

**Executive Committee Call on Global Fund Board Mtg, 29 November 2016
Minutes**

Attended:	Apologies:	Secretariat
Joanne Carter (Vice-Chair) & Delia Clayton Erika Arthun Paula Fujiwara Celeste Kinsey & Pierre Blais Aaron Oxley Thokozile Phiri-Nkhoma Victor Ramathesele Cheri Vincent Diana Weil (<i>for Mario Raviglione</i>)	Amy Bloom Austin Obiefuna – connection problems	Lucica Ditiu Jenniffer Dietrich Darivianca Laloo Catie Rosado
Minutes of Discussion		Outcome & Action Points
1. Short update from the Executive Director on the Regional Workshop in India: Resource needs for TB to Accelerate Impact, 28 Nov – 2 December		
<p>The Executive Director reported that in India there is a huge commitment to push the TB agenda, including from the Prime Minister’s Office –asking for the possibility to develop a Plan to End TB by 2025.</p> <p>The Ex-Economic Advisor in the Prime Minister’s Office is now following the TB Program and has replaced Mr. A. Prakash; therefore, very likely to be the representative for India on the Coordinating Board - showing very high political commitment to clear actions related to TB.</p>	<ul style="list-style-type: none"> The Executive Committee welcomed the update. 	
2. Debrief on the Global Fund Board Meeting in Montreux, 16-17 November 2016		
<p>The Executive Director briefed the Executive Committee on the relevant Decision Points which included:</p> <ol style="list-style-type: none"> Overall allocation of funds and overall guidelines of what to fund in the three diseases. <ul style="list-style-type: none"> The week of 12 December communications will go out to countries about the overall amounts and amounts per disease, and areas of work and overall principles for application. Most countries need to go through a full review, few High Burden Countries (HBC) will go 	<ul style="list-style-type: none"> The Executive Committee welcomed the update and reiterated the Coordinating Board’s request to receive information on which countries risk leaving resources on the table. The Secretariat will provide the information when it becomes available. 	

through a program continuation process. The use of the funds in the past years will have a big influence.

For TB, HBC will be fine; however, Eastern Europe and Latin America will receive less. We will need to consider how much to support these countries in the future.

Technical Evaluation Reference Group (TERG)

During the Board Meeting there were discussions about the allocation of USD \$22 million for the TERG to fund their workplan, which includes reviews of certain countries. This will not be an easy year for those countries that also need to apply for new funding at the same time and implement. The list of countries is available.

2) KPIs

The Decision Point did not pass. Instead, an Advisory Group will be formed to work until March 2017 on the KPIs and targets. TB KPIs and targets were worked on by Stop TB, GTB and GF taking into account modelling for Global Plan and End TB Strategy. The global targets are fine, however, as other GF board members expressed, country level targets would be very important to have so that at the end it is possible to know where things really are (e.g. MDR in Nigeria).

The Partners Constituency has requested to be part of this advisory group –decision on the composition of the group is expected soon.

3) The next GF Board Meeting will be in Rwanda. The search for the new Executive Director was launched.

4) Catalytic Funding

So much work has been done around this. Stop TB was mentioned as example of how well all stakeholders were reached to inform them about this topic. The bottom line for TB is that catalytic funding is focused on finding the missing cases (in countries with most missing cases).

Catalytic Funding for TB includes the following:

1. Matching-funds

USD 115 million matching funds (sort of incentive funding) will be open to 11 countries for finding cases and treating them. Details to go out to countries by week of 12th December.

2. Multi-country

USD 65 million is allocated to continue or to have new types of regional proposals on the same topic of finding the missing cases. The amount is for a 3-year period.

3. Strategic Initiatives

USD 7 million is for vulnerable and key populations part, and USD 3 million is to scale up programs that show great impact in a project (like TB REACH). The amount of USD 9 million is for a period for 3 years.

Technical Assistance

There is a pot for technical assistance potentially for RBM, WHO, Stop TB and alike to fund their work.

There is very little information on how all of this catalytic funding will be operationalized. There is a big data initiative and a big procurement initiative that is also a focus part of the catalytic funding.

On Monday, 12th December, UNAIDS, WHO, Stop TB and RBM will meet to discuss how the TA part could be shaped.

Please note that the Situation Room will evolve: Every 3rd week of the month a call is planned that includes all partners to discuss catalytic funding, the expenditure in countries and other issues. The first of such calls will be scheduled the week of 12th December 2016.

3. GF Strategic TB Policies

The Executive Director reported that on Friday, 25th November 2016, there was a meeting with Global Fund senior leadership to discuss a policy paper on testing guidelines and tools.

Highlights from the meeting included:

- A package of care was compiled with GF colleagues to make sure that countries placing orders are up to speed with the new guidelines.
- A discussion on how to move countries to 9-months short regimens to avoid hesitation of countries to follow new regimens which includes the following:
 - 1) **Pediatrics** - Countries must be encouraged to shift immediately to pediatric formulations irrespective of existing stocks.
 - 2) **Short term regimens** - Countries must be encouraged to shift immediately to short regimens.

- The Executive Committee welcomed the update and commended Partnership's collaborative work with the Global Fund.

If a country has stock of longer regimens, it doesn't mean that countries need to wait until stocks are utilized to get people on the shorter regimens.

The Executive Committee agreed that the above actions of the Stop TB Partnership and the Global Fund represents the Coordinated Board's request that Partnership work closer with the Global Fund. The Executive Committee was also asked to provide feedback on the documents circulated prior to the meeting.