

STOP TB PARTNERSHIP

Annual Report 2005



World Health
Organization

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



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.

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