

**7<sup>th</sup> Stop TB Coordinating Board meeting**

14-15 October 2004, Beijing, China

**Draft Decisions/ Actions (CB-STB 04-02)**

**DOC 1.05-1.3**

**Objectives**

1. Reach consensus on a clear direction to communicate progress towards the 2005 and 2015 Targets;
2. Set priorities for 2005 Stop TB resources and financing mechanisms;
3. Identify mechanisms for closer collaboration with the HIV/AIDS community;
4. Discuss opportunities for engaging Heads of State to stop tuberculosis

**Outcomes**

- Common understanding on the progress towards the 2005 global targets, and projected situation in 2005;
- Endorsement of the MDG as stop TB targets towards 2015;
- Common understanding on the progress of the Partnership, specifically related to:
  - a) country progress,
  - b) global progress,
  - c) TB/HIV–MDRTB–Advocacy/Communication working groups
  - d) resource and finances
- Adopt the interim financial update of the Stop TB Partnership Secretariat.
- Agreed on need for more advocacy and engaging Heads of States and other decision-makers through upcoming forums, MDG (UN), donor platforms (EU, G8, GFATM), World Bank, etc.

Session - presentations	Decisions	Actions	Document
<b>1. Opening</b> Welcome words from Vice-Minister Wang Longde, China and Jack Chow, WHO			
<b>1.1 Review Minutes/ action-points last CB meeting</b>	1. The report from the last Stop TB Coordinating Board meeting, 22-23 March 2004, New Delhi was adopted		2.04/14
<b>1.2 Election of the Vice Chair of the Board</b>	2. Mr Tariq Farook was elected as the new Vice chair of the Stop TB Coordinating Board for the next two years 3. The Board expressed thanks to professor Omaswa		2.04/15
<b>2. Decisions on strategy regarding 2005 Targets and beyond</b>			
<b>2.1 Progress towards the Millennium Development Goals</b>	1. The Board endorses the MDGs as the Stop TB Targets to be guiding the Global Partnership in planning and implementing Stop TB action towards 2015		2.04/16

<b>2.2 Millennium Development Goals Project: TB working group report</b>	<p>The Board endorses:</p> <ol style="list-style-type: none"> <li>1. The recommendations of the working group on TB (Working Group report, p9-13)</li> <li>2. The inclusion of "TB" in MDG 6, thus "combat HIV/AIDS, TB, malaria and other diseases" (overall MDGs report, p35) after extensive discussion amongst Board members</li> <li>3. Draft General Assembly resolution point 37 "to request a revision of the targets and indicators for monitoring the MDGs to make them consistent with the technical recommendations of the UN Millennium Project Task Forces and other experts, by mid-2006" (overall MDGs report, p31)</li> <li>4. Development of advocacy strategy by WG on A &amp; C (in collaboration with MDGs Campaign) to push main TB messages a) launch of MDGs report in January 2005, b) UN special summit on MDGs in September 2005</li> <li>5. Coordination with second Global Plan to Stop TB (2006-2015) (WHA May 2005)</li> </ol>	<ol style="list-style-type: none"> <li>1. On behalf of the Partnership, send a letter to Kofi Annan stating that MDGs are now the new targets of the Partnership (<i>Secretariat</i>);</li> <li>2. At upcoming global events related to the MDG (G8, UN, WHO, WEF, etc), a strong Stop TB voice needs to be heard (<i>All CB members</i>)</li> <li>3. Ensure TB as part of the preparatory briefings and the G8 Summit with presidency UK (<i>Secretariat and DFID</i>)</li> <li>4. Stop TB Partnership to get a link on the following web: <a href="http://www.first8.org">www.first8.org</a> (<i>Secretariat</i>)</li> </ol>	<p>2.04/17</p>
<b>2.3 TB Care for all: Evolution of DOTS strategy</b>	<p>Board supported the presented concept of DOTS evolution with following suggestions:</p> <ol style="list-style-type: none"> <li>1. Outline further specifics on 'how'</li> <li>2. Consider the issue of costs, affordability, feasibility of new approaches in countries</li> <li>3. Assemble supportive evidence accumulated in recent past</li> <li>4. Develop outreach-strategy within public health system, and reaching out beyond public health providers</li> </ol>	<ol style="list-style-type: none"> <li>1. Further development of concept addressing evolution of DOTS (<i>DEWG with other WGs</i>)</li> <li>2. Evidence on public-private mix to be presented to the next CB (<i>DEWG</i>)</li> </ol>	<p>2.04/21</p>
<b>3. Engaging Heads of States</b>			
	<ol style="list-style-type: none"> <li>1. Importance of engaging heads of States and political influentials at all national levels up to districts, and beyond health.</li> </ol>	<p>- Prepare a plan to engage in global events, including those beyond the health sector (<i>Secretariat</i>)</p>	<p>2.04/18</p>
<b>4. Country progress</b>			
<b>4.1 Intensified Support and Action in Countries (ISAC)</b>	<p>ISAC is a crucial set of complimentary activities that is needed in countries to meet the increasing demand for technical assistance.</p> <ol style="list-style-type: none"> <li>1. Technical agencies cannot meet the demands from countries</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop an advocacy and marketing strategy for ISAC (<i>ACWG</i>)</li> </ol>	<p>2.04/1</p>

	<p>for technical assistance due to shortage of funding.</p> <ol style="list-style-type: none"> <li>In order to ensure the vital continuity of ISAC funded activities, sustainable sources and modalities of funding must be explored including the greater engagement of the GFATM.</li> <li>There is need to develop a better Advocacy &amp; Communications strategy for ISAC in order to gain wider recognition and support.</li> </ol>	<ol style="list-style-type: none"> <li>Ensure that the current funding will be rapidly channeled to countries from Trust Fund (<i>CIDA, WHO, WB, Secretariat</i>)</li> </ol>	
<b>4.2 Global Fund to fight AIDS, TB, Malaria (GFATM)</b>	<p>Proportion of TB among all GFATM successful proposals is stable at 30%, but funds for TB is only 15%.</p> <ol style="list-style-type: none"> <li>Ensuring sustainable support for countries, technical agencies should negotiate with GFATM and other donors their added value for good proposals and most effective use of funds.</li> <li>Publish a framework with 'GFATM application-examples' on the web for learning, after the DEWG.</li> <li>The GFATM's Technical Review Panel (TRP) needs to be informed on new policy and strategies.</li> <li>The DOTS Expansion Working Group estimates that approx. USD. 500,000 is needed to provide TA-support to countries for Round 5 and that around 170k are necessary to hold a preparatory workshop for consultants to countries.</li> </ol>	<ol style="list-style-type: none"> <li>Following Stop TB-GFATM workshop (22-26 Nov'04), the framework and examples of applications will be published for distribution/ web (<i>DEWG</i>)</li> <li>Coordinate briefings for TRP members (<i>Secretariats WGs</i>)</li> <li>Compile and coordinate existing information and studies from partners (USAID; GFATM), related to funding-flow, implementing programs, etc (<i>Secretariat</i>)</li> </ol>	2.04/1a
<b>4.3 TB and Poverty</b>	<ol style="list-style-type: none"> <li>Board states a long-term commitment for the mainstreaming of poverty related issues in TB control activities.</li> <li>The Poverty focus in TB control must be expanded following the current strategy (Network and WHO Guide).</li> </ol>	<p>- Ensure further alignment between WHO and World Bank on the poverty guidelines (<i>WHO, WB, Secretariat</i>)</p>	2.04/2-2b
<b>4.4 National partnerships</b>	<p>National partnerships, created with strong political support, are successful in mobilizing additional resources (both domestic and international).</p> <ol style="list-style-type: none"> <li>There is need to measure the impact of the national partnerships in countries and (sub)regions as to ensure that the returns justify the costs and efforts.</li> <li>Include HIV/AIDS programmes and activities in the formation of a national partnership to stop TB.</li> </ol>	<p>- Measure impact of national partnerships (<i>Secretariat</i>)</p>	2.04/3-3b
<b>4.5 High Level Missions</b>	<p>There is need to improve the structure and the procedures for High Level Missions (HLM) to ensure its optimal strategic benefit for countries and to address decision makers in the global political</p>	<ol style="list-style-type: none"> <li>Establish high level mission sub-committee (<i>HLM Sub committee</i>)</li> </ol>	2.04/4

	<p>area.</p> <ol style="list-style-type: none"> <li>1. Board established a sub-committee to formulate the process and procedures for a High Level Mission, chaired by Francis Omaswa, with Miake Bilenge, Irene Koek.</li> <li>2. Board proposes that high level missions focus on the 8 countries with most missing cases, considering that both China and India have been addressed in 2004.</li> </ol>	<ol style="list-style-type: none"> <li>2. Develop guiding principles and plan of action in consultation with DOTS Expansion WG (<i>Secretariat</i>)</li> </ol>	
<b>5. Global Partnership issues &amp; Planning</b>			
<b>5.1 Second Global Plan to Stop TB</b>	<ol style="list-style-type: none"> <li>1. Board endorses key features, development of projections to inform planning process, and strategic directions based on the recommendations of the 2<sup>nd</sup> ad hoc committee on the TB epidemic, and recommends that the Plan should be framed as part of overall progress towards the 2050 goal of eliminating TB as a global public health problem.</li> <li>2. Board requests each WG to a) Develop plans (2006-2015) in contribution to the global plan, b) Identify a focal point from the WG, c) Identify resource needs for planning</li> <li>3. Board proposes launch of Global Plan in late 2005 either as a stand-alone event or in conjunction with one of the following events: the Coordinating Board meeting, the proposed heads of state summit on TB, or at the time when the Partnership reports on progress towards the 2005 targets.</li> <li>4. Board endorses approach of advocacy champions, suggestions: Nelson Mandela, Amartya Sen, Kofi Annan, Bono</li> <li>5. Board endorses dissemination of Global Plan advocacy messages to key constituencies, including HIV/AIDS</li> </ol>	<ul style="list-style-type: none"> <li>- Planning meeting with the WGs and further coordination of the planning process (<i>Secretariat</i>)</li> </ul>	2.04/10-10a
<b>5.2 Working groups: MDRTB</b>	<ol style="list-style-type: none"> <li>1. The Board acknowledges GLC is a key priority of the Partnership and plays a pivotal role in the control of MDRTB/ prevention of the emergence of resistance to 2nd line drugs</li> <li>2. Recognizes financial sustainability of GLC is at stake—donors should be mobilized to ensure the financial sustainability (including already existing funding mechanisms i.e. GFATM): estimated budget (next 3 yrs): 5 million US\$/ operations GLC</li> <li>3. Recognizes additional funding is required at country level for a) laboratory capacity strengthening, b) purchase of 2nd line drugs, c) human resource development</li> </ol>	<ul style="list-style-type: none"> <li>- Ensure fundraising for GLC as priority and urgent part of the resource mobilization plan, due to lack of finances as of mid 2005 (<i>Board and Secretariat</i>)</li> </ul>	2.04/11-11a

	4. Endorses and supports intensified coordination/ collaboration between DOTS-Plus WG, DOTS Expansion WG and New Diagnostics WG		
<b>5.3 Partners Forum Evaluation</b>	1. The Board confirms that the Forum is an important instrument of the Stop TB Partnership which needs to be meeting once every 3 years around important global issues needing endorsement and advocacy, possibly in conjunction with other global events (such as eg. GFATM Partnership Forum)	1. Conduct an online poll about the future format and date of the Forum ( <i>Secretariat</i> ) 2. Propose a concept of the next Forum (eg. Constituency engagement, break-out sessions, advocacy regarding outcomes 2005 Targets, etc) ( <i>Secretariat</i> )	2.04/12-12a
<b>6. TB/HIV Strategy</b>			
<b>6.1 TB/HIV</b>	The Stop TB Coordinating Board expressed support to 1. Advocate for more rapid acceleration of country level TB/HIV collaborative activities through high-level meetings and encouraging all Stop TB partners to take up TB/HIV issues, 2. Mobilizing and/facilitating the flow of resources from funding agencies to where they are needed at the District level, considering need to strengthen health systems and address absorption capacity constraints 3. Support to the Working Group's country implementation and advocacy efforts.	1. Use health and HIV forums as opportunities for advocacy for TB ( <i>donor, multilateral, ACWG</i> ) 2. Close collaboration with DFID on preparations G8 Summit ( <i>TB/HIV WG, ACWG, DFID, Secretariat</i> ) 3. Operational research and monitoring of TB/HIV policies ( <i>TB/HIV WG</i> )	2.04/19
<b>6.2 Moving technologies for rapid detection of TB in HIV/AIDS patients</b>	Board encouraged further development as presented.	- Plans and activities to be brought forward ( <i>FIND/Diagnostics WG</i> )	
<b>7. Resources &amp; administration</b>			
<b>7.1 Resource mobilization Plan</b>	Board adopted plan with following adjustments and recommendations: 1. Split actions for \$40 million and \$3.7 billion 2. Gather information on domestic spending for TB using National Health Accounts, etc. 3. Revamp resource mobilization directory 4. Strongly endorse need to put more resources behind resource	1. Revise the plan with adjustments and recommendations ( <i>Secretariat</i> ) 2. Evolve the Resource mobilization Taskforce to an Advisory Group ( <i>Taskforce</i> )	2.04/5-5a

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	mobilization, and strengthen secretariat in this regard	3. Be available for specific Stop TB resource mobilisation events/activities ( <i>All CB Members</i> )	
<b>7.2 Ethical guidelines</b>	<ol style="list-style-type: none"> <li>1. Adopt the ethical guidelines as a framework</li> <li>2. Clarify that guidelines cover cash and in-kind contributions</li> <li>3. Add a note to specifically state that prior to their acceptance in-kind contributions must be assured to do no harm</li> <li>4. Establish a review committee–Secretariat has flexibility to call on Review committee as deemed necessary</li> </ol>	- Establish a review committee ( <i>Secretariat</i> )	2.04/6-6a
<b>7.3 Trust Fund taskforce</b>	<ol style="list-style-type: none"> <li>1. Endorse the Operating Principles of the Stop TB Trust Fund at the WB</li> <li>2. Move ISAC money from the WB Trust Fund to WHO interim TF and allocate it to countries ASAP</li> <li>3. Transfer GDF money in the WB Trust Fund directly to IAPSO at no additional fee</li> <li>4. Finalize the definitive Stop TB Trust Fund at WHO and agree an admin fee for it– ideally at no more than 6%</li> </ol>	<ul style="list-style-type: none"> <li>- Negotiating team to be meeting with WHO for permanent Trust fund negotiations, beginning Nov'04 (<i>Negotiating Committee, Secretariat</i>)</li> <li>- Move the ISAC funding currently in the Trust Fund to countries (<i>Secretariat</i>)</li> </ul>	2.04/7-7a
<b>7.4 Poverty Reduction Strategy Papers</b>	<ol style="list-style-type: none"> <li>1. Develop toolkit–country focused, and ensure coordination with similar efforts in child health, malaria, etc.</li> <li>2. Bring toolkit effort together with Poverty Network–coordinate action and guideline development</li> <li>3. Actively 'advocate' Stop TB within the finance platforms (WB), donor platforms (EU, G8), and MDG processes</li> </ol>	- Actively advocate TB within the respective forums ( <i>WB, donor platforms–EU, G8, and MDG</i> )	2.04/8
<b>8. Advocacy, Communication, Social Mobilization Working Group</b>			
<b>Rationale, Purpose, Structure and operations</b>	<ol style="list-style-type: none"> <li>1. Feedback on formation process, structure, key priorities</li> <li>2. Technical WG chairs need to assign focal points to ACWG</li> </ol>	- Change the TOR, specifically the terms of chair/vice-chair ( <i>ACWG Secretariat</i> )	2.04/13-13a
<b>9. Standards for TB drug supply</b>			
	<ol style="list-style-type: none"> <li>1. The CB approved the need for Global Standards for Drug Supply</li> <li>2. The patient should expect certain standards when it comes to drug supply.</li> <li>3. Including these standards into programme reviews and other monitoring missions will help identify and prioritise where</li> </ol>	- Standards need to be a consensus from all the Stop TB partners and a consensus meeting and writing group should be established ( <i>GDF Secretariat</i> )	2.04/9

	support is needed		
<b>10. Utilization of Partnership resources</b>			
<b>Financial situation, budget/ plans 2005</b>	The Board adopted the Interim financial report		2.04/20-20a
<b>11. Closing</b>			
<b>11.1 Evaluation process Executive Secretary</b>	After a year in position, the CB is to advise WHO on performance and possible improvement of functioning of the Stop TB Partnership, Executive Secretary.	- Executive committee members to receive feedback by 15Nov'04 and pass them on to WHO ( <i>All CB members</i> )	
<b>11.2 Next Board meeting</b>	Next board meeting: - Board agreed on the importance of Board meetings venue linked to a political/ financial mobilisation opportunity and engagement of high-level officers (President, ministers) of host-country or host-agency	- Spring meeting suggested in a) Brussels, linked to EU/EC, b) London, hosted by DFID, c) NY, hosted by GATB ( <i>Secretariat to finalize</i> ) - Fall meeting Nov'05 in Assisi, Italy hosted by Stop TB Italy	
<b>11.3 Announcements</b>	- Uganda partnership will be formally launched on the 10th of December - GFATM Board meeting taking place in Arusha (15-16 Nov '04)		