Agenda Item / Ref Documents	Decisions	Actions	Status
(1) Administrative Session 1.10-1.0 (1.10-1.1 18 <sup>th</sup> Agenda) (1.10-1.2 17 <sup>th</sup> CB Decisions)	18 <sup>th</sup> Stop TB Coordinating Board meeting agenda adopted.  Draft decisions and action points (Doc: INS) of the 17 <sup>th</sup> STBP Coordinating Board (CB 02.10) accepted.	N/A	N/A
(2) Opening Session 1.10-2.0 (1.10-2.0 Viet Nam Prevalence Survey)	Welcomed progress made in Viet Nam.  Recognized investments in health systems are critical to address HR bottlenecks.	N/A	N/A
(3) Responding to the Co-Epidemic: TB HIV 1.10-3.0 (1.10-3.1 Compact between STBP & UNAIDS)	Supported call for increased political commitment to scale-up collaborative TB/HIV activities.  Approved the COMPACT between UNAIDS and STBP for launch at Vienna meeting.  Requested Secretariat to report back to CB meeting on the launch and implementation of the COMPACT.	The Ex. Comm, at its 29 <sup>th</sup> teleconference endorsed the launch of the UNAIDS/STBP COMPACT at the ISA in Vienna.  UNAIDS/STBP COMPACT was launched at the Vienna meeting.	Completed. In progress: COMPACT implementation underway and discussion at 19 <sup>th</sup> CB meeting of how Board will monitor progress.
(4) Accelerating the Scale-Up of MDR-TB 1.10-4.0  (1.10-4.1 WHO M7DXR TB Report) (1.10-4.2 Summary Report) (1.10-4.3 Task Force 1: MDR TB Scale up Support Function)	Requested partners engaged in the reengineering of the structures for MDR-TB scale up address the recommendations listed, with an interim briefing to the Ex Comm & CB on actions taken:  • Work toward a balanced focus on upstream & downstream elements of scale-up  • MDR TB Working Group and STBP Secretariat to seek volunteers to form a 4 <sup>th</sup> Task Force on Increasing Political Commitment.  • Assess bottlenecks to delivery & scale up of MDR-TB services  • The Task Forces are requested to	The Ex. Comm, at its 29 <sup>th</sup> teleconference endorsed the idea of a consultancy on political commitment and country level advocacy. STBP Secretariat developed Terms of Reference for the consultancy, and the results of the consultancy will be presented to the Coordinating Board during its 19 <sup>th</sup> meeting.	<b>Done.</b> On the agenda of the 19 <sup>th</sup> CB meeting.

	provided a briefing to the Ex. Comm on progress made in relation to work set out in their TORs.		
(5) Update of the Global Plan to Stop TB 1.10-5.0 (1/10-5.1 2 <sup>nd</sup> Global Plan Update Workshop Report)	Requested STBP Secretariat share draft Global Plan Update with CB for review.  Requested Ex. Comm be provided with an update of the timeline to launch.	Global Plan Update was circulated for review.  The launch of the Global Plan Update was moved from September to October to ensure sufficient time to finalize the Global Plan. The Ex. Comm. was kept informed of the timeline to launch. The launch took place 13 October 2010	Completed. The Global Plan was launched on 13 October 2010.
(6) Advancing the Agenda of Diagnostics 1.10-6.0  (1.10-6.1 New & improved TB diagnostics) (1.10-6.2 Pathways to better diagnostics for TB)	Mandated the New Diagnostics Working Group & New Laboratory Initiative to develop a strategy for CB discussion & approval on how best to encourage countries to take up new diagnostic tools.	Several meetings and workshops held with country representatives (NTP and Lab Managers) to communicate new diagnostic policies and raise awareness; countries proactively assisted with GFR9 applications (workshops and desk reviews); advocacy and communication strategy under development.	Ongoing.
(7) Global Fund 1.10-7.0  (1.10-7-1 R10 TB TEAM Update)	Requested partners to engage in review of eligibility criteria.  Encouraged partners to energetically support Global Fund replenishment in 2010 by developing a clear set of messages on TB successes, benefits and unmet needs.  STBP Secretariat and AAC to work with key partners to develop messages on TB success based on WHO analysis of lives saves by TB Control 1995-2009.	Engaged in the review of Global Fund eligibility criteria.  MDR advocacy action in 8 countries identified. Cost of inaction approach defined. Further work ongoing.	Done. Ongoing. Discussion on TB advocacy and engagement with Global Fund on agenda for 19 <sup>th</sup> Coordinating Board meeting.
8) TB Reach 1.10-8.0  (1.10-8.1 Summary of PRC recommendations) (1.10-8.2 PRC meeting report) (1.10-8.3 PRC list of participants) (1.10-8.4 PRC Member recommendations) (1.10-8.5 TB REACH Round 1 Proposal Result)	Recommended successive waves of proposal submissions be called "phases/waves".  Requested TB REACH report back to CB at 19 <sup>th</sup> meeting on analysis of how investments through this initiative differ from those of the Global Fund and the additional rather than duplicative nature of these.	Changes as requested by the Board have been made.  Analysis conducted and TB REACH will report initial findings to CB at its' 19 <sup>th</sup> meeting.	<b>Done. Done.</b> On agenda for 19 <sup>th</sup> CB meeting.

(1.10-8.6 Meeting Agenda)			
(9) Strategic Session on the Future of the Global Fund Facility / Drug Stock Outs 1.10-9.0 1.10-10.0  (1.10-9.1 TOR Future Direction of GDF) (1.10-9.2 BCG Preliminary Report) (1.10-10.0) Summary Sheet: Drug Stock Outs)	BCG requested to distribute its' analysis for CB review by 25 <sup>th</sup> May 2010. CB members to submit suggestions for further analysis on how to move forward within 2 weeks of receipt of BCG analysis.  BCG to undertake additional analysis and synthesis to be submitted by 1 <sup>st</sup> week of August to CB for further inputs.  Analytical documents featuring options on the future direction of GDF and corresponding business case for these options to be circulated at least 3 weeks in advance of Autumn 2010 CB meeting for review by the Board.	Analysis distributed and CB members' suggestions on how to move forward noted. Additional analysis undertaken and the synthesis was submitted to CB for further comments. Business case for future direction of GDF developed for discussion at 19 <sup>th</sup> CB meeting.	<b>Done.</b> On agenda for 19 <sup>th</sup> CB meeting.
(10) The MDG Summit 1.10-11.0 (1.10-11.1 MDG Summit Concept Note)	Requests STBP Secretariat to review its budget to identify funds, if available, to engage a communications company ahead of the MDG summit in September 2010.  Endorsed the strategic approach outlined for the MDG Summit.	Due to the postponement of the Global Plan launch and after advice from the AAC it was decided not to pursue this avenue in time for the MDG summit.  It is still envisaged that such a plan is required to catalyse US advocacy.	N/A.
(11) Advocacy in the US 1.10-12.0  (1.10-12.1 Recommendations to strengthen STBP's Role in US Advocacy) (1.10-12.2 Presentation on US Advocacy) (1.10-12.3 US GHI Implementation – Consultative)	Requested STBP Secretariat host the Lancet TB Observatory website and to launch it at the Union meeting in Berlin.  Endorsed the recommendations to enhance US advocacy influence, including enhanced strategy, coordination, communications, support and leadership engagement.  Requested STBP Secretariat to define responsibilities and budget implications of a DC staff member, and to open discussions with partners on the most cost-effective way of potentially hosting a staff member in DC.	Secretariat defined responsibilities, and budget implications of a DC. Secretariat has agreed in principle a contractual agreement with RESULTS US to co-fund a US based staff member.	Ongoing. Planned launch at Union meeting in Berlin, November 2010. Ongoing. TORs and contractual agreement to be developed and agreed.
(12) Private Sector Constituency (PSC) 1.10-13.0	Acknowledged progress made by Private Sector Constituency in 2009. Endorsed the proposed PSC contribution scheme, and endorsed the	N/A	N/A

(1.10-13.1 PSC Strategy Implementation Report) (1.10-13.2 Presentation on the Private Sector Strategy)	process for engaging the PSC in 2010.		
(13) Closing Session 1.10-13.0  (1.10-14.0 Summary Sheet:	for Vice Chair of CR	A vote was held and quorum was not reached. The Ex. Comm decided that the issue should not be revoted on.  There were two nominations for the position of Vice Chair, however only one candidate confirmed their wish to stand. The Nominating Committee for CB Vice Chair had decided that if none or one candidate agreed to stand, the matter would be brought for decision to the Coordinating Board.	Done.