Stop TB Coordinating Board Meeting

19–21 February 2002

Osaka, Japan

Photo: Ger Steenbergen

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Opening

Dr Nakatani extended a warm welcome to participants of the Stop TB Coordinating Board Meeting. He noted that tuberculosis (TB) continues to be an important threat to socioeconomic development in the Asian region; and that at the Kyushu-Okinawa Summit in 2000 the G8 leaders had committed themselves to efforts to tackle TB, malaria and HIV/AIDS. Emphasizing the need to maintain momentum, Dr Nakatani expressed the hope that the meeting would present an opportunity to gather together expert opinions and review the strategy for tackling TB around the world.

Progress of Global Partnership to Stop TB and GFATM

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provides an opportunity to mobilize additional donor resources and expand country capacity, specifically related to the three diseases.

The relationship between the Stop TB Partnership and GFATM was explored and clarified. The potential for duplication and overlap was signalled, and the Board emphasized the importance of communicating lessons from the Partnership to GFATM to prevent 'reinventing the wheel'. The Partnership could function as a mobilizer for GFATM. Key strategies and functions of the Stop TB Partnership, and specifically the Global Plan to Stop TB, need to be communicated to the Board of GFATM. Members of the Board of Stop TB, especially the donor representatives of countries/regions, were asked to continue their active support of the relationship between Stop TB and GFATM.

Nominations to the Technical Review Panel of GFATM were discussed. In relation to the review proposals, it was suggested that tuberculosis be included as part of the HIV/AIDS review criteria.

Currently, country proposals are being prepared for GFATM. Country assistance from WHO was applauded, and further pro-active assistance was recommended to expedite outcomes.

Decision and action points

1) ***Relationship between Stop TB Partnership and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)***

   Dialogue and collaboration has been identified as crucial to ensure coordinated support to countries through the Stop TB Partnership and the GFATM. This will avoid overlap in activities.

   a) A letter from the Chair of the Stop TB Coordinating Board will be sent to GFATM (cc: GFATM members, GAVI, RBM and HIV/AIDS Board chairs and Stop TB Coordinating Board members). *Action: Secretariat to draft*

   b) Communication will be initiated with the Executive Secretary (Dr Andersen) and the Chair (Minister Kiyonga). *Action: Dr Omaswa and Dr Lee*

c) The relationship between the Stop TB Partnership and GFATM should be included as an agenda item for the next meeting of the Board of GFATM. *Action: Stop TB Board members and Executive Secretary*

2) *GFATM Technical Review Panel*

a) A list of TB nominations was discussed and endorsed by the Board. The Stop TB Chair and Executive Secretary will send the recommendations from the Stop TB Board to GFATM. *Action: Secretariat to contact nominees, finalize list and draft letter* (*Done)*

3) Accelerated country proposal, plans and action to Stop TB

Using the opportunity of GFATM, the Board required accelerated support to country planning for Stop TB, especially for countries that need further assistance. Specific elements of support were identified, to be set out against a timeline: (a) Political will and advocacy; (b) Technical Assistance, acknowledging the importance of country ownership; (c) Finances and funding; (d) Mobilizing people on the ground. *Action:*

a) *DOTS Expansion working group to take quick action in supporting countries, if appropriate, with application to GFATM before 10 March 2002.*

b) *Dr Raviglione and Secretariat to map out the specific action for country support, and send to the Board on Monday 25 February 2002. (Done)*

c) *Chair of the Board and Secretariat to contact individual Board members and Stop TB Partners for assistance in countries identified for support.*

d) *DOTS Expansion working group to monitor high-burden country spending on TB, especially highlighting those countries that have increased national resource levels (e.g. Pakistan).*

Progress in the Stop TB Global Partnership and Working Groups

Decision and action points

4) Stop TB Partnership Secretariat report and action steps

The Board reviewed the progress of the partnership and the current status of global TB control, with 27% case-detection rates using DOTS.

a) The Board concluded that an annual report should be developed reflecting the "State of global efforts to Stop TB". *Action: Secretariat to expand the Secretariat annual report into a comprehensive document, including Working Group reports. From 2003 onwards, such a report will be distributed on World TB Day, 24 March. The 2002 report will be finalized by May/June 2002.*

b) The Secretariat is requested to develop multi-year income statements to be presented to the Board. *Action: Secretariat to prepare financial statement 2002 with multi-year information.*

5) Progress of Stop TB Working Groups

The progress of the working groups was noted and commended. The Board noted that more cross-talk is needed between the control and research groups. In scaling up and adapting

DOTS, the supporting role of research and tools needs to be clarified (e.g. diagnostics for TB/HIV detecting latent TB infection, etc.).

Action: Annual measurable targets are requested from each working group

a) *DOTS Expansion.* The current global targets to Stop TB were discussed. The Board requested more work on easily understandable messages and interpretation of technical terms/impact of TB epidemic, for example the number of deaths averted and lives saved. *Action: Secretariat with Ms Schwalbe and Dr Broekmans*

b) *MDR-TB DOTS Plus.* The Board supports further surveillance of MDR-TB, and requested the next report on drug resistant surveillance to be presented in 2003.

c) *Research (New drugs, Vaccines, Diagnostics).* The Board requested that the three research groups convene before the next meeting of the Board, and to present at this meeting a summary on short-term results, progress indicators, and support needed from the Stop TB Partnership.

6) Next Steps Global Partnership

Several documents were presented to enhance further progress of the Global Partnership:

a) Selection, Classification, Acceptance of Stop TB partners. The need for Selection, Classification, Acceptance of Stop TB partners was endorsed. The Board requested simplification of the document and its presentation in less legalistic terms. *Action: Secretariat to revise draft with input from Ms Schwalbe and Dr Billo, and then circulate the draft to the Coordinating Board*

b) Building National Partnerships. The draft paper was discussed and specific comments made. *Action: Secretariat to revise document and disseminate to National TB programmes and partners of the DOTS Expansion working group.*

7) Stop TB Coordinating Board

Dr Nils Billo presented how the Board could further progress as a catalyst for action, ensuring a balance of Stop TB Partnership activities. He outlined that the Board can be more actively involved in the activities of the Stop TB Partnership, the Secretariat, and where working group activities need to be complemented. *Action: Discussion of the Board working committee to clarify expansion of the Board and its specific tasks. The Board requested the Secretariat to continuously provide plans/specific tasks on how and where Board members can be supportive*.

Operationalizing the Global Plan to Stop TB

Ms Nina Schwalbe presented the status of the production of the Global Plan to Stop TB, which will be finalized by World TB Day*. Action: Secretariat to prepare a distribution plan to ensure widespread availability of the Global Plan to Stop TB.*

Decision and action points

8) Financing issues for the Partnership

The Board discussed financing issues for the Partnership and decided upon the following:

a) Foundation-to-Foundation and Business-to-Business contacts to broaden support to the Partnership.

b) The Board endorsed continued work on 'workplace guidelines' and business involvement, and requested the Secretariat to continue to collaborate with WEF on these issues.

c) The Secretariat was requested to actively reach out to the Global Business Council for HIV/AIDS to have TB adopted on their agenda.

d) The Board supported the elaboration of a Partnership workplan on finance.

e) The Board supported enhanced informal collaboration with sister alliances such as RBM, GAVI and HIV-AIDS programmes. One of the issues for collaboration is collaboration with GFATM Secretariat on general issues of synergy, complimentarity, and how this may be practically realized.

9) Next steps in resource mobilization

Dr Gijs Elzinga presented the paper on next steps in resource mobilization, which was commissioned by a working group of the Board at the Annapolis meeting.

a) The Board will guide and recommend fundable elements of the Global Plan to Stop TB. It is the responsibility of the Coordinating Board to set priorities for the Partnership.

b) The Secretariat may call on ad hoc task force(s) as it deems necessary. Such task forces should include representatives from all sectors of the Partnership. *Action: Secretariat to develop a related "Directory*"

10) Possibilities for a Stop TB account at the World Bank

The issues and conditions related to the establishment of a Stop TB account at the World Bank were presented. The Canadian International Development Agency (CIDA) outlined the possibility of disbursing additional funds to TB, if such a mechanism could be in place before end March 2002.

a) The Board supported in principal the establishment of the Stop TB account at the World Bank as an additional option to increase contributions/funds for TB, subject to agreement being worked out with WHO, donor(s) and World Bank.

Global TB Drug Facility

Presentations were made on the Annual Report 2001, the expanded Technical Review Committee (TRC) and strategic plan. Discussions related to the Global TB Drug Facility (GDF) mainly concerned governance of the expanded TRC. Discussion on the sustainability of GDF is crucial, since on a global level sustainability implies continuous funding. The achievements of the GDF over the past year were noted and appreciated. Caution was expressed at the potential of the GDF to displace existing government resources for drugs, and to adversely impact on national manufacturing capacity. The relationship with GFATM is crucial, and needs to be addressed urgently.

11) Global TB Drug Facility: progress and issues

The GDF strategic plan was endorsed with revisions and proposed changes. It was suggested that some of the discussion points raised be included in the Log Frame.

12) Technical Review Committee

The Board discussed the expansion of the TRC and decided that the TRC would continue its work concerning GDF and related matters (e.g. drug management) and expanded to include more representation from countries. The TRC should give advice on

how countries' roles and systems can be safeguarded. The proposal to include work on the ‘directory’ for the Global Plan to Stop TB in the terms of reference for the TRC was not accepted.

Strategic plan on advocacy and communications

The Board endorsed the direction of the Strategic Plan on Advocacy and Communications. Noting that the plan is ambitious and comprehensive, the Board recommended that the plan be revised into an operational workplan with clear priorities and activities. Specific issues to be further outlined include funding mechanism, operational proposals, measurable quantitative outcomes, and timelines. The Board emphasized community mobilization: local advocacy work and patient outreach. Lessons can be learned from the HIV/AIDS community. The need for clear messages and further branding of DOTS was expressed. Related to World TB Day and the theme “Stop TB, fight poverty”, some members of the Board cautioned against the unintended consequences of putting the poor in the spotlight. For the international campaign towards 2005, it was suggested that the main messages from the Global Plan to Stop TB could be used over the years. *Action: Secretariat to finalize the document and further develop the advocacy and communications strategy with assistance from Ms Schwalbe, Dr Broekmans, and UNICEF*.

13) Advocacy and Communications Strategic Plan

a) The document needs to be finalized and the strategy further developed into an annual business/workplan with budget, clearer prioritization of activities and outcomes, and staffing effort (including specified support from organizations). It was recommended that community mobilization be afforded greatest priority.
b) Initiate pilot projects in high TB burden countries related to the various community mobilization components.
a) Develop a guide to National TB Programmes (NTP) and countries on national and grassroot-level components of the communications and advocacy.
b) World TB Day: the yearlong theme development and dialogue on "Stop TB, fight poverty" was supported.

Next steps

The Secretariat will keep a log of operational issues of the Coordinating Board.

The next meeting of the Board was suggested to be held after Summer, to be announced at least three months before the meeting.

Annex 1

GFATM Technical Review Panel

Nominations from the Stop TB Coordinating Board

- Dr T. Mori, Japan
- Dr P. Fujiwara, US
- Dr J. Kim, US
- Dr J. Broekmans, NL
- Ms D. Weil, US
- Dr F. Luelmo, Arg
- Dr A. van Wijnen, NL
- Prof. D. Enarson, Can
- Dr R.Skolnik, US
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- Dr M. Ya Diul, DR Cong
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- Dr R. Chaisson, US
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- Dr S. Egwaga, Tanzania
- Dr M. Mantala, Phil
- Dr McArthur, Mozamb
- Prof. M. Gninafon, Belg
- Dr Sofola, Nigeria
- Prof. P. Chaulet, Alg
- Dr K. Shah, Pak
- Dr G.R. Khatri, India
- Dr G. Roscigno, It
- Dr K. de Cock, US
- Dr R. Colebunders, Belg

Annex 2

Stop TB Coordinating Board
Osaka, Japan
19-21 February 2002
Final Participants list

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