

Opening Session

Decision Point 37-1

1. The Board adopts the proposed agenda for the 37th Stop TB Partnership Board meeting.
2. The Board applauds the Government of Brazil for their leadership in developing and launching tomorrow a national program for the elimination of socially determined diseases that includes TB.
3. The Board appreciates the interventions by Dr Mansukh Mandaviya, Minister of Health of India and Chair of the Stop TB Partnership Board, Dr Ethel Maciel, Vice-Minister of Health of Brazil, Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, Dr Jarbas Barbosa, Director of the Pan American Health Organization, Amb Alexandre Ghisleni, President of the G20 Health Working Group, TB survivor Mrs Maria Elias Samento da Silveira and Hon Antonio Brito, Member of Parliament.
4. The Board appreciates and thanks Thiago da Silva for his advocacy to help end TB and asks the Secretariat to explore avenues to heighten his engagement as a Champion for TB with his inspiring survival story.
5. The Board welcomes the consideration of the G20 Health Working Group to include TB as part of their priority to address pandemic preparedness and response for local and regional production of medicines, vaccines, and strategic products. The Board appeals to the Government of Brazil and G20 members represented on the Board to ensure that TB is included in the 2024 G20 health ministers' statement and the final outcome document.
6. The Board applauds the Secretariat for rapidly transforming its governing body that at least 50% of its membership represents countries and people affected by TB, thereby elevating their voices. The Board welcomes the creation of the TB Key and Vulnerable Populations and Innovation constituencies as a result of the Board Strategy Review. In addition, the Board takes the opportunity to welcome the following new Board members:

- a) Vama Jele (TB Key and Vulnerable Populations)
 - b) Aman Shukla (TB Key and Vulnerable Populations)
 - c) Muhammad Ali Pate, Minister of Health of Nigeria (Countries Affected by TB)
 - d) Minata Cessouma Samaté (Open Seat, Regional Organizations: African Union)
 - e) David Lewensohn (Innovation Constituency)
 - f) Olya Klymenko (Community of People Affected by TB) substituting for Rhea Lobo for 18 months
 - g) Carrie Lehmeier (Donors, Global Affairs Canada)
 - h) Obinna Onyekwena (Foundations, Bill & Melinda Gates Foundation)
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7. The Board acknowledges the Executive Director's Report, commending the entire Secretariat for a record year of outputs and impact for people affected by TB, our partners, and donors and welcomes the 2023 Key Performance Indicator Results.
 8. The Board notes the progress and appreciates the efforts of the Secretariat to address the decision points from the 36th Stop TB Partnership Board meeting.
 9. The Board thanks UNOPS for the institutional hosting of the Stop TB Partnership and the excellent support UNOPS personnel provide to ensure effective and efficient operations of the Partnership.



Dr Lucica Ditiu
Executive Director



Mr Austin Obiefuna
Vice-Chair

2023 UNHLM on TB – Way Forward

Decision Point 37-2

1. The Board applauds the efforts of member states, the Secretariat, civil society and TB survivors, WHO, and partners in ensuring that the 2023 Political Declaration of the UN High-Level Meeting (UNHLM) on TB had bold targets and commitments including the WHO DG Flagship initiative, the development of evidence-based policies on more effective TB prevention, diagnosis, treatment and care, and the launch of the accelerator council for new tuberculosis vaccines. The Board appreciates the overwhelming participation of civil society, community, and TB advocates in the Multistakeholder Hearings and their advocacy that led to the robust 2023 UN Political Declaration on TB.
2. The Board highly appreciates the interventions by Mr Budi Gunadi Sadikin, Minister of Health of Indonesia, Dr Muhammad Ali Pate, Minister of Health of Nigeria, Dr Teodoro J. Herbosa, Minister of Health of Philippines, Dr Max Francisco Enríquez Nava, Vice-Minister of Health of Bolivia, and Jesús Miguel Osteicochea, Vice-Minister of Health of Venezuela.
3. The Board applauds the excellent progress made by countries in fully recovering from the impact of the COVID-19 pandemic to ensure increased access to TB diagnosis and treatment. The Board congratulates the high TB burden countries that have diagnosed and treated an unprecedented number of people with TB in 2022 and 2023.
4. The Board congratulates and thanks the Secretariat and the seven countries that successfully launched the *Coalition of Leaders to End TB* during the UN General Assembly week in September 2023, including Brazil, Indonesia, Kazakhstan, Kenya, Philippines, Tanzania, and South Africa. The Board requests the Secretariat to continue engaging Heads of State and Government of other high TB burden countries to join this initiative.
5. The Board appreciates the work done by the Secretariat to develop an abridged version of the 2023 UN Political Declaration on TB and distribution of the global UNHLM treatment targets by country. The Board requests the Secretariat to widely

disseminate these and advocate with countries to further disaggregate national level to sub-national level targets to guide local action and monitoring.

6. Recognizing that TB care and prevention and TB R&D funding needs to be quadrupled to achieve the commitments made in the 2023 UN Political Declaration on TB, the Board appeals to the Finance Ministers of high TB burden countries, as well as financial institutions and financing partners, to increase resources to the TB response as well as health systems including through innovative mechanisms.
7. The Board welcomes initiatives and activities planned by the Secretariat at the global, regional, and national levels to follow-up on the 2023 UNHLM commitments, increase high-level awareness on TB pandemic and response, and advocate for increased financing from different sources. The Board requests the Secretariat to engage Board members, constituencies, and partners in these endeavours. The Board requests the Secretariat to work with Board members and partners to ensure that drug-resistant TB is strongly featured in the UN High Level Meeting on AMR in September 2024, including in side-events and the Political Declaration. The Board requests that the regional meetings planned by the Secretariat include extensive stakeholder participation and result in strong outcome documents. Recognizing the role of nutrition in successful TB outcomes, the Board also welcomes the Secretariat's plans to collaborate with key food security stakeholders.
8. The Board notes that there are less than seven years left to achieve the SDG target of ending TB by 2030 and that the rate of progress will need to accelerate in order to reach this goal. Therefore, while appreciating the efforts of countries for diagnosing and treating all people with TB, the Board calls for more efforts in prevention and early diagnosis.



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TB Vaccine

Decision Point 37-3

1. The Board extends its deep appreciation to all panel speakers and acknowledges their informative presentations and remarks on the TB vaccine landscape, current and potential barriers and opportunities, and current and future approaches.
2. The Board commends the remarkable progress made by public and private sector partners in advancing TB vaccine development, particularly noting that 16 vaccine candidates are in the clinical development pipeline, including five currently undergoing Phase 3 clinical trials.
3. In alignment with the target set in the 2023 UN Political Declaration on TB and the Global Plan to End TB 2023-2030, the Board calls on all partners to strongly advocate for and work with key policy- and decision-makers, at the country and global level, to mobilize the necessary financing to bridge the USD 1.1 billion per annum gap, to fast-track the development of TB vaccines, and to identify the most sustainable financing approaches to accelerate the roll-out of successful Phase 3 vaccines across low- and middle-income countries.
4. The Board welcomes the commitments made by member states in the 2023 UN Political Declaration on TB to work with “the private sector and academia, accelerate the research, development, and roll-out of safe, effective, affordable and accessible pre- and post-exposure vaccines, preferably within the next five years”.
5. The Board commends the establishment of a high-level TB Vaccines Accelerator Council by the WHO Director-General. The Board applauds and supports the inclusion of the Stop TB Partnership’s Executive Director on the Accelerator Council Principal Group. The Board requests WHO to ensure effective collaboration and inclusion of the TB-affected communities and private sector within the Council's scope. The Board calls for all partners to support the introduction of a new TB vaccine by 2028 and to ensure the availability of resources needed to fast-track new TB vaccine development, policy, production, and access. The Board asks the Secretariat to work with the G20 Health Working Group and the Ministry of Health of Brazil to prioritize TB vaccines in the Working Group’s outcome document.

6. The Board supports the Secretariat's efforts to convene and engage with public and private sector partners and civil society and TB-affected communities, including through the mechanism of the Challenge Facility for Civil Society, to further increase the momentum related to demand generation, community system strengthening, advocacy and financing of TB vaccines in alignment with the Stop TB Partnership's Operational Strategy 2023-2028 and activities from other agencies informed by the Accelerator Council workplan. The Board requests that the Secretariat presents an update to the next Stop TB Partnership Board meeting in December 2024.
7. The Board applauds the co-hosts of the 7th Global Forum on TB Vaccines, including the Ministry of Health of Brazil, IAVI, Brazilian Tuberculosis Research Network (REDE-TB), Tuberculosis Vaccine Initiative (TBVI), and the Stop TB Partnership's Working Group on New TB Vaccines that will be held in October 2024 in Rio de Janeiro, Brazil. The Board encourages the Secretariat to work with the co-hosts to leverage this opportunity to further increase the momentum related to the advocacy and financing of TB vaccines by ensuring high-level participation, engagement of public and private sector partners, and dissemination of the outcomes.



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Innovations for TB Response

Decision Point 37-4

1. The Board recognizes the opportunity that the Latin America and the Caribbean region has to eliminate TB and appreciates the efforts done to focus activities with sufficient resources that are designed to achieve this goal which will require new approaches and new tools especially for key and vulnerable populations, with a focus on early diagnosis and prevention.
2. The Board congratulates the wide variety of innovations coming out of the Latin American region and applauds the work that governments are doing to accelerate impactful investments to deliver quality TB services and social protection.
3. The Board recognizes and applauds the support TB REACH has provided to partners following the Varanasi Innovators Showcase as well as support to the innovators in the Latin American region and globally. The Board notes with concern that there are only USD 11 million available for almost 600 TB REACH applicants in the last call for proposals with funding requests of approximately USD 224 million. The Board asks the Secretariat to work with other donors urgently to consider additional funding.
4. The Board recommends the Secretariat, using its convening power and mandate, work with partners to support knowledge sharing and broader dissemination of the innovative approaches to end TB and work with partners in the region to move towards the goal of TB elimination.
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Ensuring access to quality-assured, affordable TB drugs - Global Drug Facility

Decision Point 37-5

1. The Board commends the Stop TB Partnership's Global Drug Facility (GDF) for a highly successful 2023 and its essential role in TB market stewardship towards promoting access to affordable, quality-assured TB medicines and diagnostics.
2. The Board thanks GDF and partners for helping to reduce prices for many key TB medicines and diagnostics globally – a collaboration that has resulted in savings of more than USD 32 million for GDF clients in 2023 alone. The Board encourages GDF to continue its collaborative approach to achieve price reductions, and encourages the Global Fund, USAID, other donors, and national TB programs to apply savings from price reductions to expand procurement and services to increase the number of people who are screened, tested, and treated for TB.
3. The Board acknowledges the rapid pace at which countries are adopting new treatments, especially the shorter 6-month DR-TB regimens and asks GDF to support countries during the difficult transition between regimens and supply of new products considering periodic supply shortages and/or long supplier lead times.
4. The Board also notes substantial progress in procurement transition from donor to domestic financing, recognizing some countries still face challenges with securing TB products through domestic processes. These challenges are magnified in the context of global supply constraints, thereby increasing risks of stockouts and treatment interruptions. To minimize these risks, the Board requests:
 - A. GDF to regularly monitor, track, and share procurement and access issues in high-burden TB countries as countries transition from donor to domestic procurement of TB products.
 - B. National TB programs to confidentially share data on in-country stock and order plans with GDF to help proactively predict future stockouts, identify timely interventions to avert stockouts, and prioritize constrained supplies in an equitable manner across countries.

- C. Global Fund to continue to utilize flexibilities to support countries when doing emergency order to avert stockouts as part of sustainability and transition planning.
- D. National TB programs, Global Fund, and other donors to invest in strengthening domestic procurement systems of health products.



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Global Fund Investments in TB Response

Decision Point 37-6

1. The Board applauds the work done by the Secretariat and partners to support countries in timely submissions of Global Fund Grant Cycle 7 (GC7) TB grants. The Board notes with appreciation that countries have increased their ambition levels, updated their national strategic plans to end TB, and submitted ambitious funding requests to the Global Fund. Recognizing the positive role that the list of 'Program Essentials' has played in ensuring TB grants lead to impact, the Board supports the Global Fund's plan to incorporate the 'Program Essentials' into routine monitoring of TB grants in GC7.
2. The Board notes with concern that USD 1.2 billion of country TB funding requests to GC7 remains unfunded, including essential commodities, especially rapid molecular diagnostics. The Board recommends that the Secretariat requests an update from the Global Fund on progress made against implementing the key points of the Global Fund's decision point from its own Board meeting in November 2021 which sought to actively bridge the gap in TB funding, and work proactively with the Global Fund and partners to ensure funding is available to urgently bridge this gap.
3. The Board appreciates the work done by the Secretariat and partners to ensure that USD 400 million of C19RM funding from the Global Fund is invested in dual-purpose tools that also benefit the TB response. Recognizing the funding gap in TB and the demonstrated capacity of countries to use C19RM funds effectively for the dual purposes of Resilient and Sustainable Systems for Health (RSSH) and TB, the Board recommends that any savings from C19RM investments in countries be used to support TB programs as part of pandemic preparedness and cross-cutting RSSH investments.
4. Recognizing the success of 'loan-buydowns' in India and Indonesia by the World Bank and the Global Fund, the Board recommends that the Secretariat further increase its work with the Global Fund, the World Bank, and country governments to ensure that more high TB burden countries benefit from similar innovative blended loan and grant financing.

5. The Board commends the successful efforts of the Secretariat working together with the Global Fund and USAID in the engagement of rapid molecular diagnostics manufacturers to achieve reduced pricing as well as increased commitments to expand access to comprehensive global service and maintenance standards. The Board asks the Secretariat to continue collaborating with the Global Fund, national TB programs, and partners to monitor molecular diagnostics manufacturers' commitments to service and maintenance, support the planning of country's scale-up of rapid molecular diagnostics, advocate for the funding needed to support countries in replacing microscopy as an initial diagnostic test, and continue discussions with manufacturers and other stakeholders to secure further price reductions and expand availability and accessibility of diagnostics.
6. The Board acknowledges that grossly insufficient TB budget allocations have resulted in national TB programs limiting the deployment of molecular diagnostic instruments and/or adopting restrictive algorithms for their use. The Board asserts the value of investing in rapid molecular diagnostics and ensuring that all individuals are tested for TB using these methods and urges the Global Fund and other partners and donors to increase contributions towards the scale-up of rapid molecular diagnostics and well-functioning networks so that all people in need of a test have reliable access.
7. The Board recognizes the importance of the Global Fund Next-Gen Market strategy and requests the Secretariat to work closely with the Global Fund and partners, especially GDF (TPMAT) to ensure that TB is included with maximum coordination, avoiding duplication, and that new TB tools benefit from this initiative.
8. The Board notes that the Global Fund has started the process of developing an investment case for its upcoming 8th Replenishment scheduled for 2025, and requests the Stop TB Secretariat to contribute to the investment case and ensure that TB is adequately addressed with comprehensive evidence-based data.
9. The Board welcomes the Global Fund decision to conduct a review of its resource allocation approach to the three diseases – the “global disease split.” The Board reflects on the TB33% Campaign, initiated by the Stop TB Partnership’s civil society constituencies in 2020, and notes that the current allocation for TB is completely inadequate in the context of the 2023 UNHLM financing commitments and the fact that TB accounts for more deaths than HIV and malaria combined. The Board appeals to the Global Fund Board to adopt an equitable and fair disease split methodology and requests the Secretariat, with guidance from the Executive Committee, to

develop a position paper on the Global Fund's resource allocation methodology, including the disease split.



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Vice-Chair

Community-led Monitoring

Decision Point 37-7

1. The Board recognizes the importance of Community-Led Monitoring (CLM) and commends the Stop TB Partnership's OnelImpact CLM solution as the most widely adopted CLM platform globally, with 36 countries and more than 100,000 people affected by TB currently enrolled and engaged. Therefore, the Board recommends that countries incorporate CLM and use Stop TB Partnership's OnelImpact information in national strategic plan development, programming, monitoring and evaluation, and accountability efforts, including the WHO Multisectoral Accountability Framework for TB.
2. The Board applauds the strategic guidance and commitment of national TB programs and the leadership of civil society and affected community organizations in developing and implementing Stop TB Partnership's OnelImpact, and thanks the donors supporting its implementation through the Challenge Facility for Civil Society, including USAID and L'Initiative, operated by Expertise France.
3. The Board appreciates the work of the Secretariat in supporting country efforts to adapt, pilot, and scale-up OnelImpact and highlights the importance of renewed efforts by the Secretariat to mobilize additional resources to further strengthen and scale-up Stop TB Partnership's OnelImpact.
4. The Board recognizes the efforts of the Secretariat to support and integrate other disease components and innovations into Stop TB Partnership's OnelImpact to accommodate comprehensive and country-owned solutions.



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Executive Director



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Secretariat: Finance Committee Report, Board Action Plan

Decision Point 37-8

1. The Board recognizes the work of and expresses its appreciation to the Finance Committee and the Secretariat's finance team and directs the Finance Committee to continue to monitor expenditures, encumbrances, and financial risks, and alert the Executive Committee of any concerns.
2. Based on the recommendation of the Finance Committee, the Board endorses the Stop TB Partnership 2022 Annual Financial Management Report.
3. The Board requests the Secretariat to do an in-depth analysis of the cross-cutting costs and options for charging it to different areas.
4. The Board commends UNOPS and Secretariat on the interest earned and requests them to implement ways to increase it.
5. The Board requests the Secretariat to prepare the Secretariat's budget for 2025, submit it for review to the Finance Committee by early November 2024, and ensure its approval by mid-December 2024.
6. The Board requests the Stop TB Partnership 2023 Annual Financial Management Report to be prepared by the Secretariat and submitted to the Board for endorsement during the 38th Board meeting.
7. The Board remains committed to fulfilling and prioritizing its aspirations related to diversity, equity, and inclusion and requests the Secretariat to continue its efforts to strengthen diversity and equity in staffing, people management, as well as providing a safe and inclusive working environment.



Dr Lutica Ditiu
Executive Director



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Vice-Chair

Next Board Meeting and Closing

Decision Point 37-9

1. The Board recognizes the efforts of the Government of Brazil to make the Board meeting a success, and thanks the Minister and Vice-Minister of Health of Brazil, and especially her team in the TB department for their generous collaboration.
2. The Board requests the Secretariat, under the guidance of the Executive Committee, to implement the processes outlined in the Board Governance Manual to facilitate the nomination of a new Board Chair by the end of Q4 2024 for a smooth transition period.
3. Following the guidance of the Executive Committee, the Board asks the Secretariat to define and finalize arrangements for the 38th Board meeting to be held in December 2024 in Abuja, Nigeria.



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Executive Director



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Vice-Chair