

**Executive Committee Call, 28 July 2017
Minutes**

Attended:	Apologies:	Secretariat
Joanne Carter (Vice-Chair) & Delia Clayton Erika Arthun Pierre Blais Amy Bloom Paula Fujiwara Nalini Lachance Austin Obiefuna Aaron Oxley Victor Ramathesele Mario Raviglione Cheri Vincent Special Guest: Dr Tereza Kasaeva (MoH Russian Fed.)	Apologies from: Thokozile Phiri-Nkhoma <i>–phone out of reach</i>	Lucica Ditiu Jennifer Dietrich
Minutes of Discussion		Outcome(s)
1. Follow up from G20 Heads of State and BRICS MoH meetings		
<p>The Executive Director thanked everyone for the advocacy around the G20 Heads of State Meeting in July that turned out successful for TB. Also the BRICS’ Ministers of Health Communiqué mentioned tuberculosis, and much appreciation for this achievement is given to partners and colleagues from the BRICS governments. The Executive Director noted that there should be follow up regarding the roadmap for TB, especially the BRICS research platform.</p> <p>The representative of the Ministry of Health from the Russian Federation expressed her expectation that TB will be part of the agenda of the Heads of State meeting given that TB was already mentioned in the MoH meeting.</p>		<ul style="list-style-type: none"> September provides an opportunity to try to include TB in the communiqué of the Heads of State meeting of BRICS countries.
2. WHO Global Ministerial Conference, Moscow, November 2017		
<p>Dr Tereza Kasaeva, Ministry of Health, Russian Federation, updated the Executive Committee on the progress of finalizing the Ministerial Conference. She stated that TB is a strategic priority in Russia, thus, President Putin is scheduled to attend the Ministerial Conference in November. Save-the-date letters were circulated and invitations signed by the Minister of Health Russia and WHO DG are being sent.</p> <p>There has been 2 rounds of discussions with UN Missions to discuss the conference declaration. A provisional agenda is available online: www.endtbrussia.org Some countries have already confirmed the participation of 2-3 of their Ministers. Discussion with proposed speakers is ongoing. Active participation from the Stop TB Partnership is expected, and the organizers are waiting for speaking proposals.</p> <p>Executive Committee members asked if there are events leading up to the conference, or afterwards. Dr Kazaeva explained that the hope is that the BRICS Network, in the midst of being created, could be used for follow-ups; another proposal on the table is for Brazil to organize a follow-on meeting. The Russian Society of Pediatrics will organize a meeting before the Ministerial Conference, on</p>		<ul style="list-style-type: none"> Dr Kasaeva is open for suggestions and can be approached by Executive Committee members.

<p>14-15 November, which is open to everyone who would like to participate. There will be roundtables with an outcome document feeding into the Conference.</p>	
<p>3. UN High-Level Meeting</p>	
<p>The Executive Director reported that an intensive exchange around the definition of the UNHLM Coordinating Group happened in July. The Stop TB Secretariat will ensure that there is regular correspondence between the tracks and with the broader membership of the Partnership. The tracks of work are:</p> <ol style="list-style-type: none"> 1. Engagement in New York and Geneva with UN Missions (UN Special Envoy’s office) – full briefing to Ambassadors and Embassy’s staff. 2. Development of the Modalities document – strong engagement from all sectors at the moment are shaping this document which will be submitted to the office of the Secretary General by end of August. 3. Development of the meeting content and outcomes, the Political Declaration and Accountability Framework – this group will ensure that consultations take place and the inclusion of all voices. Colleagues at Harvard are interested to contribute to the Accountability Framework as they will be organizing consultations in the coming months that can be tied to this. 4. Advocacy and work that will take place in countries: 1.) high level advocacy to ensure participation of high-level participants, especially Heads of State. 2.) Engagement of civil society, business sector, NTPs, NGOs and parliamentarians. 5. PR & communications around the meeting (not political advocacy nor country work) targeting the general public to make the UNHLM known. 6. The private sector constituency of the Stop TB Board will become active from October by discussing its role and opportunities. 7. Civil society and communities Platform, especially colleagues from high burden countries should be present/represented in every other group, in addition to the platform. <p>The aim of the TB community is to secure a minimum of 10 Heads of States to ensure the success of the UNHLM.</p> <p>The IASC asked through one of the Executive Committee members how it could support with the UNHLM.</p>	
<p>4. Stop TB Board meeting in March 2018</p>	
<p>Given the dialogue with the Government of India to set the dates for the Board meeting, the Executive Director requested Executive Committee members to indicate their preference having in mind WTBD and other commitments of Board members. The Board meeting will be at least two full days and time should be planned to visit TB sites in the country.</p> <p>Three possible periods for the Board meeting and related events are proposed:</p> <ul style="list-style-type: none"> - week of 12 March - week of 19 March - week of 26 March 	<ul style="list-style-type: none"> • Executive Committee members to indicate the best timing for the next Board meeting.
<p>5. AOB</p>	
<p>Next Executive Committee Conference Call will be on 13th September 2017</p>	