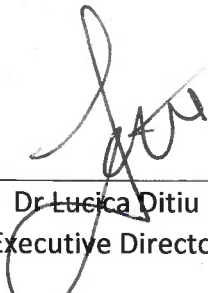


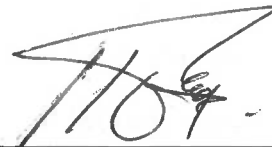
Opening Session

Decision Point 35-1

1. The Board adopts the proposed agenda for the 35th Stop TB Partnership Board meeting.
2. The Board is honoured to welcome Mr Austin Obiefuna from Nigeria, Executive Director of Afro Global Alliance Ghana, as the new Vice-Chair of the Board. The Board is committed to supporting Mr Obiefuna in this important leadership role and in his efforts to help the Secretariat, partners, and the TB community at large to achieve the targets of the 2018 United Nations High-Level Meeting Political Declaration (UNHLM) on TB.
3. The Board remembers the people throughout the world affected by tuberculosis and whose lives were lost prematurely and needlessly, and commemorates the following individuals that devoted their lives to helping people with TB and to eliminating the disease, and who passed in the last October: Dr Ayodele Awe (Nigeria), Dr Lucie Blok (Netherlands), Dr Paul Farmer (USA), and Mr Arifin Panigoro (Indonesia).
4. The Board notes the progress and appreciates the efforts of the Secretariat to address the decision points from the 34th Stop TB Partnership Board meeting.
5. The Board is appreciative of the Executive Director Report and acknowledges the entire Secretariat for the commendable work of the past eight months to deliver at the highest standards. The Board welcomes the work of the Secretariat and Executive Director to frame the challenges and opportunities related to an effective TB response over the next year and requests that Board members take more active role as both members of the Board and as advocates, in the effort to end TB by 2030.
6. The Board welcomes the 2021 Key Performance Indicators Report and looks forward to receiving the preliminary 2022 Key Performance Indicators Report at its 36th Board meeting.



Dr Lucica Ditiu
Executive Director



Mr Austin Obiefuna
Vice-Chair

TB Response Status and Prospect

Decision Point 35-2

1. The Board notes the progress made by high-burden TB countries to recover from the impact of the COVID-19 pandemic on their TB response, despite new variants of the virus that create additional challenges. The Board notes that the recovery is not yet complete and further scale up is urgently required to get back on track to end TB. The Board notes with concern that without additional support, the global TB response will not be able to overcome the setbacks due to the COVID-19 pandemic or to meet the 2022 UNHLM targets.
2. The Board appreciates the work done by the Secretariat to highlight the impact of the COVID-19 pandemic, based on WHO data, and the need for recovery. The Board requests that the Secretariat continue to work with donors and partners to ensure that high TB burden countries set their ambitions high and are adequately resourced for a final push to achieve the UNHLM targets set for the end of 2022.
3. The Board thanks the Taskforce for the Global Plan and every partner that contributed to this comprehensive work and commends the Secretariat for developing the Global Plan through an inclusive process.
4. The Board endorses the draft of the Global Plan to End TB 2023-2030 and requests the Secretariat to proceed with its launch and dissemination. The Board further requests the Secretariat to develop advocacy briefs and investment cases for specific thematic areas derived from the Global Plan, to enable targeted advocacy and resource mobilization efforts.
5. The Board encourages all Board members, constituency, and stakeholders to:
 - participate and contribute to the dissemination meetings of the Global Plan at regional and national levels
 - proactively promote and utilize the Global Plan as a tool for driving investments and scale up of TB services
 - support country programmes and stakeholders in aligning their national strategic plans to reflect the high level of ambition and full expression of the requirements to end TB, as detailed in the Global Plan.
6. The Board strongly affirms role of the Stop TB Partnership to robustly engage in the UN High Level Meeting process. The voices of this Partnership must be central in the preparation of the High-Level Meeting and empowers the Executive Director and

Secretariat to take all steps to create an enabling environment for robust and inclusive participation that is fully funded including:

- Work with the World Health Organization (WHO) to engage the Office of the President of the General Assembly to ensure that the preparatory work for the UNHLM starts early, including the development of the modalities document and the nomination of two countries to act as co-facilitators
 - Establish a UNHLM on TB Coordination Group that includes civil society and community representatives, to meet regularly and work across all partners and stakeholders to ensure a strategic and coordinated approach, and to develop a set of 'key asks' following an inclusive process of consultations with all stakeholders
 - Support civil society and community networks to develop, launch and advocate around the second version of "A Deadly Divide: TB Commitments vs TB Realities" (2018-2022)
 - Building on the experience of 2018 UNHLM, support the establishment and operation of the civil society advisory panel to promote active, informed and meaningful engagement of TB affected communities and broader civil society, including Global TB Caucus, in the 2023 UNHLM on TB and the interactive multi-sectoral Civil Society Hearing process and outcomes
 - Partner with WHO to prepare for a multi-stakeholder hearing at the UN to inform the outcome document of the UNHLM 2023.
7. The Board requests the Secretariat, WHO and partners call on the UN General Assembly (UNGA) to advocate that the 2023 UNHLM on TB (as agreed in the September 2018 UN Resolution A/RES/73/3 and referenced in the June 2021 UN Resolution A/RES/75/284) be held on the second day of the 2023 UNGA General Debate (Tuesday 26th September 2023) in order to ensure the highest levels of political participation. The Board also notes the critical importance of each board member and constituency in supporting the efforts of the Secretariat and partners to ensure a successful UNHLM on TB in 2023.
8. The Board acknowledge WHO DG High Level leadership and advocacy to accelerate efforts and investments to end TB and commends the WHO Global TB Programme for the regular updates of the TB guidelines and policies, increasing the frequency and availability of TB data during the COVID-19 Pandemic and recognizes the efforts by WHO in publishing monthly TB notification data from country programmes. The

Board recommends that WHO make available all TB data and statistics for 2022 in advance of the September 2023 UNHLM on TB, globally and by country, so that each member state can review global and national progress towards achieving the UNHLM 2022 targets.

9. The Board requests the Secretariat to develop a costed action plan for engagement that includes needed financial resources to support the preparatory processes leading up to the UNHLM on TB. Recognizing that the activities outlined above were essential to delivering the successes of the last UNHLM we would call on the donors, where possible, to provide robust new funding to support these efforts to make the outcomes in 2023 to be equally if not more successful.



Dr Lucica Ditiu
Executive Director




Mr Austin Obiefuna
Vice-Chair

Sources of TB Funding

Decision Point 35-3

1. The Board thanks the members of the Panel on TB Financing for their participation, and for sharing concrete experiences and practices to increase resources for the TB response that can be used as examples by other programmes and governments.
2. The Board notes with disappointment that the multiple sessions and discussions on TB financing and financial gaps in the TB response over the last four years have had limited impact. The Board expresses concern that the finances available for TB care and prevention, as well as for TB research has not increased, while the resource needs estimates have gone up dramatically, resulting in an even wider funding gap.
3. The Board, with all its members and constituencies, is a formidable group with great potential for high-level advocacy and resource mobilization. Board members and constituencies commit to play an active role in advocacy for resource mobilization and request the Secretariat to provide support for these efforts. The Board requests the Secretariat to engage individual Board members and constituencies in resource mobilization activities for the TB response.
4. The Board calls upon all countries and stakeholders to engage and support efforts for a successful replenishment of the Global Fund —beyond USD 18 billion— to ensure TB will begin to receive an incrementally larger share of Global Fund allocations.
5. The Board appreciates the joint WHO position statement in November 2021, formally supported by Stop TB Partnership, to change the disease split to allocate at least 21% to TB while the Affected Communities and Developing Country NGO Delegations continue to demand 33% of the disease split. The Board notes the unfortunate November 2021 Global Fund Board decision to continue to provide the least proportion of its resources to TB, even though TB kills more people than HIV and malaria together, and appeals to the Global Fund to ensure that additional funding for TB, beyond country allocations, is made available using different available levers, such as catalytic funding and portfolio optimization.
6. The Stop TB Partnership and Partners have worked effectively to shape and leverage Global Fund investments to successfully accelerate results, and despite grave COVID-19 impacts is enabling adaptations and innovations that is moving towards putting case-notification back on track.

7. The Board requests the Secretariat and partners to work with the Global Fund, development banks and other investors to ensure that during the next funding cycle (2023-2025) at least five large high TB burden countries will be able to access additional innovative financing deals involving TB, including blended (loan and grant) financing and debt swaps.
8. The Board appeals to all high TB burden country governments and their finance ministers to increase their domestic budgets for TB. The Board requests the Secretariat to empower in-country partners and national partnership platforms to advocate with country leaders, parliaments, and decision makers for increases in the domestic budget allocation for TB. The Board requests that its members and constituencies be part of country level advocacy efforts to increase domestic resources for TB response, particularly in those with high TB burden.
9. Recognizing that Global Fund TB allocations and increased domestic funding are essential but not enough to meet TB resource needs, the Board calls upon new and existing donors to provide substantial additional external funding for TB. It will be impossible to meet the SDG target and defeat TB without additional resources being allocated to fight it.



Dr Lucica Ditiu
Executive Director



Mr Austin Obiefuna
Vice-Chair

Innovations for TB Response

Decision Point 35-4

1. The Board staunchly supports the necessity of ensuring that the latest advances in science and tools are made available as soon as possible for TB diagnosis, treatment, and care to people in need. This is not a choice; this is equity and the right to health for all people affected by TB.
2. The Board commends the Secretariat for playing a crucial catalytic role in supporting countries and partners to introduce new tools and innovative approaches, contributing to evidence generation to inform global and country policies in collaboration with WHO and other partners, and supporting a coordinated approach to new tool roll-out and wider scale-up.
3. The Board recommends that the Secretariat plays a strengthened advocacy and coordination role with countries, technical partners, and donor organizations, including the Global Fund, to ensure adoption of latest innovations as well as their wide and sustainable scale-up that can greatly enhance our ability to end TB.
4. The Board is excited to note the new themes for the TB REACH Wave 10 call for proposals, as well as the excellent response from partners.
5. The Board and constituencies will support efforts made by the Secretariat to ensure long-term funding of the TB REACH initiative, which is a proven mechanism for rapidly testing out innovations in TB.
6. The Board thanks the United Kingdom's Foreign, Commonwealth & Development Office, Global Affairs Canada and the United States Agency for International Development (USAID) and appreciates their vision in supporting the roll out of new tools through the TB REACH initiative and the introduction of New Tools Project (iNTP).
7. The Board recognizes the importance of having new innovative funding mechanisms for TB research and development (R&D) and urges countries and stakeholders to bridge the chronic gap in TB R&D, including for vaccines, diagnostics, and medicines.

TB & G20 Presidencies

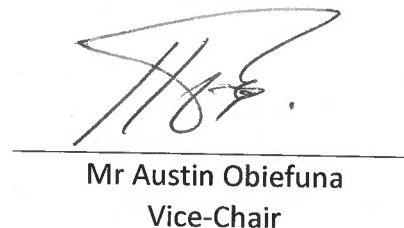
Decision Point 35-5

1. The Board observes that G20 countries represent 50% of the global TB burden and 60% of the MDR-TB burden, underscoring the need for the G20 to pay special attention to the disease, particularly in light of historical underfunding and the impact of the COVID-19 pandemic on TB epidemiology and the TB response.
2. The Board congratulates His Excellency, the Minister of Health of Indonesia, Mr Budi Gunadi Sadikin and his team for his leadership and vision that resulted in the high profile of health on the G20 Presidency agenda and the special place TB occupies on the G20 Presidency Health agenda.
3. The Board notes the 2022 process and timeline of the Ministers of Health and Heads of States meeting in November 2022 and welcomes the current draft of the Call-to-Action on Financing for TB Response developed at the 1st G20 Health Working Group Side Event on TB held in March 2022.
4. The Board notes the request to support the finalization and dissemination of the Call-to-Action on TB. The Board encourages all partners to engage and support the process and ensure we have a robust Call-to-Action that includes several “asks” as presented during the TB side event:
 - Increase domestic resources for TB in G20 TB high-burden countries
 - Position and maintain TB - as an airborne disease – as part of the pandemic and preparedness response efforts and airborne infection disease platforms
 - Support the replenishment of the Global Fund
 - Support the UNHLM on TB in 2023
 - Address accelerated TB financing for TB R&D through development and roll out of a TB vaccine, digital technology and AI, and other innovative tools
 - Continuation of TB financing discussions in future G20 Presidencies through creation of a Task Force on TB financing to support the G20.
5. The Board appreciates the efforts made by the Secretariat, working with the Indonesia NTP and national Stop TB Partnership as well as international partners, to support the first ever G20 Presidency TB side event.

6. The Board will support the Secretariat and partners in efforts to ensure inclusion of the Call-to-Action key commitments in the 2022 G20 Heads of State communique and to ensure TB is included in future declarations issued by the G20 Ministers of Health and G20 Heads of State.
7. The Board applauds the announcement made by His Excellency, the Minister of Health of India, Dr Mansukh Mandaviya on the two health priorities declared as part of the G20 India Presidency agenda: TB and cervical cancer. The Board requests the Secretariat to provide support to Indonesia and India stakeholders involved in G20 Presidency efforts.



Dr Lucica Ditiu
Executive Director



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Vice-Chair

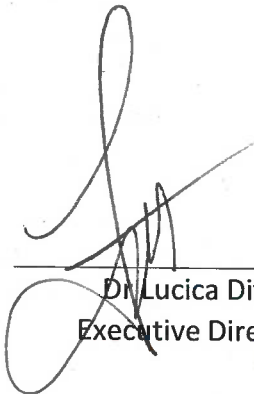
Country-level Advocacy

Decision Point 35-6

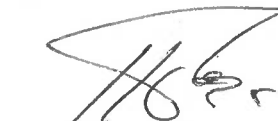
1. The Board recognises the significant achievements of country-level Stop TB Partnership National Platforms and partners.
2. The Board underlines the need for multi-year funding arrangements for these national platforms through scaled up available resources and agrees, whenever possible, to support the secretariat in resource mobilization efforts.
3. The Board members agree, where possible, to engage with and elevate national-level advocacy initiatives – participating in high level events and meetings, supporting media engagement efforts, and supporting national partnerships and platforms and civil society organization representatives to be meaningfully engaged and effective in national level decision making bodies, including Country Coordinating Mechanisms (CCMs).
4. The Board recommends that the Secretariat facilitates the enhanced capacity, coordination, engagement, and participation of country-level Stop TB Partnership Platforms, Challenge Facility for Civil Society grantees and TB survivors in strategic national and regional forums, such as CCMs; as well as in accountability initiatives, including community-led monitoring transforming data into advocacy action.
5. The Board recognises the unique role that the Challenge Facility for Civil Society (CFCS) plays in mobilizing communities, developing capacity, building evidence, strengthening demand, enhancing accountability, and supporting national level advocacy movements. The Board also applauds the successful CFCS Round 11, which granted USD 9 million in grants with the significant support of USAID and the Global Fund. However, the Board emphasizes that only 22% of all submitted applications are able to be funded with the resources available, and that donor support is needed to continue to close this national TB community advocacy funding gap and to support technical assistance and other initiatives to increase the technical capacity of civil society and community organizations.
6. The Board highlights the increasing strength of the Stop TB Partnership Board Developing and Developed Country NGOs as well as TB Affected Communities Delegations, especially their commitment to partner with national advocacy grantees to develop the “Deadly Divide” report 2.0 to inform discussions prior to UNHLM on

TB in 2023, and requests donors secure ongoing investment and support for these Delegations.

7. The Board notes the release of the updated TB Language Guide “Words Matter” and recommends its adoption, adaptation, and use by all TB partners globally, regionally and at the country-level.
8. The Board appreciates the publication of evidence from 20 countries Community, Rights and Gender (CRG) that strengthens the evidence-based resources needed for TB response. The Board looks forward to the continued progress in developing nationally costed TB CRG Action Plans and a report with further details in 2023.
9. The Board acknowledges the work of the Affected Communities and Developing Country NGO Delegations on the TB33% Campaign, and requests Secretariat to support country-level efforts to sensitize stakeholders on the need for increased funding for TB.



Dr. Lucica Ditiu
Executive Director



Mr Austin Obiefuna
Vice-Chair

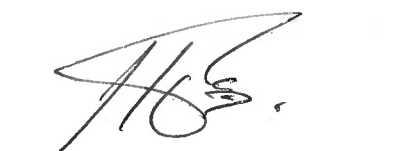
Supporting People with TB in Countries Affected by Conflict

Decision Point 35-7

1. The Board extends its solidarity to all people affected by war and conflict, and especially those affected by TB in these complex settings.
2. The Board express its gratitude to the Ministry of Health of Ukraine, as well as Ministries of Health of Moldova and Romania, for their active engagement in defining the challenges and working toward solutions to the current situation in their countries.
3. The Board commits to stand in solidarity with the people of Ukraine who are currently suffering due to the war.
4. The Board recognises and applauds the rapid, pragmatic, and effective support that the Secretariat provided to TB partners in Ukraine to respond to a challenging, emerging and dangerously complex country setting. The Board commits to support efforts made by the Secretariat to ensure that Ukrainian people with TB, internally displaced or refugees in neighbouring countries have access to diagnosis, treatment, and care with the aim of being fully cured from TB.
5. The Board requests that the Secretariat engage in a review of the processes undertaken to respond to the challenges presented by the conflict in Ukraine to inform good working practice for rapid response in complex settings such as climate related natural disasters and other unpredictable events that disrupt the programming that the Partnership supports.



Dr Lucica Ditiu
Executive Director



Mr Austin Obiefuna
Vice-Chair

Towards an inclusive and thriving Secretariat

Decision Point 35-8

1. The Board notes the progress achieved by the Secretariat, working closely with UNOPS, in addressing each action point from the *Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership* (hereof: Action Plan) and is grateful to all staff who are participating in its implementation.
2. The Board understands that the Secretariat follows the staff survey cycle and processes of its host, including participation in the 2023 UNOPS People Survey. The Board supports the allocation of financial resources to ensure proper implementation of the Action Plan.
3. The Board reaffirms its commitment to examining its leadership role on diversity, equity, and inclusion across its structures, processes, and behaviours, and requests a training of Board members on inclusive leadership before the next Board meeting.
4. The Board thanks UNOPS team for the update regarding the allegations related to UNOPS Sustainable Infrastructure Investment and Innovation Initiative (S3i) and the ongoing investigation and looks forward to receiving a presentation of the outcomes and any potential strengthened oversight changes required as a result.
5. The Board appreciates the letter received from UNOPS and notes that:
 - i. The funds associated with S3i come from a dedicated reserve, as approved by UNOPS Executive Board
 - ii. As a hosted partnership, the Stop TB Partnership is a separate business unit within UNOPS and is managed as such
 - iii. The Stop TB strategy and overarching objectives are set by its Board
 - iv. The Executive Director is responsible and accountable for operations, with guidance from the UNOPS Geneva office, the Stop TB Partnership Board and its associated committees
 - v. Funding received for Stop TB projects and operations is ring fenced for Stop TB and is completely independent from other UNOPS business units

- vi. Stop TB is regularly subjected to independent audits, the results of which are reported to the Board
 - vii. At no stage have Stop TB funds been at any risks as a result of the issues at S3i.
6. The Board approves the revised Stop TB Partnership Standard Operating Procedures and asks the Secretariat to review and update this living document, as needed.
 7. The Board endorses the Executive Committee proposal on the process for the Executive Director Performance Evaluation, including the formation of a panel that will carry out the evaluation in Q3 2022, and requests regular updates to the Board on progress.
 8. The Board reiterates that any form of workplace misconduct is inconsistent with the values and principles of the Stop TB Partnership and will work with UNOPS and the Secretariat to uphold the Secretariat and Board to these principles.



Dr Lucica Ditiu
Executive Director




Mr Austin Obiefuna
Vice-Chair

Board Strategy Review

Decision Point 35-9

1. The Board acknowledges the work done to review the strategic vision, role, and governance of the Board (the Stop TB Partnership Board Strategy Review) under the leadership of the Executive Committee. The Board further notes that the Stop TB Partnership Board strategy Review was undertaken in response to Action Point 10 within the *Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership*, and thanks each stakeholder who provided input and perspective at each stage of this important process.
2. The Board formally adopts the recommendations of the Executive Committee based on the Stop TB Partnership Board Strategy Review including:
 - A. The future strategic vision for the Partnership and the Board “bold actions”
 - B. Aspiration for how the Board can advance, implement, and model a more diverse, equitable, and inclusive TB response
 - C. Changes to the role and composition of the Board that are indicative of a strengthened, visible commitment to leadership by individuals affected by TB, and ensuring that voices are heard by dedicating at least 50% of seats to this constituency while maintaining the current size of the Board.
3. The Board requests the Secretariat working with the strategy review team to align its Operational Strategy with the strategic recommendations of the Stop TB Partnership Board Strategy Review and to amend the Board Governance Manual accordingly.



Dr Lucica Ditiu
Executive Director




Mr Austin Obiefuna
Vice-Chair

Closing

Decision Point 35-10

1. The Board asks the Secretariat to work closely with the Executive Committee to reach decisions by the end of July 2022, on preparations, date, and modality (in-person, virtual, or hybrid) of the 36th Board meeting. In doing so, the Board urges the Secretariat to preserve the hybrid elements of this meeting that have allowed for greatly expanded accessibility and participation.
2. The Board recognizes and greatly appreciates the offer by the Chair of the Board and the Government of India to host the next Board meeting around World TB Day in 2023 and agrees to hold its 36th Board meeting in New Delhi.



Dr Lucica Ditiu
Executive Director



Mr Austin Obiefuna
Vice-Chair