to issue 140 new disbursing grant agreements or amendments to different grantees on behalf of the Stop TB Partnership (almost triple previous years), totalling approximately US$ 25 million. A total of 102 new HR contracts were issued, along with 90 contract extensions, two thirds of which were for women.

DESCRIPTION	2016	2017	% CHANGE 2016–2017
Grant Support Agreements and Amendments	53	140	+164%
HR Recruitments and Extensions	140	192	+37%
Travel (tickets issued)	373	679	+82%
Procurement Processes (RFQ, RFP, shopping notes)	82	102	+24%
Payments Processed	1133	1453	+28%
Nationalities Represented in STBP Secretariat	27	32	+19%
Nationalities Working for STBP Worldwide	40	66	+65%
Active HR Contracts Worldwide	96	122	+27%

TB TIMES

WORLD TB DAY March 24

September 2018 stoptb.org who.int/tb

YOU CAN MAKE HISTORY. END TB

WORLD LEADERS TAKE ESSENTIAL STEPS TOWARDS ENDING TB

UN General Assembly in session in New York. - copyright.unmultimedia.org

UN-HIGH-LEVEL MEETING ON TB

World leaders must show their commitment to ensure that everyone affected by TB gets the right diagnosis, treatment and care.

More than 2.4 billion people are infected with TB.

- The UN High-Level Meeting on TB will be the **fifth time the UN has called for a high-level meeting devoted to a health issue.**
- The meeting will be the **most significant political meeting ever held on TB.**
- The **Political Declaration on TB endorsed by Heads of State** will form the basis for the future TB response.

WANTED

★LEADERS★

FOR

A TB-FREE WORLD

YOU CAN MAKE HISTORY. END TB.

☆ JOIN NOW! ☆

Bold and determined men and women needed to lead the fight to End TB.

Stop TB Partnership

World Health Organization

Stop TB Partnership

Chemin de Blandonnet 2,
1241 Vernier
Geneva, Switzerland

www.stoptb.org