

**Report of actions following the decision points from
37th Board Meeting**

| | Decision Point | Action |
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| 37.1 | <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 | |

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| | <p>TB)</p> <p>d) Minata Cessouma Samaté (Open Seat, Regional Organizations: African Union)</p> <p>e) David Lewinsohn (Innovation Constituency)</p> <p>f) Olya Klymenko (Community of People Affected by TB) substituting for Rhea Lobo for 18 months</p> <p>g) Carrie Lehmeier (Donors, Global Affairs Canada)</p> <p>h) Obinna Onyekwena (Foundations, Bill & Melinda Gates Foundation)</p> <p>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.</p> <p>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.</p> <p>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.</p> | |
| 37.2 | <p>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.</p> <p>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.</p> <p>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 burdened countries that have diagnosed and treated an unprecedented number of people with TB in 2022 and 2023.</p> | <ul style="list-style-type: none"> • Stop TB ED together with the Global Fund ED visited Bangladesh and met with the Prime Minister, Finance Minister, Health Minister, partners and civil society and TB survivors and advocated for increased action and financing to end TB in Bangladesh. The Prime Minister expressed interest in joining the global Coalition of Leaders against TB and working closely with Stop TB on TB & Nutrition. • Stop TB Secretariat has worked with the First Ladies of Nigeria and Malawi to increase political commitment and awareness on TB situation and funding. The First Lady of Malawi took part in WHA side events convened by Stop TB in May 2024 in Geneva and hosted several high-level events in November 2024. The First Lady of Nigeria launched her initiative in to mobilize other First Ladies to support TB work and to increase financing for TB in the country. She accepted to be a Stop TB Champion and joined the High-level event on TB and AMR during UNGA in NY. |

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| <ol style="list-style-type: none"> 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. | <ul style="list-style-type: none"> • Stop TB Secretariat has held 3 Regional Advocacy meetings that have facilitated further discussions on the UNHLM targets and commitments as well as funding needed and gaps for the TB response. The regions covered include Asia (Philippines), Eastern European and Central Asian Region (Uzbekistan) and Africa. Various stakeholders were involved in these meetings, including Board members, parliamentarians, celebrities, journalists, ministers and NTPs • The multistakeholder hearing on AMR that took place in New York in May 2024 had a strong Stop TB Partnership representation, including Board constituency members and civil society. This led to a great success where TB is prominently featured in the AMR political declaration. • The STB Country-Level Partnership Platforms continue to focus on increasing the visibility and understanding of TB response and TB efforts at the country level. Developing and implementing of specific efforts to increase the number of partners engaged in TB response at the national level and to ensure the relevance of the country platforms; and enhancing efforts on domestic resource mobilization to better finance TB. |
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| <p>37.3</p> | <ol style="list-style-type: none"> 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 | <ul style="list-style-type: none"> • The Secretariat has participated in various calls, meetings, and events organized by various partners, such as the Gates Foundation, Gavi, The Vaccines Alliance, World Health Organization, including the 2nd High-Level Meeting of the TB Vaccine Accelerator Council, and Working Group on New TB Vaccines. • The Secretariat organized a TB Vaccine Dialogue in New York City in September during the United Nations General Assembly. • The Secretariat participated in the TB Vaccine Forum in Rio de Janeiro, Brazil in October 2024 and supported the participation of several participants from the TB affected community via the Working Group on New TB Vaccines. • At the 38th Board Meeting, there will be another dedicated session on TB vaccines. The Secretariat will also provide an update to the Board during that session. • The Secretariat is exploring how to concretely and practically leverage the Challenge Facility for Civil Society to support demand generation activities for TB vaccines at the country-level. • The Secretariat, including various country- and global stakeholders and partners directly engaged in TB vaccines development and delivery, will provide an update at the 38th Board Meeting during another dedicated session on TB vaccines. |
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| | <p>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.</p> <p>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.</p> | |
| 37.4 | <ol style="list-style-type: none"> 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. | <ul style="list-style-type: none"> ● In June, the Board’s Executive Committee approved 28 new TB REACH Wave 11 projects for USD 15.1 million in 15 different countries. The projects will focus on innovations and people-centered approaches to integrate services for TB and lung health conditions at the primary and community levels of the health systems. Wave 11 is funded by Global Affairs Canada and FCDO. ● The Secretariat led the first Global meeting on the use of AI and CXR – the Global Implementer’s Exchange in Manila, Philippines in March. The event was co-hosted with Global Fund, The PSC, and USAID and brought together implementers, national TB programs, researchers, policy makers and developers to present and discuss many different aspects of AI implementation. ● Stop TB Secretariat signed an MOU with the India Health Fund to facilitate evaluation, and dissemination of new TB technologies within and outside of India. ● Stop TB carried innovations to new heights with a mission to set a Guinness World Record of operating an X-ray machine at the highest altitude ever. The attempt took place at 5644m in Kala Pattar, on Mt Everest, on 16 May 2024. The initiative aimed to raise awareness and demonstrate the effectiveness of ultra-portable digital X-ray technology combined with artificial intelligence (AI) in diagnosing TB in remote and underserved areas. A video of the project is being developed by the communications team for wider distribution. ● Stop TB Secretariat is partnering with PAHO to support the region in expanding the use of AI enabled portable x-ray for reaching key populations. This work has involved several webinars and working with NTPs and partners to provide technical |

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| | | <p>assistance to support rollout and scaleup.</p> <ul style="list-style-type: none"> • A Results Report on use of Truenat under the Stop TB / USAID introducing New Tools Project (iNTP) <u>was published</u> in February 2024, sharing the impact, key findings and main lessons learned from use of Truenat under the project, which represented the largest multi-country introduction of the technology. Furthermore an updated version of the Stop TB/USAID/GLI Practical Guide to Implementation of Truenat Tests <u>was published</u> in June 2024, including a new annex that features the best practices and lessons learned from countries implementing Truenat under the iNTP. This update entailed collecting information from and technical review by 16 implementers in 8 countries, and review by USAID, IDDS, and the GLI core group. The updated version also includes as an annex a new checklist for a Truenat testing site supervisory visit. • Seven new case studies <u>were published</u> on use of innovations rolled out under the iNTP, sharing the key findings and main lessons learned on use of the LabXpert connectivity system in Uganda (February 2024); use of ultra-portable X-ray/CAD and Truenat in the Philippines (March 2024); use of ultra-portable X-ray/CAD in Kenya (March 2024); use of Truenat in Kenya (March 2024); use of the Tibulims connectivity system in Kenya (March 2024); use of Truenat in Nigeria (April 2024); use of Truenat in Cambodia (May 2024). • Two webinars on the topic of targeted Next-Generation Sequencing (tNGS) for detection of drug-resistant TB were organized in April and May 2024 by Stop TB jointly with FIND and in collaboration with USAID, Unitaid, the Global Laboratory Initiative and the New Diagnostics Working Group. The first webinar was attended by 360 people (1,038 registrations from 108 countries), breaking a Stop TB record. • RTC People-Centered Design (PCD) Workshop: The Stop TB Partnership co-hosted a hybrid event with the Ministry of Foreign Affairs, Republic of Korea and the Korea International Cooperation Agency’s (KOICA) Global Disease Eradication Fund in March 2024 at the Global Health Campus. The focus of the RTC PCD Workshop was to show how we, like Apple, are using a concrete, inclusive, and measurable PCD approach to creatively accelerate the roll-out of TB innovations and to launch the RTC PCD Toolkit. • Product Innovation Scan (i.e., InnoScan): The Stop TB Partnership has soft launched the beta version of an InnoScan, which systematically identifies and collates over 450 innovations for TB or can be translated for TB (i.e., COVID-19, lung cancer, COPD, etc.). We hope such a scan will provide TB stakeholders and partners with real-time visibility to the TB innovation pipeline, including various options countries have to address their specific needs and desires. |
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| | | <ul style="list-style-type: none"> • Stop TB Partnership and Government of Azerbaijan organized the event ‘Climate Change and Tuberculosis Response – Science and Technology Make TB Go Green’ on 16 November 2024 at the 29th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (UNFCCC), or COP29. The side meetings featured real-world examples of how new TB tools that are downsized and digitally-enabled are leveraging cutting-edge technology to become more climate-resilient and environmentally sustainable. This is the first time ever Tuberculosis gets featured in a global Climate Summit. |
| 37.5 | <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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, | <ul style="list-style-type: none"> • GDF, through its leadership in the TB Procurement and Market-Shaping Action Team (TPMAT), aligned with key stakeholders on target prices for key medicines where there is still room for price reduction. GDF included these target prices in transparent, competitive medicine tenders launched in September and November. The tenders are ongoing, with new prices and terms expected to be implemented in Jan 2025. GDF continues to share its prices publicly to enable national and other procurers to use GDF prices as reference prices for their own negotiations– a practice already adopted by several high-burden TB countries, thereby further expanding GDF’s ability to lower prices globally. • GDF continues to monitor and share challenges related to domestic procurement and supply management of TB products. GDF carried out an assessment to better understand the key demand-side drivers of stockouts in priority countries and found that fragile national procurement systems— including inefficiencies in countries’ medical supply management systems, shortfalls or delays in allocating domestic funding to TB medicines, and bureaucratic or regulatory delays such as those around medicine clearance— accounted for 66% of the main drivers of TB medicine stockout in these countries. The remaining 34% of stockout drivers were programmatic and external challenges. |

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| | <p>identify timely interventions to avert stockouts, and prioritize constrained supplies in an equitable manner across countries.</p> <p>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.</p> <p>D. National TB programs, Global Fund, and other donors to invest in strengthening domestic procurement systems of health products.</p> | |
| 37.6 | <ol style="list-style-type: none"> 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 | <ul style="list-style-type: none"> • The Global Fund has shared an update on progress made against implementing the key points of the Global Fund Board meeting in November 2021 which sought to actively bridge the gap in TB funding. • On loan buy-downs, the Secretariat has worked further with the Asian Development Bank (ADB). This issue was discussed in two meetings, one in Manila and another in Tokyo. ADB now has a good understanding of the funding gaps in TB and is committed to work with Stop TB Secretariat and with countries on developing results based blended financing mechanisms to address the funding gaps. Initial progress has happened with Bangladesh and Philippines but more work will be needed, particularly to ensure that country Finance Ministries ask for ADB financing for TB which remains a challenge. • The Secretariat has continued its advocacy for scale up of rapid molecular tests and replacement of microscopy for the diagnosis of TB. The service and maintenance conditions have improved but more work is needed in this direction. Stop TB has advocated for increased funding for rapid molecular tests from Global Fund. In this context the funding gaps in country budgets were discussed in a TB Situation Room meeting and Stop TB ED wrote a letter to the Board of Global Fund listing out countries and funding gaps, including for rapid molecular tests. • Stop TB Secretariat has actively participated in the development of the Global Fund Investment Case, including in the costing and modelling, and incorporation of new TB vaccines for the first time in a Global Fund Investment Case. The costing for the TB part of the investment case is taken from the Global Plan to End TB and Stop TB has ensured that the Investment Case is aligned with the UNHLM commitments. The full financial needs for TB, HIV and Malaria are now included in the investment case dataset and the need is huge. |

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| <p>similar innovative blended loan and grant financing.</p> <ol style="list-style-type: none"> 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 | <p>As in the past, Global Fund will ask for a small portion of this need in its replenishment (not the full need) based on expectations from domestic funding increase, other external funding and signals from donor countries.</p> <ul style="list-style-type: none"> • The Secretariat has worked extensively on the Global Disease Split (GDS) for the last 9 months. In the Global Fund Board meeting in April 2024, Stop TB Partnership convened a side event for TGF Board constituencies and presented a document, which explored several options for increasing TB allocations while addressing concerns from HIV and Malaria stakeholders. This paper was widely discussed by Global Fund Board constituencies, as well as partner organizations. Further, the Global Fund Secretariat developed a paper with 4 GDS options including one of the Stop TB options. The Stop TB Secretariat finalized this document in September and presented it to TGF Secretariat, Strategy Committee and the Board, as well as global and regional partners. Stop TB Partnership has been working with the Board constituencies and partners advocating for fair allocation across diseases and sustaining and increasing funding for essential TB interventions. These options were discussed by TGF Strategy Committee in October. . |
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| | <p>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.</p> | |
| 37.7 | <ol style="list-style-type: none"> 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. | <ul style="list-style-type: none"> • There has been significant progress in scaling up OnelImpact coverage (CFCS Round 11 and 12 milestones). As of today, 250,000 people are using OnelImpact across 36 countries with NTP leadership and 75 CFCS partners, thus mobilizing communities in their millions, establishing engagement platforms between communities and NTPs and accountability mechanisms to systematically identify and overcome AAAQ, human rights and stigma barriers – in line with UN HLM targets and commitments. • At the end of CFCS Round 11 when 26 countries were using OnelImpact the following had occurred: <ol style="list-style-type: none"> i. One hundred and fifty-three thousand, one hundred and fifty-one (153,151) people with TB were using OnelImpact. ii. A total of 85,499 challenges were reported by people using OnelImpact. iii. A total of 18,817 (22%) of the challenges had been resolved. iv. An analysis across 14 countries, where a minimum of 1000 challenges were reported, showed that the top 3 challenges are: a lack of support services (30.71%), TB stigma (30.20%) and challenges accessing TB services (18.42%). v. The top 4 challenges reported against the OnelImpact conceptual framework were (1) absence of any social protection scheme - 14%, (2) treatment counselling not available - 13%, (3) self-stigma - 9%, (4) stigma in family settings. • The OnelImpact CLM dashboard was further developed to ensure the availability of actionable data that highlights the magnitude, the specificity and the location of the challenge reported. The CLM indicators are now also linked to demonstrate how they impact the screening, testing and treatment targets of the National TB Programs, thus their relevance to national TB response. • Country specific scale up plans have been developed to maximize community engagement, access to TB information, community building and CLM data use. • To specifically and proactively identify gaps in TB services - 2 surveys have been tested with success to identify gaps in screening services (Nigeria, Mozambique, Cameroon) and the availability of TB treatment (DRC). By June 2025 all CFCS |

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| | | <p>countries using OneImpact will have implemented these surveys to create any necessary alarms and subsequent demand for these services.</p> <ul style="list-style-type: none"> • Having successfully adapted and achieved exponential growth in the mobilization and engagement of people affected by TB in the TB response through ambitious CLM scale up plans, STP is now focusing on supporting countries to implement these plans so that OneImpact reaches all people with TB as well as the key and vulnerable populations. The OneImpact CLM Knowledge Hub will be leveraged for cross learning and community building. • STP is working with countries based on demand from NTP and GF to support further scale up , institutionalization, and CLM integration across programs using OneImpact CLM as an entry point through interoperability and with a focus on (1) interoperability with the country’s ecosystems (DHIS2), (2) local server hosting, (3) working with HIV/AIDS and Malaria community for integrated CLM, (4) multi-channel data import and integration with other CLM systems, (5) self-reporting CLM promotion in the country, (6) AI driven innovation to engage general population in addition to KVP. |
| 37.8 | <ol style="list-style-type: none"> 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 | <ul style="list-style-type: none"> • The in-depth assessment of the cross-cutting costs was completed by a multi-disciplinary team within Stop TB and UNOPS and presented to the Finance Committee in October 2024. It included a review of what the cross-cutting costs drivers are, a benchmark against other similar entities, a review of the cross-cutting methodology, as well as scenarios with funding options. • The 2025 budget was prepared and presented to the Finance Committee for review in November 2024 and was approved by the Executive Committee through the no objection procedure, in November 2024. • The idle funds with UNOPS are invested to earn interest, as part of the UNOPS corporate pooled investment mechanism. • The 2023 Annual Financial Management Report was prepared and submitted to the Finance Committee for review in October 2024 and it will be submitted to the Board for endorsement during the 38th Board meeting. • The Secretariat continued its work to ensure a healthy work environment in support of the Board Action Plan based on diversity, equity and inclusion in terms of workforce, decision-making, and behaviour. Further leadership, |

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| | management, as well as providing a safe and inclusive working environment. | performance and culture trainings took place during 2024. The recruitment of the new DEI Advisor for the Secretariat has also taken place. |
| 37.9 | <ol style="list-style-type: none"> 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. | <ul style="list-style-type: none"> • Completed. No further follow-up required. |