

**Report of actions following the decision points from
31st Board Meeting, Geneva, Switzerland**

	Decision Point	Action
31.1	<ol style="list-style-type: none"> 1. The Board adopts the proposed agenda for the 31st Stop TB Partnership Board meeting. 2. The Board notes the progress on addressing the decision points from the 30th Stop TB Partnership Board meeting. 3. The Board acknowledges the renewal of the memberships of the Minister of Health of Brazil, Minister of Health of India and Minister of Health of Mozambique for subsequent three-year terms and welcomes the following new Board Members: <ol style="list-style-type: none"> a) Federal Minister of Health of Nigeria, H.E. Prof. Isaac Adewole b) Minister of Healthcare of Kazakhstan, H.E. Dr. Elzhan A. Birtanov c) Vice-President of Global Health at Johnson & Johnson, Dr. Adrian Thomas, representing the Private Sector constituency. 	No follow-up required.
31.2	<ol style="list-style-type: none"> 1. The Board welcomes the report of the Executive Director and thanks the Executive Director and the Secretariat team for their excellent work in support of the United Nations High-Level Meeting (UNHLM) on TB that secured a strong political declaration and achieved high level visibility for TB partners and community at large through the TB Innovation Summit, the Night with the Stars event and the participation in all other side events organized in New York in September 2018. 2. The Board congratulates the Secretariat for the ongoing efforts in supporting country programmes and partners in their TB response. 3. The Board welcomes the forward-looking vision that the Executive Director shared and requests a more in-depth discussion at the 32nd Board meeting with the aim of endorsing a 2021-2025 Operational Strategy for the Secretariat during the 33rd Board meeting. 4. The Board also commends the valuable efforts to-date by the Secretariat in ensuring the engagement of TB community on the work around the Global Fund's Sixth Replenishment. 	<ul style="list-style-type: none"> • The new Operational Strategy 2021-2025 will be developed during 2020 to be launched at the 33rd Board Meeting. This will be constructed considering also the transition out of UNOPS.

31.3	<ol style="list-style-type: none"> 1. The Board expresses gratitude for the engagement and support of the Board Leadership, H.E. Dr Aaron Motsoaledi, Chair of the Board and Minister of Health of South Africa, and Dr Joanne Carter, Vice-Chair of the Board and Executive Director of RESULTS Educational Fund, United States of America, towards a successful UNHLM on TB in September 2018. 2. The Board supports the planned activities and focused approach of the Secretariat’s efforts at the global and national level to support ambitious action by countries and welcomes proposed engagement of the Board Leadership and Board members into high-level missions. 3. The Board recognizes and applauds the unprecedented coordination and collaboration of the various partners working together during 2017 and 2018 in the lead up to the UNHLM on TB, and requests the Secretariat, working with all partners, to ensure that this coordination and alignment is maintained and further scaled up in 2019 and 2020. 4. The Board endorses the proposed roadmap to develop an updated version of the Stop TB Partnership’s Global Plan to End TB up to 2022 under the guidance of the Global Plan Task Force, including a revision of the targets to align with the UN Political Declaration on TB and the Global Fund Replenishment period. 	<ul style="list-style-type: none"> • The number of Stop TB organized or co-organized high-level events at the national, regional and global level has increased after the UNHLM on TB, with specific advocacy efforts towards the implementation of the targets and commitments made by Heads of State and governments. • Stop TB’s efforts led to substantive discussions with Presidents, prime ministers and Ministers of Health from over 30 countries, including 20 high burden countries and donor countries. • The Global Plan Task Force worked for the last 9 months and through numerous meetings and calls as well as two online global consultations to develop the draft text of the Global Plan to End TB 2018-2022. The final document will be presented at the 32nd Stop TB Board Meeting and launched at a press conference in Jakarta in December 2019.
31.4	<ol style="list-style-type: none"> 1. The Board requests that the Secretariat help ensure the robust and meaningful engagement of TB partners and the larger network of TB stakeholders to support the Global Fund Investment Case for TB and a successful Sixth Global Fund Replenishment. 2. The Board recognizes that in order to meet the bold targets and commitments made in the 2018 UN Political Declaration on TB, the world needs to fulfil the commitment made in the declaration for making available USD 13 billion per annum for implementing TB interventions and an additional USD 2 billion per annum for research and development (R&D). The Board is concerned about the current low levels of financing and huge funding gaps in both TB implementation and R&D, and issues a call to step up the action towards joining forces with all TB partners to close the financing gap in the TB response and to ensure a fully funded Global Fund. The Board calls <ol style="list-style-type: none"> i. upon all countries, donors, development banks and investment partners to prioritize investments on TB; ii. Heads of Governments of all high TB burden countries to increase 	<ul style="list-style-type: none"> • Stop TB supported the development of a compelling Global Fund Investment Case for increasing financial investment in strategic areas focused on TB. In this context, Stop TB has worked intensively to further align the Investment Case with the UNHLM targets and commitments from Global Fund eligible countries. Stop TB Partnership contributed to multiple advocacy efforts towards the Global Fund Replenishment and participated in the Global Fund’s Pre-replenishment (New Delhi, India) and Replenishment (Lyon, France) conferences and related side-events. • The recommendations on increasing TB financing are incorporated into the updated Global Plan 2018-2022. • Stop TB Partnership actively participated and engaged in a “TB Financing Workshop,” organized by the Columbia University’s Center for Sustainable Development in April 2019 during the World Bank’s Spring Meetings.

<p>31.4 (cont.)</p>	<p>domestic funding for TB, and requests the Stop TB Partnership and its partners to engage with strategically important high-burden middle-income countries to double or triple their domestic budgets for TB;</p> <p>iii. for the full replenishment of the Global Fund and use of all available tools to maximize funds for TB from the Global Fund to meet the ambitious UNHLM targets, which includes full disbursement of country allocations, expansion of catalytic funding, prioritization of portfolio optimization, etc.;</p> <p>iv. for the World Bank and other development banks to ensure that all instruments available for loans and grants to high TB burden countries are considered during negotiations on credit agreements in order to make funds available for TB, including blended finance mechanisms;</p> <p>v. for the Secretariat to work with partners to tap the full potential of social health insurance schemes, innovative funding and impact financing for TB;</p> <p>vi. and recognizes funding for TB R&D as a shared responsibility. As such, the Board supports the proposal to develop specific targets for TB R&D for each country, recognizing that different countries might chose to support local or regional research initiatives.</p> <p>3. The Board requests the Secretariat to form a “Finance Task-Team” to work on traditional and innovative options available to increase funding for TB particularly in the context of UHC, identify opportunities and provide strategic guidance to the Board and Secretariat for resource mobilization for the global TB response.</p>	<ul style="list-style-type: none"> • Stop TB Partnership co-organized a “TB Financing Dialogue” with the Columbia University’s Center for Sustainable Development in September 2019 after the UNHLM on UHC in September 2019, to discuss specific areas that could lead to increased financing for TB. The outcomes and next steps from this meeting will be reported back to the Board at the Stop TB Partnership’s 32nd Board Meeting. • Stop TB Partnership will present a proposed structure and process to convene the TB Finance Task Team at the Stop TB Partnership’s 32nd Board Meeting for the Board’s guidance.
<p>31.5</p>	<ol style="list-style-type: none"> 1. The Board welcomes the emphasis on the accountability of all stakeholders as outlined in the UN Political Declaration on TB and the commitment to establish and promote efforts and collaboration to review progress, share lessons and strengthen collective capacity to end TB. 2. The Board commends the development of the Multisectoral Accountability Framework by the World Health Organization, in consultation with Member States and partners, as well as next steps towards its finalization and implementation in 2019, as requested in the World Health Assembly resolution 2018 and the UN Political Declaration on TB. 3. The Board calls on the Secretariat to work with national governments, regional platforms, the World Health Organization, civil society and affected communities and other partners to promote and support 	<ul style="list-style-type: none"> • The Secretariat has promoted and supported the need for multisectoral review processes at national, regional and global levels in all its key events, meetings, and advocacy messaging. For example, in May 2019 the Executive Director of the Secretariat held bilateral meetings with 15 Ministers of Health during the World Health Assembly where the need for comprehensive, inclusive, transparent and multisectoral review processes was a key priority. This was also a key discussion priority in the Secretariat’s High-Level Missions and country visits, as well as in meetings with civil society and affected communities. • Work is underway for the development of the Out of Step 2020 report to be launched in 2020 by the Stop TB Partnership and Médecins Sans Frontières. There will be 43 countries included the questionnaire for country-level data collection has been drafted; and a methodological approach has been defined and agreed

<p>implementation of effective action, monitoring and reporting, and comprehensive, inclusive, transparent and multisectoral review processes at national, regional and global levels, utilizing the Multisectoral Accountability Framework. Efforts should be made to ensure that the gaps in TB accountability are filled.</p> <ol style="list-style-type: none"> 4. The Board appreciates the modelling work done by the Secretariat to disaggregate the UNHLM targets by country, and asks the Secretariat in collaboration with countries, the World Health Organization, the Global Fund and other partners to help enable actions by governments to revise and/or update their National Strategic Plans with bold country targets in line with commitments made in the UN Political Declaration on TB, and to encourage large countries to consider setting sub-national targets. 5. The Board welcomes the Secretariat’s support of the next Out of Step report and TAG R&D Financing report, recognising these and other civil society reports as essential elements of the accountability landscape. 6. The Board requests that the Secretariat support and work with partners, including national governments, donor agencies and other stakeholders, to ensure additional financial resources are made available for robust accountability, particularly for civil society and community groups to effectively play their fundamental role in all components of accountability. 7. The Board commends the work of the Stop TB Partnership’s Coordinating Group in support of the UNHLM on TB and associated work tracks, supported by the Secretariat, for their strategic and coordinated approach in the run up to the UNHLM on TB, and calls on the Group to determine the most effective way of sustaining this collaboration, engagement with multiple partners and inclusiveness to help ensure the full delivery of the UN Political Declaration on TB, with a view to the comprehensive review by Heads of State and Government at a high-level meeting in 2023. 	<p>with MSF. Data collection from National TB Programs is scheduled to commence from December 2019.</p> <ul style="list-style-type: none"> • Multiple coordinating calls following the UNHLM on TB were held, including regular thematic calls focusing on communications, civil society and affected communities, and a newly established advocacy group to carry forward collaboration. Plans are currently underway to develop a global advocacy strategy for 2020-2022 on alignment of advocacy efforts towards achieving the UNHLM TB targets and the UN High-Level Meeting on TB in 2023. • The Secretariat worked with partners to scale up investment in rights-based and gender sensitive TB responses. In addition to USAID and Global Fund support, the Secretariat worked with <i>Expertise 5%</i> to support communities, rights and gender assessments in three countries in francophone Africa. These assessments help identify barriers to access TB services and also help compose interventions that can overcome these barriers to access. Stop TB also worked closely the Government of Korea to include financing for civil society led-demand generation and accountability as part of a larger program. • The Secretariat worked closely with the Global Fund to prioritize human rights interventions on TB. This includes partnering to include CRG Assessments and Stigma Measurement Assessments in four countries in Eastern Europe and Central Asia (EECA) and agreeing to commence the same in eleven countries in Latin America and the Caribbean. It also includes ensuring indicators for TB Stigma measurement have been incorporated into the Global Fund Modular Template. This significantly raises the profile and legitimacy of the community-led TB Stigma Assessment Tool. This partnership to advance community led accountability is also witnessed through the reprogramming of national TB grants, including in Indonesia and DRC, to allocate further funds to community advocacy and monitoring activities. Given the close working relationship with the Global Fund CRG Team, the CRG Strategic Initiative TA, and the Breaking Down Barriers Initiative, we hope for this increased community-led accountability to continue to strengthen. • At the country level, the Secretariat worked to advance CRG accountability in the context of Joint Monitoring Missions. Stop TB has led the community engagement and engaged in other related thematic work tracks including patient support and multi-sectoral accountability in fourteen TB high burden countries resulting in increased presence and focus on issues of CRG in recommendations. Follow up
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		<p>advocacy efforts will see these recommendations reflected in National Strategic Plans and Global Fund Funding Requests.</p> <ul style="list-style-type: none"> The Secretariat worked to raise the profile of community led accountability efforts. Supporting country level Stop TB platforms to engage celebrities and media in eleven countries ensures a greater presence of TB issues at national level and this is a significant resource that can be leveraged going forward. Equally, profiling human rights, including through the 2019 KOCHON Prize, which was presented at the Opening Ceremony of the UNION, further demonstrates the efforts of the Secretariat to advance robust, community-led accountability for TB.
31.6	<ol style="list-style-type: none"> The Board applauds the significant contributions that the Global Fund made through the Catalytic Funding/Strategic Initiative on finding the missing people with TB and thanks the Stop TB Partnership Secretariat for their work with the Global Fund Secretariat and the World Health Organization, other technical agencies and partners in supporting country programmes towards finding additional 1.5 million people with TB by the end of 2019. The Board appreciates early indication of the unprecedented progress made on finding missing people with TB in the High Impact Asia region of the Global Fund. The progress has also been noted in some countries outside that region. The Board requests the Secretariat, Global Fund, World Health Organization, USAID and other Situation Room partners to support African countries to achieve similar results across the region. The Board congratulates the Secretariat, the Global Fund Secretariat, World Health Organization and other Situation Room partners for the continuous work to support countries programmes to fully utilize their allocations for maximum impact. The Board welcomes the additional USD 80 million going towards the TB Response in 16 countries as part of the two rounds of Portfolio Optimization. The Board applauds the Global Fund, Stop TB/GDF, World Health Organization and other Situation Room partners on supporting countries in transitioning to new MDR-TB treatment guidelines and ensuring no stock-outs and accelerated uptake, including USD 20 million from Global Fund to country programs to bridge the corresponding funding gap. The Board commends the advancement of the Find.Treat.All initiative to have 40 million people with TB diagnosed and treated by 2022, including in-country support, joint country level missions and engagement with leaders and national TB programmes in the highest burden countries, and calls for 	<ul style="list-style-type: none"> A Memorandums of Understanding was signed between Stop TB and the Global Fund in September 2019. Unprecedented progress in finding missing people with TB registered in 2018 and is expected to continue in 2019, based on preliminary data. 0.82 million additional TB cases notified in 2018 from the 13 Strategic Initiative countries and based on the interim results of the first two quarters of 2019, it is projected that nearly 5 million TB notifications will be there from these countries by the end of the year. It is expected that additional 1.3 million TB cases will be notified by the end of 2019 compared to the baseline year 2015, which is 87% of the Strategic Initiative target. A system for collecting data on TB notification from countries quarterly (non-validated) and biannually through PF for discussions in situation room is established and this has helped timely interventions. The secretariat is specifically working with Global Fund country teams of Nigeria, Ghana, South Africa, Zambia, Zimbabwe, Uganda, Tanzania, Kenya and Ethiopia and providing technical support to these 10 high burden African countries towards finding missing people with TB. For Nigeria, a state level technical support approach with focus Lagos State is being applied A meeting was held in Tanzania and focussed on south-south learning from case detection innovations among African countries under the Strategic Initiative. Another meeting on case detection was held in Kigali in March 2019 for strategic initiative countries. A number of other meetings in Africa also focussed on TB case detection and achieving the UNHLM treatment targets, e.g. the high-level meeting on the side-lines of the WHO-AFR Regional Committee held in August Brazzaville, a meeting organized by African Union in November 2019 in Kigali.

<p>31.6 (cont.)</p>	<p>continued intensification and promotion of efforts under this initiative in 2019 by the Stop TB Partnership, the World Health Organization, the Global Fund and other partners.</p> <ol style="list-style-type: none"> 6. The Board requests the Secretariat, working with the World Health Organization, USAID, the Global Fund and other partners to ensure: <ol style="list-style-type: none"> a. a robust demand by country TB programmes to be considered as part of the Portfolio Optimization 2019 rounds b. timely availability of relevant data for finding missing people with TB, by accelerating the process of collection and use of data for monitoring of progress and for making early course corrections, if needed c. full alignment and demand on implementation and scale up of the latest World Health Organization recommendations at country level. 7. The Board requests the Secretariat, working with TB Situation room partners and all other partners to ensure that: <ol style="list-style-type: none"> a. allocation methodology for the Global Fund funding cycle 2020-2022 will maximize impact in order to reach the UNHLM 2022 targets and commitments. b. Catalytic Funding/Strategic Initiative on finding missing people with TB is continued over the next investment cycle to maintain the momentum and aligned with Find.Treat.All initiative and UNHLM targets. 8. The Board notes the substantial financing gap for the global TB response indicated in Global Fund’s investment case, being more than half of the total funding gap on the three diseases even after a full USD 14 billion replenishment of the Global Fund. The Board asks the Secretariat to continue working with the Global Fund to use all available instruments to optimise funding for TB, including additional funding from portfolio optimisation, catalytic funding, and in-country disease splits. 9. The Board also encourages the Secretariat to continue to work with the Global Fund and other stakeholders to mobilise additional resources for TB over and above the replenishment target and processes. 10. The Board requests the Secretariat and the Global Fund to finalize a partnership agreement which is building on the already existing Memorandums of Understanding with Stop TB Partnership teams, GDF and TB REACH, in order to provide an updated framework on how the two organizations work together. 	<ul style="list-style-type: none"> • In the 3 Waves of Portfolio Optimization of the Global Fund in 2019 TB has received a cumulative USD 149.9 million which accounts for 30% of the total funds (USD 504 million) available for Portfolio Optimization. Notably, the countries in Eastern Europe and Central Asia region with very high DR-TB burden, benefitted from additional funding aimed to facilitate transition to new MDR treatment regimens through procurement of new drugs, as well as through rolling out the WHO-recommended rapid molecular diagnostics at peripheral level of TB care delivery and in reference TB laboratories. Through collaboration with partners and Global Fund country teams, the Secretariat supported Zambia, Nigeria, Uganda, Tanzania, Ghana and Kenya to develop country specific MDR-TB transition plans and commence implementation. • Stop TB working with partners on the different Global Fund Platforms such as Grant Approval Committee, Strategy Committee and TB Situation Rooms ensured robust discussions on next cycle of allocations as well as catalytic funding for TB continued in the next funding cycle with an expanded list of countries. • Stop TB’s Global Drug Facility helped countries to transition into new MDR-TB regimens within the scope of their Global Fund grants and continued to provide technical assistance to countries. • Catalytic Funding/Strategic Initiative on finding missing people with TB is being continued in the next cycle with 20 countries. Catalytic funding of USD 150 million along with USD 14 million for Strategic Initiative is allocated in the next cycle. • The Secretariat supported Global Fund for an innovative financing for additional resource mobilization to India TB programme, USD 40 million under portfolio optimization granted to India for a loan buy down for USD 400 million from World Bank. • The Secretariat worked effectively with the Global Fund and Situation Room partners in updating the application approaches and processes for the new Global Fund allocation cycle, including revision of application forms and instructions for improving the Fund’s differentiated approach, qualitative adjustments within the disease allocation pool, and has provided intensive strategic technical advice and support in to the Fund’s TB Disease Advisors’ team and Grant Management in
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		<p>priority issues including programmatic and financial needs estimates for ensuring universal coverage with new diagnostics and transition to new WHO-recommended MDR treatment regimens.</p>
31.7	<ol style="list-style-type: none"> 1. The Board recognizes the work of both the Secretariat and partners to improve TB case detection by implementing new approaches through TB REACH and notes the impact on additional people diagnosed and treated with TB. The Board also appreciates how TB REACH has collaborated with the Global Fund and other partners to scale up successful approaches. 2. The Board approves the launch of the call for proposals for Wave 7 with a focus on empowering women and girls. 3. The Board acknowledges and appreciates the critical role TB REACH plays in bringing innovation and new ideas and approaches to the TB response. The Board requests the Secretariat, building on the lessons learned and taking into consideration the SDG targets, the UN Political Declaration on TB and commitments as well as the geo-political environment, to develop a strategy for TB REACH version 3.0 to be presented at the 32nd Board meeting. 	<ul style="list-style-type: none"> • Wave 7 call for applications received 593 letters of intent from which 149 applicants were invited to submit full proposals. After a rigorous evaluation and face-to-face discussions with the Proposal Review Committee, 37 proposals were chosen in 23 countries with a total value of USD 15.4 million. TB REACH continues to lead the way in TB innovation with projects focused on testing the new BPAL regimen, the use of handheld x-ray cameras, new diagnostics for childhood TB, and the continued use of artificial intelligence in the TB response. Projects focus on people-centered approaches to improving the TB response while at the same time igniting social change by boosting the empowerment of women and girls in line with Canada’s Feminist International Assistance Policy. • In addition, TB REACH will sustain a focus on engaging private sector providers in Wave 7 with continued support from USAID. Eight projects were selected to work with private labs, pharmacists, clinics, and other providers. • A vision for TB REACH 3.0 is being developed and will be presented on the second day of the 32nd Board Meeting.
31.8	<ol style="list-style-type: none"> 1. The Board commits to promote a TB response that is equitable, human rights-based, gender-sensitive and people-centered, with particular attention given to key, vulnerable and marginalized populations, and reducing stigma and discrimination. 2. The Board recognizes the increased work of the Secretariat in targeting 13 priority countries to roll-out TB gender, legal environment and data for key population assessments and to support grass-root civil society and TB affected community activism and monitoring at country level. The Board welcomes the Secretariat contribution to building six regional TB platforms that were instrumental in regional and global TB advocacy towards achieving UNHLM Commitments focusing on a more equitable, rights-based, gender-sensitive and people-centered TB response. 3. The Board acknowledges the continued increase in demand for support from the Challenge Facility for Civil Society (CFCS) mechanism to scale up country grassroots community rights and gender approaches and its link to regional and global levels. The Board encourages the expansion of the capacity and funding levels of CFCS to respond to the high demand and to undertake resource mobilization for this purpose. 	<ul style="list-style-type: none"> • A proposal intended to expand the Challenge Facility for Civil Society (CFCS) as a multi-donor platform to respond to the high demand, and promote and expand equitable, human rights-based, gender-transformative and people-centered interventions. The CRG proposal also includes specific support for the capacity building of three delegations. The proposal will be discussed by the Board during its 32nd meeting. • The Secretariat worked to promote a TB response that is equitable, rights based and gender sensitive, with particular attention to key populations and reducing stigma and discrimination. STP has finalized the Stigma Measurement Assessment and ensured that the indicators from this assessment tool are part of the Global Fund Modular Template. STP has also increased the understanding of a rights-based response to TB including through supporting TBpeople and partners in the Development of the Declaration of the Rights of People Affected by TB; GCTA and North Western University to sensitize lawyers, and through ACT! Asia Pacific to develop a community TB rights training module. STP has supported CRG Assessments IN 12 countries and implementation of community monitoring TOOLS in 8 countries. Gender-sensitive TB responses and women and girls were at the heart of TBREACH Wave 7.

<ol style="list-style-type: none"> 4. The Board will support resource mobilization efforts and Stop TB Partnership capacity to promote and expand equitable, human rights-based, gender-sensitive and people-centered interventions, particularly those designed and implemented by civil society and affected communities. 5. The Board endorses the initiative of the TB-affected Communities and Developing Country NGO constituencies to establish delegations with the aim to improve communication and engagement, strengthen accountability and enhance institutional memory of the constituencies. The Board requests the Secretariat and calls for the partners to explore ways to provide support to the delegation building process. 6. The Board calls on Ministers of Health and national programme managers to emphasize the need for National Strategic Plans on TB to fully integrate the commitments of the UN Political Declaration on TB, with a particular need to operationalize and invest in programmes, interventions and advocacy to mobilize communities affected by TB and promote human rights-based, gender-sensitive and people-centered responses to TB in all countries. 	<ul style="list-style-type: none"> • Through the Challenge Facility for Civil Society, Stop TB supported 13 countries (Bangladesh, Cambodia, DR Congo, India, Indonesia, Kenya, Mozambique, Nigeria, Pakistan, Philippines, South Africa, Tanzania and Ukraine) to enhance community empowerment and TB advocacy for demand generation and to develop strategies to find the missing people with TB. We worked closely with USAID and the Global Fund, to scale up the investments available so that the largest ever CFCS call for proposals (USD 2,5 million) to transform the TB response to be equitable, rights-based, gender-sensitive and people-centered will be announced in Jakarta, Indonesia on 10 December 2019. • In response to high demand of the CFCS, a CRG proposal to expand the CFCS to be a multi-donor platform to further support countries and communities to transform the TB response so that it promotes and protects human rights and gender equality and prioritizes strong and active community and civil society actors has been developed. The CRG proposal development was facilitated by STP, but the process was led by the three civil society delegations to the Stop TB Board (Affected Communities, Developed Country NGO Delegation, Developing Country NGO Delegation). As part of the CRG Proposal, there is dedicated support to augment the capacity of the three community and civil society delegations and it will be discussed by the Board during its 32nd meeting. • In 2019, the Secretariat assisted the 3 community and civil society delegations of the Board to develop and strengthen the civil society delegations governance manuals and conduct the selection process to finalize representation of each respective delegation –guided by principles of regional representation and gender equality. On 9-10 December 2019, a pre-Board meeting will be conducted to further build the capacity of the delegation on governance and also consider further partnerships, engagement and fundraising opportunities. • The Secretariat worked with countries and partners to contribute strengthening the recommendations in national TB program reviews and the Global Fund reprogramming opportunities to include CRG activities in thirteen countries included in the strategic initiative to find the missing people with TB.
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31.9	<ol style="list-style-type: none"> 1. The Board recognizes the importance of engaging and collaborating with the private sector to achieve the targets set forth in the UN Political Declaration on TB. 2. The Board welcomes the commitment of the Private Sector Constituency and commends its efforts for determining how it can best contribute its capabilities and resources working in collaboration with other partners and stakeholders. The Board encourages the Private Sector Constituency to further diversify its membership to include additional industries and high-burden geographies. 3. The Board supports the new strategy presented by the Private Sector Constituency and commits to discussing lessons learned and best practices in ongoing dialogue to achieve the UNHLM targets. 4. The Board recognizes the value in working with the private sector to address challenges in scaling up TB programs and calls on the Private Sector Constituency to continue its efforts to innovate on effective business models for public health sustainability. 5. The Board recommends that Private Sector Constituency ensures their engagement is aligned with and furthers the achievement of the Secretariat’s strategic objectives towards the realization of the targets and commitments of the UNHLM on TB and Sustainable Development Goals. 	<ul style="list-style-type: none"> • The Board’s Private Sector constituency (PSC) had a specific focus on recruitment of additional partners to grow and diversify the constituency in 2019. Through outreach and engagement of businesses operating in high TB burden countries, 7 new members will join by year end. These companies—AngloAmerican, Dimagi, Beckman Coulter, Lifetrack Medical Systems, Molbio, Mylan, and Oxford Immunotec. • In partnership with the Stop TB governance team, the PSC recently crafted Governance Guidelines to promote the transparent and representative governance of the constituency. Through these guidelines, the constituency aims to ensure effective private sector engagement with the Stop TB Partnership, balanced representation of private sector viewpoints on the Stop TB Partnership Board, and the advancement of the Stop TB Partnership’s private sector engagement efforts. • Additionally, the PSC’s three strategic workstreams: Data & Diagnostics, Healthy Workplaces, and Advocacy & Communications aim to support and accelerate the aims of the Stop TB Partnership. Members of these workstreams focus efforts on ways to engage multinational companies, advance global advocacy, and leverage technology to facilitate TB awareness, prevention, detection, and treatment.
31.10	<ol style="list-style-type: none"> 1. The Board thanks and recognizes the work of the Finance Committee as well as UNOPS Project Management Team, and directs the Finance Committee to continue to monitor expenditures, encumbrances and financial risks, and alert the Executive Committee of any changes as required. 2. The Board endorses the high-level budget for the biennium 2019-2020 that has been reviewed by the Finance Committee and approved in December 2018 by the Executive Committee, together with the detailed budget for the year 2019. 3. Based on the recommendation of the Finance Committee in December 2018, the Board endorses the Stop TB Partnership 2017 Annual Financial Management Report. 4. The Board encourages the Secretariat to pursue resource mobilization efforts, including with new donors, to address the funding gap in the budget. 5. The Board requests the Stop TB Partnership 2018 Annual Financial 	<ul style="list-style-type: none"> • Following fundraising efforts, the funding gap under 2019 budget has been almost fully met with additional funding from existing donors (USAID) and one new donor (Japan). • The Stop TB Partnership 2018 Annual Financial Management Report has been prepared by the Secretariat and reviewed by the Finance Committee during the call on 3 December 2019. The report will be submitted to the Board for endorsement during the 32nd Board meeting. • The 2020 detailed budget is prepared and will be presented to the Board for approval.

	<p>Management Report to be prepared by the Secretariat and submitted to the Board for approval during the 32nd Board meeting.</p> <p>6. The Board asks the Secretariat to prepare a detailed budget for 2020 in Q4 2019. The Board directs the Executive Committee to review and approve the detailed budget for 2020 by the end of 2019.</p>	
31.11	<p>1. The Board agrees on the timelines and procedure to appoint the next Board Chair and launches a call for nominations for next Board Chair. The Board requests the Secretariat to manage the process following the continuous guidance of the Executive Committee. To this extent, the Board endorses the establishment by the Executive Committee of an ad-hoc Board Chair Nomination Sub-committee which is composed of:</p> <ol style="list-style-type: none"> i. Paula Fujiwara; ii. David Lewinsohn; iii. Aaron Oxley; iv. Cheri Vincent; v. Austin Obiefuna. <p>2. Following the recommendation of the Executive Committee, the Board approves:</p> <ol style="list-style-type: none"> i. the extension of the term of the Vice-Chair up to and including the 33rd Board meeting, in order to allow for a staggered change in the Board Leadership; and ii. that the outgoing Vice-Chair acts, in an ex-officio capacity, to support the incoming Vice-Chair until the 35th Board meeting. <p>3. The Board agrees to hold its 32nd Board meeting around Q4 2019. Following the recommendation of the Executive Committee, the Board asks the Secretariat to initiate communications with the Government of Indonesia to explore the possibility of hosting the 32nd Board meeting; and to continue working with the Executive Committee to finalize this accordingly. The Board welcomes H.E. Minister of Nigeria’s invitation to host the 33rd Board Meeting in Nigeria.</p>	<ul style="list-style-type: none"> • Following the call for nominations for the next Chair of the Board, the Board Chair Nomination Sub-committee reviewed the nominations and recommended one candidate to the Executive Committee. Based on the recommendation from the Board Chair Nomination Sub-committee, the Executive Committee endorsed the candidate and submitted the selection to the Board for electronic approval. • In August 2019, the Board approved the selection of Minister of Health of Brazil, Dr Luiz Henrique Mandetta, as Chair of the Stop TB Partnership Board from 2019 until 2022.