



SESSIONS - PRESENTATIONS	DECISIONS	ACTIONS	STATUS
<b>1. Administrative Session</b>			
	<ol style="list-style-type: none"> <li>The agenda was adopted.</li> <li>The draft decisions and action points of the 13<sup>th</sup> Stop TB Partnership Coordinating Board were accepted.</li> <li>The Board endorsed the re-election of Irene Koek as Chair for two more years (it will be her final term as Chair).</li> </ol>		
<b>2. Opening Session</b>			
	<ul style="list-style-type: none"> <li>Welcomed the participation of the First Lady Suzanne Mubarak.</li> <li>Welcomed the launch of the Stop TB Regional Partnership for EMRO.</li> </ul>		Done. EMRO Partnership launched with seed funding
<b>3. Case Detection</b>			
Improving rates.	<ul style="list-style-type: none"> <li>Recognized that TB case detection rates can be improved.</li> </ul>	<ul style="list-style-type: none"> <li>Country-level ACSM Sub Group to strengthen capacity of community based organizations to expand TB case detection [Country-level ACSM Sub Group].</li> <li>Requested STAG return to the Coordinating Board with technical guidance on actions to improve case detection [STAG].</li> </ul>	Discussed at STAG 2008 Meeting.  Recommendations in Annex I
<b>4. Roundtable with Countries</b>			
Progress and challenges.	<ul style="list-style-type: none"> <li>Noted and thanked the presentations by Afghanistan, India and Tanzania on progress</li> </ul>	<ul style="list-style-type: none"> <li>Additional countries should present at future Board meetings.</li> </ul>	TB-HIV Roundtable Session 2.08-12.0



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	<p>and challenges on the implementation of the Global Plan.</p> <p>AFGHANISTAN</p> <ul style="list-style-type: none"> <li>• Agreed to continue helping Afghanistan to maintain progress achieved.</li> <li>• Agreed to support Afghanistan in its' search for fresh resources and encourages donors to discuss bilaterally with Afghanistan authorities.</li> </ul> <p>INDIA</p> <ul style="list-style-type: none"> <li>• Agreed with requests and asked the Secretariat to ensure these requests are addressed by the pertinent Partnership actors.</li> </ul> <p>TANZANIA</p> <ul style="list-style-type: none"> <li>• Agreed with requests from Tanzania and asked TBTEAM and the Global Laboratory Initiative to provide the needful.</li> </ul>		
<b>5. External Evaluation</b>			
Results and recommendations.	<ul style="list-style-type: none"> <li>• Formally accepted the final report and results of the External Evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• Instructed the Secretariat to prepare a response to the External Evaluation [Sec].</li> </ul>	Done. Executive Committee Minutes incl. External Evaluation response Document 2.08-14.3.
<b>6. Closed Session</b>			
	<ul style="list-style-type: none"> <li>• Postponed session until next Coordinating Board meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• To be on agenda in Tanzania [Board].</li> </ul>	Postponed to the following Coordinating Board Meeting.



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<b>7. External Evaluation</b>			
Recommendations.	<p><b>Recommendation 1</b></p> <ul style="list-style-type: none"> <li>Agreed to establish objectives and timeframe to update the Global Plan, at least every three years.</li> </ul>	<p><b>Recommendation 1</b></p> <ul style="list-style-type: none"> <li>Update the Global Plan at least every three years [Sec].</li> <li>Present a progress report on the Global Plan at the Partners' Forum, (Rio de Janeiro, Brazil) 23 - 25 March 2009 and discuss the proposed update.</li> </ul>	<p><b>Recommendation 1</b></p> <p>Update in process. Ready for Partners' Forum. ExCom Minutes Document enclosed 2.08-14.3.</p>
	<p><b>Recommendation 2</b></p> <ul style="list-style-type: none"> <li>Decided there is no need to develop a Partnership-level specific strategy.</li> </ul>	<p><b>Recommendation 2</b></p> <ul style="list-style-type: none"> <li>Clearly communicate priorities for existing strategies as articulated in the Global Plan and/or Stop TB Strategy [Sec].</li> </ul>	<p><b>Recommendation 2</b></p> <p>ExCom Minutes Document 2.08-14.3.</p>
	<p><b>Recommendation 3</b></p> <ul style="list-style-type: none"> <li>Decided the advocacy and communication unit in the Secretariat should be scaled up.</li> </ul>	<p><b>Recommendation 3</b></p> <ul style="list-style-type: none"> <li>Proposal from Secretariat on expansion plans to be discussed at next Board meeting [Sec].</li> </ul>	<p><b>Recommendation 3</b></p> <p>ExCom Minutes Document 2.08-14.3.</p>
	<p><b>Recommendation 4</b></p> <ul style="list-style-type: none"> <li>Noted that TBTEAM already provides technical assistance. Decided that an expanded TBTEAM is required to adequately deal with demands from countries and identify resources required.</li> </ul>	<p><b>Recommendation 4</b></p> <ul style="list-style-type: none"> <li>TBTEAM to present their vision for expansion [TBTEAM].</li> </ul>	<p><b>Recommendation 4</b></p> <p>Agenda item 2.08-4.0</p>



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	<p><b>Recommendation 5</b></p> <ul style="list-style-type: none"> <li>Agreed to continue to operate GDF in its current form.</li> </ul>	<p><b>Recommendation 5</b></p> <ul style="list-style-type: none"> <li>GDF to work with MDR sub group to increase actions on quality assurance for drug procurement [GDF &amp; MDR sub group].</li> <li>Use advocacy to address quality assurance on drug procurement at a political level [Partnership].</li> <li>GDF to broker technical assistance, capacity building and procurement activities [GDF].</li> </ul>	<p><b>Recommendation 5</b></p> <p>ExCom Minutes Document 2.08-14.3. In progress</p>
	<p><b>Recommendation 6</b></p> <ul style="list-style-type: none"> <li>Agreed to continue to operate GLC recognizing that GLC needs to be maintained at sufficient human resource strength to meet growing demand.</li> </ul>	<p><b>Recommendation 6</b></p>	<p><b>Recommendation 6</b></p> <p>Agenda item 2.08-9.0 &amp; 2.08-10.0</p>
	<p><b>Recommendation 7</b></p> <ul style="list-style-type: none"> <li>Postponed decision to Fall Coordinating Board on the restructuring of WG.</li> </ul>	<p><b>Recommendation 7</b></p> <ul style="list-style-type: none"> <li>Review WG requirement based on McKinsey criteria [Ex. Comm].</li> <li>Groups wishing to become Working Groups should provide to the Board a written summary including three year operating objectives by July 15<sup>th</sup> (template to be prepared by the Secretariat) [WG &amp; sub groups].</li> <li>Executive Committee to evaluate WG proposals and return to Fall Board meeting with recommendations [Ex</li> </ul>	<p><b>Recommendation 7</b></p> <p>Agenda item 2.08-3.0</p>



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		Comm]. <ul style="list-style-type: none"> <li>ACSM Working Group and Secretariat work together to clearly define respective roles and comparative advantage going forward [ACSM WG &amp; Sec].</li> </ul>	
	<b>Recommendation 8</b> <ul style="list-style-type: none"> <li>Agreed with principle to increase performance transparency but noted that much was already in place.</li> </ul>	<b>Recommendation 8</b> <ul style="list-style-type: none"> <li>Publish update of the Global Plan every three years [Sec].</li> </ul>	<b>Recommendation 8</b> Progress Report to be issued for Partners' Forum Agenda item 2.08-12.0
	<b>Recommendation 9</b> <ul style="list-style-type: none"> <li>Decided not to change the structure of the Board, but suggested to transition as much as possible into a constituency type Board.</li> <li>Decided that committees of the Board will be formed only for limited tasks when required.</li> <li>Noted that the procedures of Board member rotation are already in place and should be implemented.</li> </ul>	<b>Recommendation 9</b> <ul style="list-style-type: none"> <li>Develop a process and operating procedure to further strengthen Board constituencies [Board].</li> <li>Circulate Board by-laws regarding CB member rotation [Sec].</li> </ul>	<b>Recommendation 9</b> Business Constituency 2.08-8.0
	<b>Recommendation 10</b> <ul style="list-style-type: none"> <li>The Stop TB Partnership will remain housed at WHO.</li> <li>The situation regarding hiring staff should be closely monitored, in order to help the Secretariat.</li> </ul>	<b>Recommendation 10</b> <ul style="list-style-type: none"> <li>Delegation of the Board to meet the WHO DG to request flexibility for STBP hiring staff [Board].</li> </ul>	<b>Recommendation 10</b> Done - agreed
<b>8. TB-HIV on the International Agenda</b>			

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<ul style="list-style-type: none"> <li>• Three I's Meeting;</li> <li>• UNAIDS PCB;</li> <li>• HIV-TB Global Leaders' Forum;</li> <li>• International AIDS Society Conference.</li> </ul>	<ul style="list-style-type: none"> <li>• Supported the "Call for Action" for the HIV-TB Global Leaders' Forum (9<sup>th</sup> June).</li> <li>• Thanked Michel Sidibe, Deputy Executive Director of UNAIDS for attending and presenting at the Coordinating Board meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure the "Call for Action" includes concrete actions (e.g. labs, indicators, etc.) [Sec].</li> <li>• Board members to reach out to ensure high level representation at HIV-TB Global Leaders' Forum [Board].</li> <li>• Update the Board on confirmed attendees at HIV-TB Global Leaders' Forum [Sec].</li> </ul>	TB-HIV Roundtable Session 2.08-13.0 Call for Action 2.08-13.1
<b>9. TB Alliance</b>			
Dialogue with new chairman.	<ul style="list-style-type: none"> <li>• Thanked the new CEO of TB Alliance, Dr. Jerome Premmereur, for the presentation.</li> </ul>	<ul style="list-style-type: none"> <li>• Dr. Premmereur to act as interim Chair of the Working Group on New TB Drugs until the stakeholders appoint a new Chair at the annual meeting of the Working Group.</li> </ul>	To be confirmed
<b>10. Annual Report 2007</b>			
Annual Report 2007 and Implementation of Work Plan 2008.	<ul style="list-style-type: none"> <li>• Noted the draft Annual Report 2007.</li> </ul>	<ul style="list-style-type: none"> <li>• Comments on draft Annual Report to be sent to Partnership Secretariat by end of May [Board].</li> </ul>	Done
<b>11. Partners' Forum 2009</b>			
The countdown begins...	<ul style="list-style-type: none"> <li>• Recognized the need to ensure resources are available to support the participation of relevant participants who would otherwise be unable to attend.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish Steering Committee to work with Secretariat and National Organizing Committee [Sec].</li> <li>• Feedback on proposed agenda and detailed plan be sent to Secretariat [Board].</li> </ul>	Done Agenda item 2.08-6.0



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<b>12. XDR-TB Task Force</b>			
Update on actions.	<ul style="list-style-type: none"> <li>Supported the recommendations from the Second Meeting of the XDR-TB Task Force.</li> <li>Requested advocacy and high level mission to raise profile of MDR and XDR TB.</li> </ul>	<ul style="list-style-type: none"> <li>XDR-TB Task Force to strategically plan the proposed meeting in early 2009 with 27 priority countries in light of the Partners' Forum (23-25 March 2009).</li> </ul>	Done Meeting planned 1-3 April in Beijing Agenda item 2.08-9.0
<b>13. Coordinating Board Meetings 2008</b>			
Tanzania. Global Fund.	<ul style="list-style-type: none"> <li>Endorsed location of Fall Coordinating Board meeting, Tanzania, early October 2008.</li> </ul>	<ul style="list-style-type: none"> <li>Commence planning for Tanzania Coordinating Board Meeting, pending final confirmation of dates [Sec].</li> <li>Letter to be sent to the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria requesting TB be on the agenda of the next Global Fund Board meeting [Sec].</li> <li>Follow-up on the issue of a Stop TB Partnership seat at the Global Fund Board meeting in India [Board &amp; Sec].</li> </ul>	Done
<b>END</b>			



## **ANNEX I - STAG 2008 Recommendations**

### **Next steps for analysis and action to expand early and full case detection**

#### **STAG-TB:**

- Is concerned that a large proportion of TB cases are still not notified under quality assured TB programmes, and that many patients are diagnosed after long delays.
- Notes that several countries that have reached the 70% case detection and 85% treatment success targets set for 2005 are not seeing the anticipated rate of decline in TB incidence and prevalence. STAG acknowledges that there is a need to aim for early case detection of all TB cases in order to effectively cut transmission.
- Recognizes that the Stop TB Strategy includes essential approaches that could help achieve full and early case detection, and that there is a need to prioritize actions based on country context; it also recognizes the need to review and further document the effects and cost-effectiveness of more intensified contact investigations (beyond children in households with a sputum smear positive TB case) and more active screening for TB in additional high risk groups (beyond people living with HIV).
- Emphasizes that a requirement for intensifying active case finding is to first ensure access to quality TB diagnosis and treatment across all sectors of the health system.

#### **STAG-TB recommends that WHO:**

1. Emphasize, in support to countries, that National TB Programmes must aim for early detection and treatment of all TB cases in order to achieve epidemiological impact targets.





14<sup>th</sup> Stop TB Partnership Coordinating Board Meeting  
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**MEETING REPORT**

2. Continue to develop the draft framework for case detection analysis and interventions to enhance early and full case detection in countries, ensuring that it is fully aligned with the framework for improved TB surveillance developed by the Impact Measurement Task Force.
3. Stimulate research to further inform the development of the framework, as well as any required future revision of the Stop TB Strategy, including:
  - a. Assessment of the impact of lab strengthening, public-private mix (PPM) approaches, TB/HIV joint interventions, the Practical Approach to Lung Health (PAL), health communication strategies and community involvement on case notification and diagnostic delay;
  - b. Re-assessment of the "TB symptomatic" definition and indication for TB screening through analyses of the sensitivity, specificity of different constellations of symptoms, signs, and risk factors;
  - c. Systematic review of previous experiences of active case finding strategies in countries, e.g. in the European region;
  - d. Analysis of the effectiveness and cost-effectiveness of different approaches, including active case finding in different risk groups.
4. Apply and assess the suitability of the draft framework to selected priority countries.