

Executive Committee Teleconference, 10 February 2016
Minutes

Attended:	Apologies:	Secretariat
Joanne Carter (Vice-Chair) & Delia Clayton Erika Arthun Austin Obiefuna Aaron Oxley Victor Ramathesele Diana Weil (representing Mario Raviglione) Gloria Wiseman	Paula Fujiwara Thokozile Phiri-Nkhoma Mario Raviglione Cheri Vincent & Amy Bloom	Lucica Ditiu Shirley Bennett
Minutes of Discussion		Outcome
1. Stop TB Partnership 28th Coordinating Board meeting – location and dates		
<p>Through discussions with the Global Fund as well as key partners, Germany has been identified as a strategic opportunity for the location of the 28th Coordinating Board meeting in order to best support the replenishment of the Global Fund. The Executive Committee agreed that Germany would be a good location to hold the next Coordinating Board meeting.</p> <p>The Secretariat considered May 2016 too early to schedule the next Coordinating Board meeting because the 27th Coordinating Board meeting was held at the end of 2015. June is a possibility as is the first half of July. The Coordinating Board meeting cannot be held in August, and September would be too late. The Executive Committee felt that June already contains major diary commitments for TB (UNGASS, STAG, and Results Conference) and therefore the Board meeting should not be held in this month.</p>		<ul style="list-style-type: none"> • The Executive Committee welcomed the suggestion of holding the 28th Coordinating Board meeting in Germany. • The Executive Committee asked the Secretariat to work with the Global Fund to provide two dates for holding the meeting in July 2016 and to discuss with German representatives to identify the best date.

2. Global Fund

The Global Fund SIIC meeting will be held 8-10 March 2016 and important topics are scheduled for discussion and decision including the Global Fund Strategy, Key Performance Indicators (KPIs) as well the allocation methodology. SIIC leadership wants to understand what is happening with MDR-TB and has requested the Global Fund Secretariat to develop a paper. It is expected that the draft paper will be shared with Stop TB as well as WHO for comments. The draft paper will be shared with the Executive Committee.

There is work being done around the TB allocation formula. The TB community developed and provided the TB burden formula, which is based on the number of cases and a multiplier for MDR-TB cases. The Global Fund applies qualitative factors including levels of external financing, minimum required levels, Band 4, etc, as a result of which some countries are projected to receive less funding than they used to get, with a particular impact on a number of countries from the African region. The high burden countries, which account for 89% of the TB burden, would receive an estimated 64% of the TB pot, based on these factors. If funding levels are similar to last year, this would be around \$400 million.

It is not clear how TB/HIV interventions will be financed from Global Fund TB and HIV resources. It was noted that TB-HIV resources have to-date come disproportionately from the TB pot. At the moment, there is no TB/HIV coefficient included in either the HIV or the TB disease formulas. Discussions need to take place with key partners to ensure that TB/HIV is funded, ideally with increased investment from HIV programs.

The Executive Committee is very supportive of the ongoing discussion about allocation.

- The Executive Committee welcomed the update and looks forward to - reviewing the paper on MDR-TB.