

**Executive Committee Call, 13 September 2017  
Minutes**

<b>Attended:</b>	<b>Apologies:</b>	<b>Secretariat</b>
<p>Joanne Carter (Vice-Chair) &amp; Leah Salama Erika Arthun Pierre Blais Amy Bloom Malgosia Grzemska (for Mario Raviglione) Nalini Lachance Austin Obiefuna Aaron Oxley Victor Ramathesele Cheri Vincent</p> <p>Special Guest: Mark Edington (Global Fund)</p>	<p>Apologies from: Paula Fujiwara Thokozile Phiri-Nkhoma <i>–phone out of reach</i></p>	<p>Lucica Ditiu Jenniffer Dietrich Catie Rosado</p>
<b>Minutes of Discussion</b>		<b>Outcome(s)</b>
<b>1. Global Fund matters</b>		
<p>The Executive Director gave a short introduction and Mark Edington, Division Head, Grant Management at the Global Fund was given the floor. He explained that starting in 2018, funds that are forecasted to not be distributed by the end of the year (identified through portfolio optimization) will be put aside to be reinvested into other programs. This unspent money is then allocated to “prioritized above allocation” requests – quality demand not able to be covered in the initial grant – firstly to be used within the country, and then in other countries.</p> <p>Overall, the absorption for TB globally is forecasted to be 88% for this current replenishment period, which is significantly more than it has been in the past. The largest gap is in Nigeria, where the case success rate is 17% (less than half the rate in any other country) and 85% of cases are not found. The health structure in Nigeria is unable to deliver services effectively, so the Global Fund’s current approach of relying on the health system needs to be reworked. They speak with the team in Nigeria regularly, and Mark will likely do a high-level mission there. They are also running into some challenges in the former USSR, where there is a reluctance to shift from facility-based to ambulatory care, and some procurement challenges. Finally, there have been some challenges in some high-impact countries in Africa. They had some ambitious scale-up plans particularly with MDR-TB, and some countries failed to scale up due to a variety of factors including electricity problems inadequate resource tracking.</p> <p>Mark is optimistic about absorption increasing, but ultimately, he is more focused on health outcomes than absorption. A few challenges moving forward: A) private</p>		<ul style="list-style-type: none"> <li>• The Executive Director and Mark Edington plan a high-level mission to Nigeria.</li> <li>• Mark Edington remains available for future discussions.</li> </ul>

<p>sector and the role it plays in finding/reporting missing cases – in a number of countries, they’re the first place people go, but they’re not an effective entry into the system, and B) the TB program in most countries is the oldest relative to the other diseases and tends to be the most set in its ways so it’s occasionally still difficult to make changes.</p> <p>Mark said they want to use the next few months to be clear about the root causes in each country of under-absorption and not achieving health outcomes. He noted that most grants are being signed this year, so there will be three full years of implementation – this is different from how things played out in the current grant period. He agreed that they need to be more proactive about running the data and looking for solutions, and said that they will be doing more aggressive tracking and portfolio optimization because the board doesn’t want any money left on the table.</p> <p>The Chair opened the floor for questions from Executive Committee members which were answered by Mr Edington:</p> <ul style="list-style-type: none"> <li>• Are there particular things that the Global Fund would see Stop TB doing?             <ul style="list-style-type: none"> <li>○ Raise the alarm when something goes wrong. Beyond the Secretariat, all TB partners together with the Global Fund achieve more if they act in a coordinated manner. Sometimes one or the other needs to lead, but in general, coordination makes the message stronger.</li> </ul> </li> <li>• 7 High-impact Asia countries make 60% of the TB burden (incl. India &amp; Indonesia) – moving the global needle in TB will happen as a result of performance in these countries.</li> <li>• In a lot of the larger countries the Global Fund is transitioning out of funding FLD, however GeneXpert and cartridges are covered in Global Fund grants.</li> <li>• It will be useful to receive the forecasted data on a regular basis to avoid reacting to it in the last quarter. Maybe It’s possible to have an ongoing tracking of high-impact countries?             <ul style="list-style-type: none"> <li>○ Only bi-annual information is possible because countries are required to report twice per year. However, many times the challenges in countries are not technical but rather political.</li> </ul> </li> <li>• What is the absorption capacity for Nigeria in regards to the other two diseases?             <ul style="list-style-type: none"> <li>○ Didn’t have it on hand, but will look into it</li> </ul> </li> </ul>	
<p><b>2. 30<sup>th</sup> Board Meeting in New Delhi</b></p>	
<p>The Executive Director highlighted that on the table is the proposal for the week of 12<sup>th</sup> March. Board meeting days would be Wednesday and Thursday, however site visits will be offered on Monday and an ‘India Partners Day’ on Tuesday to show the achievements of the country.</p> <p><u>Proposed Schedule:</u>  <b>Sunday</b> – Arrival  <b>Monday</b> – Board site visits in New Delhi *(Monday-Tuesday: TB REACH site visit outside Delhi)</p>	<ul style="list-style-type: none"> <li>• Dates still to be confirmed.</li> </ul>

<p><b>Tuesday</b> – Partners meeting – Dinner by private/corporate sector</p> <p><b>Weds</b> – <b>Day 1</b> Board meeting – Board Dinner (including Kochon price)</p> <p><b>Thurs</b> – <b>Day 2</b> Board meeting</p> <p><b>Friday</b> – Departure</p> <p>Other events: *Friday &amp; Saturday – possibly Lancet Commission Meeting</p> <p>More side/special events might be planned by the Secretariat and/or partners, and the Executive Committee will be kept informed on a regular basis.</p>	
<p><b>3. Governance: Review of the Governance Manual</b></p>	
<p>1. <b>Update on progress:</b> When organizing the elections for board members whose terms had come to an end, it became clear that the Governance Manual could provide more guidance in certain aspects. In general, and after an extensive desk review, clarity was improved and gaps addressed. All major changes and amendments to the Governance Manual were summarized in a document sent to the Executive Committee members in advance of the call.</p> <p>2. <b>Timeline:</b> August: Desk Review by Delia and Jenniffer (Delia on duty travel in Geneva) September: EC call to approve summary of amendments to the Governance Manual September: final review by the Secretariat internally October: review by UNOPS legal department, followed by a review of the full document in track changes by the Executive Committee November: final incorporation of feedback and changes to the Manual. And final review by the Executive Committee (if needed) December: Submission of the Revised Governance Manual to the Board for electronic approval</p> <p>3. <b>Executive Committee</b> No objection was raised to moving forward on the call for interest for the flexible seats from eligible rotating constituencies of the Board.</p>	<ul style="list-style-type: none"> <li>• Executive Committee members approved the amendments to the Governance Manual.</li> <li>• The Executive Committee gave permission to move forward with the call for interest from the Board for the Executive Committee flexible seats.</li> </ul>
<p><b>4. AOB</b></p>	
<p>Next Executive Committee Conference Call will be on 18<sup>th</sup> October 2017.</p>	<ul style="list-style-type: none"> <li>• Stop TB Secretariat to send out calendar invite.</li> </ul>