

**Report of actions following the decision points from
28th Coordinating Board Meeting, New York, USA**

	Decision Point	Action
28.1	<ul style="list-style-type: none"> The Board adopts the proposed agenda for the 28th Stop TB Partnership Coordinating Board meeting. The Board notes the progress on addressing the decision points from the 27th Stop TB Partnership Coordinating Board meeting. 	No follow-up required
28.2	<ul style="list-style-type: none"> The Board welcomes the report of the Executive Director and thanks the Executive Director and the Secretariat team for their significant work and achievements. The Board thanks UNOPS for their support and continued engagement. The Board congratulates the Stop TB Partnership for the work done to ensure a much higher profile of TB on the global and public health agenda. 	No follow-up required
28.3	<ul style="list-style-type: none"> The Board strongly supports the proposal from the Chair of the Board for a United Nations High Level Meeting on TB to be held in 2017 or 2018. The Board is committed to support and advocate to ensure this is a success. The Board thanks Her Excellency, Ms. Aisha Muhammadu Buhari, Wife of the President of the Federal Republic of Nigeria for her commitment to raise the political profile of TB. 	In December 2016, the United Nations General Assembly agreed to hold a High-Level Meeting on Tuberculosis in 2018 through a resolution endorsed by UN member states at UN headquarters in New York. The resolution was tabled by the Global Health and Foreign Policy Initiative, a UN country grouping including South Africa, Thailand, Brazil, France, Norway, Senegal, and Indonesia. The resolution calling for the UN HLM on TB was agreed unanimously by member states following a campaign led by the Stop TB Partnership and its Coordinating Board, the global TB community and Stop TB partner organizations.

<p>28.4</p>	<ul style="list-style-type: none"> • The Board recognizes the leadership demonstrated by the Government of Canada in supporting innovation and acceleration in reaching the unreached and improving treatment outcomes, and applauds the Government of Canada for their funding commitment announced in May 2016 of CAD 85 million for TB REACH for 2016-2021. • The Board thanks the Indonesia Health Fund and the Bill and Melinda Gates Foundation for the contribution to TB REACH. • The Board commends TB REACH for rapid and effective initiation of a Wave 5 call for proposals and selection process of Wave 5 grantees. • The Board recognizes and encourages the effort that will be required from the Secretariat to ensure that it can demonstrate strong, evidence-based results with the new rounds of TB REACH. • The Board notes the significant interest that the TB REACH call for proposals received with Wave 5 letters of intent of more than USD 260 million, looks forward to the Proposal Review Committee’s funding recommendations, and acknowledges the significant need for funding for innovative TB approaches at country level that this demonstrates. • The Board recommends that TB REACH continue to work intensively with national governments, the Global Fund and other donors to ensure that successful approaches identified through TB REACH investments are sustained and linked to the funding needed to achieve dramatic scale-up. 	<ul style="list-style-type: none"> • TB REACH’s independent selection committee selected a diverse portfolio of 38 Wave 5 projects (valued at USD 16 million); these were approved by Stop TB’s Executive Committee and UNOPS in Dec 2016. • All new recipients signed legal agreements and TB REACH disbursed the first tranche of funding within four months of PRC selections being announced; service delivery (and impact evaluation) will start in July 2017. • An MOU between the Global Fund and Stop TB has been signed which strengthens their coordination and collaboration towards improved quality and impact of Global Fund investments in countries be encouraging scale up of successful TB REACH projects. • TB REACH already used its funds to leverage funding from the Global Fund, US Government, European Union and Private sector to strengthen the results of TB REACH investments. • A donor contribution agreement between Stop TB/UNOPS and the National Philanthropic Trust (acting on behalf of the Indonesia Health Fund) should be signed before end Q2 2017 to support Wave 5 projects in Indonesia. • A Wave 6 call for proposals is planned to launch in Q4 2017
<p>28.5</p>	<ul style="list-style-type: none"> • The Board commends the UK Review on AMR and congratulates personally Lord Jim O’Neill, and the Review on their outstanding work to mobilize the world to take action on the critical issue of growing antimicrobial resistance including drug-resistant TB. • The Board calls on UN member states to endorse an ambitious and action based Political Declaration during the UN High-Level Meeting on AMR taking place 21st September 2016. The Declaration should recognize MDR-TB as a leading AMR threat that may be responsible for one in four AMR related deaths by 2050 and tremendous economic damage. 	<ul style="list-style-type: none"> • September 2016 UNHLM Declaration on AMR highlights TB as a leading AMR issue. • The Chair of the Stop TB Coordinating Board made an intervention at the UNHLM on AMR and highlighted MDR-TB as a leading AMR threat, and called on delegates to support a dedicated UNHLM on TB. • The Chair of Stop TB Coordinating Board wrote to G20 Ministers of Health requesting support for including MDR-TB and AMR as a key topic on the G20 Ministers of Health Meeting on 19-20th May 2017 in Berlin.

<p>28.6</p>	<ul style="list-style-type: none"> • The Board acknowledges the achievements of the Global TB Caucus, expresses its gratitude to the Co-Chairs for their continued leadership, and thanks the Global TB Caucus Secretariat for their work and achievement. • The Board thanks Caucus Parliamentarians for their unique contribution of their advocacy in support of the successful Global Fund replenishment. • The Board notes the Global TB Caucus strategic directions as presented in the Global TB Caucus Strategic Plan 2017-2020, and commends the focus on priority countries. • The Board requests that the Global TB Caucus presents on its progress on the implementation of the Strategic Plan 2017-2020 to the Board at its 29th meeting. 	<ul style="list-style-type: none"> • A progress report presentation of the Global TB Caucus Strategic Plan 2017 -2020 is on the pre-briefing agenda of this 29th Coordinating Board Meeting and will be shared with Board members. • Since the 28th Board meeting, the Global TB Caucus has: <ul style="list-style-type: none"> - Played a leading role in coordinating G20 advocacy and pressing for the inclusion of MDR-TB in the AMR agenda. - Launched a dozen new national caucuses across the world. - Helped to secure renewed commitments on R&D in Germany. - Supported the campaign to secure a High Level Meeting on TB at the United Nations.
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<p>28.7</p>	<p><u>Access and Coordination</u></p> <ul style="list-style-type: none"> • The Board recognizes the increase in the number of people diagnosed and treated for drug-resistant TB. However, the Board expresses significant concern that there are many more people affected by drug-resistant TB who need prevention, diagnosis, treatment, and care and support. • The Board notes with concern the small number of products in the research pipeline for preventing, diagnosing and treating TB and drug-resistant TB. • The Board notes the potential procurement issues that may arise as countries transition out of Global Fund financing and begin procuring TB medicines with their own funds. The Board encourages the Secretariat to work closely with the Global Fund and other partners to identify and address procurement challenges in a manner that ensures continued access to affordable and quality-assured TB medicines. • The Board commends the GDF on its leadership role in establishing the TB Procurement and Market-Shaping Working Group as a means to ensure coordination and alignment among partners. The Board requests GDF to provide regular updates on the progress of the Working Group. <p><u>Uptake of new tools</u></p> <ul style="list-style-type: none"> ○ The Board recognizes the significant work of TB REACH and GDF in the roll-out of GeneXpert, with GDF accounting for 34% of global sales to high-burden disease countries (excluding South Africa) through 2015. ○ The Board recognizes GDF’s work in making delamanid available to more than 100 countries and its continued support in the roll-out of bedaquiline. The Board encourages GDF to continue to work with the manufacturers to ensure availability and negotiate the lowest, sustainable price for all GDF countries. ○ The Board recognizes the benefit of new, MDR medicines as well as new, shorter regimens recently recommended by WHO as well as the challenges involved in facilitating rapid adoption of these medicines and regimens. 	<ul style="list-style-type: none"> • As countries graduate from the GF support and begin procuring TB medicines with their own funds, the issue of maintaining the GF gains in terms of access to internationally quality-assured (IQA) medicines becomes an important task for StopTB/GDF. GDF is addressing this issue by targeting 1) international agencies that help countries to procure medicines; 2) regional procurement groups, and 3) individual countries. <ul style="list-style-type: none"> ○ GDF team met with PAHO Procurement and Supply Management and Tuberculosis Prevention and Control teams in February 2017 to discuss cooperation in improving the supply of IQA second-line anti-TB medicines and diagnostics via GDF, including to countries that are using their own funds and could benefit from pooled GDF procurement mechanism using PAHO Strategic Fund. GDF and PAHO also discussed access to new TB pediatric formulations via GDF as they are not available in the region from quality-assured sources. GDF has also made a significant progress in the development of a draft MoU with UNDP, a large supplier of medicines to countries. The core of the MoU is a framework that promotes procurement of IQA TB medicines via GDF by UNDP country offices using both the GF and country funding. In March 2017, the Stop TB Partnership’s GDF and MSF signed an MOU with MSF to provide a framework of cooperation and facilitate collaboration between the parties in areas of common interest towards accelerating and maximizing access to delamanid in GDF and MSF supported countries. ○ GDF participated in the 19th General Assembly of the ACAME (Association of National Procurement Agencies of 21 Francophones countries from AFRO) in March 2017, where specific procurement challenges arising as countries transition out of the GF support were discussed. GDF and the Assembly participants agreed to further explore with national procurement agencies options for accessing the GDF IQA medicines directly instead of tendering nationally for medicines of unproven quality.
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<p><u>Uptake of new tools</u></p> <ul style="list-style-type: none"> ○ The Board recognizes the significant work of TB REACH and GDF in the roll-out of GeneXpert, with GDF accounting for 34% of global sales to high-burden disease countries (excluding South Africa) through 2015. ○ The Board recognizes GDF’s work in making delamanid available to more than 100 countries and its continued support in the roll-out of bedaquiline. The Board encourages GDF to continue to work with the manufacturers to ensure availability and negotiate the lowest, sustainable price for all GDF countries. The Board recognizes the benefit of new, MDR medicines as well as new, shorter regimens recently recommended by WHO as well as the challenges involved in facilitating rapid adoption of these medicines and regimens. 	<p>GDF is ready to discuss policy changes that may be required at the country level to allow direct procurement via GDF, and explore advance payment flexibilities.</p> <ul style="list-style-type: none"> ○ GDF is reaching out to countries to promote IQA medicines. Grants of new optimized and child-friendly pediatric formulations supported with Canada funding are used to give countries a chance to transition to these medicines while their own funds are being reconciled (e.g. Nepal, Timor Leste). GDF is working with countries that are using both the GF and domestic funding to make sure that only IQA medicines are used (e.g. Cambodia). Outreach to the GF graduating countries is being expanded and intensified through the GDF program of technical assistance and capacity building and regional advisors established in the second half of 2016. ● The TB Procurement and Market-Shaping Action Team (TP-MAT) meeting held in December 2016 resulted in endorsement of an ad-hoc prioritization criteria for the Global Fund’s ERP mechanism and an initial list of priority products (i.e., paediatric FDCs and clofazimine) as well as three key areas of work to develop for the next meeting: 1) an approach to access agreements for diagnostics, 2) how to further optimize the ERP expression of interest mechanism, and 3) develop a means to monitor, address, and prevent procurement issue as countries move from GF-financing to self-financing of TB medicines. ● In 2016, the GDF maintained its global position in GeneXpert sales, representing 16% of global sales (34% when South Africa is excluded) for the 2010-2016 period. For 2017, GDF is projected to exceed South Africa as the largest procurer of GeneXpert, due in large part to orders totaling more than 2.5 million cartridges for India’s Global Fund program. GDF is working closely with Cepheid to ensure new systems and cartridges are available in the GDF catalogue immediately after
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		<p>launch and WHO endorsement. GDF is already poised to supply Xpert MTB/Rif Ultra as soon as it becomes available from Cepheid. GDF is also in the process of adding GeneXpert’s Omni system, TB-LAM and TB-LAMP to the GDF catalog and worked with FIND, UNDP, and BD to add an additional 40 countries to the list of those eligible for preferential pricing for BD’s MGIT system.</p> <ul style="list-style-type: none"> • GDF continues to provide bedaquiline free-of-charge via the USAID-Janssen donation program and continues to sell delamanid at preferential prices via the StopTB-Otsuka public-private partnership. For the bedaquiline donation, GDF has delivered 3,387 treatments to 42 countries. Orders are in process for an additional 7,318 bedaquiline treatments – 3,500 of which are being ordered by India. Of the 212 bedaquiline orders already delivered or in the ordering process, 86 have benefited from a reduced procurement agent fee negotiated by GDF as well as GDF payment of transport costs and fees. For delamanid, GDF has delivered 1,194 treatments to 20 countries, with orders in process for an additional 1,254 treatments. • Out of GDF’s 26 priority countries, 21 are managing key data for quantification with GDF support and placing regular orders for first- and second-line medicines through GDF. GDF supported the development of procurement and supply chain management transition plans for Shorter MDR-TB regimen in 19 countries; for bedaquiline in 17 countries, for delamanid in 12 countries and for new optimized paediatrics formulations in 18 countries. GDF has been working with countries to accelerate the uptake of new tools by estimating current medicines quantities unlikely to be used (“write-offs”), cost of new medicines and potential savings in different scenarios due to earlier introduction.
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<p>28.8</p>	<ul style="list-style-type: none"> • The Board acknowledges the work of the New Tools Working Groups in the development of the Global Plan to End TB 2016-2020. • The Board acknowledges the impact that identifying and treating people with TB infection (also referred to as latent TB) will have on achieving the Global Plan 2016-2020 targets and on ending the TB epidemic. • The Board supports the New Tools Working Groups in their efforts to promote research in order to develop the tools needed to identify and treat those with TB infection. 	<ul style="list-style-type: none"> • New Diagnostic Working Group from New Tools convened an expert group to gather expert advice and reach consensus on a standard terminology for Latent TB Infection and its diagnostics, finalize the Target Product Profile (TPP) for attest of progression to active disease and have reached an advanced draft on the Framework for Evaluation of novel LTBI tests. • The Working Group on New TB Drugs provided continual updates on the progress of LTBI treatments via the global TB drug pipeline on its online web platform and the Annual Meeting held in Liverpool. • GDF has signed a Long Term Agreement with Sanofi for the supply of rifapentine 150mg tablets. GDF is also working with suppliers and partners to develop short-, medium- and long-term solutions for the packaging and co-formulation of rifapentine-isoniazide in a manner that promotes adherence to LTBI treatment.
<p>28.9</p>	<ul style="list-style-type: none"> • The Board recognizes that civil society, including affected communities and NGOs, have been critical in catalyzing and shaping national, regional and global interventions to scale-up the global TB response. • The Board welcomes the commitment of the Civil Society Constituencies to continue their work in partnership to advance the realization of the Global Plan. • The Board notes the first meeting of TB affected communities and civil society constituency representatives and constituency members held ahead of the 28th Board meeting and supports their efforts to improve communication both within and between the constituencies. • The Board requests the Secretariat to facilitate organization of annual in person meetings of representatives of Stop TB Partnership's civil society constituencies and leadership of civil society delegations of relevant global public health organizations and mechanisms, to coordinate, align messages on TB and strengthen the global TB response. 	<p>In-person meeting of representatives of Stop TB Partnership's civil society constituencies and leadership of civil society delegations of relevant global public health organizations and mechanisms to be held on 16 May 2017.</p>

28.10	<ul style="list-style-type: none"> • The Board thanks the Finance Committee and the Secretariat Finance Team for their work. • The Board approves the 2014 and 2015 Annual Financial Management Summary, following the review by the Finance Committee. • The Board approves maintaining the level of the reserve at US\$1.7 million as recommended by the Finance Committee. • The Board directs the Finance Committee to review regularly the emerging liabilities of the Partnership and submit any modifications needed to the Board as required. • Following the recommendation of the Finance Committee, the Board approves the Secretariat to make short-term investments in accordance with the UNOPS Organizational Directive No. 45 on investment principles, which allows only low risk investment options. • The Board asks the Finance Committee to guide the Stop TB Partnership in the management of the investment fund and report the progress to the Executive Committee as needed. • On the recommendation of the Finance Committee the Board approves the Secretariat to work with the Finance Committee to develop a conservative income forecast, and to work with the Executive Committee to develop parameters for the use of investment returns and GDF fees for approval by the Executive Committee. Both income and expenditure should be actively managed as part of existing finance oversight processes. • The Board endorses the high level budget for the biennium 2017-2018 that has been reviewed by the Finance Committee and directs the Executive Committee to review and approve the detailed budget for the biennium 2017-2018 by the end of 2016. 	<ul style="list-style-type: none"> • Partnership's liabilities are regularly monitored by the Partnership and the Finance Committee. Quarterly Encumbrances Reports are prepared by the Partnership's finance team and submitted to the Finance Committee for its review, monitoring and control. The last such report was reviewed during the Finance Committee call on the 2nd of May 2017. • As of 1 January 2016, UNOPS rolled out a new ERP system and took over its own treasury function. This allowed UNOPS to invest its working capital, and an Organizational Directive (No. 45) was established, outlining the required investment principles. In line with Decision Point 28.10, the STBP Secretariat and UNOPS PMT have worked closely with UNOPS Headquarters to understand the investment options and ensure that relevant STBP funds were part of the UNOPS corporate invested pool of funds in 2016. • StopTB/GDF is developing ToR and will commission a paper on the structure of the fees in the industry with recommendations on the best options that will allow GDF to remain competitive as a supplier of quality-assured medicines including for countries that procure with their domestic funding. GDF will then put a proposal to Finance Committee on the best use of the fees that will allow to strengthen the operations, allow flexibilities in the supply of IQA medicines, and increase value added of the GDF services. • The detailed Budget for 2017 was reviewed and approved on the 14th of December 2016.
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<p>28.11</p>	<ul style="list-style-type: none"> • The Board notes its appreciation for the Secretariat, partners and the Ad-Hoc Resource Mobilization Committee for their work to identify the challenges and opportunities in the Secretariat’s funding strategy. • The Board acknowledges the substantial uplift that many donors recently committed to the fight against TB through their funding to the Global Fund. The Board recognizes the importance of mobilizing resources for the Secretariat to amplify the impact of Global Fund investments in TB. • The Board acknowledges the critical need to fill the funding gaps that will impact the Secretariat’s ability to fully achieve the impact of the Operational Strategy 2016-2020 and the need to broaden the Secretariat’s donor base. • The Board requests the Secretariat and Ad-Hoc Resource Mobilization Committee to work with the Board to identify and mobilize the resources needed to fully achieve the impact of the Operational Strategy 2016-2020, including support for TB affected communities to fully leverage the role they can play towards the advancement of the paradigm shift articulated in the Global Plan, and to ensure donors to the Global Fund provide funds to the Partnership to maximize the impact of their existing investments. • The Board requests the Ad-Hoc Resource Mobilization Committee to work with the Finance Committee to: <ul style="list-style-type: none"> - Monitor and evaluate the progress on the Secretariat’s resource mobilization efforts regularly, and provide progress updates as part of the Executive Director’s Report to the Board; - Explore options for other innovative financing mechanisms to generate additional resources for the Partnership. 	<ul style="list-style-type: none"> • The Stop TB Partnership Secretariat continues to identify and mobilize the resources needed to fully achieve the impact of the Operational Strategy 2016-2020, including support for TB affected communities to fully leverage the role they can play towards the advancement of the paradigm shift articulated in the Global Plan, and to ensure donors to the Global Fund provide funds to the Partnership to maximize the impact of their existing investments. • There are particular challenges that have developed in the past seven to eight months due to the uncertainty around foreign aid budget reductions as well as development policies of some of our traditional donor countries. However, the Secretariat has significantly scaled up its engagement with the private sector to support our existing platforms/activities and new strategic initiatives, and to co-create innovative financing mechanisms that will allow us to mobilize additional resources through a broad range of financial instruments. • A more detailed progress update will be provided at the 30th Coordinating Board Meeting.
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28.12	<ul style="list-style-type: none"> • The Board approves the Key Performance Indicators (KPIs) and associated targets for the Stop TB Partnership Operational Strategy 2016-2020. • The Board notes where targets have yet to be calculated and requests the Secretariat to do so by the end of 2016 for approval by the Executive Committee • The Board requests the Secretariat to report progress on KPIs to the Executive Committee in Quarter 1 each year, to present to the subsequent Board meeting following discussion at the Executive Committee, and then to make the information publicly available. • The Board requests that the KPIs and associated targets are reviewed by the Executive Committee in 2018, and adjusted as necessary. 	<ul style="list-style-type: none"> • Overview of the 2016 KPI is included in the Report of the Executive Director to the current board meeting. • The Partnership Secretariat has noted that the KPIs and associated targets will be reviewed by the Executive Committee in 2018, and adjusted as necessary.
28.13	<ul style="list-style-type: none"> • The Board commends the inclusion of the Global Plan to End TB 2016-2020 in the UN High Level Declaration on HIV/AIDS, and the endorsement of the Global Plan by Ministers in the WHO African Region and by Parliamentarians in over 30 countries who attended the 2nd Global TB Summit. The Board recommends that the Secretariat continue efforts to build support for full implementation of the Global Plan in high level global and regional fora. • The Board recognizes the importance of monitoring the implementation of the Global Plan and supports efforts of the Secretariat to work with the Global TB Programme and other partners to align on key indicators that can be used across the TB field to track progress and to report annually on the following using data collected mainly by other partners: <ul style="list-style-type: none"> - Progress on reaching the 90-(90)-90 targets; - Adoption of new policies and tools; - Availability of financial resources for implementation; and - Availability of financial resources for research and development. • The Board asks the Secretariat to identify any gaps where the data to track progress of the Global Plan does not exist, for example in the second (90), and to prioritize advocating for that data to be tracked and reported by the appropriate partners. 	<ul style="list-style-type: none"> • The Secretariat has continued to make further efforts in this direction. The March 2017 Delhi Call to Action signed by the Ministers of 11 countries of South East Asia Region, representing together 45% of the Global TB burden, includes the 90-(90)-90 target of the Global Plan to End TB and calls for innovation and exceptional actions by countries. • Acting on the Board recommendation the secretariat has prepared a draft progress report on the 90-(90)-90 targets which will be presented to the current board meeting • A case study of examples of paradigm shift is being developed and will be finalized by the end of 2017. • The secretariat is working with MSF for a report on adoption of policies and tools by countries which is called “Out-of-Step” and will be completed by July 2017. • The Secretariat is working with TAG on the 2017 Report on TB Research Funding Trends that will show the 2016 R&D funding data, including progress against the Global Plan to End TB. • Data gaps have been identified by the secretariat and will be presented to the current board meeting.

<p>28.14</p>	<ul style="list-style-type: none"> • The Board congratulates the Global Fund, all partners including people affected by TB, advocates and donors to the very successful replenishment meeting of the Global Fund. The Board is committed to ongoing replenishment efforts to further progress towards defeating the three diseases. • The Board acknowledges the central role of the Global Fund as core external source of funding for TB. The Board underlines the role of the Global Fund in supporting ambitious TB scale-up plans necessary to achieve the Global Plan to End TB 2016-2020 and the End TB Strategy targets. • The Board commends the key role of the Secretariat in ensuring the wider TB community voice is represented in all Global Fund related processes and platforms. The Board recognizes the work of the Stop TB Partnership and Secretariat in support of the successful replenishment as well as the development of allocation methodology and catalytic funding proposal for the period 2017-2020. • The Board notes the work of the Secretariat in ensuring maximum impact of Global Fund grants at country level through specific country support, TB Situation Room, Implementation Through Partnership (ITP), as well as the specific work on communities, rights and gender, procurement and supply, and increasing case detection. • The Board applauds the signed Memorandum of Understand (MoU) between the Global Fund and Stop TB Partnership’s Global Drug Facility and is looking forward to the MoU to be established between Global Fund and Stop TB Partnership’s TB REACH. • The Board requests the Secretariat to work with the Global Fund and partners to support countries to make effective use of their full Global Fund allocation to maximize impact. • In light of the nearly USD 13 billion dollars raised so far for the Global Fund 2017-2019 replenishment, the Board requests the Secretariat to work with all partners and the Global Fund Secretariat to support countries to ensure that: <ul style="list-style-type: none"> - All instruments of the Global Fund are fully applied to address critical needs like finding the “missing cases” and financing gaps in TB considering that TB was able to benefit from incentive funding and regional investments in the last funding cycle; 	<ul style="list-style-type: none"> • New MoU between Global Fund and TB REACH was signed. • TB Situation Room meeting held weekly and efforts intensified during February, March and April in order to ensure calls with all of the 12 catalytic funding countries submitting applications to GF during the first 2 window applications. • The GDF has collaborated with the Global Fund on many different areas under the newly executed MoU, including: revision of the GF ERP Expression of Interest to prioritize the most needed TB medicines (see 28.7); determining next steps for the Duke-led initiative to map TB projects; support for PSM components of concept notes; alignment on procurement KPIs; development of new tools to expedite transition to new pediatric formulations and shorter regimens for DR-TB; and plans to begin procurement case studies on countries who have recently begun funding or co-funding the purchase of TB medicines • Special efforts were made to ensure that we collectively address the capacity of countries to absorb the funds, understanding the bottlenecks in increasing the bottlenecks as well as addressing them in collaboration with partners and GF Secretariat.
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	<ul style="list-style-type: none"> - Develop integrated TB/HIV concept notes and implementation of TB-HIV integrated interventions (including ensuring HIV programs contribute their share of funding to guarantee full implementation) in order to optimize disease strategies within the systems for health; - In countries transitioning from Global Fund funding, TB investments are protected with domestic resources, the needs of people affected by TB and vulnerable groups are addressed, and civil society networks are supported; - Successful TB REACH interventions are scaled up in the Global Fund grants and through domestic budgets; and - The highest possible impact is achieved through a differentiated approach in supporting TB programs to utilize Global Fund resources, taking into consideration vulnerable groups and growing epidemics. 	
28.15	<ul style="list-style-type: none"> • The Board notes this is the last meeting for Evan Lee in his role as representative of the Private Sector Constituency and thanks him for his contributions as Board member in 2013-2016. • The Board thanks Shirley Bennett for her invaluable service to the Board and Partnership as Governance Officer and wishes her well in her next endeavor. • The Board requests the Secretariat to utilize the processes outlined in the Governance Manual to: <ul style="list-style-type: none"> - Fill the vacancy on the Finance Committee,; - Work with the Private Sector constituency to identify the next Private Sector Constituency Representative; and - Explore if Board members or constituency representatives are interested in joining the Executive Committee. 	<ul style="list-style-type: none"> • The Secretariat supported the Private Sector and the TB-Affected Communities constituencies to run the processes for the election of their board members. • The Secretariat facilitated the Developed and Developing Country NGO constituencies to undergo a process of renewal of its board members. • All 4 board members started a 3-year term on 1 May 2017. • After the 29th Board meeting, the Secretariat will start a process to explore interest from board members to join the Executive Committee. • The search for a new Finance Committee member is expected to be finished by current board meeting.
28.16	<ul style="list-style-type: none"> • The Board notes with appreciation the positive, productive and proactive relationship the Secretariat has with UNOPS. • The Board approves the updated Stop TB Partnership Standard Operating Procedures and asks the Secretariat and UNOPS to review and update as needed. 	ongoing
28.17	<ul style="list-style-type: none"> • The Board requests the Executive Committee to decide on dates and locations for 29th and 30th Coordinating Board meetings. 	Concluded - dates and locations for 29th and 30th Coordinating Board meetings identified.

