

STOP TB PARTNERSHIP

Annual Report 2005



World Health
Organization

Stop TB Partnership

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Stop **TB** Partnership

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LIST OF ABBREVIATIONS

ACSM	Advocacy, communication and social mobilization
ACTION	Advocacy to Control Tuberculosis Internationally
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CB	Coordinating Board
CCM	Country Coordinating Mechanisms
CIDA	Canadian International Development Agency
CPT	Co-trimoxazole preventive therapy
CREATE	Consortium to respond effectively to the AIDS-TB epidemic
DEWG	DOTS Expansion Working Group
DFID	Department for International Development, UK
DOTS	The internationally recommended strategy for TB control
DPS	Direct Procurement Services
FIND	Foundation for Innovative New Diagnostics
GDF	Global Drug Facility
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLC	Green Light Committee
HDNet	Health and Development Networks
HIV	Human immunodeficiency virus
ICC	Interagency Coordination Committee
ISO	International Organization for Standardization
MDG	Millennium Development Goal
MDR-TB	Multidrug-resistant TB
MGIT	Mycobacterial growth indicator tube
MoH	Ministry of Health
MSH	Management Sciences for Health
NGO	Nongovernmental organization
NTP	National TB control programme
PEPFAR	President's Emergency Plan for AIDS Relief
PPM	Public-private mix
REF	RESULTS Educational Fund
TB	Tuberculosis
TB/HIV	Tuberculosis and HIV
TDR	UNDP/UNICEF/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
Union	International Union Against Tuberculosis and Lung Disease
USAID	United States Agency for International Development
WG	Working group
WHO	World Health Organization



Message from the Executive Secretary

The Stop TB Partnership enhanced its already strong reputation as a model public–private partnership for health with a number of major achievements in 2005. Chief among these was the preparation of the new Global Plan to Stop TB, 2006–2015, coordinated by the Partnership Secretariat and involving an unprecedented level of collaboration among partners through the Working Groups. This landmark document provides a clear strategic vision for tuberculosis (TB) control during the next decade, the aim being to achieve the Partnership's targets for 2015 that are linked to the Millennium Development Goals (MDGs), i.e. to reverse TB incidence and halve TB prevalence and deaths.

The Partnership played a catalytic role at high-level events throughout 2005. In May, the World Health Assembly, WHO's highest decision-making body comprising its 192 Member States, endorsed a resolution supporting sustainable financing for TB prevention and control at its fifty-eighth meeting in Geneva, Switzerland. At the G8 summit in Gleneagles, Scotland, in July, the G8 leaders made a commitment to help meet the needs identified by the Stop TB Partnership in Africa. This underpinned the declaration of the TB epidemic as an emergency in the African Region by the WHO Regional Committee for Africa (comprising health ministers from 46 Member States), at its fifty-fifth session in Maputo, Mozambique, in August. Following the participation of the Partnership at the High-Level Forums on the Health MDGs in Abuja, Nigeria, and Paris, France, the Stop TB Coordinating Board endorsed the principles of best practices for global health partnership activities at its ninth meeting in Assisi, Italy.

The Memorandum of Understanding signed in May 2005 by the Stop TB Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) led to closer ties between the two partners. The proactive engagement of the Partnership DOTS Expansion Working Group with countries resulted in the GFATM fifth round award of nearly US\$ 200 million for TB control over a period of two years for 22 countries. This sum includes US\$ 35 million specifically for advocacy, communication and social mobilization activities in 10 countries.

Long-term multiyear donor commitments totalling more than US\$ 100 million were secured for the Partnership including for the Global Drug Facility (GDF) during the year. This will enable the Partnership to strengthen its support for the global efforts to stop TB and the GDF to continue to make available high-quality drugs to millions of TB patients in low-income countries.

The GDF had an excellent year. It continued to build on its reputation as a unique and highly successful initiative. It made available 2.2 million affordable, quality-assured treatments during 2005, taking the

cumulative number of anti-TB treatments procured by the GDF since 2001 to 6.7 million.

Our prospects for tackling the global TB epidemic continue to improve. However, we need to do more in the coming years to achieve the Partnership's targets for 2015. Major challenges include closing the funding gap for implementing the Global Plan, harmonizing with other major initiatives, and promoting a concerted, synergistic effort from all our stakeholders. These challenges cannot be realized through the commitment of one person or one partner alone, but are the joint responsibility of all our partners as we strive to reach our targets for 2015; a step towards our vision of a TB-free world by 2050.

Dr Marcos Espinal

A handwritten signature in black ink, appearing to read 'Marcos Espinal', with a stylized flourish at the end.

Executive Secretary
Stop TB Partnership Secretariat

EXECUTIVE SUMMARY

During 2005, the Stop TB Partnership continued to work towards the goal of eliminating tuberculosis (TB) as a public health problem and obtaining a world free of TB. Through a dynamic network of international organizations, national governments, donors and nongovernmental organizations that share this goal, the Partnership strengthened its reputation as an effective force in global TB control.

The major achievement of the Stop TB Partnership in 2005 was the development of the Global Plan to Stop TB, 2006–2015,¹ a blueprint for TB control over the coming decade. This landmark achievement was the result of intense work by the Partnership's Working Groups and all of its partners, and is underpinned by the new Stop TB Strategy² of WHO. The Global Plan and the new Stop TB Strategy were both endorsed by the Coordinating Board (CB) of the Partnership.

The CB met twice in 2005, first in Addis Ababa (Ethiopia) and then in Assisi (Italy), and took major decisions on governance, business processes and technical issues. The CB delegations undertook a number of important advocacy missions on behalf of the Stop TB Partnership including Gaborone (Botswana), Ottawa (Canada), Jakarta (Indonesia), Rome (Italy) and Maputo (Mozambique).

The Partnership is building a broad network of partners at the global, regional and national levels through stronger collaboration and cooperation. As a result, the total number of Stop TB partners increased from approximately 303 in 2004 to 463 in 2005. The Partnership's seven Working Groups continued to innovate and push the boundaries in the delivery of existing interventions to stop TB and in the search for new methods and tools for TB control, with real progress made in the areas of new diagnostics, drugs and vaccines. In 2005, for the first time, a joint meeting was held in November in Versailles, France, of the three implementation Working Groups to enhance efforts to harmonize and coordinate actions in countries.

Advocacy, communication and social mobilization and resource mobilization remained at the core of the Partnership's activities. Overall, resources available for TB control globally and in the 22 high TB burden countries increased for the fifth consecutive year as a result of intensified media promotion, parliamentary outreach, and stakeholder mobilization including efforts to engage donors on a long-term basis. Multiyear agreements with donors were signed during 2005 for more than US\$ 100 million giving the Secretariat and the Stop TB Partners increased operational stability.

¹ Stop TB Partnership. *The Global Plan to Stop TB, 2006–2015*. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.35).

² *The Stop TB Strategy*. Geneva, World Health Organization, 2006 (WHO/HTM/STB/2006.368).

The GDF built on its reputation as a unique and highly successful initiative. During 2005, it approved 2.2 million affordable, quality-assured treatments, taking the total cumulative number of anti-TB treatments procured by the GDF to 6.7 million by the end of the year. GDF procurement for grants for 2005 was US\$ 28 million.

During 2005, the Partnership strengthened efforts to streamline its operating costs and financial and reporting mechanisms. The total income of the Partnership was US\$ 34.4 million, which represented a 44% increase over 2004 (US\$ 23.9 million). Of the total cash contributions received in 2005, around US\$ 30 million were channelled through the new Stop TB Partnership Trust Fund at WHO. Contributions in kind increased from US\$ 844 000 to US\$ 3.32 million. The Secretariat's biennial workplan for 2006–2007 totalling US\$ 90.7 million (previous biennium US\$ 40 million) was prepared and endorsed by its CB. It was subsequently approved by WHO and included in its biennium workplan.

Major challenges facing the Partnership include: (i) harmonizing and coordinating efforts with other global initiatives, (ii) engaging partners fully in order to derive synergistic benefits, (iii) mobilizing the US\$ 31 billion required to fill the funding gap identified in the Global Plan, in the face of competition from a variety of social causes that now seek scarce resources in a globalized world, (iv) monitoring the Global Plan and keeping the business model of the Partnership in line with the environment in which it operates and (v) repositioning the GDF so that it continues to underpin TB control through access to quality-assured anti-TB drugs.



INTRODUCTION

In 2005, the Stop TB Partnership consolidated and streamlined its structure and operations to become an effective global force in TB control.



In 2005, the Stop TB Partnership consolidated and streamlined its structure and operations to become an effective global force in tuberculosis (TB) control. The following is an overview of the major achievements of the Partnership during 2005 in six key areas:

- **governance and planning**
- **partner coordination**
- **advocacy, communication and social mobilization**
- **working groups**
- **GDF**
- **general management**



2.

Continuing improvements to governance structures and mechanisms were the key drivers of the Partnership's success during the year.

GOVERNANCE AND PLANNING

Major areas of work in 2005 included:

1. Facilitating technical and logistic support for the biannual meetings of the Stop TB Partnership Coordinating Board.
2. Developing the Global Plan to Stop TB, 2006–2015.

Coordinating Board (CB)

The CB is the governing body of the Stop TB Partnership and meets twice yearly. The Secretariat organized the meetings in Addis Ababa, Ethiopia, in May and in Assisi, Italy, in October 2005.

- At the eighth CB meeting in Addis Ababa, Ethiopia, a blueprint for intensified efforts to control TB in Africa was adopted within the context of strategic issues for the development of the Global Plan to Stop TB, 2006–2015. Members agreed upon a strategy to promote engagement with world leaders and the European Union through a series of high-level missions and advocacy activities, as well as the establishment of a CB Task Force to ensure follow-up and effectiveness. Consensus was also reached on the framework for the new Stop TB Strategy and an application for International Organization for Standardization (ISO) certification by the GDF.
- At the ninth CB meeting in Assisi, Italy, a new chair was elected and a Chair Emeritus was appointed. The strategy for the launch and dissemination of the Global Plan to Stop TB, 2006–2015 was adopted while the decision was taken to expand the scope of resource mobilization to fund the Global Plan. The GDF Strategic Plan for 2006–2015 was endorsed and approval given for the inclusion of diagnostic kits in the GDF catalogue. A mechanism to coordinate the Partnership's technical assistance and monitoring and evaluation capacity was approved along with a plan of action on special TB interventions in Europe, the Secretariat biennium workplan (2006–2007) and an International Standard of TB Care and Patients' Charter.
- The Annual Stop TB Partnership Kochon Prize was established.
- In the months between the CB meetings, the Secretariat organized four teleconferences of the Executive Committee of CB to discuss and pre-process critical issues for the Board's decision.

- During 2005, CB delegations undertook a number of important advocacy missions on behalf of the Stop TB Partnership including Gaborone (Botswana), Ottawa (Canada), Addis Ababa (Ethiopia), Jakarta (Indonesia), Rome (Italy) and Maputo (Mozambique).

The Global Plan to Stop TB, 2006–2015

The high-profile media launch in January 2006 of the Global Plan to Stop TB, 2006–2015, a blueprint for TB control over the next decade, was the result of an intense period of work for the Partnership during 2005. Each of the Partnership's seven Working Groups contributed to the Global Plan under the overall guidance of a steering committee and the CB. The resulting document was reviewed through a web-based public consultation. The Global Plan sets out the resources needed to achieve the Partnership's targets by 2015 and is a key stepping stone to the elimination of TB as a global public health problem by 2050. It promotes long-term planning at regional and country levels and is underpinned by sound epidemiological analysis with robust budget estimates for planned activities. The total cost of the Global Plan is US\$ 56 billion, with an estimated US\$ 25 billion likely to be available based on current soft pledges. In the coming years the Partnership will work with national governments and donors to fill the funding gap of US\$ 31 billion.



3.

**PARTNER
COORDINATION**

The Secretariat brings together a wide range of partners and plays a central coordinating role as an advocate and facilitator of activities around the world. In line with its institutional structure, the Secretariat continued to build and coordinate a broad network of partners at global, regional and national levels.

During 2005 the major objectives in this area included:

1. **reaching out to new partners** and **engaging** them in Stop TB Partnership activities;
2. establishing and expanding **regional and national partnerships**;
3. providing assistance to the **Network for Action on TB and Poverty**.

Partner outreach

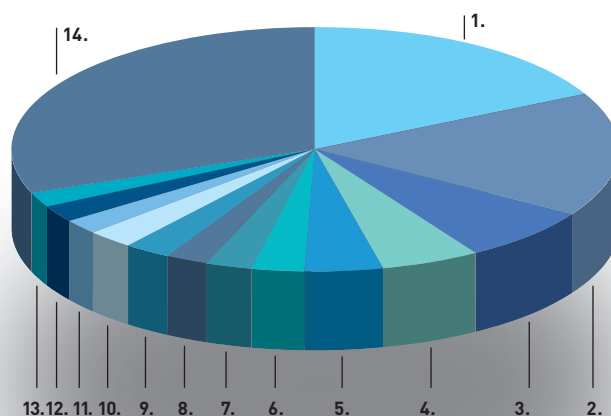
The Secretariat acts as a bridge between partners around the world by bringing together the technical expertise and resources needed to achieve the common goal of eliminating TB as a public health problem by 2050. The Partnership expanded from approximately 303 partners in 2004 to 463 in 2005, as shown in Table 1A. Of these, 63.5% are nongovernmental organizations (NGOs), 8.6% are governmental organizations, with the remaining 27.9% are made up of academic institutions, businesses and others. A summary classification of partners according to country is shown in Table 1B.

TABLE 1: Classification of partners of the Stop TB Partnership

A. By type

Organization type		Count
1.	Academic institution	48
2.	Donor organization	10
3.	For-profit corporation	30
4.	Governmental organization	34
5.	Intergovernmental organization	13
6.	Nongovernmental organization – foundation	51
7.	Nongovernmental organization – general	198
8.	Nongovernmental organization – network	45
9.	Other	34
Total		463





B. By country

	Country	Partner
1.	United States of America	82
2.	India	75
3.	Pakistan	34
4.	Nigeria	25
5.	United Kingdom	19
6.	Ghana	13
7.	Indonesia	11
8.	Kenya	11
9.	Netherlands	11
10.	South Africa	11
11.	Switzerland	10
12.	Bangladesh	10
13.	Canada	9
14.	Other (countries with <8 partners)	142
Total		463

Partner engagement

Partners play a vital role in furthering the work of the Partnership to help it realize its objectives. From this year onwards the Annual Reports will highlight a few activities with selected partners to give an illustration of how their contribution to the work of the Partnership helps all. This year the report depicts some of the collaborative work with WHO, MSH, CIDA, DFID, the TB Alliance, IUATLD, HDNet, Stop TB Brazil, and the RESULTS Educational Fund.

WHO

The contribution of WHO to the Stop TB Partnership Secretariat is paramount. It is a founder member, and houses and administers the Partnership Secretariat through the Stop TB Department of WHO. It also provides vital strategic and technical inputs to the work of the Partnership both through the CB of which it is permanent member and through its various interactions with the Secretariat staff at all levels. Some salient points highlighting the solid support of WHO to the Partnership are:

- Preparation of the Global Report on TB Control, which showed that by the end of 2004 case detection was 53% globally (2003 – 45%) while the treatment success rate was 82%.
- Housing of the Secretariats of the three implementation Working Groups of the Partnership.
- Facilitating the organization of the Joint Meeting of the DOTS Expansion, TB/HIV and DOTS-Plus for MDR-TB Working Groups in Versailles, France.
- Through its technical capability in epidemiological modelling, leading the preparation of various forecasts for the Global Plan to Stop TB, 2006–2015.
- Facilitating the receipt of donor funds and their planned utilization through the establishment of the Stop TB Partnership Trust Fund at WHO.
- Providing services in the areas of legal advice, accounting systems and human resources, which are invaluable in strengthening the critically important institutional infrastructure for the functioning of the Partnership.
- Facilitating the participation of the Partnership at all WHO regional events including the WHO African Regional Committee meeting in August 2005, which culminated with the landmark declaration of the TB epidemic as an emergency by the ministers of health of the African Region.

IUATLD (The Union)

The Union continued its strong relationship with the Stop TB Partnership and participated actively in its work. The following are the salient elements of its collaboration with the Partnership during 2005.

- Maintaining the Stop TB image library.
- Participating strongly in the work of the Partnership through forums such as the CB and the technical review committee (TRC) of GDF.
- Allowing the Partnership a prominent place at the Union's annual meeting in Paris, France. A number of important side meetings are held at the margins of this meeting to take advantage of the presence of the global TB community.
- Providing technical support as well as personnel for Application Review and Monitoring missions of GDF, as well as for its TRC which is currently chaired by the Union.
- Conducting training for TB control.
- Facilitating drug management workshops of GDF by providing the required infrastructural support.
- Participating in the core-groups of several Working Groups.

Regional and national partnerships

The Partnership places particular emphasis on supporting and strengthening partnerships to build up national TB control capacity in countries. In 2005, national partnerships were launched in the Islamic Republic of Iran and in Peru, joining established national partnerships in Brazil, Canada, Italy, Mexico, Pakistan and Uganda. Efforts continued to promote national-level partnerships that reach beyond the traditional national TB control programmes (NTPs) and their immediate partner agencies. It should be noted that these partnerships are not parallel structures but are loosely-bound, non-legal entities whose main goal is to bring together stakeholders, strengthen the Interagency Coordination Committee (ICC) and the Country Coordinating Mechanisms (CCM), and boost TB control efforts and improve their effectiveness.

Brazilian Stop TB Partnership

The Brazilian Stop TB Partnership, a national initiative, aims to mobilize support for TB control from the government, the private sector, and civil society. The second Forum Assembly of the Brazilian Partnership on World TB Day 2005 endorsed the Partnership structure, the election of an Executive Secretary, and the establishment of five working groups to strengthen capacity in the areas of information, education and communication, operational management, affected populations, TB/HIV, and the business sector.

A series of initiatives to sensitize, mobilize and organize support for TB control were organized by the Partnership. The following events are noteworthy:

- Holding of monthly meetings in the form of general assemblies with approximately 70 NGOs, attracting community leaders, health professionals and managers to share experiences in TB control.
- Launch of the campaign: “*Mobilização social – juntos mudaremos essa história*” (“Social mobilization – Let’s make this move history”) in Rio de Janeiro on World TB Day 2005.
- Appointment of two leading entertainment celebrities, Karina Bacchi and Pedro Cardoso, as Stop TB Ambassadors.

The Government of Brazil provided support to the Partnership through its Ministry of Health (MOH). This support included facilitation of meetings and provision of resources to meet costs; placement of a Partnership representative in the CCM of the GFATM; publicity and media coordination through the MOH web site; support for the videoconference of Serviço Social da Indústria health workers (a business initiative supporting healthy workers); support for involvement in EXPOEPI (an event for sharing experiences on control of communicable diseases); and assistance to the Partnership TB/HIV working group.



ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION

Through the Secretariat, the ACSM Working Group and partner collaborations, activities in 2005 generated and increased interest and awareness in, and capacity and support for, the fight against TB.



The **focus** during the year was on three major objectives:

1. Boosting political commitment and financial resources for global TB control through **intensive and sustained media promotion, parliamentary outreach and stakeholder mobilization** in the run up to the launch of the Global Plan to Stop TB, 2006–2015, in January 2006.
2. Providing technical assistance to NTPs for **leveraging multilateral and bilateral funding resources to support communication and social mobilization activities**. This included assisting countries to draft robust funding requests for the fifth round of the GFATM, which resulted in 10 out of the 13 countries submitting ACSM proposals and securing US\$ 35 million over two years for ACSM activities in these key countries (Bangladesh, Brazil, Democratic Republic of the Congo, Gambia, Indonesia, Kenya, Nigeria, Peru, Sudan and Zimbabwe).
3. **Strengthening the ACSM Working Group** and promoting advocacy, communication and social mobilization among countries with high TB rates.

RESULTS Educational Fund

Led by the RESULTS Educational Fund (REF), a group of partners together with WHO and the Stop TB Partnership Secretariat launched the Advocacy to Control Tuberculosis Internationally (ACTION) project. This global TB project aims to help reverse the TB epidemic by mobilizing increased financial resources in donor countries and helping overcome key policy constraints in high TB burden countries for the expansion of effective TB treatment. Major highlights of the ACTION project in 2005 are summarized below.

- Influencing policy-makers to include TB in development instruments, e.g. the United Kingdom-led Commission for Africa report, the United States President's Emergency Plan for AIDS Relief (PEPFAR) policies on TB/HIV, and the G8 Communiqué.
- Parliamentary delegation trips to high TB burden countries and continued education and engagement of policy-makers. In September 2005, four Members of Parliament from the United Kingdom participated in a trip to Kenya organized by RESULTS (UK) during which they witnessed TB and TB/HIV programmes in the field, met government officials and raised the profile of TB and TB/HIV among Kenyan policy-makers.
- Successful media collaboration among ACTION partners generated enormous media interest in the declaration of a TB emergency by African Ministers of Health at the meeting of the WHO Regional Committee for Africa in August 2005.



- In Canada, ACTION partners collaborated to support the announcement by the Canadian International Development Agency (CIDA) of a new TB funding commitment on World TB Day 2005. RESULTS (Canada) worked with the Stop TB Partnership, CIDA and Stop TB Canada to organize a two-day visit to Ottawa by the Executive Secretary of the Stop TB Partnership. ACTION partners together generated 26 media hits acknowledging CIDA commitments, including articles and editorials on TB in the most widely circulated newspapers in Canada. This media coverage raised the profile of the global TB epidemic, the GDF, and the key role Canada plays in fighting the epidemic.

Global, regional and national advocacy and communication

The Partnership continued to build media networks at all levels to increase coverage of TB as a priority health issue. Highlights of global media and political advocacy activities in 2005 are shown below. Several major initiatives, summarized below, were supported in 2005.

- The launch of an intensive **Strategic Communication Initiative for TB**, which seeks to enhance effective ACSM interventions at national and sub-national levels as a means to accelerate TB case detection and improve treatment compliance.
- The launch of the **TB Media Fellowships** project, a collaborative initiative with the Global AIDS Programme of the Panos Institute (United Kingdom), to enhance the commitment and capacity of journalists in key countries to provide sustained reportage of TB as a major health and development issue.
- A programme of **capacity building activities** to assist TB vulnerable countries to identify ACSM needs, including two regional workshops, one in Bolivia and one in Moscow, Russian Federation, to inventory national ACSM activities, assess needs for technical assistance and generate input for regional ACSM workplans.
- Production of a number of **tools and information materials** for country-level communication including an introductory primer on ACSM and a needs assessment primer.

- The launch of the Stop TB e-forum, an interactive platform for open discussion of critical TB issues with a subscriber list of 7500 participants in dozens of countries around the world. The e-forum is hosted and moderated by Health and Development Networks (HDNet).
- A partnership established with the **Norwegian Association of Heart and Lung Patients** to identify and initiate activities that can increase empowerment and involvement of patients and their affected communities in the fight against TB.

Highlights of global advocacy activities in 2005

- Production of press and audiovisual materials for World TB Day 2005, and organization of high-profile media events in four G8 capitals – London, Ottawa, Paris and Tokyo – which highlighted the work of the GDF and the annual WHO Global TB Control Report and generated broad coverage globally.
- A press conference at the Stop TB CB meeting in Addis Ababa, Ethiopia, in May 2005 focusing on the 'Blueprint for Africa' to address the regional TB crisis.
- Execution of a comprehensive plan to support the declaration of TB as a regional emergency by the WHO Regional Committee for Africa at its annual meeting in Maputo, Mozambique, in August 2005. The plan, including production of a special on-site exhibit, preparation and distribution of press and audiovisual materials, and advance briefings for selected journalists, resulted in unprecedented media coverage that included headline reports by the BBC World Service and domestic service, CNN, Reuters TV, TV5, more than 12 wire services and hundreds of newspapers.
- Preparation of a coordinated series of global events for the launch of the Global Plan to Stop TB, 2006–2015, on 27 January 2006 at the World Economic Forum in Davos, Switzerland. Satellite launch events in London, Moscow, Nairobi, Ottawa, Paris, and Washington DC also took place.

Information products

A variety of information products both online and offline were developed by the Secretariat to raise awareness and promote knowledge-sharing. A significant amount of new content was added to the Stop TB Partnership web site during the year, while several e-forums were launched to promote public engagement and collaboration in the TB debate. Subscriptions to the online mailing list rose 25%, while general web traffic to the site was double that of the previous year. At the Secretariat's headquarters, internal information systems were strengthened to improve workflow efficiency. The Partner's Directory was upgraded, while archives were created to preserve institutional memory.

Health and Development Networks (HDNet)

HDNet is a non-profit organization with substantial experience in managing and moderating electronic discussion forums and providing communication support to conferences. It supported the efforts of the Partnership in 2005 by fighting TB on the ground through dissemination of key findings and recommendations on the crucial role played by front-line health workers in TB control.





WORKING GROUPS 5.

All Working Groups contributed to key elements of the Global Plan to Stop TB, 2006–2015 specifically, regional scenarios (projected impact and costs of planned activities), and the strategic plans of the Working Groups themselves.

Progress of the Stop TB Partnership towards the targets of 2015 is driven principally by the activities of its seven Working Groups whose commitment to implementing currently-available interventions, cutting-edge technical research, and innovation in TB control is a key factor in its success. Of note in 2005 was the first Joint Meeting of the Stop TB DOTS Expansion, TB/HIV and DOTS-Plus for MDR-TB Working Groups which was held in Versailles and Paris, France, on 15–18 October. This meeting successfully convened over 400 people to jointly plan approaches to implementing the new Stop TB Strategy and the Global Plan to Stop TB, 2006–2015.

The DOTS Expansion Working Group (DEWG)

DEWG advises on DOTS expansion within health systems, and encourages partners to increase TB control efforts in countries so that more people have access to DOTS. The group has made a significant contribution to improving case detection and treatment success rates in line with the global TB targets of 70% case detection and 85% treatment success. Efforts to support the acceleration of DOTS expansion and increase case detection have included expansion of the public–private mix (PPM) approach (involving all health-care providers) and strengthening human resources and laboratory capacities to ensure access to reliable and high-quality diagnosis, treatment and care.

Highlights of the year are summarized below.

- Supporting the preparation of the International Standards for TB Care. Work is ongoing for the adoption of the standards by national medical societies for promotion among their members.
- Supporting the formulation of the Stop TB Strategy which evolved from the successfully expanded DOTS Strategy. The new strategy keeps DOTS as a foundation with components to tackle TB/HIV, MDR-TB, strengthening of health systems, engagement of all health-care providers, community and patients' empowerment, and promotion of research for new diagnostics, treatment and vaccines.
- Extensive work to prepare the DEWG strategic plan including regional scenarios that form the backbone of the Global Plan to Stop TB, 2006–2015.

- DEWG, TB/HIV and DOTS-Plus MDR-TB Working Groups jointly organized meetings in Versailles and Paris (France) in October 2005 to discuss the new Stop TB Strategy, the plans of different working groups, how to organize activities to address all components of the strategy and the implementation of the Global Plan to Stop TB, 2006–2015.
- The third meeting of the PPM DOTS for TB control subgroup was held in Manila, the Philippines, and made recommendations to both the DEWG and to NTPs on how to scale up interventions to engage all health-care providers and improve access to DOTS. This subgroup contributed to a WHO document that provides guidance to NTPs on how to implement PPM DOTS activities.
- The meeting of the Childhood TB subgroup was held in conjunction with the joint meeting of the DEWG, TB/HIV and DOTS-Plus Working Groups. During the meeting, guidelines for NTPs were finalized, a new prescribed dose of ethambutol was agreed, research priorities were reviewed and child-friendly formulations of anti-TB drugs were promoted.
- The strategy for strengthening TB laboratories started to be implemented. Laboratory assessments took place in eight countries, training for heads of national reference laboratories took place in Egypt and training materials were standardized.
- The Secretariat continued to support the Network for Action on TB and Poverty, which aims to bring together TB control and poverty experts to identify synergies for more coordinated action in support of countries and the poor. During the year, the Network launched a new TB and Poverty web site and commissioned a study of the experience of Malawi's National TB Programme incorporating pro-poor approaches in its delivery of services. A new publication addressing poverty in TB control and options for NTPs and which provides strategic guidance and direction on pro-poor approaches to TB control was published during the year.¹ At the end of 2005, the Partnership's TB and Poverty subgroup and partners met to further develop the road map to expand access to TB services for poor constituents.

¹ *Addressing poverty in TB control. Options for national TB control programmes.* Geneva, World Health Organization, 2005 (WHO/HTM/TB/2005.352); available at http://whqlibdoc.who.int/hq/2005/WHO_HTM_TB_2005.352.pdf.



Canadian International Development Agency (CIDA)

Through the WHO multicountry grant, CIDA continued to support DOTS expansion and enhancement of activities in six priority countries: Bangladesh, Cambodia, China, Democratic People's Republic of Korea, Nigeria and Pakistan. In 2005, nearly US\$ 4 million in total was given to these countries to expand DOTS services in areas where DOTS was not implemented and to strengthen its implementation, especially in the areas of human resource development, laboratory services and innovative approaches to TB control (PPM DOTS, community-based DOTS), resulting in the treatment and cure of more than 40 000 additional smear-positive cases.

During 2005, CIDA contributed US\$ 20.6 million to GDF thereby contributing significantly to its cumulative delivery of 6.1 million TB treatments by the end of the year, and provided US\$ 351 000 to support the Intensified Support and Action Countries (ISAC) initiative to boost TB control in endemic countries.

The Working Group on DOTS-Plus for MDR-TB

The Working Group on DOTS-Plus for MDR-TB aims to produce feasible, effective and cost-effective approaches to the prevention and management of MDR-TB. During 2005, its efforts focused on developing new guidelines for MDR-TB management in resource-limited settings, producing the Strategic Plan of the Working Group for 2006–2015, refining a guide to policy-making in management of drug-resistant TB and submitting manuscripts on feasibility and cost-effectiveness of MDR-TB pilot projects to peer-reviewed journals. The main achievements are summarized below.

- New projects for management of MDR-TB were approved for six countries and existing projects were expanded. As of December 2005, there were 47 projects for management of MDR-TB with a total cohort size of 12 215 MDR-TB patients in 29 countries.
- A manuscript reporting results from the first five Green Light Committee (GLC)-approved projects was submitted to a peer-reviewed journal. These results show that MDR-TB management is feasible and that adverse events are manageable in resource-limited settings.
- As part of the prequalification of manufacturers of second-line drugs, nine manufacturers applied to the WHO prequalification project, 14 dossiers were submitted for assessment, and three inspections took place. The production plants of two manufacturers of second-line drugs were approved, though as yet no products have been purchased.

- A plan for convergence of the drug procurement unit of the GLC mechanism with the GDF was agreed for implementation in 2006.
- Advice to WHO has enabled the production of new WHO Guidelines for the management of drug-resistant tuberculosis.
- Through assistance to countries, several high TB and MDR-TB burden countries were approved for MDR-TB management in the fifth round of the GFATM.
- Important modifications to the governance of the Working Group were introduced: drug resistance to the second line-drugs was included in the terms of reference of the Group, the Core Group was expanded with representatives of the community and the acting chair, Dr Thelma Tupasi, was confirmed.
- The first training for consultants on MDR-TB management was conducted at the newly established WHO Collaborating Centre for MDR-TB Control in Riga, Latvia.

United States Agency for International Development (USAID)

Through the DEWG and its subgroups, USAID supported the development of new strategies and innovative approaches to TB control including human resource development, laboratory strengthening, PPM DOTS and the Practical Approach to Lung Health (PAL). Activities in each of these areas have been undertaken globally, regionally, and nationally to help strengthen existing DOTS services in priority countries.

Through the TB Coalition for Technical Assistance, USAID helped to support the participation of National TB Control Programme Managers and other health staff in USAID-priority high-TB burden countries in the Joint Meeting of the DOTS Expansion, TB/HIV and MDR-TB Working Groups in Versailles, France, in October 2005. This meeting further helped collaboration of DEWG with the other Working Groups (including New Diagnostics, New Drugs, New Vaccines, and ACSM) in the context of the Stop TB Strategy and the Global Plan to Stop TB, 2006–2015.

During 2005, USAID signed a four-year agreement totalling US\$ 22.26 million for procurement of anti-TB drugs by GDF (US\$ 19.7 million) and for supporting other work of the Stop TB Partnership (US\$ 2.56 million).



The TB/HIV Working Group

The TB/HIV Working Group works to reduce the global burden of HIV-related TB through effective collaboration between TB and HIV programmes and communities, and evidence-based collaborative TB/HIV activities. It also facilitates the sharing of experience and disseminates lessons learnt in order to accelerate the implementation of collaborative TB/HIV activities. During 2005, the group continued to monitor and promote country-level implementation of collaborative TB/HIV activities and to develop a sound evidence base, together with responsive policies, to provide high-quality care for HIV-infected TB patients. Advocacy efforts to increase the visibility of TB, particularly within the HIV/AIDS community, were also carried out. Key achievements are summarized below.

- In collaboration with the Stop TB Partnership Secretariat and the WHO Department of HIV/AIDS and the UNDP/UNICEF/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), the Working Group convened an expert consultation on “TB/HIV Research Priorities in Resource-limited Settings” and defined TB/HIV research priorities.
- In close collaboration with DEWG, the TB/HIV Working Group initiated ongoing policy discussions to improve current practices in the diagnosis of TB particularly in people living with HIV.
- A comprehensive training strategy, with the necessary materials, has been developed for training TB and HIV managers globally. International training courses were held in Ethiopia, France, Italy, Jamaica, and Thailand, attracting a total of 130 participants. Coordination and collaboration with the Integrated Management of Adult Illness team in the WHO Department of HIV/AIDS is ongoing.
- The mechanism to monitor the implementation of collaborative TB/HIV activities was strengthened and information on TB/HIV activities was collected as part of the WHO Annual TB Report. Of all countries in the world, 106 indicated that they were at least starting to implement a policy of offering HIV testing and counselling to all TB patients. Of the 41 countries that were sent an extended questionnaire, 32 provided data for all three years from 2002 and 2004 and among these TB/HIV collaboration improved steadily. The number of countries that had a TB/HIV focal person in the NTP increased to 23 and the number that had a policy of referring HIV-positive people to TB clinics and carrying out intensified case-finding rose. The number of countries that had a policy of providing HIV treatment and care, co-trimoxazole preventive therapy (CPT) and antiretroviral therapy (ART) for HIV-positive TB patients had grown to 2–3-fold above the 2004 baseline.

The Working Group on New TB Diagnostics

The Working Group on New TB Diagnostics, coordinated by the Foundation for Innovative New Diagnostics (FIND) and TDR, facilitates the development of priority diagnostic tools for TB control. The vision of the Working Group is to develop and introduce cost-effective and appropriate new diagnostic tools that will contribute towards improved control of the global TB epidemic and achieve quality of patient care. Key achievements are summarized below.

- TDR completed a head-to-head laboratory-based evaluation of 19 commercially available rapid serological tests for TB.
- In September 2006, the DOTS Expansion Laboratory Sub-group, the TB/HIV Working Group, TDR and FIND jointly organized two parallel expert meetings/consultations on improving the diagnosis of TB through: (i) optimizing smear microscopy and (ii) addressing the diagnostic challenge posed by smear-negative TB in high HIV and resource-constrained settings.
- A collaboration among several working group members and partners including the University of California, USA, Francis J. Curry National Tuberculosis Center (USA), TDR, FIND and the Stop TB Partnership Secretariat resulted in the submission of articles to the *Lancet Infectious Diseases* monthly journal, submission of recommendations to the Stop TB Partnership for improving the diagnosis of TB through optimization of sputum microscopy, and the development of a research agenda to address critical gaps in knowledge.
- Expansion of the TDR TB Specimen Bank to six new, high-quality enrolment sites and replenishment of the central repository.
- FIND and Biotech Laboratories announced the launch in selected markets of the FAST Plaque-Response test for rapid rifampicin resistance testing from AFB-positive sputum, and the NOA antimicrobial supplement which has been developed for use with the test to control contamination.
- Progress was made by the London School of Hygiene and Tropical Medicine (United Kingdom) on a low cost 'in-house' phage test to screen TB isolates for resistance to rifampicin.
- FIND, following its agreement with EIKEN Laboratories in Japan, started field evaluation of the first amplification-based technology which can be used at the lower levels of the public health systems.

- FIND/CREATE multi-country demonstration projects on MGIT culture systems (Zamstar) got under way in three countries for case detection and in four countries for drug susceptibility testing. Some 120 000 tests are expected to be completed by end 2006.
- Span Diagnostics reported further improvements of their lateral flow test for identification of *Mycobacterium tuberculosis*.

The Working Group on New TB Vaccines

The Working Group on New TB Vaccines works to accelerate the development of an improved vaccine to provide long-lasting protection against TB. During 2005, work focused on stimulating and supporting the progression of candidate TB vaccines to Phase I/II clinical trials and on preparations for future Phase III efficacy trials. It is anticipated that 5–10 candidates will undergo Phase I/II testing and one candidate will go forward to a Phase III trial by 2007. Key achievements are summarized below.

- A vaccine based on a secreted antigen (Ag85A) of *M. tuberculosis* was developed at Oxford University in the United Kingdom and completed its initial Phase I clinical evaluation in the Gambia in 2005. Another vaccine candidate that was developed by the Statens Serum Institute in Copenhagen, Denmark, entered a first Phase I clinical trial in the Netherlands. The number of new TB vaccine candidates undergoing human testing reached four by the end of 2005. At least two more candidates are in late preclinical development.
- In 2005, the Clinical Trials Task Force worked towards the definition of immunological assays to be used in clinical trials of new TB vaccines. The Task Force helped to identify three consensus assays to be used in all trial sites. The Regulatory Task Force initiated a meeting with staff from national regulators for biologicals in TB endemic countries. This resulted in the publication of a 'White Paper' identifying regulatory bottlenecks to TB vaccine development and proposing solutions for high-quality regulatory review in endemic developing countries.

The Working Group on New TB Drugs

The Working Group on New TB Drugs is a network of more than 90 individuals committed to accelerating the development of effective and affordable new therapeutics for TB. The Working Group acts as a forum to facilitate global collaborations and discussions on the development of new TB drugs. During the year, the members participated in several projects, gatherings and other initiatives. Major achievements are summarized below.

- Significant progress was made in advancing the global pipeline of TB drugs. An unprecedented six compounds are currently in clinical testing, paving the way for the first new TB regimen in 40 years. This robust pipeline also contains 16 discovery and five preclinical projects in development by dozens of institutions around the globe.
- The Working Group published its Strategic Plan for the next 10 years following consultation with all members. As a result of this dialogue, the Working Group adopted a ground-breaking new approach to drug development, specifically early combination testing of drug candidates, to minimize delay in registering new TB regimens.
- The annual meeting of the Working Group was held on 19 October 2005, in Paris, France. Approximately 50 members attended the meeting which reviewed the year's activities. Attendees reviewed the Strategic 10-year Plan and identified three priority activities for 2006: (i) updating the global portfolio; (ii) initiating discussion on regulatory issues; and (iii) assessing clinical trials capacity.
- With support from the Stop TB Partnership, the Working Group cosponsored an annual symposium with the TB Alliance in October at the International Union against Tuberculosis and Lung Disease (the Union) World Conference. The symposium reviewed recent developments in the field of TB drug development and featured three Working Group members as presenters.
- Addressing a key priority identified in the Strategic Plan and at the annual meeting, the Working Group cosponsored an Open Forum on regulatory hurdles to TB drug development on 6–7 December 2005. The Working Group Secretariat, in coordination with the TB Alliance and the Bill & Melinda Gates Foundation, helped to plan and organize the event.

The TB Alliance

- The TB Alliance, a non-profit coalition for TB drug development, provides the Secretariat for the Working Group on New TB Drugs. In 2005, it led the development of the Strategic Plan and facilitated the Working Group's contribution to the overall Global Plan. Throughout the year, the TB Alliance coordinated communication between the 95 members of the Working Group, provided updates from the Partnership, shared new opportunities for drug developers, and distributed relevant items of interest.
- As part of the Union's World Conference, the TB Alliance cosponsored an annual symposium with the Working Group on New TB Drugs. This featured leading TB researchers who reviewed recent developments in the field of TB drug development. The global TB drug pipeline now includes 11 candidates in or approaching clinical development, which, if successful, will become the first new TB drugs introduced in 40 years. The symposium included presentations on potential new targets and drug candidates as well as the results of new surrogate marker studies and an update on the moxifloxacin clinical development programme.
- The TB Alliance and the Working Group on New TB Drugs, with financing from the Bill & Melinda Gates Foundation, cosponsored an Open Forum on regulatory hurdles to TB drug development in December. The event, which was jointly planned and organized by the Working Group Secretariat and the TB Alliance, created an opportunity for dialogue with regulatory authorities on TB drug development guidance. The event featured a session on the roles of the Stop TB Partnership, the GDF and the GLC in TB drug development and adoption.



The Working Group on Advocacy, Communication and Social Mobilization (ACSM-WG)

The ACSM-WG was formally created during 2004. Its first meeting was organized, supported and hosted by the Stop TB Partnership Secretariat in Geneva, Switzerland, in February 2005. The meeting attracted more than 60 participants representing all major constituencies – global advocacy partners, special communication and social mobilization technical organizations, donors, NTPs, patient communities and other Working Groups. The agenda included a complete day of group work in two areas: (i) global advocacy for resource mobilization, and (ii) country communication and support.

The first meeting of the ACSM Subgroup at Country Level took place in Mexico City, Mexico, in September 2005. The meeting gathered together more than 35 participants representing a diverse cross-section of constituencies. The meeting focused on four main areas: (i) the adoption of a 10-year strategic framework to be a compendium document for the Global Plan to Stop TB, 2006–2015; (ii) examining the current state of ACSM at country level; (iii) debate on the development of a technical assistance framework to support countries with strategic ACSM work-plans and funded budgets; and (iv) ratification of the Subgroup's terms of reference, governance structures and operating procedures.



6.

THE GLOBAL DRUG FACILITY

The GDF is a unique initiative which aims to save 25 million lives and prevent 50 million new TB cases by 2015.

The GDF offers a novel approach to expand access to, and availability of, high-quality and low-cost anti-TB drugs to facilitate sustainable global DOTS expansion. The number of patient treatments approved via GDF Grant and Direct Procurement Services (DPS) in 2005 was 2 208 110. This raises the cumulative total of such treatments to the world's poorest people, approved via GDF services since 2001, to 6 690 369. The GDF also promotes the standardization of treatment, such as standardized drug products to avoid the development of drug resistant TB, and user-friendly packaging.



During 2005, the GDF continued to make a considerable contribution to global TB control through the three main services it offers:

- provision of first-line drugs to support DOTS expansion through approved 3-year grants to countries that are donor-dependent for some or all of their drug supply;
- a DPS for countries that have sufficient finances to purchase anti-TB drugs but lack adequate procurement or quality-assurance systems;
- the GDF *White List* of prequalified manufacturers of high-quality anti-TB drugs for countries that have sufficient finances and good procurement mechanisms but lack a robust quality assurance system.

Contributions for direct procurement of anti-TB drugs increased to US\$ 13.4 million from US\$ 6.6 million in 2004. Over the course of 2005, 1.85 million quality-assured patient treatments were delivered by the GDF. Annual GDF procurement for grants stood at a record US\$ 28 million.

The GDF Technical Review Committee (TRC) reviewed and approved 16 applications from countries for new or continued support. The TRC is an independent body of international TB and drug management experts responsible for reviewing country applications to the GDF. Outside the regular TRC meetings, 24 countries visited by monitoring missions were reviewed and approved for an additional year of support.

The GDF also further expanded its DPS, to provide support to governments purchasing anti-TB drugs with national resources. Following marketing of the DPS to countries, NTPs, WHO representatives, GFATM portfolio managers and others, six new countries decided to take advantage of the service, raising the number of countries using the service to 27. In 2005, DPS orders were delivered for more than 575 000 patients with an approximate value of US\$ 13.4 million.

As part of assessment and monitoring, the GDF carried out seven pre-delivery country visits and 43 monitoring missions during 2005. Of the

latter, 38 were in countries still in one of the three grant years, and five were conducted in DPS countries. Monitoring dossiers were produced and submitted to GDF partner agencies for desk audit. The total number of consultants for GDF missions provided free of charge by partners was 48.

During 2005, 10 countries used GFATM funds to procure drugs through the GDF. The value of direct procurement orders placed during the year using GFATM funds was US\$ 2 667 690 which provided 218 483 patient treatments.

World TB Day 2005 marked the release of the GDF Four Million Patient Treatments in Four Years Report (4 in 4 Report) in Ottawa, Canada. This report details the considerable achievement of the GDF in delivering over 4.4 million patient treatments to 58 countries in four years. The report was the centre of a press conference with the Canadian International Cooperation Minister and the Executive Secretary of the Stop TB Partnership. Its launch attracted extensive media coverage.

Management Sciences for Health (MSH)

The GDF and MSH held a joint workshop during the Union's conference entitled "Strengthening Medicine Supply in National TB Programmes: Practical Guidelines and Tools". The agenda included the following topics of discussion: TB medicine selection, TB medicine quantification, procurement of TB medicines and commodities, distribution of TB medicines and commodities, rational use of TB medicines and commodities, TB pharmaceutical management support, operations research in TB pharmaceutical management and a GDF consultants meeting.

- In 2005, a drug management workshop for consultants was jointly hosted by GDF and MSH. The workshop for the WHO South-East Asia and Western Pacific regions was held on 7–11 November in Hanoi, Viet Nam. The objective of the workshop was to prepare regionally-based consultants for work in the area of drug management.
- MSH staff participated in two GDF TRC meetings in 2005.
- During 2005, MSH contributed the time and expertise of seven MSH drug management consultants to participate in 10 successful GDF in-country missions.





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GENERAL MANAGEMENT 7.

During 2005, as the demands of the Global Plan became clear, the Secretariat redesigned its management structure to better align itself with the emerging environment.

During 2005, as the demands of the Global Plan became clear, the Secretariat redesigned its management structure to better align itself with the emerging environment. It now has three teams organized by function: (i) communication, advocacy, partnership, external relations and resource mobilization; (ii) GDF; (iii) administration. This will facilitate accountability and encourage efficient use of resources. It will also enable the Partnership to stabilize resource mobilization activities and to strategically align available resources with its mission, goals and priorities in accordance with the following key objectives:

1. Strengthening **resource mobilization**, partnership building, and ACSM efforts.
2. Providing access to high-quality anti-TB drugs.
3. Developing and implementing relevant systems of **internal financial control** in line with the Partnership's adopted financial management policy and preparing periodic financial reports to underpin decision-making within WHO's approved programme budget; and **systematic reporting to donors** on both technical and financial matters.

Resource mobilization

During 2005, efforts to shape a robust and effective policy dialogue with donors on the priorities and needs of the Stop TB Partnership to facilitate resource mobilization were taken to another level. Closer relationships were developed with existing donors through the submission of regular progress reports on the performance of the Secretariat during the year. Long-term donor commitments totalling over US\$ 100 million were signed with a core group of donors, namely CIDA, DFID, USAID and the World Bank.

The Secretariat identified workplan needs of US\$ 40 million for the biennium 2004–2005. As a result of sustained resource mobilization efforts, the funds available to the Partnership Secretariat over this period surpassed this amount. A workplan budget of US\$ 90 million was endorsed and subsequently approved by WHO and included in its biennium workplan 2006-2007. The Secretariat has commenced work to mobilize these resources.

Financial management

The Stop TB Partnership Trust Fund was formally set up in February 2005. It became fully operational during the year and is now the principal financing vehicle for the operations and projects of the Secretariat. The interim trust fund was closed in January 2005 and the new trust fund started receiving money from February 2005. It operates with much reduced programme support costs of 3% for drugs and 6% for other activities, and was designed to enhance the flow of financial resources to the Partnership.

A revised and much-improved contract with the UNDP Interagency Procurement Services Office for the procurement of TB control drugs was also signed. The establishment of periodic financial reporting and regular reviewing of cash positions improved internal financial control.

During 2005, the total income of the Partnership was US\$ 34.4 million which represented a 44% increase over 2004 (US\$ 23.9 million). Of the total cash contributions received in 2005, around US\$ 30 million were channelled through the Stop TB Partnership Trust Fund. Contributions in kind increased from US\$ 844 000 to US\$ 3.32 million due, in part, to donations of anti-TB drugs costing US\$ 2.6 million from Novartis to GDF.

In the same period, the operating expenditure of the Secretariat was US\$ 36.7 million which led to a deficit of US\$ 2.3 million. This was covered by US\$ 9 million brought forward from year 2004. A summary of income and expenditure for the year is shown in Annex I, while Annex II gives the summary statement of income, including contributions for direct procurement through the GDF.

Department for International Development (DFID), Government of the United Kingdom of Great Britain and Northern Ireland

DFID gave a firm pledge for an additional £41.7 million to help fight the devastating burden of TB in India. With 1.8 million new TB patients every year – accounting for one fifth of all cases worldwide – India has the greatest number of people infected with the disease in the world and TB continues to kill more people there than any other infectious cause of death.

This latest DFID funding for India will be provided through the Stop TB Partnership Trust Fund at WHO and will help procure anti-TB drugs by the GDF. It will directly benefit over four million TB patients. It will also support a five-year plan to provide technical support through WHO to the Government of India's revised National TB Control Programme.

Separately, another contribution of £5 million for three years from the DFID fund for the Stop TB Partnership will strengthen the Partnership and support its catalysing role in helping its partners, particularly its seven Working Groups, to fight the disease globally.



8.

CHALLENGES AND FUTURE PRIORITIES

Some of the most pressing challenges faced by the Partnership, its Secretariat and partners are outlined in this chapter.

Some of the most pressing challenges faced by the Partnership, its Secretariat and partners are outlined below.

- Harmonizing and coordinating efforts with other global initiatives will be critical in order to strengthen health systems. It is clear that countries cannot cope with the increasing demand from different global initiatives. The new Stop TB Strategy launched at the meeting of the three implementation Working Groups in Versailles, France, has set the priority for alignment and harmonization of TB control efforts at country level.
- Further engagement of partners so that synergies can be derived from their individual strengths leading to realization of jointly-established partnership targets is a major challenge. This will require the smooth flow of information and knowledge across institutional boundaries.
- Fund-raising on a large scale to fill the massive gap of US\$ 31 billion set out in the Global Plan offers an unprecedented challenge. International competition for funds from the same donor pool increases continually with a host of new initiatives, partnerships and other collaborative arrangements being unveiled almost every day. To meet this challenge, innovative financing mechanisms will have to be developed and launched and an entirely new group of donors will have to be identified to add to our long-term dedicated supporters.
- Design and development of appropriate strategies, structures and processes to support the Working Groups in the implementation of the Global Plan to Stop TB, 2006–2015. This will require the Secretariat's structure and processes to be kept dynamically aligned to the requirements of the changing global environment. The business model of the Partnership will need to be reviewed so that this global coalition of stakeholders is able to add value to the individual efforts of the partners over the foreseeable future.
- The positioning of GDF to meet global TB drug needs will have to be continually assessed to ensure that its products and services continue to meet stakeholder needs and adapt as necessary to changing market dynamics.

ANNEXES

Annex I

Stop TB Partnership Secretariat

Summary statement of income and expenditure for the year ending 31 December 2005

(all figures in US\$'000)

	2004	2005
Voluntary contributions in cash		
Governments & their agencies	22 042	29 859
Multilateral organizations	700	700
Foundations and others	286	470
Subtotal	23 028	31 029
Voluntary contributions in-kind		
Governments	213	169
Multilateral organizations, foundations	631	547
In-kind contribution for drugs (Novartis)	–	2 605
Subtotal	844	3 321
Total income	23 872	34 350
Expenditures		
Partnership	2 518	3 211
Advocacy and communication	1 096	929
Global Drug Facility ¹	9 918	31 347
General management and administration	1 251	1 173
Total expenditure	14 783	36 660
Surplus/(deficit) of income over expenditure	9 089	(2 310)²

¹ GDF expenditure does not include the Direct Procurement totalling US\$ 13.4 million which is reported in the GDF Statement of Income and Expenditure (Annex II).

² Deficit for the year was covered by the surplus brought forward from 2004.

Annex II

Stop TB Partnership Secretariat Global Drug Facility

Summary statement of income, contributions received for direct procurement, and expenditure for the year ending 31 December 2005

(all figures in US\$'000)

	2004	2005
Income		
Governments and their agencies – specified	15 157	26 085
In-kind contribution for drugs from Novartis	–	2 605
Contributions for direct procurement ¹	6 613	13 433
Other income	446	188
Total income²	22 216	42 311
Expenditure		
Grant procurement of anti-TB drugs	8 000	28 367
Direct procurement	6 613	13 433
Quality assurance and prequalification	114	123
Technical assistance, monitoring and salaries	1 036	1 649
Advocacy and communication	102	57
Indirect costs	666	1 151
Total expenditure	16 531	44 780
Surplus/(deficit) of income over expenditure	5 685	(2 469)³

¹ Contributions for Direct Procurement were received from Afghanistan, Albania, Armenia, Azerbaijan, Bangladesh, Côte d'Ivoire, Djibouti, Ethiopia, Georgia, India, Indonesia, Kenya, Liberia, Micronesia, Mongolia, Namibia, Nepal, Nigeria, Philippines, Republic of Moldova, Sudan and Tajikistan.

² Total income comprises US\$ 28.8 million as included in the Partnership Statement of Income and Expenditure and US\$ 13.4 million for Direct Procurement.

³ Deficit for the year was covered by the surplus brought forward from 2004.

STOP TB **PARTNERSHIP**

Annual Report 2005

