

**Executive Committee Call
24 October 2024**

Attended:	Apologies:	Secretariat:
Austin Obiefuna (EC Chair), Timur Abdullaev Amy Bloom (for Cheri Vincent) John Fawcett (for Obinna Onyekwena) Carrie Lehmeier David Lewinsohn Peter Owiti Vama Jele	Obinna Onyekwena Cheri Vincent	Lucica Ditiu Catie Rosado Nigeria team: Mayowa Joel
Minutes of the Call		

1. Governance update

1. The meeting started with Vice-Chair welcoming Executive Committee members, introducing the agenda of the meeting and then informing the Executive Committee that the community, developing and developed country NGO constituencies are working on identifying new Board Members and Alternates, and the outcomes may be presented at the next Executive Committee meeting.

2. Global Fund Committee Meeting

2. The Global Fund’s Strategy Committee had its in-person meeting on October. As the Stop TB Partnership has an observer status, the constituency was represented by Roll Back Malaria, which made a statement informed by the Stop TB Partnership. The agenda included a number of points, including country economic capacity adjustment and the global disease split (GDS). The discussion on the GDS began with the Global Fund Secretariat presenting the options for the revision of the GDS. In general, there was a small number of Strategy Committee members, who were in favor of increased funding for TB; others either did not mention TB or spoke against. The Strategy Committee also decided to keep catalytic investments regardless of the replenishment outcomes. Eventually, the Strategy Committee concluded with a recommendation to the Board to adopt option 3 of the GDS revision, which means giving more funding to TB and malaria starting at \$12.5 billion for allocation (over \$13 billion replenishment) gradually growing to reach 25% for TB as of \$17 billion for allocation. A proposal to lower the minimum or maximum Replenishment thresholds (Option 3A) was not supported by the Strategy Committee.
3. The Partnership will continue its advocacy on the lead up to the Global Fund Board Meeting in Malawi, in order to convince Global Fund Board members to speak about TB. There should be advocacy for a decision point that encourages countries to use the flexibility of requesting more funding for TB within the total envelope they are eligible to receive, as it was once done by South Africa in the past. And then advocacy to revise the GDS should continue in the next funding cycle. The Secretariat therefore proposed a number of actions in the lead up to the Global Fund’s board meeting (see action items below).
4. Vice-Chair shared the frustration regarding the outcomes of the Strategy Committee meeting and emphasized that between now and the Global Fund Board meeting, efforts should be made to sensitize the

Board and convince it to come up with a more adequate revision of the GDS. He also agreed that there should be more work with the countries (sensitization, capacity building, etc.) so that they use the flexibility of requesting more funding for TB. The Vice-Chair also pointed that domestic resource mobilization may be problematic due to the decline of TB incidence, as domestic funding for TB is often reduced when incidence goes down.

5. Discussion points

- Canada reiterated its support to a meaningful increase of funding for TB. Prior to the Strategy Committee meeting, it had discussions with other constituencies, encouraging them to consider supporting reducing the replenishment thresholds for Option 3 and to question the costs of essential programming as these costs seem to go beyond life-saving services for the three diseases.
- There was also a comment that Board members of the Global Fund, in particular the representative of the West and Central Africa constituency, do not consult with their constituency on the things presented at the Board and are speaking in their individual capacity. At most they always speak on behalf of the ACP.
- A point was made on the challenges regarding the use of the flexibility and requesting more funding for TB – due to TB being underrepresented at the CCM level.
- Vice-Chair also alluded to the imbalance in the representation of TB in the Global Fund constituencies, which are largely dominated by HIV, and mentioned a statement by TBpeople that will be sent to the Global Fund on that very point.

6. Action items:

- The Secretariat will send a paper to the Strategy Committee members explaining the Option 3
- The Secretariat will engage with Global Fund constituencies so that they include TB in their interventions at the Global Fund Board Meeting
- The Secretariat will share information about Option 3 with Executive Committee members
- The Secretariat will approach South Africa and Nigeria to understand their position

3. 38th Stop TB Partnership Board Meeting

7. The most important update is that the African Union and the Government of Nigeria have agreed to have a high-level dialogue on TB financing happening on 10-11 December 2024. Ministers of Health from 20 highest TB burden countries in Africa were invited and it is expected to have a discussion on how they see the gaps in TB being filled, and the type of innovative financing they aim for. The Partnership is also supporting the participation of 20 Members of Parliament from Africa. This is due to some of these countries facing a funding shortage preventing them from buying GeneXpert cartridges; if the problem is not addressed, will they roll back to smear microscopy or come up with other solutions.
8. The Board Meeting will feature several very important sessions. One of them, the Opening on 12 December, is not yet confirmed whether the President and/or the First Lady will come, or Board Members will go to the Presidential Palace. On 13 December, there will be a session on innovations from Africa; 15 innovators have already been invited.