

**STOP TB PARTNERSHIP
COORDINATING BOARD MEETING
NEW DELHI, 22 – 23 MARCH 2004**

SUMMARY OF DECISIONS AND ACTIONS

Nr.	Title	Decisions	Comments
1.04/01	Achievements of the Partnership in 2003	Report received and endorsed	<ul style="list-style-type: none"> – Secretariat to provide trend of joining partners since 2001 – USAID missions use GDF standard for drug procurement advice – Link with GFATM & HIV/AIDS
1.04/02	Financial Report 2003	Report received and accepted with endorsement	
1.04/03	Proposed Financial Policy	Proposed financial policy approved, provided that all funds are deposited in interest bearing accounts and that an ethical policy for accepting financial assistance is developed	<ul style="list-style-type: none"> – 10% of received funds in reserve – Grants can be disbursed as part of workplan and on the basis of available cash and firm commitments and up to 75% of reserve by Executive Secretary – Policy on grants and ethics in next meeting
1.04/04	Overview of analysis of the external evaluation	Recommendations in original or reworted format accepted and endorsed, except #43	Recommendation #43 rejected
1.04/05	Board mission & function	Recommendations accepted	Add oversight function for the Trust F.
1.04/05	Board structure	Proposed structure accepted with modifications: <ul style="list-style-type: none"> – UNAIDS invited to become member on rotation basis – GFATM to become CB member – Rephrase “people” to “communities” representatives 	<ul style="list-style-type: none"> – Regional representatives without specific preference, but assuring some representation from non-HBCs.

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1.04/05	Executive Committee	<p>Establishment and functions of Executive Committee (EC) endorsed with following additional point:</p> <p>Emergency decisions can be made by the EC, subject to final ratification by full CB during first next meeting afterwards.</p>	<ul style="list-style-type: none"> - Chair of CB = chair of EC - EC must be fair representation of CB - Decision making by email, (if issued under “no response =no objection”: follow up by telephone notification or confirmation of receipt) - EC reporting duty of minutes by email to all CB members
	Delegation of authority	Executive Secretary can decide on funding recommendations from the TRC, cases with significant policy issues must be brought to the EC	<ul style="list-style-type: none"> - Decisions are guided by the new financial policy - Disbursement from unearmarked donations are guided by workplan priorities
1.04/05	Working group processes	Recommendations endorsed	The timeframe for the Second Global Plan should be deleted from text
1.04/06	Outstanding issues of the external evaluation	<p>#34 determine criteria for constituency representation, guidelines to be developed by the STB Partnership secretariat</p> <p>#56 endorsed</p> <p>#63 Spirit of proposed statement regarding reporting structure to be included in MOU with WHO (2004)</p> <p>#64 Request to WHO to apply parity of treatment for partnership secretariats of STB and RBM regarding position and rank of STB Partnership Executive Secretary. CB to write a letter to WHO requesting D grade for Exe Secretary, without need for new selection.</p>	<ul style="list-style-type: none"> - Transparency in selection of representative based on comparative advantage and added value to the partnership - Constituency representation assured by input from and feed back to constituents - Performance review of Executive Secretary by CB on agenda of next CB meeting, for recommendation to WHO (PMDS)

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1.04/07	Proposed action and monitoring response to the evaluation,		
	<i>Procedural</i>	Proposed actions endorsed	
	<i>Structural</i>	Proposed actions endorsed	<ul style="list-style-type: none"> – (Action 9) Alternative to “post mortem” needed as partnership is alive and kicking – (Action 14) Alternative term for “ad hoc” will appeal better to outsiders (Montreux Committee?)
	<i>GDF</i>	Proposed actions endorsed	
	<i>TB control</i>	Proposed actions endorsed	(Action 16) Replace Local Fiduciary Agent (LFA) by Principal Recipient (PR)
	<i>Regional/ national partnerships</i>	Proposed actions endorsed	TB Poverty included as Network for Action part of DOTS Expansion WG
	<i>Global co-ordination</i>	Proposed actions endorsed	(Action 19) Liaison-RBM at the moment premature, liaison-3X5 via GFATM
1.04/08	Update Resource Mobilisation	Update appreciated	<ul style="list-style-type: none"> – Need for ethical policy on donations – WGs financial needs included in priority setting process (based on Global Plan) for allocation of funds – Add Recipient countries – Identify donor needs thru’ focal group discussion
1.04/13	Scaling up quality	No decision was made as the establishment of a specific line item in the STB Partnership Secretariat was not further discussed.	<ul style="list-style-type: none"> – Quality programmes have good TA – Use GFATM funding for TA (also retrofitting previous grants) – TA from recipient countries can be valuable and is cost effective

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1.04/09	Advocacy and Communication	Establishment of Working Group on Advocacy and Communications endorsed. Develop and approve necessary TOR (incl. governance procedures) within the WG	<ul style="list-style-type: none"> - Need for advocacy skills must be more prominent than TB technical skills development - Representatives from other WGs must participate in A&C WG and Resource Mobilisation Task F. - Need for more frequent special events - Train journalists in TB - Include other non-TB partners in countries
<i>chair</i>	<i>What are our messages?</i>	<i>Expert Group to draft unified core messages with input from all WGs (proposed chair Nina Schwalbe)</i>	<ul style="list-style-type: none"> - <i>Ask for larger amounts of \$\$</i> - <i>Talk AIDS = Talk TB (link with Bangkok Meeting June 2004)</i>
1.04/10	Evolution of Global Drug Facility	Proposed expansion as part of the evolution of the GDF is approved under caution: <ul style="list-style-type: none"> - Diagnostics on pilot basis - Consultants services on a limited basis to be further defined 	Call for ambitious and aggressive fund raising campaign to sustain GDF's commendable contribution to the achievement of the target of the Global Plan to Stop TB
1.04/10	Guidelines on donations	Drug donations guidelines approved but must include a review of potential discouraging medium and long term impacts on local investors and drug manufacturers	
<i>chair</i>	<i>Announcements</i>	<i>DFID funds 1 million £ for STB Partnership secretariat for 2004 WB will issue soon RFP for Poverty Analysis</i>	<i>Longer term DFID funding for STB is to be decided later</i>
USAID	<i>Life Extending Treatment (LET)</i>	<i>The concept of this LET initiative was endorsed as desirable to establish more holistic care for PWLA, provided that technical details and intervention modalities are based on best practices and broad technical consensus.</i>	<i>Take note of unintended side-effects</i> <ul style="list-style-type: none"> - <i>LET does not replace ARV</i> - <i>TB component in line with DOTS</i> <i>Do extensive pre-launch consultations with broad spectrum of the public health interests involved</i>

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<i>chair</i>	<i>CB Governance</i>	<p><i>Vice chair election October 2004, Chair election October 2005</i></p> <p><i>STB participation in Bangkok Meeting (AIDS) will be prepared by sub group of CB</i></p> <p><i>Appreciation for provided support by leaving members as per rotation schedule for CB members</i></p> <p><i>DFID (Bilaterals), OSI (NGO/Foundations), Nigeria & Philippines (HBC), P.R. Narayanan (SEAR), E. Raheem (EMR)</i></p>	<ul style="list-style-type: none"> – <i>Prof. Omaswa is available to continue as Vice Chair until October 2004</i> – <i>Netherlands will replace DFID</i> – <i>OSI will be replaced by an representative selected by constituents</i>
1.04.11	Intensified Support for Action in Countries (ISAC)	The endorsement for ISAC was reconfirmed as vital catalytic action to accelerate DOTS expansion	<ul style="list-style-type: none"> – ISAC = partnership product – ISAC Involves more than just TA
1.04/12	Global Fund to Fight AIDS TB and Malaria	MOU is appreciated as an important step towards more structured collaboration between the STB Partnership and the GFATM.	Careful scrutiny on the actual wording of the current MOU will enhance easy processing towards conclusion and signature
1.04/14	Trust Fund	<p>The principles of the proposed trust fund arrangements based upon the so called APOC model (a trust fund at the World Bank which would be called upon by WHO to fund expenditure incurred by WHO through a separate trust fund in WHO books) was endorsed. An administrative charge for services provided by WHO would have to be negotiated.</p> <p>This new arrangement with WHO would allow for full transparency of all transactions undertaken by WHO in accordance with the work plan and budget approved by the Co-ordinating Board.</p>	<p>This STB fund at WHO can be a sub-account of the Voluntary Fund for Health Promotion, that normally pools earmarked contributions. There are no charges in setting up such sub-account. The fully transparent alternative is a completely separate fund within the WHO accounting system.</p> <p>The flow of funds under the “APOC” model arrangement is from the WB Trust Fund to the STB fund at WHO (initial costs are USD. 10,000 + USD. 20,000 for annual external audit services). Fee for service charges are based on actual costs.</p>