

**Report of actions following the decision points from
34th Virtual Board Meeting**

	Decision Point	Action
34.1	<ol style="list-style-type: none"> 1. The Board adopts the proposed agenda for the 34th Stop TB Partnership Board meeting. 2. The Board is honored to welcome Minister Mansukh Mandaviya, India's Minister of Health and Family Welfare, as the new Chair of the Board. The Board is committed to supporting Minister Mandaviya's Chairmanship and his important leadership and efforts to help the Secretariat, partners, and the TB community at large, in reaching the United Nations High-Level Meeting Political Declaration on TB (UNHLM) targets, a milestone moment in the effort to end TB by 2030. 3. The Board welcomes new Board members that joined the Stop TB Partnership Board in 2021, representing: Democratic Republic of the Congo, Indonesia, Japan, Developed Country NGO, Developing Country NGO, TB Affected Communities, The Union, and The World Bank. 4. The Board notes the progress and appreciates the efforts of the Secretariat to address the decision points from the 33rd Stop TB Partnership Board meeting. 5. The Board appreciates the Executive Director Report and acknowledges the Executive Director and the Secretariat team for the commendable work in 2021 to deliver at the highest standards despite continued operational limitations due to the COVID-19 pandemic. 6. The Board calls on all partners and stakeholders to increase collaboration, coordination, and support for the TB response, considering the importance of crucial events coming up in 2022 and 2023: G20 Summits hosted by the two highest TB burden countries and the second UN high-level meeting on TB as committed to at the 2018 UN High-Level Meeting on TB. 7. The Board welcomes the 2020 Key Performance Indicators final report and looks forward to the report of the Key Performance Indicators for 2021 at the 35th Board meeting. 8. The Board congratulates the winner of the Kochon Prize: <ul style="list-style-type: none"> • DOPASI Foundation, a civil society organization from Pakistan. 9. The Board also congratulates the winners of the Stop TB Partnership 	<ul style="list-style-type: none"> • STP provides technical support and grants to a number of national STP platforms. In 2022, with Indonesia hosting the G20, STP provided dedicated technical and financial support through STP Indonesia – being a major contributor to the first ever TB-focused official G20 side event. The 30 national STP platforms will continue to be engaged and coordinated on the path to the UNHLM on TB in 2023. • STP will conduct, coordination and engagement meeting with national platforms and partnerships as part of Challenge Facility for Civil Society round 11 (Q4 2022) to ensure meaningful engagement of TB affected community and civil society organizational partners toward the UNHLM in 2023. • STP supported h community and NGO Delegations to develop their 2022 workplan featuring community level engagement for the UNHLM on TB, including the development of Deadly Divide report 2.0.

	<p>Community Award:</p> <ol style="list-style-type: none"> a. TB Proof, an organization of community health workers affected by TB from South Africa; and b. Survivors Against TB, a network of TB survivors from India. 	
34.2	<ol style="list-style-type: none"> 1. The Board recognizes the efforts made by TB programmes towards recovering from the setbacks caused by the COVID-19 pandemic. The Board notes that in high TB burden countries, urgent actions are needed to ensure services are restored and sustained. 2. The Board notes with concern that most of the UN High-Level Meeting Political Declaration on TB targets for 2022 will not be met without an unprecedented mobilization of stakeholders and resources in the remaining 15 months. 3. The Board points out that, based on the available data and modelling, the Sustainable Development Goal of ending TB by 2030 is at high risk of not being met and calls on all partners, stakeholders, and governments to double down and pursue a more aggressive approach to achieve the targets, including the use of new approaches, innovations in service delivery, and accelerated research and roll out of new tools. 4. The Board welcomes the work undertaken to develop the new Global Plan to End TB 2023-2030 and requests the Secretariat to present the pre-final version at the 35th Board meeting. The Board notes that the Global Plan 2023-2030 needs to be aligned with the Sustainable Development Goal targets and the End TB Strategy, and to draw on the Global Fund Strategy. The Board encourages the Secretariat to follow: a) an inclusive process, and b) a timeline that ensures publication well before the end of 2022. 5. The Board strongly supports the call from the Chair of the Board for a robust, inclusive, and transparent process for the preparation of the United Nations High-Level Meeting on TB to be held in September 2023. 6. The Stop TB Partnership Board: <ol style="list-style-type: none"> i. Encourages the UN General Assembly to agree that the UN High-Level Meeting on TB be held in September 2023 in conjunction with the UN General Assembly General Debate and be at least 1.5 days in length, back-to-back to the UN General Assembly to ensure adequate time for discussion on the world's leading infectious killer; ii. Agrees to create a Coordinating Group for the UNHLM on TB, as was organized prior to the first UNHLM, facilitated by the Secretariat, to work with the World Health Organization (WHO) and all partners and 	<ul style="list-style-type: none"> • The pre-final version of the Global Plan to end TB 2023-2030 will be presented at the 35th Board Meeting. The Global Plan has been developed with the main focus on the 2030 target of the SDGs and the WHO End TB Strategy and is aligned with the Global Fund strategy. The epidemiological modelling and resource needs estimation done for Global Plan has informed the Global Fund Investment Case. The Global Plan development process was inclusive, led by a diverse Task Force, and involving 2 online public consultations and 7 regional consultations. • As part of the Global Plan development process, an updated/second edition of the decade old TB Language Guide Words Matter. • TB affected community and civil society, coordinated by the STP Community and NGO Delegations, will develop and launch the second iteration of A Deadly Divide report that will serve as a TB accountability report on progress and also lay out community and civil society priorities for the UNHLM in 2023. As was the case in 2018, the STP NGO and Community Delegations will be supported to lead a Civil Society and Affected Community Taskforce to ensure meaningful participation in the multi stakeholder hearing and HLM.

	<p>stakeholders to ensure a strategic and coordinated approach, including a Civil Society Coordinating Group to lead on regional consultations and the work towards an official President of the UN General Assembly Civil Society Taskforce;</p> <p>iii. Requests that the Secretariat develop a costed action plan for engagement and financial resources needed to support the organization and preparatory processes leading up to the UNHLM on TB and include it in the budget presented to the Board at the 35th Board meeting;</p> <p>iv. Appeals to the President of the UN General Assembly to create a formal and representative Civil Society Taskforce for the UNHLM on TB to be established in partnership with relevant organizations, platforms, and networks.</p> <p>7. Furthermore, the Board requests the President of the UN General Assembly to agree to hold a multi-stakeholder hearing at UN headquarters prior to the UNHLM on TB, with the participation of the UN Secretary-General and UN Member States.</p>	
34.3	<p>1. The Board congratulates the Secretariat for its leadership in supporting communities, human rights, and gender (CRG) approaches in the TB response and applauds the Partnership’s three Civil Society Delegations 2020 accountability report, <i>A Deadly Divide: TB Commitments vs TB Realities</i> - developed with inputs from over 150 partners in 60 countries. The Board supports the six calls to action from TB affected communities and TB civil society in <i>A Deadly Divide: TB Commitments vs TB Realities</i> and recommends that all country partners further utilize Stop TB CRG tools and increase investment in TB affected communities, and interventions to mitigate and remove human rights and gender-related barriers to accessing TB services. The Board recommends that a next iteration of this report be developed in 2022 to serve as background in preparation for the UNHLM Political Declaration on TB in 2023.</p> <p>2. The Board commends the speed and impact of the C19RM Technical Assistance support package workstream provided by the Secretariat, in particular through the small grants, guidance documents and training provided to national TB civil society partners. The Board advises the Secretariat to explore similar mechanisms for supporting TB affected communities and civil society during future Global Fund country processes.</p> <p>3. The Board acknowledges the successful Round 10 of the Challenge Facility for</p>	<ul style="list-style-type: none"> • CFCS Round 9 partners received the C19 RM Technical assistance support packages to support C19 country dialogue and proposal writing processes. Key takeaway from this process was the need for dedicated support packages for TB communities in all future Global Fund processes. CFCS Round 11 grants will include a standardized and specific activity and budget line to support community-led country dialogue and proposal writing processes for NFM4. • On 9 February 2022 STP launched CFCS Round 11. With 9 USD million available it is the largest call for CFCS. STP received 332 proposals to the total demand of USD40,218,252.30. With USD 9 million available STP will meet 22% of the total demand and 39% of the quality demand, according to the CFCS Rd 11 external review committee. • STP Affected Community and NGO Delegation workplans for 2022-3 have been developed and feature the development and dissemination of the second iteration of <i>A Deadly Divide: TB Commitments vs TB Realities</i> that are expected to be used to shape advocacy priorities for the UNHLM on TB 2023.

	<p>Civil Society, granting USD 7.5 million through 77 grants in 27 countries across seven regions, supported by USAID and the Global Fund. The Board congratulates the recipients and applauds the work of the Secretariat to ensure that these investments support social justice in the TB response, expand anti-stigma and anti-discrimination efforts and promote leadership roles for affected communities and civil society.</p> <p>4. The Board notes that the Challenge Facility for Civil Society is an important and unique mechanism for TB affected community and civil society but is currently only able to fulfil around 25% of requests for support and requires additional and diversified funding for expanded efforts to create an enabling environment for community and civil society groups to meaningfully participate in and contribute to national TB responses. Therefore, the Board applauds the intention to announce Round 11 of the Challenge Facility for Civil Society in late 2021. The expanded level of funding is particularly critical now, when the COVID-19 pandemic has negatively impacted grassroots partners in their efforts to address TB. The Board appreciates the financial support from USAID and the Global Fund and encourages additional donors for this critical multi-donor funding mechanism.</p> <p>5. The Board recognizes the launch of the OneImpact Community-led Monitoring Framework and digital platform that can be used in TB, COVID-19 response, and any other pandemics as it empowers people affected by TB to monitor access to health and support services, to claim their rights and identify and reduce TB stigma and discrimination.</p>	<ul style="list-style-type: none"> • STP is continuing to support countries as the complete TB CRG Assessments and Action Plans and then to strengthen and scale up monitoring of human rights and data for advocacy work through OneImpact Community Led Monitoring which is now active in 22 countries.
34.4	<p>1. The Board takes note of the strategic perspectives of the Ministers of Health of Brazil, Indonesia, Kazakhstan, and South Africa on the role that TB investments play in the COVID-19 pandemic response and the need to ensure that political attention, commitment, and investments in TB continue during the current and future pandemics.</p> <p>2. The Board notes that the systematic use of TB programs, including community-led services, human resources, facilities, and expertise to address COVID-19 in countries, provided critical response capacity, but also put immense pressure on the health workforce, infrastructure, and resources, resulting in substantial breakdowns of capacity to diagnose and treat TB. The Board acknowledges the critical role and heroic actions of health workers and communities, particularly outreach workers, in tackling TB and COVID-19. The Board also acknowledges the increased funding need and gap as a result of</p>	<ul style="list-style-type: none"> • The Secretariat has worked on developing further the link between TB and PPR and how investments on TB responses can serve the dual purpose of making progress in TB but also getting countries prepared to face future airborne pandemics. • The Secretariat worked with the Indonesia G20 Presidency and the national Indonesia Stop TB Partnership to organize a TB side event at the G20 Health Working Group Meeting on 29-30 March 2022. One session in this event called Airborne Infection Defence Approach focussed on TB and PPR. The Secretariat made a presentation in this session elaborating the approach.

the severe disruption of TB services.

3. The Board recognizes that just as COVID-19 responses massively disrupted TB programming, a coordinated response to the two diseases represents a unique and powerful opportunity to rebuild services and, in doing so, ensures programmatic synergies in infection control and prevention, active case finding and contact tracing, diagnostic and surveillance infrastructure, a strong lung-health workforce, community-led responses and more.
4. The Board urges stakeholders engaged in pandemic preparedness and response (PPR) to recognize that TB health and community-led infrastructures, including human resources, investments, approaches, expertise, and platforms are critical investments in PPR, as they build key health system capacities while also curing people and saving lives. The Board also notes TB partners and programs present ideal opportunities to promote awareness of airborne diseases, preventive measures, and aligned responses.
5. The Board calls on the Partnership to advocate and help to ensure that TB, including its health and community-led infrastructures, is positioned to fight airborne disease, used as an important marker for the overall performance of a health system and considered as the backbone of effective pandemic preparedness responses.
6. The Board asks that the Secretariat, working with partners, initiate a high-level dialogue between TB and PPR stakeholders to better understand the common agendas and ways forward to increase investments to prevent and treat airborne infectious diseases, promote increased investment in support of TB affected communities and civil society capacity and participation in PPR dialogue, governance, and accountability, and to develop a paper on how investments in TB can contribute towards preparing the world for the next pandemic.
7. The Board notes it is essential that future pandemic response efforts invest in, build on, learn from, and protect the gains made against infectious diseases, including TB health and community-led infrastructures, especially for those most often left behind by health systems.

<p>34.5</p>	<ol style="list-style-type: none"> 1. The Board acknowledges the support provided by the Secretariat and partners in highlighting the impact of the COVID-19 pandemic on Global Fund-supported TB programs in countries, and their advocacy for increased resources for recovery. 2. The Board notes with concern that the COVID-19 pandemic has had a very significant and disproportionate impact on TB compared to other diseases and threatens to reverse a decade or more of progress. The Board thanks the Global Fund Secretariat for making efforts within country grants and the C19RM initiative to mitigate the impact of the COVID-19 pandemic on TB, but also notes that more needs to be done. 3. The Board notes that recovery in high TB burden countries will need substantially increased resources to implement countries' "catch-up" plans. Unless these resources are urgently made available and are allocated to high-impact interventions, including significant increase in community-led responses and services, TB responses are at risk of further deteriorating if new waves of COVID-19 continue to sweep through these countries. In the current context of constrained domestic budgets, external funding for TB needs to be increased, and, in this context, the role of Global Fund as the main external donor for TB is critical. 4. The Board recommends that the Secretariat, with WHO and other partners, work with the Global Fund and countries to increase substantially the resources available for TB in selected high TB burden countries impacted by the COVID-19 pandemic, and to TB affected communities and civil society through the Challenge Facility for Civil Society mechanism. The Board recommends that all possible mechanisms at the disposal of the Global Fund be applied for this, including portfolio optimization and co-financing with other institutions such as multilateral development banks; and increased domestic funding. The Board also calls upon countries and partners to support the implementation of the current grants, including the C19RM. 5. The Board acknowledges the work of the Secretariat, WHO and other partners in the discussions around the allocation of Global Fund resources and particularly on the "global disease split". The Board notes that the 18% allocation for TB is completely inadequate in the context of TB having the highest mortality among the three diseases, with TB accounting for more deaths than HIV and malaria combined, the largest funding gap to achieve global 2030 targets on ending the three epidemics, the highest impact of 	<ul style="list-style-type: none"> • STP continue in discussions with TGF TB and CRG teams among others, along with WHO, with regard to increasing financing for TB affected communities and civil society and is enhancing this engagement through CFCS grantees and national STP platforms. • STP provides comprehensive support to implementation of the Global Fund support by countries including advocacy and facilitation of national dialogues for prioritization of interventions to end TB, external technical assistance in development of national TB strategic plans and TGF Funding Requests by STP staff and external consultants using STP rosters created for this purpose, support in grant making and further implementation and reprogramming as required. STP provided substantial inputs for TGF C19RM channel including country-specific TA and review of submitted proposals for TGF GAC/CTAG. • The disease split formula proposed by TGF Secretariat and adopted by the Board, however, provides for only marginal increase in TB funding (20% of projected additional funding that will be available as the result of 2022 replenishment). STP worked with partners, including the TB SR partners, to develop and support a strong narrative for increased TB funding from the GF using different levers such as Catalytic Funding, Portfolio Optimization, etc • STP worked, through its NGO and communities' constituencies, with broad range of CSO and other partners to ensure strong emphasis on right, community engagement and gender equality in the new Global Fund strategy and relevant processes that will be used in the new allocation cycle, including catalytic investments, TB Modular Framework and application materials. • The advocacy work related to the 2022 TGF replenishment process is ongoing.
-------------	---	---

<p>COVID-19 on TB epidemic and the multiple opportunities for scale up of the TB response. The Board notes that “global disease split” conversations should consider the critical role Global Fund plays as the main external funder for the TB response, the disproportionate impact of COVID-19 on TB programs, and the TB burden across Global Fund eligible countries. As the Global Fund moves towards a decision on resource allocation, the Board recognizes that the Partnership’s TB Affected Communities and Developing Country NGO Constituencies have called for an allocation of 33% of Global Fund resources to TB and urges the Global Fund to adequately increase its funding for TB. The Board calls upon all stakeholders to work towards finding a solution that increases resources for TB while protecting the progress achieved against HIV/AIDS and malaria and preventing any significant net shift of resources from lower to higher income countries.</p> <ol style="list-style-type: none">6. The Board recommends that the Secretariat continues to engage in the process of the development of the Global Fund strategy, its key performance indicators, and the investment case, ensuring that the needs and priorities of the TB community are addressed. The Board recommends that the Secretariat develops a paper in collaboration with partners on the different scenarios of increasing allocation for TB to prepare for the discussions at the Global Fund Strategy Committee and Board meetings.7. The Board acknowledges the position paper submitted by the Affected Communities and Developing Country NGO Delegations about the Global Fund Strategy development and appreciates its content. The Board requests the Secretariat working with WHO and other partners to engage with the Global Fund to ensure that the priorities articulated in the paper, including expanding the capacity of affected communities and civil society, including through the Challenge Facility for Civil Society mechanism, are adequately reflected in the Global Fund Strategy and its decisions on resource allocations.8. The Board calls on all partners and the Secretariat to ensure that the 2022 Global Fund replenishment successfully raises the resources needed to tackle these three pandemics.	
---	--

<p>34.6</p>	<ol style="list-style-type: none"> 1. The Board commends the Secretariat as well as in-country and global partners on their current and planned activities to introduce and scale-up new service delivery approaches and product innovations, to increase the TB affected communities’ and people’s access to affordable, quality-assured, and people-centred care. The Board recognizes USAID’s funding and support to the Stop TB Partnership- especially GDF and TB REACH and appreciates the coordination and engagement of the Stop TB Secretariat with WHO and Global Fund teams. 2. The Board acknowledges the specific funding from US CDC and Chevron Corp. and planned contribution from KOICA to the Re-imagining TB Care (RTC) initiative and Accelerator for Impact (a4i) platform. The Board acknowledges the plan to develop a strategy and framework to identify, source, and roll-out prioritized digital solutions that achieve the Reimagining TB Care (RTC) initiative’s mission and objectives. The Board requests that the Secretariat engages and works with country and global partners, particularly TB affected people and communities, healthcare providers, and country programmes, in this development process and provides an update on its progress at the 35th Board Meeting. 3. The Board applauds the planned contribution of the Foreign, Commonwealth & Development Office (FCDO), United Kingdom to TB REACH, expanding the donor base, supporting crucial work in the TB response, and catalysing Global Fund investments. 4. The Board recognizes the critical role that TB REACH plays in the introduction and evaluation of new tools and approaches across different aspects of the TB response. The Board acknowledges the selection of Wave 9 grantees seeking to improve care for people with MDR-TB and thanks USAID and Global Affairs Canada for their continued support. The Board notes efforts of the Secretariat and partners to mobilize donor support for TB REACH and urges donors to ensure a fully funded TB REACH in 2022. 5. The Board recognizes the leadership role that Stop TB Partnership’s Global Drug Facility and the TB Procurement and Market-Shaping Action Team (TPMAT) play in market stewardship and commends them on the successful use of product-specific roadmaps which contributes to the development and introduction of numerous new medicines and regimens. 6. The Board notes the increasing complexity of shaping TB markets for access. The recent launch of several new medicines, an upsurge in research 	<ul style="list-style-type: none"> • As part of the KOICA proposal/grant-making process, a high-level RTC strategy and framework has been developed, including a logic framework. We have started to implement some of these activities with CDC funding and will be further implementing additional activities in two TB affected countries with the KOICA funding. All activities are being and will be implemented with the agreement and cooperation of the Ministries of Health and country programmes, and in partnership with implementing partners, care providers, and TB affected people and communities, including TB survivors. A briefing document will be provided to the Board approximately two weeks in advance of its upcoming meeting to provide them with an update on RTC’s progress. • GDF continues to support innovation from upstream research and supply security through introduction and scale-up. GDF has supported nearly 30 clinical research projects to procure TB medicines – allowing these projects to start sooner and avoid enrolment interruptions – with some of these projects already reporting results that have been incorporated in WHO recommendations with more results expected in 2022. The GDF-led TPMAT continues to signal and encourage suppliers to develop formulations that are or will soon be needed across multiple regimens and types of TB. This has resulted in a new formulation of rifapentine being developed that should decrease the pill burden across multiple TPT and DS-TB regimens. There are also additional suppliers that have developed bedaquiline and pretomanid - medicines currently recommended for DR-TB and being studied for other forms of TB. TPMAT has expanded its membership with representation from an additional seven National TB Programmes and more civil society groups attending the latest TPMAT meeting in March 2022 (final report forthcoming). This expansion brings new perspectives on procurement and market-shaping challenges and possible solutions and TPMAT plans to include more programme and civil society groups in the future. GDF, with funding from the Government of Japan and USAID, continues to support the introduction and scale-up of child-friendly formulations of medicines for DR-TB. As of May 2022, all WHO-recommended medicines for DR-TB treatment have child-friendly formulations quality-assured and available for procurement (11 formulations in total). GDF has supported country programmes, from a procurement and supply chain perspective, to
-------------	--	--

	<p>prompting frequent changes in WHO guidelines, and a shift towards using medicines across multiple indications are welcome developments. However, these developments can also impact market efficiency, while transition from donor to domestic financing can further impact market size, structure, and function. The Board supports GDF and TPMAT broadening their product-specific roadmaps into Market Access Maps to encompass pipeline innovations across all regimens and types of TB, expanded stakeholder analyses, and shifts in funding modalities.</p>	<p>implement WHO-recommended all-oral regimens with nearly all priority countries using these regimens and 250% increase in the number of programmes using the BPaL regimen under operational research conditions. GDF is working with country programmes to begin planning introduction and scale-up of the latest WHO Rapid Communication on DR-TB and will report on these efforts in the future.</p> <ul style="list-style-type: none"> • TB REACH signed an agreement and received funding from FCDO for GBP 6 million for the Wave 10 call for proposals. In addition, Canada has contributed an additional CAD 11 million for one year funding. USAID has pledged USD 3 million as well. In June 2022, Stop TB expects to sign an agreement for funding with LSTM and Unitaid for a new innovative diagnostics project. However, long term commitments for a fully funded TB REACH initiative are lacking and replenishment efforts are still needed to meet the very large demand from in-country partners.
34.7	<ol style="list-style-type: none"> 1. The Board acknowledges and values the work done regarding hosting under the leadership of the Executive Committee, expresses its appreciation to UNOPS for its partnership, and welcomes the extension of the hosting agreement with UNOPS until June 2023. The Board requests the Secretariat to work with UNOPS to implement the new Operational Instruction for Hosting the Stop TB Partnership. 2. The Board notes the progress achieved by the Secretariat working closely with UNOPS, in addressing each action point from the <i>Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership</i> and is grateful to all staff who are participating in its implementation. 3. The Board also reaffirms its commitment to examining its leadership role on diversity, equity, and inclusion across its structures, processes, and behaviours, which will be incorporated into the broader Board and Executive Committee Review being conducted; recommendations being presented to the Board by December 2021. 4. Before the end of 2021, the Executive Committee will request Board approval for a strengthened performance review of the Executive Director beginning in early 2022. It will build on the results of staff surveys, recent staff 360 review process, and other consultations, including with UNOPS. It will comprise: 	<ul style="list-style-type: none"> • Significant progress has been made on the implementation of the Operational Instruction for Hosting. The new Joint Hosting Agreement (JHA) was developed and approved by the Executive Committee in January 2022 and has since been annexed to new funding agreements signed for the Partnership. Moreover, the UNOPS Portfolio Management Team (PMT) has been integrated into the Secretariat and reporting lines changed accordingly. • In the past nine months, the Stop TB Partnership considerably scaled up its diversity and inclusion work. <ul style="list-style-type: none"> • 360 feedback: In November 2021, following online assessments of supervisors, supervisees and peers, one-to-one individual 360 feedback coaching sessions were delivered to all 80 staff who participated in the exercise. • UNOPS People survey: A total of 59 Stop TB Partnership staff took part in the UNOPS People Survey 2021, representing a 68% participation rate. • Diversity & Inclusion position: As part of the Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership, a D&I adviser position was created in the Secretariat and encumbered in January 2022.

	<ol style="list-style-type: none"> i. Clear objectives and deliverables for the Executive Director based on the role the Board expects the Stop TB Secretariat to play to support the delivery of the 2018 UN High-Level Meeting on TB targets and the achievement of End TB by 2030; implementation of the Board approved Action Plan; as well as the outcomes of the Board and Executive Committee Review; ii. An inclusive consultation process that will gather performance feedback from staff, Board members, UNOPS, and other key stakeholders of the Stop TB Partnership; iii. A clear process and timeline to: a) conduct the performance review, in coordination with UNOPS, b) report to the Board, and c) ensure Board/UNOPS engagement with the Executive Director in a constructive manner to discuss performance. <p>5. The Board reiterates that any form of workplace misconduct is inconsistent with the values and principles of the Stop TB Partnership and will work with UNOPS and the Secretariat to uphold the Secretariat and Board to these principles.</p>	<ul style="list-style-type: none"> • Diagnostic on Stop TB working environment: based on one-to-one discussions with about half of the Secretariat personnel, the 2020 PWC Pulse survey results, 360 and 2021 UNOPS People Survey, a diagnosis of the Stop TB Partnership working environment was prepared and presented Stop TB Leadership and staff. • Roadmap for a Thriving and Inclusive Stop TB: based on workshops with teams and numerous Executive Team discussions, a Roadmap was developed and endorsed in May 2022 with a set of 14 actions focusing on diversity and equity, people management, well-being, and psychological safety. • A sub-group under the Executive Committee has developed a dedicated performance appraisal framework to govern the objective and results of the work of the Executive Director of the Partnership. It will be effective as of 2022. [EC members can elaborate as needed]. • UNOPS briefed the Executive Committee on 6 May 2022 on the status of grievances and complaints cases related to the Secretariat since 2020, as part of its hosting responsibilities and in line with action point 7 of the Independent Action Plan.
34.8	<ol style="list-style-type: none"> 1. The Board recognizes and expresses thanks for the work of the Finance Committee, the Secretariat, and the 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 concerns. 2. Based on the recommendation of the Finance Committee, the Board endorses the Stop TB Partnership 2020 Annual Financial Management Report. 3. The Board asks the Secretariat to prepare a detailed budget for 2022 in Q4 2021 and submit it to the Executive Committee for review by early December 2021. The Board directs the Executive Committee to review and approve the detailed budget for 2022 by the end of 2021. 4. The Board requests the Secretariat to work under the Executive Committee's guidance to pursue resource mobilization efforts, including the expansion of the donor base for the Stop TB Partnership. 	<ul style="list-style-type: none"> • The detailed budget for 2022 has been prepared in Q4 2021, was reviewed by the Finance Committee during its call on 19 November 2021 and approved by the Executive Committee on 3 December 2021
34.9	<ol style="list-style-type: none"> 1. The Board expresses its deep appreciation to Dr Joanne Carter for her extraordinary leadership of the Board, in her role as Vice-Chair for over two 	

<p>consecutive terms of office. Dr Carter showed tremendous personal commitment, served the Stop TB Partnership with dedication, and has been an active driver of governance effectiveness, relationship building and collaboration that will have a lasting impact on the TB world. During her tenure, the outgoing Vice-Chair presided over significant deliberations and decisions that will continue to shape and inspire the future of the Partnership.</p> <ol style="list-style-type: none">2. The Board welcomes the election of Mr Austin Arinze Obiefuna from Nigeria as the next Vice-Chair of the Board of the Stop TB Partnership for the period 2022-2024.3. The Board asks the Secretariat to work closely with the Executive Committee to reach decisions by the end of January 2022, at the latest, on preparations for the 35th Board meeting. The 35th Board meeting will be held in person or in virtual mode, depending on developments related to the COVID-19 pandemic before the end of July 2022.	<ul style="list-style-type: none">• The new Vice-Chair, Mr Austin Arinze Obiefuna from Nigeria and Executive Director of Afro Global Alliance in Ghana, has taken up duty on 1 January 2022 for a three-year term (renewable once).• Due to persisting COVID-19 pandemic travel restrictions, the Executive Committee decided in January 2022 that the 35th Board Meeting will be held in a hybrid modality. All preparations and measures were taken to make the very first Hybrid Board Meeting a positive experience.
---	---