

## Stop Tuberculosis Partnership

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<b>Financial Arrangements for FY09 (Amount in US \$ Million)</b>	
<b>Total Budget:</b> DGF Funding Request: DGF Percentage:	50.00 0.70 1%
<b>Objectives and Expected Outcomes</b>	
<p>In January 2006, the Stop Tuberculosis Partnership (Stop TB) published a Global Strategic Plan to make a definitive impact on the global burden of TB. This involves reducing the incidence, in line with the MDGs, and reaching the Partnership's targets for 2015 of halving TB prevalence and death compared with 1990 levels. The Partnership seeks to improve coordinated action against the worsening pandemic of TB, which kills nearly 2 million people each year, mostly the poor. Stop TB aims to control TB and reduce the impoverishing effects of disease, through rapid and coordinated adoption, adaptation, and scaling up of effective control strategies and new technologies.</p>	
<b>Main Components</b>	
<p><b>Global TB Drug Facility (GDF):</b> (a) provide quality-assured drugs for treatments; (b) ensure technical assistance and monitoring in all GDF-supported countries and in those receiving treatments for drug-resistant cases via the Green Light Committee; (c) promote standardization in the use of fixed-dose combination drugs and patient kits; (d) increase the efficiency and diversity of the supply system; and (e) facilitate direct procurement, including the use of multilateral financing.</p> <p><b>Partnership governance, coordination, and innovation:</b> (a) support an accelerated plan for DOTS expansion in high-burden countries; (b) mobilize resources for 2006-2015 workplan gaps at the national level in 22 high-burden countries and for core partnership functions; (c) launch and scale up new TB/HIV implementation policies in sub-Saharan Africa, East Asia, and Europe; (d) replicate and scale up drug-resistant TB treatment programs and consolidated analysis of results and strategy revisions; (e) promote cross-working group coordination among R&amp;D teams and DOTS expansion teams; (f) define strategies for human resources strengthening, public-private model scale up, engagement of non-primary care institutions; (g) global and regional fora and selected national partnership fora; (h) establish new networks to support revised national TB strategic plans that include explicit approaches to reaching the poorest; and (i) revise operational procedures and reporting.</p> <p><b>Advocacy, social mobilization, and communications:</b> (a) organize a global Stop TB Partners Forum and associated advocacy for World TB Day, including focus on TB/HIV and R&amp;D challenges and progress; (b) launch a joint TB/HIV advocacy strategy with UNAIDS and other partners; (c) develop several advocacy plans for high-burden countries; (d) develop comprehensive community social mobilization strategies and pilots in several countries.</p>	
<b>Performance Indicators</b>	
<p><b>Selected performance indicators from the 2006-2007 biennium work plan.</b></p> <p><b>Global TB Drug Facility:</b> (i) First line TB drugs – cumulative total of at least 10 million first-line patient treatments supplied by end of biennium.</p> <p><b>Support for national and regional partnerships and working groups:</b> (i) Partners will be fully engaged in the functioning of existing national and regional partnerships. (ii) The seven working groups will be functioning / continue to function effectively.</p>	

## Progress and Achievements

In 2007 the Partnership commissioned an independent evaluation, which was done by McKinsey & Company. The final result of the independent evaluation is expected before the end of 2008.

In 2006 the Global Drug Facility (GDF) of the Partnership approved access to 3.3 million anti-TB patient treatments. It approved 43 countries for new grants and placed new orders totaling US\$29 million for recipients of its grants. GDF brokered technical assistance missions to 58 countries by drug management and TB experts. The procurement functions of the Green Light Committee (GLC) were merged with GDF. During the year GLC approved 24 applications covering more than 12,000 patients with multidrug-resistant (MDR) TB; double the number in 2005.

By the end of 2006, the Stop TB Partnership comprised 517 partners, 54 more than in 2005. They include high-burden countries, civil society, industry, foundations, technical agencies, academia, and bilateral and multilateral organizations. During 2006 intensive resource mobilization efforts following the launch of the Global Plan led to the total income of the stop TB Partnership Secretariat rising to US\$58 million; a 69% increase over 2005 (US\$34.4 million).

## Partners

517 partners, including bilateral donors, WHO, US-CDC, Soros Foundation/OSI, American Lung Assoc., Research Institute for TB, Partners in Health, IUATLD, World Bank.

## Governance and Management

The partnership is overseen by a **Coordinating Board** representing high-TB burden governments, regional representatives, bilateral institutions, foundations, multilateral institutions (WB and WHO are permanent members), NGOs and technical agencies, & chairpersons of the Stop TB working groups. The Coordinating Board meets twice yearly.

Stop TB also has substantive **working groups**, which meet at least once per month, & a **working committee** of the Coordinating Board. A large **partners' forum** is held about every two years.

The **Secretariat** is led by an Executive Secretary, supported by financing & management officers; a GDF management team; coordination & working group staff; social mobilization, communications, & advocacy specialists; & support staff.

## Exit Strategy

The control of TB required sustained support for this effective partnership. It is proposed that DGF financing continue at a level that enhances the Bank's active engagement with key agencies and demonstrates Bank commitment to overcoming obstacles to meeting the MDGs. The Bank has acknowledged that this program will involve long-term engagement by the Bank. It has transitioned from Window Two to Window One.