

Agenda Item / Ref Documents	Decisions	Actions	Status
<p>(1) Openings session 2.10-1.0</p> <p>(2.10-1.1 19th Agenda) (2.10-1.2 18th CB Decisions)</p>	<p>Acknowledged the role of Dr Marcos Espinal Fuentes in the developments of the Stop TB Partnership and requested the Secretariat to send him a word of appreciation on behalf of the Board.</p>	<p>Secretariat to draft letter to Marcos on behalf of the Coordinating Board. The letter should include that the Board recognizes the huge amount of work and significant contribution that he has made to TB control and developing the Stop TB Partnership. It should show our appreciation.</p>	<p>Done in combination with an invitation to participate in the 20th Stop TB Partnership Coordinating Board meeting.</p>
<p>(2) Progress, Challenges and Opportunities: TB control in South Africa, Lesotho and Swaziland 2.10-2.0</p>	<p>Stop TB Partnership Secretariat to explore with SADC Ministers of Health, CB members and others, to identify resources to support this effort, and to help shape the agenda for a high level meeting on regional TB approaches.</p> <p>A high-level forum bringing together key players should be convened in SADC before the next Board meeting (April 2011), under the leadership of Ministerial Board Members and to include Ministers of Health and Ministers of Labour (in particular, South Africa, Lesotho, Swaziland), mining industry representatives, textile etc. and other key partners.</p> <p>Engage the corporate sector and reach out to business coalitions to address TB/HIV in the workplace. Secretariat to work with Private Sector Constituency to advance this agenda.</p>		<p>Concept note drafted and memo sent to RD AFRO.</p> <p>Regular conference calls with Government of South Africa, WHO SA, World Bank South Africa, IOM, and UNAIDS have been taking place to support the NTP in preparing and convening a regional forum on eliminating TB in miners.</p> <p>South African officials from concerned departments and national institutes have met on Feb. 28th and set out a roadmap for broader stakeholder and regional involvement leading to the ministerial regional forum, which is planned to take place in June.</p> <p>STBP is facilitating a meeting with MoH present at the 20th CB meeting together with the CB Chair to advance discussion on the forum.</p> <p>Work to engage the Corporate Sector beyond the meeting with SADC ministers is ongoing.</p>
<p>(3) Responding to the Co-Epidemic: TB HIV 2.10-3.0</p> <p>(2.10-3.1 Progress Report)</p>	<p>Requests the STP- TB/HIV WG/UNAIDS to develop an implementation plan for the MoU with clear objectives by end November for review by the Executive Committee of the CB STP.</p>		<p>The implementation plan was completed by the end of January 2011 and a draft progress report against the implementation plan has been submitted to the Board.</p>

<p>on Memorandum of Understanding & 2.10 - 3.2 Memorandum of Understanding)</p>	<p>Requests STP – TB/HIV WG/UNAIDS to report on progress at each Board until the end of the MoU period (end 2011) and renewal of the MoU to be discussed at the next Board meeting.</p> <p>UNAIDS to explore the possibility of tabling TB and the MoU as an agenda item for the UNAIDS Programme Coordinating Board on regular basis.</p> <p>Acknowledges the challenges posed by compulsory hospitalization for drug sensitive TB in limiting the regional TB/HIV response of Eastern Europe and Central Asia and encourages WHO HQ and EURO to work in order to address the issues taking its complex nature into consideration.</p>		<p>A systematic review to identify barriers to policy change in hospitalization of uncomplicated TB cases, looking into examining its implication on the scaling up of collaborative TB/HIV activities is being completed. Findings from this review will contribute to a WHO position paper to be used as part of an advocacy strategy to push for policy change in the region.</p>
<p>(4) M/XDR-TB: The new architecture to accelerate scale-up of MDR-TB diagnosis and treatment in countries 2.10-4.0</p>	<p>Requests the Secretariat to clarify proposed changes to the existing structure and scope of work and present by the 1st of November:</p> <ul style="list-style-type: none"> - An analysis of the risks and benefits of the new structure versus the old structure. - An explanation on how the quality assurance of the second line drugs will be ensured - Description of the TB TEAM modus operandi, capacity and resources - human and financial - in covering all the new envisaged areas - Seek advise and discuss with the main donors - The GF, USAID - the possible impact in financing of the new structure - Prepare a timeline for the implementation and the transition plan towards the new structure. 		<p>Clarifications were sent to full CB on 2 November.</p> <p>Special session on MDR-TB was organized on 11 November 2010 in Berlin.</p> <p>Presentation, notes and decision points were shared with all CB members on 18 November.</p>

	<p>Requests a meeting to be organized in Berlin with all CB members present in Berlin, on 11 November 2010, after the Stop TB Symposium to discuss and move forward this agenda.</p>		
<p>Moving towards a new framework for supporting countries to scale-up MDR-TB management (2.10-4.0) - Special session Coordinating Board 11 November 2010, Berlin</p>	<p>Requests the Stop TB Partnership secretariat to develop with the MDR-TB working group a detailed transition plan by the end of January 2011 to include, but not limited to, resources needed for implementation of the new system including management of technical assistance, drug procurement (working with GDF), the roles and responsibilities of the TBTEAM, WHO, Stop TB partnership secretariat, donors, countries, etc. The transition plan should also articulate the oversight of the proposed functions by WHO and the Stop TB partnership CB.</p> <p>The transition plan should be developed in consultation with partners including affected communities, civil society, donors and implementing countries.</p> <p>The transition plan should be presented for discussion at a broad consultation to be held before the end of January 2011. It needs to be submitted to the CB for approval at next CB meeting in Spring 2011.</p>		<p>Stakeholders meeting on transition planning held in Geneva on 22-23 February and 21-22 March 2011. Representation from a wide range of constituencies, including Task Force conveners and members, core group of the MDR-TB WG, civil society, donor and technical agencies, and countries.</p> <p>Transition plan and report of stakeholders meeting to be submitted for discussion and decisions at the 20th CB meeting, 31 March - 1 April 2011.</p>

<p>(5A) Global Fund (2.10 - 5A)</p>	<p>Requests the Secretariat to prepare information notes ('Global Fund Digest') on the GF agenda items of different committee and board meetings; distribute it to all CB members and seek advise and support in providing a common Stop TB Partnership position.</p> <p>Organize a one day meeting with CB members and <i>friends of TB</i> represented in different GF structures and platforms.</p>		<p>Digests: two issues have been sent: 1. Summary of the documents, discussion and decision points for the common PIC and PSG meeting - 27 October 2010. 2. Summary of the documents, discussion and decision points for the PIC meeting - 28-29 October 2010.</p> <p>Lucica Ditiu attended the 22nd Global Fund Board meeting 13-15 December 2010 in Sofia, Bulgaria.</p> <p>A temporary team of GF focal points was identified and is functioning in the Stop TB Partnership as of 15 February 2011.</p> <p>A network of different institutions and individuals GF TB Friends/Hub was created as well – with virtual links and conference calls.</p> <p>The retreat with CB members and "friends of TB" will be organized once the new Executive Secretary has been appointed.</p>
<p>(5B) Enhancing Engagement and Advocacy (2.10-5.0A)</p>	<p>Fully supported the TB Elimination Phase proposal and directed the Secretariat to work with key technical partners and others to advance this work to concept note stage for presentation at the next CB.</p> <p>Agreed that the Secretariat organizes a retreat with Coordinating Board members and communications experts early 2011 (before the next Coordinating Board Meeting) to further develop the concept.</p> <p>Plan an external review of Stop TB Partnership Secretariat structures (excluding</p>		<p>Ideas (including "zero TB deaths"-concept) have been tested with advocacy focus groups including Results, the Advocacy network and AAC. Initial draft prepared pending improvement at retreat.</p> <p>Decision taken by EXCOM to postpone the retreat until after the DC Board meeting.</p> <p>The external review of the Stop TB Partnership Secretariat structures</p>

	GDF and TB REACH) to assess whether the right type and level of resources are in place for proper global Advocacy and Communications.		was on hold pending appointment of a new Executive Secretary (1 February 2011) and possibility of a broader Secretariat review.
(6) VIPs and Ambassadors (2.10 - 6.0) (2.10 - 6.1 Background document on Goodwill Ambassadors against Tuberculosis)	Was not discussed.	Put forward to the 20 th CB meeting.	There was not enough time to discuss this item at the last Board meeting. It will be discussed in the 20 th CB meeting as part of the broader session on Advocacy.
(6) Financing 2.10-12.0 (2.10-12.1 Stop TB Partnership Secretariat Financial Management Report) (2.10-12.2 Activity and salary forecast)	<p>Mandates the Secretariat to mobilize resources in 2010-11 to ensure that activities in the 2012-13 are sustained at the same level – or even greater levels.</p> <p>Approves the preparation of a risk management system for TBP for presentation and approval at the next 2011 Coordinating Board meeting of the design of the mechanisms, and processes and implementation modality. Fully functional system in place by Spring 2012. - Budget Implication: US\$ 200,000 for design and development, including procurement of software, customization to partnership needs, training.</p> <p>Requests the Secretariat to prepare an analysis of the working groups, including their financing and outputs, for the next Coordinating Board meeting in Spring 2011.</p>		<p>Resource mobilization is an ongoing process, even though a Resources Mobilization strategy will need to be developed.</p> <p>A concept paper on risk management was developed, a terms of reference prepared, and bids received from a number of firms in late 2010, however a final decision was postponed in 2010 pending appointment of the next Executive Secretary. A full update on progress made will be provided to the Board at its 20th Meeting in Washington, DC.</p> <p>The analysis of working groups was initiated in February 2011 after the Executive Committee cleared the agenda for the 20th Stop TB Partnership Coordinating Board meeting and the new Executive Secretary was appointed. The outcome will be presented during the 20th Stop TB Partnership Coordinating Board meeting.</p>
(7) The Global Drug Facility Action Plan 2.10-7.0	Requests that the Coordinating Board forward any further comments to the GDF focal point: Raegan Boler, bolerr@who.int		Ms Caroline Bogren, new GDF Chief Operating Officer has taken office on 16 November 2010.

<p>(2.10-7.1 The Future Direction of the GDF, 26 July 2010 2.10-7.2 GDF Implementation and restructuring plan: preliminary report 8 October 2010 2.10-7.3 Repositioning GDF: The implementation and restructuring plan - Memo for the Stop TB Coordinating Board)</p>	<p>Supports the finalization of the Implementation and Restructuring Plan under the new GDF head.</p> <p>The board supports the finalization of the Implementation and Restructuring under the Head of GDF taking into consideration the input from the board and request for further clarification/investigation into the RSO position. The final report to be submitted electronically to the Board upon finalization.</p> <p>Approves the process to track GDF's implementation progress.</p> <ul style="list-style-type: none"> - Agree to deputize the Executive Committee to make decisions (if needed) for GDF between CB meetings. Decisions should be communicated to with the full CB after the ExComm. Decision point approved and seconded. - Agree on how the CB will actively engage with GDF throughout the transformation. EC to engage more deeply. Decision point approved and seconded. <p>A TBTEAM presentation and thorough discussion on the ToRs, financing modus operandi and structure of it to be included in the next board meeting.</p>		<p>Lucica Ditiu (selected as Executive Secretary effective 1/2/11) and Caroline Bogren met with the Chair of the Coordinating Board on 17 January 2011.</p> <p>Caroline Bogren has drafted comments in response to the IRAP report of the BCG for clearance by Executive Secretary and Director Stop TB Department. This document is being finalised and will be shared with the Board at the March meeting as directed by the Executive Secretary.</p> <p>In light of GDF and GLC restructuring, a presentation will be given by the TBTEAM secretariat on its role, resources and structure</p> <p>Noted and recommendation for electronic reporting every 6 months.</p>
<p>8) Special Session on Civil Society Engagement 2.10 - 8.0</p>	<p>The discussion on civil society and engagement is linked to a broader discussion on advocacy and communication, with the discussion on VIPs and Ambassadors and with the report back on the MDR TB Advocacy Consultancy. A special session on all these issues around advocacy, communication and involvement of communities will be organized during the next board meeting.</p> <p>The Secretariat will circulate the contacts of</p>		<p>There will be a special session on Civil Society during the 20th Board meeting. Also, a 90 minute session on Strengthening the Strategic Approach to TB Advocacy.</p> <p>Michael O'Connor is the Global Fund Civil Society manager:</p>

	the GF focal point on Civil Society Strengthening.		Michael.OConnor@theglobalfund.org The Secretariat has shared this information with the Coordinating Board members.
(9) Special session on vaccines 2.10-10.0 (2.10-10.1 TB Vaccine Pipeline 2.10 - 10.2 Funding requirements for TB Vaccine Development 2011-2015)	Supports the TB Vaccine Blueprint process. Provides a statement supporting the designation of TB and TB vaccine products for the prevention of TB to be presented if possible at the spring SAGE meeting. Asks donor commitment to expand funding for vaccines.		The Blueprint process is currently underway, and input is being sought from multiple constituency groups. The Working Group is also working with the Stop TB Research Movement to link the Blueprint process with the TB Research Agenda. The vaccine session at the Strategic Advisory Group of Experts (SAGE) has been postponed. We expect that this session will take place at the fall 2011 meeting of the SAGE, and will work with the Secretariat in advance of that meeting to develop a statement of support. The Working Group and its members continue to seek greater resources for TB vaccine development, and look forward to opportunities to work with Coordinating Board members to expand funding for new vaccines.
(10) TBREACH 2.10-11.0 (2.10-11.1 Progress on first wave TBREACH projects as of 8 October 2010 & 2.10 11.2 Comparative analysis of TBREACH and Global Fund)	The TB REACH Secretariat comes back to the next Board meeting with results obtained from the implementation of the wave 1 projects and the PRC recommended for funding wave 2 proposals.		A meeting of the Program Steering Group took place on 10 November in Berlin, Germany to discuss the Wave-II eligibility criteria and application process. Wave II was launched on 1 December 2010 with a deadline of 28 February 2011 for application submission. A total of 310 proposals have been received. Proposals for funding will be selected by the Proposal Review Committee

			<p>(PRC) which is meeting in Geneva from 28 March to 9 April 2011.</p> <p>The Board is requested to authorize the Executive Committee to endorse the recommendations of the TB REACH PRC.</p> <p>For Wave-1 projects a meeting was organized to share early experiences of Grantees, discuss their constraints and achievements, and to finalize the evaluation plan for each project.</p> <p>Fifty percent of the total approved budget of all Wave-1 projects has been disbursed. The wave-1 grantees have submitted the first project report in a timely manner and HLSP/KIT (the TB REACH M&E agency) has reviewed and consolidated the reports.</p>
<p>(11) Global TB Control report 2010 and the Global Task Force on Impact Measurement 2.10-9.0</p> <p>(2.10-9.1 Summary Global TB Control Report 2010)</p>	<p>Noted the concern expressed by a few Board members prior to the Board meeting about the decision to discontinue publication of estimates of the case detection rate (CDR) for <i>smear-positive</i> TB (estimates of the CDR for all forms of TB have always and will continue to be published). Following the presentation, several Board members acknowledged that the reasons for the change were convincing and that efforts had been made to communicate with countries and partners about it. Board members noted the importance of ongoing communication efforts to manage the transition.</p> <p>Offered support to the Secretariat in trying to identify additional resources for the WHO Secretariat staff directly providing support to the Global Task Force on Impact Measurement (GTFIM) to ensure continued</p>	<p>WHO to continue communications and responses to questions about the removal of estimates of the case detection rate for smear-positive TB, as appropriate.</p> <p>Katherine Floyd to discuss with Executive Secretary and Anant Vijay regarding the possibility of funding from the Partnership to fill the funding gap highlighted for 2011 using "surplus" resources.</p>	<p>A memo from Director WHO/STB on indicators published in the 2010 WHO report on Global TB control and future reports was sent to all WHO/COs in advance of the publication of the 2010 global report. A document with answers to frequently asked questions, focused on estimates of disease burden and the case detection rate, was posted on the WHO website at the time of the report launch. A briefing note was prepared for the Global Fund TRP. The PPT presented at the Coordinating Board meeting was shared with multiple partners. As of March 2011, no concerns have been expressed to WHO by countries or partners following the launch of the report; the change was warmly welcomed in a regional workshop</p>

	<p>progress and momentum on strengthening surveillance and prevalence surveys. Requested the Stop TB Partnership Secretariat to consider redirecting some of the surplus (US\$0.5 million) from TBP to WHO for use by the GTFIM as an immediate solution.</p>		<p>held for 17 African countries in December 2010.</p> <p>Following discussions between WHO/TME and the Partnership secretariat, US\$ 200,000 was made available in December 2010. A further US\$ 300,000 has been committed for 2011. This funding will mean that the Task Force can conduct all planned activities in 2011. The secretariat proposes that a report on the status of work on TB impact measurement is presented and discussed at the 21st meeting of the Board.</p>
<p>(12) Closing session 2.10-13.0</p>	<p>Asked for the decisions points of the 19th Coordinating Board meeting to be circulated electronically for comments by Friday 22 October 2010 closing of business.</p> <p>Agreed to have the next meeting and high level mission in Washington DC in the Spring of 2011 and requested the Secretariat to review possibilities in close collaboration with USAID and CDC and to circulate options for dates to the Coordinating Board members for a final decision by the end of October 2010.</p> <p>Requested the Secretariat to have meeting documents available 14-20 days before the next meeting.</p> <p>Requested that a letter from the Stop TB Partnership Coordinating Board be sent to WHO to explore the possibility, in light of the importance of engaging Civil Society, to add one or two additional Board Members to the selection panel for the next Executive Secretary who represent the affected communities and civil society constituencies</p>		<p>Decision points were circulated to CB on 5 November 2010.</p> <p>Confirmed dates for the 20th Stop TB Partnership Coordinating Board meeting are 31 March and 1 April 2011 with a high level meeting on 29-30 March 2011. In addition, a pre-Coordinating Board briefing has been organized on 30 March 2011 to share highlights of some key agenda items of the 20th Stop TB Partnership coordinating Board meeting with US-based Stop TB Partners who are non-Coordinating Board members.</p> <p>The draft agenda of 20th Stop TB Partnership Coordinating Board meeting was discussed with and approved by the Executive Committee on 1 February 2011.</p> <p>A draft letter was sent to the Chair of the Coordinating Board on 19 October 2010. On 29 October, all CB members received an email</p>

	and/or TB High Burden Countries.		message about the nomination of Blessina Kumar representing civil society and affected communities and the need for a selection process for a representative of a TB HBC. The message contained copies of the letter that sent by the Chair of the Board to WHO and the WHO response to the Chair of the Stop TB Partnership Coordinating Board.
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