

MEETING REPORT

8th Stop TB Coordinating Board Meeting

3-4 May 2005, Addis Ababa, Federal Democratic Republic of Ethiopia

Decisions/ Actions (CB 01-05)

Objectives

1. To discuss prospects for reaching the Global Targets and MDGs in Africa and set priorities for special Stop TB interventions.
2. To strategize on future direction for the Partnership (Global Plan 2006-2015, MOU with WHO)
3. To agree on a practical action plan to enhance engagement with world leaders and policy makers at the highest level.
4. To review progress on special initiatives including FIDELIS, International Standards of Care, PPM and GDF.
5. To appoint a Nominating Committee for the election of a new Coordinating Board Chair.

Outcomes

1. Appointment of the Nominating Committee for the selection of the new chair.
2. Adoption of a plan of action to focus attention on special TB interventions in Africa.
3. Clarity on strategic issues for the development of the Global Plan 2006-2015 to Stop TB.
4. Adoption of an agreed process to ensure engagement of world leaders at the highest level, including Partnership high level missions and a strategy for engagement with the EU.
5. Consensus on the framework for a Partnership MOU with WHO.
6. Decision on the process of achieving international standards of TB care.
7. Consensus on ISO certification for GDF.
8. High level missions to the African Union, Economic Commission for Africa and Government of Ethiopia to sustain the momentum of DOTS Expansion progress being made in Africa and highlight the need for further international support to the continent.

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| Session - presentations | Decisions | Actions | Key Docs |
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| 1. Opening Welcome words from L.G. Sambo, WHO AFRO Regional Director and Ethiopian State Minister of Health, Tedros Adanhom. | | | |
| 1.1 Agenda/Action-points last CB meeting | <ul style="list-style-type: none"> ➤ An item for discussion on MDR TB was added for discussion on Wednesday pm. The agenda was then adopted. ➤ The report from the last Stop TB Coordinating Board meeting, 14-15 October 2004, in Beijing, China was adopted | | 1.05-1.3 |
| 1.2 Nominating Committee for Chair & Appointment of the Vice Chair of the Board | <ul style="list-style-type: none"> ➤ The following Board Members had volunteered to be on the Nominating Committee: <ul style="list-style-type: none"> • Ernest Loevinsohn • Peter Small • Mario Raviglione • Harry van Schooten • Gijs Elzinga • Jaap F. Broekmans Maria Freire also agrees to join. ➤ In the interim, the motion for appointment of the Vice Chair was approved. | <ul style="list-style-type: none"> • The Board will co-opt an additional member for the Nominating Committee from the South from in or outside of the Board • Nominating Committee – Chair and Vice Chair – to aim to achieve balance in the candidates for election at the November meeting. | 1.05-1.4 1.05-1.5 |
| 2. Annual Report 2004 and Financial Matters | | | |
| 2.1 Progress Report 2004 | <ul style="list-style-type: none"> ➤ The Board endorses the progress report 2004 and the financial statements included therein - after discussion but without amendment. ➤ The Board requested a presentation of the financial situation of the WHO STB Dept as a whole in view of the financial concerns expressed by some CB members. | <ul style="list-style-type: none"> • The Secretariat to print and distribute. | 1.05-2.1 |
| 3. Partnership MOU with WHO | | | |

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| <p>3.1 Partnership MOU</p> | <p>➤ The Board agrees with the principle of an MOU with WHO and decides to establish a sub-committee to negotiate a new MOU; fall back position is an amendment to the existing MOU.</p> | <ul style="list-style-type: none"> • Committee consists of Irene Koek, Giorgio Roscigno and one additional. Mario Raviglione to act as liaison with WHO. • Kaiser Ali Shah – to examine the legal aspects of the draft MOU and revert to the Secretariat. • Committee to propose a negotiating mandate to the Ex. Committee. • Ex. Com to agree a fall back position with a minimum set of amends | <p>1.05-3.1</p> |
| <p>4. Heads of State and EU Engagement Strategies</p> | | | |
| <p>4.1 Heads of State</p> | <p>➤ The Board endorses the draft strategy for engagement with political leaders and public figures .</p> | <ul style="list-style-type: none"> • Establish a sub-group led by J. Carter to take forward identified priorities (AU summit, G8, GFATM replenishment, MDG summit, WEF). • Calls for a broader strategy to be developed which also involves civil society, corporate, media, patients to achieve the many champions principles. With clear messages and branding should be developed that does not see TB in isolation. | <p>1.05-4.1</p> |

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| <p>4.2 European Union</p> | <ul style="list-style-type: none"> ➤ The Board agrees that this is a timely initiative and that Stop TB should take advantage of the opportunity of WHO declaring TB a regional emergency. ➤ The Board therefore endorses the strategy and will work to raise the profile of TB in Europe and among key policy makers with a special focus on research. | <ul style="list-style-type: none"> • High level mission to the EU later in 2005. • The Partnership agrees to try and find and fund a liaison/resource officer position to enhance engagement with the EU institutions. • A special temporary taskforce will be established (reporting to ACSM working group): Headed by M. Borgdorff KNCV, Douglas Young, Nils Billo, Stefan Van den Borgh, Kitty Lambrechts, Richard Zaleskis, Louise Baker. Results will nominate a liaison person to the taskforce. | <p>1.05-4.3</p> |
| <p>5. High Level Missions</p> | | | |
| <p>5.1 Calendar</p> | <ul style="list-style-type: none"> ➤ The Board approves and endorses the "Guiding Principles for HLM" as submitted by the Sub-committee, especially where it provides strategic support to national programmes. ➤ Decides on the calendar of HLM as the working document for planning purposes but proposes flexibility to take advantage of opportunities as they arrive. | <ul style="list-style-type: none"> • Secretariat to produce annual calendar of TB activities. <p>Secretariat to facilitate the implementation of the calendar.</p> <ul style="list-style-type: none"> • AU Summit, Libya in July – Adopted • Nigeria: Adopted - as soon as possible. • Millennium Development Goals Summit - Adopted • Bangladesh - Adopted • Health Ministers Meeting – | <p>1.05-5.1 1.05-5.2</p> |

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| | | <p>Maputo - Adopted.</p> <ul style="list-style-type: none"> • Joint Italy/EU visit - Adopted. • Brazil - refine TOR • Kazakhstan and Ukraine - Open for further discussion. | |
| 5.2 Indonesia | <ul style="list-style-type: none"> ➤ The Board supports the results of the High Level Mission to Indonesia. | <ul style="list-style-type: none"> • To prepare a plan of action to strengthen Gerdunas in coordination with the NTP • To work closely with the NTP to implement suggested programme review technical recommendations • to provide technical assistance to improve local drug manufacturing • To engage actively Members of Indonesian Parliament in TB | 1.05-5.3 |
| 6. Towards A Global Strategy to Stop TB | | | |
| 6.1 Global Strategy to Stop TB | <ul style="list-style-type: none"> ➤ Endorse the concept of an enhanced global strategy. ➤ Endorse the process for getting feedback and input. ➤ Agreed that Global Plan to Stop TB (2006-2015) and this strategy should be harmonized. | <ul style="list-style-type: none"> • Roll out the plan for stakeholder consultation. • Consider a 'ten point plan' approach • The Stop TB Global Strategy should become the global strategy that all partners propose and endorse. | 1.05-6.0 |
| 6.2 International Standards of TB Care | <ul style="list-style-type: none"> ➤ The Board endorses the process for consultation on the development of an International Standard of TB Care. | <ul style="list-style-type: none"> • The Board requests at its next meeting the opportunity to comment on the final version | 1.05-6.1 1.05-6.2 |

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| | | of the text. | |
| 7. Médecins Sans Frontières | | | |
| | <ul style="list-style-type: none"> ➤ The Board agreed that continued dialogue with MSF was productive. | <ul style="list-style-type: none"> • Dialogue to continue, as is practical collaboration. | 1.05-7.1 1.05-7.2 1.05-7.3 1.05-7.4 1.05-7.5 |
| 8. Progress Achieved in New Drug and Vaccine Development | | | |
| 8.1 New Drugs | <ul style="list-style-type: none"> ➤ The Board commends the efforts of the Working Group and welcomes the tremendous progress that has been made to date. | <ul style="list-style-type: none"> • Partnership to support the achievement of new therapies that are commercially viable by 2015. | 1.05-8.0 1.05-8.1 |
| 8.2 New Vaccines | <ul style="list-style-type: none"> ➤ The Board commends the efforts of the Working Group and welcomes the tremendous progress that has been made to date. | <ul style="list-style-type: none"> • To consider the inclusion of an analysis on the impact of new drug and vaccine availability in the Global Plan calculations. | 1.05-8.2 |
| 9. Public Private Mix | | | |
| 9) PPM | <ul style="list-style-type: none"> ➤ The Board endorses the recommendations of the Third meeting of the PPM DOTS Subgroup held in Manila on 4-6 April 2005. | <ul style="list-style-type: none"> • The Board requests the partnership secretariat to consider a request to upgrading the sub-group and come back to the next CB with recommendations. • The Board requests the sub-group to consider how to use PPM as a way of strengthen the profile of pro-poor | 1.05-9.0 1.05-9.1 1.05-9.2 |

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| | | approaches and health systems. | |
| 10. Special Session: Focus on Africa | | | |
| 10) Africa | <ul style="list-style-type: none"> ➤ The Board welcomed the participation of the WHO AFRO Regional Director and AU Social Commissioner, as well as the State Minister of Health of Ethiopia and representative of the Commission for Africa Secretariat. ➤ The Board agreed that TB in Africa is a Regional emergency and additional steps must be taken to scale up the response if Africa is to meet the MDGs relating to TB. <p>The Board adopted formal motions:</p> <ul style="list-style-type: none"> ➤ The Board endorsed the Road Map. ➤ The Board called on all governments, particularly the G8 governments, to support the Emergency African TB Financing Summit and the monitoring of the Road Map. ➤ The Board agreed that African leaders and health professionals must take ownership of the Road Map and lead the process of defining their priorities and allocating available internal resources; both financial and non-financial. | <ul style="list-style-type: none"> • Establish a working group of Board members to oversee the Follow Up of the Road Map consisting of Koek, Nantulya, either F. Omaswa or M. Bilenge, AFRO office of WHO & Raviglione - focus on African Financial Summit, Constituency broadening – Stop TB Africa, Pan-African institutions (AU, NEPAD, ADB etc) HLM and TB-HIV implementation. • The CB to send a delegation to Maputo Regional Committee of WHO. • WHO AFRO to propose TB in Africa as a Regional Emergency to the Regional Committee and present the Road Map for further consideration. | <p>1.05-10.0 1.05-10.1 1.05-10.2 1.05-10.3</p> |
| Additional Item: | | | |
| Green Light Committee | <ul style="list-style-type: none"> ➤ The Board appreciates the staff of the GLC and congratulates their response to the increased workload. ➤ The Board welcomes the ongoing discussion between | <ul style="list-style-type: none"> • Integrate resource mobilization strategies for MDR/GLC in affected countries in European | NONE |

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| | <p>Global Fund & Gates Foundation regarding funding for the GLC.</p> | <p>Union Engagement strategy.</p> <ul style="list-style-type: none"> • Identify a broader set of donors. • Circulate business plan for GLC. • Reinvestigate possible GLC - GDF merger • Ex. Committee to address the funding gap issue before the next Board meeting. | |
| <p>11. The Global Plan to Stop TB 2006-2015</p> | | | |
| | <ul style="list-style-type: none"> ➤ The Board welcomed the outcomes of the meeting of the Steering Committee and congratulated the Working Groups for their inputs to date. ➤ The Board endorsed the proposed timeline for the finalization of Working Group plans and the overall Global Plan to Stop TB (2006-2015). ➤ The Board agreed that the Global Plan should provide the basis for meeting the 2015 targets in <u>all</u> epidemiological regions, with a strategic focus on high burden countries (HBCs) and a new Regional focus especially Africa and Eastern Europe. ➤ The Board agreed to launch the Global Plan during the Annual Meeting of the World Economic Forum at Davos in January 2006 but gave the steering committee flexibility on this issue. ➤ The Board agreed that an analysis of the macroeconomic return on investment in TB control should inform the Global Plan and that linking TB with health systems | <ul style="list-style-type: none"> • WG plans and regional scenarios should be revised to achieve the MDGs in all Regions, with special tailoring for Africa and Eastern Europe. • The DOTS Expansion WG to develop a list of countries for special efforts from the Partnership in addition to the HBCs. • The Global Plan should include an epidemiological analysis of TB in the established market economies region. • The Steering Committee and Secretariat to plan for a January 2006 launch at Davos. • The World Bank to put a proposal to the Executive Secretary on the preparation of a macroeconomic analysis of | <p>1.05-11.0 1.05-11.1 1.05-11.2</p> |

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| | development and the work of other key stakeholders would help achieve harmonization and alignment. | <p>TB control.</p> <ul style="list-style-type: none"> • The Steering Committee and Secretariat to engage with the health systems community and stakeholders in preparation of the plan. • The Chair is requested to consider a special session on Eastern Europe at the next Board meeting. | |
| 12. Global Drug Facility | | | |
| | <ul style="list-style-type: none"> ➤ The Board congratulated GDF on its continued success and welcomed the news that the manager position would be announced this month. ➤ The Board endorsed the ISO certification process for GDF. | <ul style="list-style-type: none"> • Drugs WG, GLC/GDF and WHO to address the issue of support to local manufacturing. • GDF to help support the pre-qualification process. • The Board requests feedback on the results of the diagnostics kits pilot at its next meeting. • Selection and contracting of an ISO consultant to assist GDF to prepare for ISO inspection and ISO status, as prerequisites to certification, preparation of an ISO Project Plan | <p>1.05-12.0 1.05-12.1</p> |
| 13. FIDELIS | | | |
| | <ul style="list-style-type: none"> ➤ The Board welcomed the briefing on Fidelis and the details of results achieved to date. | <ul style="list-style-type: none"> • Strong link needs to be established between Fidelis and PPM Sub-Group. • To investigate whether the Fidelis model could be used to | <p>1.05-13.0</p> |

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| | | pilot projects prior to scale up supported by GFATM. | |
| 14. Making Round 5 Count | | | |
| | <ul style="list-style-type: none"> ➤ The Board welcomed the support provided by partners to Round 5 proposals. ➤ Agreed that there is a need to generate comprehensive, ambitious proposals from countries to target TB control efforts centred around DOTS. ➤ Agreed that depending on the outcome of Round 5; The Board endorsed the continuation of a focal point position for Round 6. | <ul style="list-style-type: none"> • Partners to work with countries to produce robust proposals. • Partnership to carry out a briefing to the TRP. • Partnership to assess and support improved implementation capacity on the ground; highlighting and addressing bottlenecks. • Work closely with Prof. Feachem to ensure sufficient attention is given to TB - provide Prof. Feachem with calendar of upcoming activities. • Secretariat to invite Prof. Feachem to attend the next Board meeting. • TB financing requirements for the next replenishment conference must be clarified. • Donor partners to support the GFATM focal point position for the next round, if round 5 results are positive. | <p>1.05-14.0 1.05-14.1 1.05-14.2</p> |
| 15. Kochon Foundation | | | |
| | <ul style="list-style-type: none"> ➤ The Board accepts the principle of an award from the Kochon Foundation. ➤ The Board thanks the Foundation for its generosity and support | <ul style="list-style-type: none"> • Empowers the Secretariat to negotiate with WHO the legal agreements for the management of the award by | <p>1.05-15.0</p> |

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| | | the Partnership. | |
| 16. Next Coordinating Board Meetings (2005) | | | |
| | <p>Endorses the dates and location for the Autumn 2005 meeting</p> <ul style="list-style-type: none"> ➤ (Assisi, Italy - 10th-11th November 2005) | <ul style="list-style-type: none"> • The Board requests the Secretariat to investigate the possibility of a meeting of the CB in Nigeria, combined with a meeting of Nigerian states, in early 2006. | 1.05-16.0 |
| Closing | | | |