

**Report of actions following the decision points from  
32<sup>nd</sup> Board Meeting, Jakarta, Indonesia**

Decision Point	Action
32.1 <ol style="list-style-type: none"> <li>1. The Board adopts the proposed agenda for the 32nd Stop TB Partnership Board meeting.</li> <li>2. The Board thanks the Government of Indonesia and the Stop TB Partnership Indonesia for hosting the Board in Jakarta and organizing the High-Level Meeting on Multi-Sectorial Synergy to End TB on 10 December 2019.</li> <li>3. The Board welcomes the incoming Chair of the Board, Dr Luiz Henrique Mandetta, Minister of Health of the Federative Republic of Brazil, for a three-year term starting from December 2019.</li> <li>4. The Board acknowledges and welcomes the following new Board Members for three-year terms:               <ol style="list-style-type: none"> <li>a) Dr. Farhana Amanullah from Pakistan, representing the Implementation Working Groups of the Stop TB Partnership</li> <li>b) Dr. Yousuke Kita, representing the Government of Japan and sharing a seat with</li> <li>c) Ambassador Stéphanie Seydoux, representing the Government of France.</li> </ol> </li> </ol>	
32.2 <ol style="list-style-type: none"> <li>1. The Board welcomes the Report of the Executive Director and applauds the Executive Director and the Secretariat for their outstanding work in 2019.</li> <li>2. The Board notes the progress made by the Secretariat in addressing and implementing the decision points from the 31st Board meeting.</li> <li>3. The Board commends the valuable efforts to-date made by the Secretariat in the high-level advocacy efforts with heads of states and governments as well as ministers of health towards achieving the UN High-Level Meeting Political Declaration on TB targets, promoting scale-up of TB response, including increased diagnosis, preventive therapy, and roll-out of new tools.</li> <li>4. The Board notes the progress made in achieving the KPIs for 2019 and looks forward to its final report at the 33rd Board meeting.</li> <li>5. The Board commends the work done by the Secretariat and partners for the engagement of the TB community on the work around the successful Global Fund's Sixth Replenishment, UN High-Level Meeting on Universal Health Coverage as well as successful engagement with five heads of states and ministers of health and high-level dignitaries of 32 countries.</li> </ol>	<ul style="list-style-type: none"> <li>• As a result of the efforts to-date made by the Secretariat in high-level advocacy with heads of states and governments, we are reaching the highest levels of commitments for the TB response in high burden TB countries. There is an incredible engagement and concrete actions taken by the Prime Minister of Pakistan and the President of Indonesia with their personal engagement on the monitoring of progress in TB Response and towards achievement of the UNHLM TB targets. Pakistan's PM will now regularly monitor the TB work and progress in country and get the direct support of the MoH Pakistan and the personal adviser, Mr Karam Shah of Stop TB Partnership Pakistan. Indonesia's President led a high-level event with key members of the government and decision makers, mayors, people affected by TB, where he announced TB as his personal priority, the regular monitoring and the scale up of the TB response, with close support of Mr. Arifin Panigoro of the Stop TB Partnership Indonesia.</li> <li>• The final report of the Key Performance Indicator for 2019 is part of the Board documents available on the meeting website.</li> </ul>

<p>32.3</p>	<ol style="list-style-type: none"> <li>1. The Board commends the increase in research and development (R&amp;D) expenditures for TB in 2018 as highlighted in the “Tuberculosis Research Funding Trends, 2005-2018” report of the Treatment Action Group and the Stop TB Partnership. However, the Board recognizes the continued need to increase overall global investments for R&amp;D for TB to USD 2.6 billion annually in order to meet the UN High-Level Meeting Political Declaration on TB target.</li> <li>2. In line with the Board’s call to action at its 31st meeting on bridging the funding gap in TB, the Board requests the Secretariat, working with the Board leadership and partners, to proceed on pursuing near-term opportunities specifically related to: <ul style="list-style-type: none"> <li>• Increasing domestic budgets for TB during the Global Fund’s country application process;</li> <li>• Increasing funding for TB through the Global Fund’s Portfolio Optimization process; and</li> <li>• Working with development banks on loan buy-downs in selected middle-income countries while taking into consideration their debt burden and ensuring a transparent and inclusive engagement of stakeholders, including but not limited to, ministries of health, civil society, and communities.</li> </ul> </li> <li>3. The Board welcomes, as presented by the Secretariat, the structure and process to convene the TB Finance Task Team and the next steps outlined for their work to identify traditional and innovative financing opportunities to bridge the financial gaps in the TB response.</li> <li>4. The Board requests that the Secretariat ensure South-South cooperation and engagement of inter-agencies, experts, and partners in the TB Finance Task Team and their work, including but not limited to, social determinants for TB and social contracting mechanisms.</li> <li>5. The Board encourages the Secretariat, working with the Board leadership, the TB Finance Task Team, and partners, to work towards incorporating the financial gaps in TB (including financing for community responses and systems where we have the widest gap) within the context of increasing domestic and external funding for the effective coverage of priority interventions toward achieving Universal Health Coverage (UHC).</li> <li>6. The Board requests the Secretariat to work with the TB Finance Task Team and partners on identifying traditional and innovative financing opportunities to</li> </ol>	<ul style="list-style-type: none"> <li>• The Secretariat worked with partners to support countries in proposing ambitious funding requests to the Global Fund, including interventions budgeted above the Global Fund country allocation. The above allocation requests when approved by the Technical Review Panel will serve as a resource mobilization tool for additional funding, especially from the Global Fund’s Portfolio Optimization process. Funding requests to Global Fund also include domestic funding commitments of countries. However, there are early signs of countries not being able to meet their domestic funding commitments due to financial burden of the Covid-19 pandemic. The Secretariat is currently engaged in advocacy efforts to ensure that domestic funding commitments for TB is maintained, as well as targeted work to ensure that the full suite of support mechanisms are in place for countries to fulfill their commitments.</li> <li>• Due to COVID-19, plans to hold a meeting on TB financing during the World Bank and IMF 2020 Spring Meetings were reconsidered as the current context requires a new, fit for purpose design. As such, the Secretariat has followed Board guidance to start working on various financing opportunities and will leverage various members of the Board and other ad hoc expertise accordingly.</li> <li>• The Secretariat has identified potential countries for loan buydowns and blended loan and grant funding. The Secretariat is currently in discussion with the Asian Development Bank to identify opportunities for blended financing in Asia which could include donors with aligned interests. There are plans for further discussions with the African Development Bank and the World Bank. The Secretariat, working with the Vice Chair of the Board, has had discussions with the Global Fund on possibilities of loan buydowns for TB. The TB Situation Room has flagged to the Global Fund, through the Strategic Initiative work on innovative financing, the need for loan-buydowns in TB as an important pathway for direct funding impact and for its relevance in building momentum across the TB field.</li> </ul>
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	increase funding for TB within the context of UHC during 2020 and report back on the progress made at the Board’s 33rd meeting.	
32.4	<ol style="list-style-type: none"> <li>1. The Board appreciates the work of the Global Plan Task Force led by Dr Paula Fujiwara, and all the members for their engagement in updating the Global Plan as requested by the Board at its 31st meeting.</li> <li>2. The Board welcomes the statement of the Chair elect, Minister of Health of Brazil, Dr Luiz Henrique Mandetta.</li> <li>3. The Board endorses the electronic approval of the Global Plan to End TB 2018-2022 by the Executive Committee on 4 December 2019, and requests all constituencies and stakeholders to proactively promote and utilize the Global Plan.</li> <li>4. The Board requests the Secretariat, under the guidance of the Executive Committee, to support and monitor the implementation and progress in achieving the funding targets of the Global Plan.</li> <li>5. The Board recognizes that to deliver on its objectives, the Global Plan needs to be fully funded and implemented, and notes with concern that the current financial level of investments in TB should double for implementation and triple for research and development.</li> <li>6. The Board recognises the work done by the New Tools Working Groups in updating the framework and the resource needs for R&amp;D for new tools, and requests the secretariat to use it for advocacy for resource mobilisation.</li> <li>7. The Board commends the Secretariat for developing country level indicative targets to meet the goals committed to in the UN High-Level Meeting’s Political Declaration and the Sustainable Development Goals. The Board recommends that Secretariat coordinates with partners to support and advise countries and regional platforms/initiatives on achieving the TB treatment and prevention targets in the UN High-Level Meeting Political Declaration.</li> </ol>	<ul style="list-style-type: none"> <li>• The Secretariat recognizes the criticality of attainment of the targets committed in the UN High-Level Meeting’s Political Declaration and remains consistently committed to supporting countries towards their achievement. The secretariat continued throughout 2019 to engage with countries and partners, emphasizing the national targets to be achieved to reach the UNHLM commitments, including during offering guidance for the catch-up plans for GF. The Secretariat, in partnership with the Ministry of the Federal Republic of Nigeria, the Global Fund and other partners will convene a high-level round table on TB Response in the African Region: Unprecedented Actions for Unprecedented Times, to be held on 19 November 2020, in the margins of the 33rd STBP Board Meeting. The honourable Ministers of Health from 11 high-burden African countries are invited to participate in the discussion on the actions and resources necessary to meet the increased gaps resulted from the pandemic.</li> </ul>
32.5	<ol style="list-style-type: none"> <li>1. The Board acknowledges the unprecedented and successful Global Fund’s Sixth Replenishment and expresses thanks to the government of France for its leadership in hosting the replenishment and to all donors and partners for their support. The Board requests the Secretariat to work with countries to develop ambitious funding requests reflecting the full need to achieve the UN High-Level Meeting Political Declaration on TB targets.</li> <li>2. The Board recommends that country TB programmes consider that the funding requests for the new allocation cycle should: <ol style="list-style-type: none"> <li>a. Ensure achievement of the UN High-Level Meeting Political Declaration on</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• An information note incorporating the Board-recommended priority areas for TB was developed by the TB Situation Room partners and sent by the Global Fund to countries to guide the development of funding requests from countries.</li> <li>• The Secretariat provided technical support to 26 TB and MDR-TB high burden countries for development of their funding request, through the work of the Stop TB Regional Advisors and Roster Consultants. Nigeria, Ghana, Kenya, Uganda, Tanzania, Ethiopia, DR Congo, Mozambique, Zambia, Zimbabwe, Malawi, Bangladesh, India, Indonesia, Myanmar, Pakistan, Philippines,</li> </ul>

<p>TB targets</p> <ol style="list-style-type: none"> <li>b. Support a significant accelerated scale-up of the TB diagnostic network using new diagnostics, including rapid molecular technology</li> <li>c. Adopt and implement all latest WHO guidelines on TB (especially the latest on DR-TB)</li> <li>d. Roll-out evidence-based tools and innovative approaches, including from TB REACH projects, to find, diagnose and treat all people with TB, especially with the involvement of communities and private sector providers</li> </ol> <ol style="list-style-type: none"> <li>3. The Board supports the proposed approach of the Secretariat working with the Global Fund, WHO, USAID and other partners in supporting country programmes to develop evidence-based and prioritized new applications. The Board requests countries to develop robust, ambitious above allocation requests.</li> <li>4. The Board also notes the increased workload of country programmes in 2020 in order to close the current funding cycle and requests the Secretariat to work through the TB Situation Room and its partners to proactively support countries to fully utilize their current allocation. Special attention should be given to identifying procurement demand via GDF in a timely manner to plan medicines production toward meeting Global Fund end of grant deadlines.</li> <li>5. The Board urges the Secretariat to work with the Global Fund, WHO, USAID, and other partners to ensure the success in finding the missing people with TB through the current cycle of the Global Fund Strategic Initiative is maintained and accelerated further with the addition of preventive therapy, particularly in high-burden countries in Africa and Asia. At its next Board meeting, the Board looks forward to be presented a report about the progress in scaling up the diagnosis of people with TB that were missed in the African Region.</li> <li>6. The Board asks the Secretariat to work with the Global Fund and partners to ensure that:             <ul style="list-style-type: none"> <li>• Catalytic funding for TB is well programmed for impact; and</li> <li>• Resilient and Sustainable Systems for Health and cross-cutting catalytic investments (including Data Strategic Initiative, CRG Strategic Initiative, Human Rights Matching Funds &amp; Strategic Initiative, and other) fully support priority TB needs.</li> </ul> </li> <li>7. In the context of the development of the next Global Fund Strategy, in 2020, the Board urges the Global Fund Secretariat and Strategy Committee to adequately reflect the TB burden, the ambition of the UN High-Level Meeting</li> </ol>	<p>Cambodia, Vietnam, Azerbaijan, Kyrgyzstan, Tajikistan, Moldova, Ukraine, Turkmenistan, Uzbekistan were supported to develop and successfully submit funding requests based on ambitious and UNHLM aligned targets. The funding requests were based on latest international strategies, evidences and guidelines and included rollout of rapid molecular diagnostics as the initial test for TB &amp; DR-TB, revised DR-TB treatment regimens, increased coverage of new regimens for TPT, accelerated innovations (e.g. community-led monitoring, digital technologies &amp; artificial intelligence for diagnosis and adherence support).</p> <ul style="list-style-type: none"> <li>• To develop prioritized evidence-based National Strategic Plans (NSP) following the people-centered framework, the Secretariat provided technical support to Afghanistan, Bangladesh, India, Indonesia, Philippines, Cambodia, Malawi, Ethiopia, Kenya, Uganda, Tanzania, Kazakhstan, Moldova, Tajikistan, Turkmenistan, Ukraine, Uzbekistan. These NSPs were supported by evidence-based analysis of the important gaps along the patient care pathway, took proper account of UNHLM commitments and targets, and have appropriate ambition levels.</li> <li>• Starting with March 2020, the Covid-19 pandemic disrupted TB Care and prevention work under Global Fund grants in countries. In this context a number of activities were undertaken by the Secretariat:             <ul style="list-style-type: none"> <li>○ The technical support being provided to countries for new funding requests was changed into a virtual model</li> <li>○ A survey and a modelling study done by Stop TB was used for advocacy with countries to maintain TB services even during lockdowns by shifting the model into a home-based and digital/virtual model of care using new technology.</li> <li>○ Experience and learnings from countries were shared through a dedicated website and via webinars to benefit other countries</li> <li>○ Countries were supported in their efforts to reprogram unutilized funds to make the TB programmes resilient to the Covid pandemic.</li> <li>○ Stop TB worked with Situation Room partners to develop a document for advice to countries on planning and implementing “catch-up” efforts for coming back on track after the initial dramatic setback to TB responses due to Covid-19 pandemic.</li> <li>○ To help mitigate the impact of Covid pandemic on TB, 10 African countries (Mozambique Kenya, Ghana, Uganda, South Africa , Zimbabwe, Zambia, Ethiopia and Malawi) were supported to develop and implement adapted</li> </ul> </li> </ul>
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	<p>Political Declaration on TB targets and necessary TB funding. The Board requests the Secretariat to ensure that the discussion on global <u>disease split</u> starts early and the TB community is well prepared for it.</p> <p>8. The Board requests the Secretariat to support the active engagement of TB affected community and civil societies in the country processes, including country dialogue, funding proposal development, implementation, monitoring and evaluation with the aim of ensuring that the TB response is people centred, rights-based, gender-transformative and accessible to all in need. For this purpose, technical support should be planned and provided for community networks, civil society organizations and Country Coordinating Mechanisms, where needed.</p> <p>9. In line with the Global Fund’s Board recent decision to expand Wambo to non-Global Fund procurers for HIV and malaria products, the Stop TB Partnership Board recommends that pooled procurement of TB medicines and diagnostics continues to be conducted through GDF in order to promote uninterrupted access to TB products and to avoid further fragmentation of TB markets, as stated in the UN High-Level Meeting Political Declaration on TB.</p> <p>10. The Board requests its leadership and the Secretariat to work with the Global Fund to develop an approach that is periodically reviewed whereby Wambo clients are directed to GDF’s procurement system for TB medicines and diagnostics.</p>	<p>TB plans as part of their C19RM funding request to Global Fund</p> <ul style="list-style-type: none"> <li>○ STP supported the STP Board CS Delegations as partners of the ‘Impact of COVID on the TB Response: A Community Perspective’ Survey and Report.</li> <li>● The Secretariat engaged in the process of development of all TB relevant Strategic Initiatives, especially SI on TB and the different components of RSSH SI to support active engagement of affected communities, civil society and private sector partners in strategic planning, implementation and evaluation through capacity building, South-South knowledge sharing and involvement in NSP development and program reviews.</li> <li>● The Stop TB partnership is engaging with partners to ensure that during the GF strategy development a strategic discussion will take place on the 18% TB allocation from GF funding. The Stop TB Partnership started and will accelerate the efforts towards uniting the entire TB community towards this important conversation</li> <li>● To help countries achieve the UNHLM on TB commitments to overcome legal as well as socio-economic barriers, and to advance national TB responses that are based on human rights and gender equality, Stop TB CRG Assessments have been completed in 15 countries plus Costed CRG Action Plans too (e.g. Bangladesh, DRC, Tanzania). Community-led monitoring through “OneImpact” has been rolled out in 10 countries. Development of Stigma Assessment tool, along with several TB CRG Investment Packages are the result of these Assessments. 31 Challenge Facility grants to further this work and technical support has been provided by Stop TB to TB affected communities, civil society and national TB programs for this purpose.</li> <li>● ONGOING: GDF spent Mar-Oct developing and piloting a new, on-line medicines procurement request form with an aim to facilitate linkages between Wambo and GDF’s on-line order management system.</li> </ul>
32.6	<p>1. The Board recognizes the work done by the Secretariat in collaboration with partners by:</p> <ol style="list-style-type: none"> <li>a. Unpacking the UN High-Level Meeting Political Declaration on TB commitments per country as indicative targets to be utilized in communication to high level stakeholders and utilize them for global advocacy.</li> <li>b. Creating and deploying country profiles and scorecards based on the targets</li> </ol>	<ul style="list-style-type: none"> <li>● Ongoing work</li> <li>● Special session on TB commitments and targets and discussion on the UNSG report taking place during the 33<sup>rd</sup> Board meeting, November 2020</li> <li>● The UNSG Report 2020 was produced and launched</li> <li>● Stop TB contributed extensively to the content - as recommended by the Board</li> </ul>

<ul style="list-style-type: none"> <li>c. Developing and expanding the Out-of-Step Report 2020 together with MSF</li> <li>d. Supporting TAG to develop the TB R&amp;D Financing landscape 2019 and 2020</li> <li>e. Developing and rolling out the gender assessment, legal environment assessment and stigma assessment tools</li> <li>f. Implementing the OneImpact community monitoring tool</li> </ul> <ol style="list-style-type: none"> <li>2. The Board asks the Secretariat, working with partners, to further enhance the work on producing and sharing scorecards and profiles that reflect the progress towards TB commitments and targets from the UN High-Level Meeting Political Declaration.</li> <li>3. The Board recommends that the findings generated by the above work should be shared with partners and WHO to be further considered for inclusion in the 2020 UNSG TB Progress Report as a valuable contribution to increase accountability at the national, regional, and global levels.</li> <li>4. The Board recommends the Secretariat to work closely with WHO to help ensure that the 2020 UNSG TB Progress Report is developed in a transparent and inclusive manner, reflects the work done in 2018 and 2019 and maintains the same level of ambition and commitment as the UN High-Level Meeting Political Declaration on TB. The Board asks the Secretariat to ensure that, once the 2020 UNSG TB Progress Report is launched, key stakeholders and partners are informed and aware of the progress made and direct attention to the challenges that remain.</li> <li>5. The Board requests the Secretariat to work with WHO to ensure that all UN High-Level Meeting Political Declaration on TB commitments and their associated per-country indicative targets are monitored and reported, including the target on children with MDR-TB put on treatment for which no data exists in the WHO Global TB Reports.</li> <li>6. The Board asks the Secretariat, working with WHO and partners, including affected communities and civil society to actively contribute to the monitoring, reporting, and review of country achievements to fully implement the Multi-sectoral Accountability Framework.</li> <li>7. The Board recognizes the work of the Accountability track and recommends that this joint effort continues and is further strengthened as a TB community platform for the translation of commitments on accountability into actions.</li> </ol>	<ul style="list-style-type: none"> <li>• Stop TB Partnership supports the development of numerous reports that monitor the TB response as well as several specific UNHLM targets: Step Up for TB (with MSF), Funding for R&amp;D (with TAG), TB Response Governance.             <ul style="list-style-type: none"> <li>○ A special report, presenting the findings and views of people affected by TB, communities and civil society to the UNHLM targets was developed under the leadership of the Stop TB Board civil society constituencies was developed during 2020 to be launched early December 2021.</li> </ul> </li> </ul>
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<p>32.7</p>	<ol style="list-style-type: none"> <li>1. The Board recognizes the significant growth of TB affected community networks and civil society organizations in the TB response and the Secretariat role played in building strong and highly engaged networks at the national and regional levels.</li> <li>2. The Board applauds the work done by the Secretariat in completing 12 legal environment assessments, 13 gender assessments as well as the work done to engage partners, media and celebrities at country level through national partnership platforms in 11 countries.</li> <li>3. The Board applauds the launch of the Stigma Assessment Tool and welcomes it as a vital instrument for ending TB stigma in response to the UN High-Level Meeting political commitment, and requests the Secretariat to work with countries and partners on its roll-out, including through leveraging its inclusion in the Global Fund Modular Template for use in upcoming funding requests.</li> <li>4. The Board acknowledges the extraordinary work demonstrated in the community, rights and gender area, endorses and supports efforts to mobilize funding as requested in the proposal presented by the three civil society constituencies, and the Board encourages possible funders to support the proposal.</li> <li>5. The Board applauds the launch of the largest ever Challenge Facility for Civil Society (CFCS) call for proposals. The Board acknowledges the continued increased demand for support from local, community-based organizations in the TB response and appreciates the USAID Global Accelerator to End TB launched in 2018 and USAID’s financial support to Challenge Facility for Civil Society mechanism.</li> </ol>	<ul style="list-style-type: none"> <li>• Following the Stigma Assessment tool launch during the 32<sup>nd</sup> Board meeting, Stop TB Partnership worked closely with the Global Fund and regional community and civil society networks to roll out the Stigma Assessment in Nigeria, Ghana, South Africa and Ukraine, and envision similar support soon in Indonesia and Philippines;</li> <li>• Stop TB Partnership supported the development of several costed CRG Action Plans, including stigma measurement and reduction measures: e.g. Nigeria, Bangladesh, Tanzania and DR Congo;</li> <li>• Stop TB Partnership developed and disseminated a TB Stigma Assessment Investment Package to support the inclusion of TB stigma measurement (based on the STP TB Stigma Assessment tool) in the Global Fund funding requests. Several countries have included the roll out of the TB Stigma Assessment in the Global Fund funding requests and stigma reduction measures, including Bangladesh, Congo, DR Congo, Kenya, Tajikistan, and Tanzania;</li> <li>• Stop TB Partnership provided support to civil society, community partners and National TB Programs to develop real time community-led monitoring interventions using OneImpact and to develop stigma indicators in Cambodia, DR Congo, Pakistan, Philippines, DR Congo, Mozambique, Tajikistan, Tanzania, and Ukraine. Through the Global Fund, USAID LON agreements, and the Challenge Facility for Civil Society grants the same countries are expanding upon or taking OneImpact CLM to scale, which will allow countries to collect and respond in real time to incidences of TB stigma.</li> <li>• Stop TB Partnership developed TB stigma communication materials and held webinars with community and civil society partners to raise awareness about the stigma related findings of CRG Assessments, the need to measure and respond to TB stigma and how to measure it using the TB Stigma Assessment;</li> <li>• Through the Challenge Facility for Civil Society (CFCS) Stop TB Partnership provided opportunity for countries to measure TB stigma using the TB Stigma Assessment. Nigeria and South Africa are currently using the tool to measure TB stigma with a focus on key populations, while countries including India, Indonesia, Pakistan, Philippines and South Africa, and regional grants from Asia Pacific and the Americas are implementing;</li> <li>• To support CFCS grantees implement TB stigma reduction strategies, Stop TB Partnership is providing technical assistance leveraging the <i>Declaration of Rights of People Affected by TB</i>, the <i>Right to Breathe and Activating a Human Rights Based Tuberculosis Response</i>, as a necessary starting point;</li> </ul>
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- Through the support of country Stop TB platforms, stigma activities have been included in the advocacy campaigns, including with TB Ambassadors in Cambodia, Cote D'Ivoire, DRC, Indonesia, Mozambique, Tajikistan, Ukraine and Zimbabwe;
- Stop TB Partnership supported STP Civil Society Delegations to engage with 10 civil society and affected community organizations and networks to develop the *Impact of COVID on the TB Response: A Community Perspective* which featured specific calls to scale up development of CRG Action Plans and stigma reduction interventions;
- STP developed a session during the virtual TB/HIV IAS pre-conference focused on human rights and stigma in TB, as well as HIV and COVID responses.

**Mobilizing additional funding and support:**

- STP has worked closely with the three affected community and civil society delegations (which comprise 33 representatives from 25 countries), that were formed just prior to the last Board meeting in Jakarta, and the support has been in furtherance of the principles and objectives of the proposal that was presented in Jakarta, particularly on community-led TB accountability but also on CRG;
- STP supported the three affected community and civil society delegations leading the consultations, developing and launching the UNHLM Community Perspectives Report & Advocacy Plan. It was coordinated by the Developing NGO Delegation, and included global and regional focal points, covering Asia, Africa, Europe and the Americas, and ensured engagement of English, Russian, Spanish and French speakers;
- STP secured additional funding for the ongoing coordination and engagement of the three Delegations (pending approval from the donor) and STP leveraged other funding sources, such as TGF SI and USAID to ensure engagement, participation and coordination of the three Delegations;
- STP partnered in the Impact of COVID on TB: A Community Perspective Survey and Report, lead the UNION Conference Community Connect Work Track on 'Barriers to Access' and hosted a consultation and developing a Community Position Paper on TB Community Priorities for the new (UNAIDS) Global AIDS Strategy.

32.8	<ol style="list-style-type: none"> <li>1. The Board applauds the critical contributions that Global Affairs Canada, USAID, and the Bill and Melinda Gates Foundation made to TB REACH to promote locally sourced innovations in the TB response and the progress towards sustaining successful approaches.</li> <li>2. The Board recognizes the recent investments totalling USD 22 million in Wave 7 and Wave 6 for 46 grants and looks forward to seeing their results. The Board notes the TB REACH grants have impacted more than 2.6 million people with TB, and the majority of projects have increased case detection by more than 20%. In addition, multiple TB REACH innovations are being scaled-up through Global Fund, USAID, Unitaid, domestic and other donor resources.</li> <li>3. The Board recognizes the importance and unique role TB REACH occupies as a specific platform providing support to programmatic innovation, including operational research, and uptake of new tools in the TB response; and acknowledges the role TB REACH played in supporting country programmes to reduce the TB detection and notification gap together with Global Fund’s Catalytic Investments on TB, and the FIND.TREAT.ALL initiative, and towards achieving the UN High-Level Meeting Political Declaration on TB targets.</li> <li>4. The Board supports the concept note for TB REACH 3.0 and calls for the Secretariat to engage with partners to further develop a strategic approach and refined focus for the next phase of funding. The Board supports a review of the governance structure to provide strategic guidance to the Secretariat, ensuring the representation of civil society and community.</li> <li>5. The Board notes that the current funding for TB REACH ends in March 2021, the need to start a replenishment in 2020 to attract multiple donors, and calls for initiatives to secure its funding.</li> </ol>	<ul style="list-style-type: none"> <li>• TB REACH’s approach is to use the grant making platform to evaluate strategies that are sourced from implementing partners to improve different aspects of TB care. The focus of TB REACH will continue to be on early and increased TB case detection but has expanded to promote innovation in other areas of the TB care cascade including improving treatment outcomes.</li> <li>• Stop TB is engaging with different partners to promote the results that TB REACH has achieved in the last few years and engage different potential donors. USAID contributed additional funding already in 2020 for a launch of Wave 8, and discussions are underway to develop a plan for a Wave 9 call for proposals which will be presented to the Board in November. The Covid-19 pandemic has hindered the ability of visits and in person events with potential donors, and has postponed plans for funding for TB REACH with at least one donor, but the Secretariat has been working on different fronts to secure more funding.</li> </ul>
32.9	<ol style="list-style-type: none"> <li>1. The Board recognizes the key role that the Stop TB Partnership’s Global Drug Facility (GDF) plays in TB market stewardship and promoting access to affordable and quality-assured TB medicines and diagnostics.</li> <li>2. The Board notes the recent progress made under the TB Procurement and Market-Shaping Action Team (TPMAT) that resulted in 60 changes to align medicine lists and priorities across the WHO Model Essential Medicines List, the WHO Prequalification Programme, the Global Fund Expert Review Panel, and the GDF Catalog.</li> <li>3. The Board encourages all TB stakeholders to actively engage in and utilize the TPMAT as the main platform to identify and align on key TB market issues and develop coordinated approaches to address these issues.</li> </ol>	<ul style="list-style-type: none"> <li>• Ongoing work</li> <li>• Special session including specific updates from GDF work on procurement during the COVID pandemic is part of the 33<sup>rd</sup> Board agenda</li> <li>• Some of the activities put on hold due to high workload resulted from COVID-19 pandemic and need to fill vacancies.</li> </ul>

	<ol style="list-style-type: none"> <li>4. The Board commends GDF’s recent success in expediting equitable access to new medicines, most notably GDF’s work with the Sentinel Project to expedite the introduction of new, child-friendly DR-TB formulations into 56 countries and the rapid scale-up of bedaquiline across &gt;80 countries at the end of the USAID-Janssen donation program.</li> <li>5. The Board recognizes GDF’s strategic positioning and existing infrastructure that enable GDF to facilitate and expedite new tool introduction with minimal added costs; and, encourages all donors, partners, and country programmes to utilize GDF as the preferred procurement mechanism to introduce new TB medicines and diagnostics as encouraged by the UN High-Level Meeting Political Declaration on TB.</li> <li>6. The Board notes with concern the market and access challenges (e.g., failed tenders, high prices, procurement of non-quality assured and/or, non-WHO recommended products, medicine stockouts, etc.) that may arise as National TB Programs move towards domestic procurement of TB medicines and diagnostics. The Board recognizes the multipronged approach of GDF to address these challenges and better position itself to support National TB Programs and encourages countries to use GDF for domestic procurement of quality-assured, affordable TB medicines and diagnostics. The Board requests GDF to work closely with global and national civil society platforms to establish and lead a task force under the TPMAT to assess the risks associated with domestic procurement, identify interventions to address these risks, and report back to the Board at the next Board meeting.</li> <li>7. The Board notes the Secretariat’s initiative to establish and convene the ProCureTB Network to be comprised of key stakeholders from selected countries with high burdens of TB with aims to: coordinate timing of orders to suppliers; share information on price, availability, and product quality issues; and, ultimately develop global demand forecasts.</li> </ol>	
32.10	<ol style="list-style-type: none"> <li>1. The Board: <ol style="list-style-type: none"> <li>a. Notes the decision by UNOPS to terminate the arrangements for hosting the Secretariat;</li> <li>b. Is disappointed that efforts by the Secretariat and Board Members to establish dialogue and seek resolution with UNOPS’ leadership were unsuccessful; and</li> <li>c. Acknowledges that the unexpected circumstances have necessitated planning and preparations for transitioning the Secretariat from its current</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• The Executive Committee (EC) has had multiple discussions on hosting since the December 2019 Board Meeting in Jakarta. The independent hosting review process has entered a detailed phase of engagement with candidate organizations to enable the EC to present the Board with a recommendation on the future arrangement at the November 2020 Board Meeting, preceded by the Executive Committee Retreat on 26 October 2020. The process and</li> </ul>

<p>hosting arrangement.</p> <ol style="list-style-type: none"> <li>2. Accordingly, the Board:             <ol style="list-style-type: none"> <li>a. Decides to proceed with transitioning the Secretariat from its current hosting arrangement by the target date of 30 June 2021 in a smooth, orderly and timely manner that avoids disruption and continues the critical work for the people and communities the Stop TB Partnership serves;</li> <li>b. Decides to update the Ottawa Principles adopted under Decision Point 23-10, as amended and set forth below (the “Ottawa-Jakarta Principles”), to serve as the Stop TB Partnership’s requirements for a future hosting arrangement:                 <ol style="list-style-type: none"> <li>i. Board authority to make decisions on the Stop TB Partnership’s strategic direction as well as human and financial resources against the strategy, to be implemented by the Secretariat;</li> <li>ii. Board authority to determine and implement the strategic approach and operational mechanisms used for programmatic implementation, which includes the procurement of TB medicines and diagnostics;</li> <li>iii. Board authority for oversight and performance assessment of the Executive Director including decision-making on hiring and termination;</li> <li>iv. A clear identity and mandate for the Stop TB Partnership that is distinct and recognizable to all stakeholders with the independence to deliver credibly and effectively on its mandate;</li> <li>v. Ability of the Board, directly and through the Secretariat, to communicate with its partners, including the ability of the Chair and Vice Chair of the Board as well as the Executive Director to engage and dialogue with Heads of State, Ministers and other leaders, influencers or governing bodies, without restriction or separate approval;</li> <li>vi. Board authority, directly and through the Secretariat, to issue public statements or publish materials (e.g., reports, papers, briefs, advocacy campaigns) without restriction or separate approval;</li> <li>vii. Efficient, flexible, quality and accountable administrative and financial processes to enable the Secretariat to implement board decisions expeditiously and in the full spirit of those board decisions;</li> <li>viii. Flexibility to attract a diverse set of donor resources and to utilize a diverse set of models for partnership and collaboration to support the Secretariat and activities, including with communities, civil society and the private sector;</li> </ol> </li> </ol> </li> </ol>	<p>EC deliberations will continue to operate under strict confidentiality and remain flexible and adaptive given the impact of the COVID-19 pandemic.</p>
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	<p>c. Delegates to the Executive Committee, in consultation with the Finance Committee, oversight of the transition process, including:</p> <ol style="list-style-type: none"> <li>i. Commissioning an independent hosting review to assess options against the Ottawa-Jakarta Principles and any additional criteria that may be approved by the Executive Committee;</li> <li>ii. Presenting a recommendation on the future arrangement with a transition budget and implementation plan to the Board for approval by November 2020;</li> <li>iii. Reviewing financial implications of the transition and determining appropriate means for addressing or managing them;</li> <li>iv. Monitoring progress against planned milestones and timelines as well as associated risks or interdependencies;</li> <li>v. Providing direction on actions to execute the transition;</li> <li>vi. Developing the scope and timing for updates to the Board on the transition process; and</li> </ol> <p>d. Emphasizes that support, collaboration and cooperation from UNOPS remains imperative for a smooth, orderly and timely transition.</p>	
32.11	<ol style="list-style-type: none"> <li>1. The Board thanks and recognizes the work of the Finance Committee, the Secretariat as well as UNOPS Project Management Team, and directs the Finance Committee to continue to monitor expenditures, encumbrances and financial risks, and alert the Executive Committee of any concerns.</li> <li>2. Based on the high-level budget for the biennium 2019-2020 approved by the Executive Committee in December 2018 and endorsed by the Board during the Board Meeting in Geneva, in January 2019, the Secretariat prepared the detailed budget for 2020. Based on the recommendation of the Finance Committee, the Board approves the detailed budget for the year 2020.</li> <li>3. Based on the recommendation of the Finance Committee, the Board endorses the Stop TB Partnership 2018 Annual Financial Management Report.</li> <li>4. The Finance Committee reviewed the updated Flexible Procurement Fund (FPF) Operating Principles in July 2019 that increased the amount of funding available to FPF from \$4,700,000 to \$6,560,000 to broaden the scope to include diagnostics; amended the list of countries; and updated the procedure to access the FPF. Based on the recommendation of the Finance Committee, the Board endorses the revised FPF Operating Principles.</li> </ol>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Presentation to the 33<sup>rd</sup> Board meeting covering also these aspects</li> </ul>

	<p>5. The Board requests the Secretariat to work under the guidance of Finance and Executive Committees on the financial matters to be considered when transitioning the Partnership to a new host.</p>	
32.12	<p>1. The Board expresses its sincere appreciation to Minister Aaron Motsoaledi for his leadership as Chair of the Board and unsparing championship for the cause of TB. Over his tenure as Chairperson, the Minister devoted his personal commitment, experience and energy to the work of the Stop TB Partnership Secretariat and the TB Community as a whole. His vision and engagement made the United Nations High-Level Meeting Political Declaration on TB a reality, and under his leadership, the TB Community and Stop TB Partnership increased visibility, identity and gained an important role in the global health arena. The Board bestows upon him the honorary title of Chair Emeritus of the Board.</p> <p>2. Following the recommendation of the Executive Committee, the Board approves:</p> <ul style="list-style-type: none"> <li>i. the extension of the terms of the Board Members that represent the three civil society constituencies (TB Affected Communities, Developing Country NGO, Developed Country NGO) through the 33rd Board Meeting;</li> <li>ii. the extension of the term of the Vice-Chair through 34th Board meeting.</li> </ul> <p>3. The Board welcomes the invitation of H.E. Minister of Health of Nigeria and agrees to hold its 33rd Board meeting in Abuja. The Board asks the Secretariat to initiate communications with the Government of Nigeria to explore the details of hosting the 33rd Board meeting; and to continue working with the Executive Committee to finalize this accordingly.</p>	<ul style="list-style-type: none"> <li>• Due to persisting COVID-19 pandemic and subsequent travel restrictions, the 33rd Board Meeting will be held virtually, on 18-20 November 2020. The Board Meeting is planned to be inaugurated by the First Lady of Nigeria, H.E. Dr. Aisha Muhammadu Buhari, and the honorable Minister of Health, H.E. Dr. E. Osagie Ehanire.</li> </ul>