

Teleconference Executive committee (Ex Comm. 19 - 17 July 2008)
(Draft) Minutes

ATTENDED:	APOLOGIES:	SECRETARIAT:
Irene Koek (Chair) Ken Castro Jeremiah Chakaya Mario Raviglione Giorgio Roscigno Peter Small		Marcos Espinal Anant Vijay Shirley Henderson Leopold Blanc (partial)
MINUTES ON DISCUSSIONS	DECISION	ACTION
1. External Evaluation - response		
The Ex. Comm. discussed the draft response to the recommendations of the External Evaluation.		
<p>The Ex. Comm welcomed the response to the External Evaluation but made several suggestions.</p> <p>Recommendation 1: <i>(The Partnership should make progress against the Global Plan more visible, analyse it, and use it to influence Partner activities).</i></p> <p>The resource requirements to implement recommendation 1 were discussed and agreed subject to resources being available.</p> <p>Recommendation 2: <i>(The Partnership should focus on four roles where it adds value over and above Partners and other organizations, and articulate a Partnership-level strategy for delivery impact through these roles).</i></p> <p>There was a discussion about how to better communicate the existing strategy of the Stop TB Partnership. It was felt that fundamentally the Stop TB Partnership is a strategic in nature.</p>	<p>Recommendation 1</p> <ul style="list-style-type: none"> The response was accepted. <p>Recommendation 2</p> <ul style="list-style-type: none"> The response was accepted. 	<p>Recommendation 1</p> <ul style="list-style-type: none"> The draft of the Global Plan Progress Report to be discussed at the next Board meeting (28-29 October 2008, Bagamoyo, Tanzania). [Board] The Global Plan Progress Report to be released at the Partners' Forum, 23-25 March 2009, Rio de Janeiro, Brazil. [Sec] <p>Recommendation 2</p> <ul style="list-style-type: none"> The Partnership to continue with its efforts to get remaining countries to align their national plans with the Global Plan. [Sec] Develop and publish a brochure briefly covering the vision of the

The appointment of a senior staff in the Partnership Secretariat for taking the TB research movement further was appreciated.

Recommendation 3: *(The Partnership should expand, strengthen, and systematize its advocacy efforts).*

Additional staffing requirements to implement this recommendation were discussed. Three P level staff and two assistants will be needed, with the possibility of further scaling up as required.

The Executive Secretary informed the Ex Comm of the appointment of a senior staff member to reinforce the advocacy, communication and partnership communication team in the Secretariat. The Secretariat is looking at options to ensure higher efficiency on ACSM including the possibility of restructuring the ACSM group.

The need for additional resources to support increased advocacy efforts in countries was noted. WHO will also be asked to help strengthen advocacy for TB control in countries by supporting NGO's for social mobilization.

The need for a Civil Society Officer to provide additional support at grass roots level in countries was accepted.

The ACSM Working Group will be discussed in greater detail after 18th August 2008 (deadline for Working Groups and interested sub-Groups to submit the form presenting their strategic vision). The need or otherwise for this Working Group will be decided at the forthcoming review of all Working Groups.

Recommendation 3

- The response was accepted.

Secretariat and Working Groups and how these contribute to the Global Plan.

[Sec]

- A short strategic component to be prepared as a preamble to the next biennium Work Plan.

[Sec]

Recommendation 3

- An advocacy strategy will be compiled. The strengthened advocacy and communication team in the Secretariat will be entrusted with:
 - Development of a comprehensive biennium strategy.
 - Structured reporting in the Annual Report and dedicated presentations at the Coordinating Board meetings.
 - A systematic review of the portfolio of ACSM products and activities.
 - Better coordination of all multi-tier and multi-channel advocacy efforts.
 - Targeting decision makers in countries to secure release of more resources for TB control.

Recommendation 4: *(The Partnership should become a global resource for coordinating technical assistance to countries and for sharing best practices).*

Some components of recommendation 4 are already being implemented through TBTEAM. In order to internally fully coordinate all missions to countries, additional staff and resources may be needed.

TBTEAM has a database of experts and a good understanding countries' needs. It is now persuading Partners to set up national teams to facilitate coordination of work at country level. Resources being mobilized will be used to some extent to support the work of TBTEAM.

Recommendation 5: *(The Partnership should continue to operate GDF in its current form, and use it to accelerate sustainable transformation of TB control in priority countries over the next 3-4 years).*

There was agreement with the response to recommendation 5. Additional needed staff are being appointed using funding that has become available through UNITAID.

Recommendation 4

- The response was accepted.

Recommendation 5

- The response was accepted.

Recommendation 4

- Strengthen database of technical expertise and ensure it is widely available. [TBTEAM]
- Streamline work in collaboration with GLC and GDF. [TBTEAM]

Recommendation 5

- Deeper engagement of GDF with Partners to persuade countries to honor their commitment as set out in GDF Grant Agreements. [GDF]
- Further elaboration of GDF's long term vision in the Global Plan. [GDF]
- Maintain focus on the procurement of anti-TB drugs with a view to a gradual scaling down of grants for first line drugs (adults). This is provided market dynamics for first-line drugs continue to be positively influenced through either a proportional increase in direct procurement or another supply intervention. Emergency grants will continue to be important via GDF. [Sec]
- Conduct landscape analysis and discussion on improvements to TA intervention through close

Recommendation 6: *(The Partnership should maintain GLC in its current form for as long as it believes that the risks of misuse of second-line drugs require it).*

There was agreement with the response to recommendation 6.

Recommendation 7: *(The Partnership should continue to use Working Groups as a major vehicle contributing to TB control and research, systematize the processes for their establishment and performance review, and provide them support from the Secretariat).*

The Ex Comm was informed the form has been sent to Working Groups and sub-groups for them to complete presenting their strategic vision and other information with a submission deadline of 18th August 2008. The Ex Comm will review submitted Working Group applications ahead of the next Board meeting.

Further discussion on when and how to

Recommendation 6

- The response was accepted.

Recommendation 7

- The response was accepted.

cooperation with TBTEAM.

[Sec]

- Strengthen GDF's capacity for procuring second line drugs on a larger scale. [GDF]
- Targets to be set by GDF over the next three to five years. [GDF]
- Maintain close relationship with UNITAID. [GDF]

Recommendation 6

- Completion of hiring additional staff in the GLC Secretariat (3 to be hired). [GLC Sec]
- Continuation of provision of technical assistance (TA) to countries embarking on programmatic management of the DR-TB (including, laboratory, drug management and infection control TA). [GLC Sec]

Recommendation 7

- Ex Comm to review submitted Working Group applications ahead of the next Board meeting. [Ex Comm.]
- Further discussion on how to synchronize the updates of the Global Plan with the review of the Working Groups to take place after 18th August 2008. [Ex Comm.]

synchronize the updates of the Global Plan with the review of the Working Groups to take place after 18th August 2008. The number of Working Groups that will continue after the review may pose a problem concerning how to update the Working Group section of the Global Plan. An appropriate mechanism will have to be developed for this.

Recommendation 8: *(The Partnership should strengthen performance management processes for Partnership bodies, and use performance transparency to encourage Partners to deliver on commitments).*

Performance transparency will be visible through updates of the Global Plan. These updates will be a powerful tool for mobilization and advocacy efforts.

It was noted that while the Secretariat can encourage all Partners to be more committed it can not force them.

The Ex Comm noted that while the Partnership is not a business concern there is a need to develop suitable performance metrics. These will be used to inform dialogue with Partners and to persuade them to take action in areas found to be 'weak' as Partners unify behind the Global Plan and WHO Strategy to fight TB.

Recommendation 9: *(The Partnership should adjust the structure and function of the Coordinating Board to enhance constituency representation, review global and Partnership progress in TB control and research, and increase focus on debating high-level strategic issues).*

The goal of having a constituency based board was accepted by the Ex Comm, and it was discussed how this evolution could take place. The process would need to be elaborated bearing in mind the role and size of the board.

The Partners' Forum provides an

Recommendation 8

- The Secretariat will continue to report through WHO performance reporting mechanism.
- Working Groups would report through their annual submission to the Partnership Annual Report. Metrics could be considered for some other bodies, though their development and tracking would need more staff at the Secretariat.
- The Secretariat will be empowered to develop some metrics and track them subject to resources being available.

Recommendation 9

- A gradual shift towards a constituency board will be made.

Recommendation 8

- Development of appropriate metrics and tracking them resources permitting.

[Sec]

Recommendation 9

- As a first move towards a constituency board, two or three additional constituency members per Board seat can attend the next Board meeting (28-29 October, Bagamoyo, Tanzania).

[Board]

- Various constituency meetings will be facilitated by the Secretariat at the Partners' Forum to

opportunity to develop the process further. Various constituency meetings should be held at the Partners' Forum to strengthen the concept of a constituency representation at the Coordinating Board and to develop a process for it that would be implemented subsequently.

Recommendation 10: *(The Partnership should align its organizational structure with the activities recommended above, and the Secretariat should conduct a detailed evaluation of the resources required to deliver the recommendations).*

There was no objection to recommendation 10.

The Ex Comm discussed the proposed visit of a high level delegation from the Board to engage in dialogue with WHO at an appropriate level to discuss staff hiring bottlenecks and other constraints and how to address them. This meeting could be used to inform WHO Executive Board discussions in January 2009. The Coordinating Board delegation should visit WHO in early September 2008.

Recommendation 10

- The response was accepted.

strengthen constituency representation at the Coordinating Board. [Sec]

- A review of constituency representation at the Board would be conducted by the Coordinating Board following the deliberations at the Partners Forum. [Board]

Recommendation 10

- Secretariat to advise on the best composition of the high level Board delegation for meeting WHO and develop an agenda for the meeting of the high level delegation from the Coordinating Board to WHO. [Sec]
- A further refinement of the preliminary estimated resource position, given actions already underway and forecasted resources, will be done by the Secretariat. [Sec]

2. Executive Committee Composition

The composition of the Executive Committee was discussed.

An overview of the history of the Executive Committee composition was presented. Dr Castro and Dr Roscigno have served on the Executive Committee since June 2004. Executive Committee members must be part of the Coordinating Board.

- A replacement for Dr Tapia, who left the Board and thus the Ex Comm must be found.

- The relevant section of by-laws and matrix of Ex Comm members should be circulated to the Ex. Comm. [Sec]

3. 15th Coordinating Board Meeting

An update was given on preparations for the 15th Stop TB Partnership Coordinating Board meeting.

<p>The Executive Secretary reported that the next Board meeting will take place in Bagamoyo, Tanzania, with full support of Tanzanian authorities. It is hoped that a delegation of the Board will meet with the President of Tanzania. The Secretariat is currently developing a proposed agenda.</p>	<ul style="list-style-type: none"> The Ex Comm. welcomed the news. 	<ul style="list-style-type: none"> The agenda for the next Coordinating Board meeting to be discussed at the next Ex Comm teleconference. <p>[Ex Comm]</p>
<p>4. XDR-TB Meeting</p>		
<p>Dr. Raviglione provided an update on the planned XDR-TB Meeting.</p>		
<p>In follow-up from the XDR-TB Taskforce meeting in April 2008, a meeting of the 27 XDR-TB high burden countries is planned for April 2009. The meeting will take place in Beijing, China. A formal letter inviting the Chinese Ministry of Health to co-sponsor the meeting has been sent.</p> <p>The meeting will have both a political and technical focus. It is hoped the political section will be attended by WHO Director -General, and high level representation of the Gates Foundation. The technical component will cover two days, and will address bottlenecks, drug procurement and quality issues.</p>	<ul style="list-style-type: none"> The Ex Comm. welcomed the news. It was suggested to use the meeting to engage the new US Secretary of Health following the US election. 	<ul style="list-style-type: none"> XDR-TB Meeting to be on the agenda for the next Board meeting (28-29 October, Bagamoyo, Tanzania). <p>[Sec]</p>
<p>END</p>		