

**Report of actions following the decision points from
30th Board Meeting, New Delhi, India**

| | Decision Point | Action |
|------|--|------------------------|
| 30.1 | <ol style="list-style-type: none"> The Board adopts the proposed agenda for the 30th Stop TB Partnership Board meeting. The Board notes the progress on addressing the decision points from the 29th Stop TB Partnership Board meeting. The Board welcomes the appointment of Mrs. Angela Specht from Johnson & Johnson, and Mr. David Cohen from the Bill & Melinda Gates Foundation as new members of the Finance Committee for a term of three years. | No follow-up required. |
| 30.2 | <ol style="list-style-type: none"> The Board thanks His Excellency, Narendra Damodardas Modi, the Prime Minister of India and the Government of India for leading globally towards ending tuberculosis (TB), and for raising the political profile of TB nationally and regionally, and for holding the Delhi End TB Summit in preparation for the High-Level Meeting of the UN General Assembly (UNHLM) on TB in September 2018. The Board sincerely thanks His Excellency, Shri Jagat Prakash Nadda, Minister of Health and Family Welfare of India for his vision and commitment toward ending TB in India through the implementation of an ambitious national budget and plan. We look forward to India's continued close collaboration with the Stop TB Partnership. The Board also wishes to thank the Government of India for hosting this Board meeting and for the support offered by the city of New Delhi. | No follow-up required. |
| 30.3 | <ol style="list-style-type: none"> The Board welcomes the report of the Executive Director and thanks the Executive Director and the Secretariat team for their tremendous work and achievements over the last 10 months. The Board thanks the Secretariat for the work done to ensure a higher profile for TB globally, and for its support of preparations and groundwork for the 2018 UN High-Level Meeting on TB working closely with partners. The Board thanks and appreciates UNOPS for their continued support and engagement. | No follow-up required. |

| | | |
|------|--|--|
| | <p>3. The Board also commends the successful efforts carried out with the Government of India and WHO Regional Office for South East Asia in organizing the Delhi End TB Summit on 13 March 2018, and applauds the commitments made by the participating countries.</p> | |
| 30.4 | <ol style="list-style-type: none"> 1. The Board welcomes the recently appointed Deputy Director-General for Programmes at WHO, Dr Soumya Swaminathan, and the new WHO Director of the Global TB Programme, Dr Tereza Kasaeva. The Board looks forward to enhanced collaboration and joint work with the World Health Organization at global, regional and country levels. 2. The Board recognizes and appreciates the renewed collaboration, and the increased impact to be achieved through coordinated and joint efforts between WHO and Stop TB Partnership. 3. The Board congratulates Stop TB Partnership Secretariat and WHO on launching a joint initiative to support countries to find, diagnose and treat 40 million people with TB by 2023. This target is fully aligned with the targets of the WHO End TB Strategy, the Stop TB Partnership Global Plan to End TB 2016-2020, and the Sustainable Development Goals. All governments and partners are called on to make concrete commitments in line with the target, in advance of the UN High-Level Meeting on TB. 4. An update on progress countries have made toward reaching the target will be presented at subsequent Board meetings. | <ul style="list-style-type: none"> • The joint initiative between the Stop TB Partnership, WHO and Global Fund “Find.Treat.All” to find diagnose and treat 40 million people with TB between 2018 to 2022 is now part of the UNGA Political Declaration on the fight against TB through the collective efforts of all partners. • Stop TB Partnership Secretariat has worked further on estimating the resource needs to achieve this target and has broken down the targets by countries and calendar year. • These targets build further on the catalytic funding initiative of the Global Fund in the current funding cycle (2017-2019) wherein the aim is to detect 1.5 million additional cases in 13 selected countries. <ul style="list-style-type: none"> ○ These targets are also used in the Global Fund Investment Case for the funding cycle 2020-2022. In this Board meeting (Geneva January 2019) there will be further discussion on these aspects. • The most recent non validated data from the GF Strategic Initiative focused countries show good progress towards achieving the set up target, especially in the GF High Impact Asia Region. |
| 30.5 | <ol style="list-style-type: none"> 1. The Board welcomes Mr. Peter Sands, the new Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and thanks him for his commitment to further increasing Global Fund focus on accelerating efforts to end TB. 2. The Board acknowledges the Global Fund for its critical role in supporting countries to strengthen their response to TB and asks the Secretariat and partners to work with Global Fund to further increase the efficiency and impact of investments. 3. The Board notes the ambitious targets and critical investment to reach an additional 1.5 million people with TB annually by 2019, driven mainly by countries in Asia, through the Global Fund’s Strategic | <ul style="list-style-type: none"> • In the Global Fund’s 2017-2019 Funding Cycle, US\$800 million in catalytic investments were made available. Catalytic investments represent funding for Global Fund-supported programs, activities and strategic investments that are not adequately accommodated through country allocations but are essential to achieve the aims of the Global Fund Strategy. The TB community agreed that there should be a single focused investment on funding the missing TB cases which totaled USD 190 mil. There are three areas of catalytic investments: <ul style="list-style-type: none"> ○ Matching funds to incentivize the programming of country allocations for priority areas ○ Multi-country approaches and ○ Strategic initiatives to support the success of country allocations but cannot be funded through country grants (USD 10 million) |

| | | |
|-------------------------|---|--|
| <p>30.5 (cont.)</p> | <p>Initiative. The Board notes the wealth of knowledge and experience in several initiatives, such as TB REACH, that can help countries to meet these ambitious targets. The Board requests that the Secretariat provide regular updates on the initiative.</p> <ol style="list-style-type: none"> 4. Recognizing that TB is the world’s number one infectious killer, the Secretariat should work with the Global Fund to explore ways to increase resources for TB. 5. The Board asks the Secretariat to continue to work with the Global Fund and partners to support countries to fully utilize their allocations for maximum impact. The Board also requests the TB Situation Room partners to work with countries to identify programs that would benefit most from funding made available through Global Fund portfolio optimization. 6. The Board requests the Stop TB Partnership Secretariat to work with the Global Fund Secretariat and partners towards developing the investment case for the next Global Fund Replenishment so that it is fully aligned with the Global Plan to End TB 2016-2020 and WHO End TB Strategy. | <p>Stop TB and WHO have been tasked to support countries in their common goals to increase the number of people detected, treated and notified by 1.5 million by the end of 2019 compared to 2015.</p> <ul style="list-style-type: none"> • Stop TB Partnership was awarded a part of the Strategic Initiative (SI) grant for a total amount of USD 6 million. Additional 3 million were awarded to WHO. <p>The Stop TB work is focused on support provided to the 13 countries, based on the experiences from more than 220 TB REACH grants focused on improving case detection- including the use of new tools and approaches, and addressing barriers through the communities, gender and human rights work (work supported as well by USAID through Stop TB)</p> <p>Through the first year of implementation, the SI grant for TB has been presented in a number of Global Fund meetings as one of the early success stories. It is widely seen as exemplifying the catalytic nature of the efforts being made to improve case detection.</p> <p>Early indications from unofficial data through Q3 2018 indicate that TB case notification has increased in the SI countries in Asia. If this trend continues, the region alone is expected to account for more than 1 million additional people with TB found by end of 2019. Much of the increase is coming from more and meaningful engagement of the private care providers but many other initiatives are contributing to the improvements.</p> <p>Among the six countries in Africa, two of the largest, South Africa and Nigeria, had grant approvals in the second half of 2018 and concerted efforts will begin only in 2019. The Secretariat supported the Nigerian and South African writing teams which developed a number of new approaches for reaching more people with TB. Mozambique has had an upward trend in case notifications while both Kenya and Tanzania had great early success in reversing long negative trends in case notifications and 2018 should be the first year with year-over-year increases in over a decade.</p> <p>In 2019, more work is needed to meet the highly ambitious goals set out in National Strategic Plans and country GF funding requests.</p> <p>Stop TB has provided capacity building and support specifically linked to improving case detection to 12 of the 13 SI countries. This work of supporting the National TB Programmes in achieving their case finding targets is significantly supported by USAID and is closely coordinated with USAID, Global Fund Secretariat, WHO and partners through the TB Situation Room. A focus of the work is on sharing lessons learned and best practices as part of South-South and African –Asian collaboration.</p> |
|-------------------------|---|--|

| | | |
|-------------------------|--|---|
| <p>30.5 (cont.)</p> | | <p>TB REACH has built on the 2017 MOU with Global Fund and awarded more than USD 10 million in new funding to 9 of the SI countries in 2018. These grants will continue to provide insights and models on ways to improve the numbers of people with TB who are reached. Building on wealth of knowledge from its TB REACH interventions, Stop TB also produced a Series of 11 TB Case Finding Guides to provide practical “how to” knowledge for implementers to plan, design and monitor approaches for improved TB case finding. An e-learning portal and an online info sharing platform was also launched (http://stoptb-strategicinitiative.org) through which progress and stories from implementers in SI countries.</p> <p>With complementary funding from USAID, SI countries in Asia, Africa and Eastern Europe received support to conduct assessments in order to advance a rights-based and gender sensitive approach to TB prevention, care and support. These assessments were done using three qualitative research tools developed by Stop TB to guide countries to assess legal environments, gender and key and vulnerable population data. These provided a strong basis for tailoring national responses carefully to the country’s TB epidemic.</p> <p>Eight countries completed the assessments and have initiated action planning phase to prepare for implementation of priority recommendations in early 2019. Five countries are in progress and are expected to complete the assessments in the first quarter of 2019 and implementation of the recommendations by mid-2019.</p> <p>Through the Challenge Facility for Civil Society grant mechanism thirteen grass root organizations in countries received support to boost community-driven demand for quality TB services, and five countries have been given support to implement community-based monitoring initiatives for social accountability. Projects include addressing TB self-stigma, reducing barriers to access by enhancing the legal environment, engaging religious leaders and increasing access to services among nomadic populations. All CRG work requires a multi-stakeholder approach, equally led by national programs, community and civil society organizations and affected communities, with ongoing technical assistance from the Stop TB Partnership Secretariat.</p> <p>In collaboration with civil society, national program and technical partners, STP developed a digital application (OneImpact) and Implementation Handbook to facilitate community-based monitoring. The implementation of the community-monitoring projects is in various stages of implementation (feasibility assessment, adaptation, solution development, training and launch, maintenance and monitoring and evaluation) across five countries.</p> |
|-------------------------|--|---|

| | | |
|-------------------------|--|--|
| <p>30.5 (cont.)</p> | | <ul style="list-style-type: none"> • To increase resources for TB the Secretariat worked with the country programmes, our partners, donors and Global Fund in the following areas: <ul style="list-style-type: none"> ○ Providing additional funding to countries over and above their allocations, using the Global Fund Portfolio Optimization Mechanism. So far in the two rounds of Portfolio Optimization process TB has received \$80 million additional funding. Only countries with higher ambition level and better absorption of Global Fund grants have benefitted. ○ Under TB PO (wave 1), an amount of \$ 42 million was recommended and approved for India as loan buy-down, enabling the country to access a \$ 400 million World Bank Loan for implementation of an ambitious national strategic plan budgeted at \$ 1.8 billion. For Philippines, \$10 million was recommended and approved, considering the result of the new prevalence survey and subsequent upgradation of their targets for TB case finding. ○ For TB PO (wave 2), prioritization was done on the need for additional investments to introduce the new MDR-TB Regimen, TB Prevention, active case finding and innovative actions required to address the quality of care of people seeking care in the private sector. \$ 28 million was recommended to be awarded immediately to 19 countries. ○ Contributing towards the joint effort of a World Bank Loan Buy Down for India. ○ Ensuring that the Global Fund Investment Case for the next funding cycle (2020-2022) contains the full resource needs for TB as expressed in the UNHLM targets. • The Secretariat has worked with the Global Fund and Partners to ensure that the Investment Case is fully aligned with the UNHLM political declaration. The targets and resource needs committed in the UNHLM declaration are now fully incorporated in the Investment Case for the Global Fund eligible countries. In this process the Secretariat closely collaborated with Avenir Health for the modelling and costing work and engaged with WHO and other Partners such as the Imperial College. The Secretariat also engaged with the civil society to ensure that their advocacy efforts related to the Investment Case are aligned and reflect the full needs of TB. In the most recent Global Fund Board meeting and related discussions, the Secretariat highlighted the resource needs and large funding gap in TB which was further amplified by a number of Global Fund Board constituencies in their interventions. |
|-------------------------|--|--|

| | | |
|-------------|--|---|
| <p>30.6</p> | <ol style="list-style-type: none"> 1. The Board congratulates the Government of the Russian Federation and WHO for the organization of the successful ‘Global Ministerial Conference: Ending tuberculosis in the SDG era: A multisectoral response’ and the adoption of the Moscow Declaration. 2. The Board notes the Modalities Resolution for the UNHLM on TB, congratulates the Member States and thanks the two co-facilitators representing Antigua and Barbuda and Japan for the work done to ensure a comprehensive and strong resolution. 3. The Board commends the work of the Coordinating Group for the UNHLM on TB and the associated work tracks, the Stop TB Secretariat, the WHO, and multiple partners including the UN Special Envoy for TB, the Global TB Caucus, TB HLM Affected Communities and Civil Society Advisory Panel that are working towards ensuring that Member States are supported to make the UNHLM on TB a success. 4. The Board requests the Coordinating Group facilitated by the Secretariat, and the work tracks to continue their work to ensure a strategic and coordinated approach through end September 2018 and to assess what will be needed to support follow-up from the UNHLM on TB. 5. The Board welcomes the presentation of “Ending the tuberculosis epidemic: Key Asks for Heads of State and Government”: <ol style="list-style-type: none"> i. Reach all people by closing the gaps on TB diagnosis, treatment, and prevention ii. Transform the TB response to be equitable, rights-based, and people-centered iii. Accelerate development of essential new tools to end TB iv. Invest the funds necessary to end TB v. Commit to decisive and accountable global leadership, including regular UN reporting and review <p>and the outline of the strategy for accountability, and requests the Coordinating Group and the partners engaged in this work to further advance these documents, through open and transparent consultations and engagement with a wide range of partners.</p> 6. The Board strongly encourages that the voice of civil society and affected communities be prioritized at the interactive civil society hearing. The Board requests the Secretariat to contribute financial | <ul style="list-style-type: none"> • The UNHLM on TB Coordinating Group facilitated by the Stop TB Partnership Secretariat, and the various work tracks established under the Coordinating Group, had regular meetings in the lead up to the UN High-Level Meeting on TB. The Coordinating Group ensured a strategic and coordinating approach that led to a successful UNHLM on TB and a Political Declaration that included the majority of the targets and asks from the ‘Key Asks from TB Stakeholders and Communities’ developed by the Stop TB Partnership in consultation with TB stakeholders and communities. The UNHLM Coordinating Group has had regular calls to discuss follow-up action to the UNHLM on TB and will continue to operate towards ensuring all countries are aware of the commitment in the Political Declaration and follow through on their commitments. • The Stop TB Partnership and partners engaged in developing the UNHLM Key Asks held open and transparent consultations with wide range of partners, resulting in the publication of the ‘Key Asks from TB Stakeholders and Communities’ in April 2018 which provided a unified basis for global advocacy action leading up to the UNHLM on TB. • The Stop TB Partnership, in partnership with the President of the UN General Assembly and the World Health Organization, organized a successful UN Civil Society Hearing on 4th June 2018 for the UNHLM on TB. The Secretariat directly supported the travel and participation of over 25 CSO and community representatives, and worked with International Civil Society Support (ICSS) to craft the agenda and ensure strong representation of TB survivors throughout the hearing, and secure a strong turnout of over 40 UN Missions. The hearing was well attended, with over 400 registrants including representatives of civil society, parliamentarians, non-governmental organizations, academia, the private sector, as well as people affected by TB and broader communities. • Immediately following the Delhi Board meeting the Lancet Commission met in-person in Delhi. The work on modelling and drafting was completed and the manuscript was submitted to the Lancet. The Commission met during the Union Conference in The Hague and following that, the Lancet Report was submitted. |
|-------------|--|---|

| | | |
|------|---|--|
| | <p>support for the civil society hearing, to be held in advance of the UNHLM, as well as for the engagement of civil society and affected communities in the UNHLM on TB.</p> <p>7. The Board urges all Board members and partners to work with their networks to ensure through all means possible that Heads of State and Heads of Government attend the UNHLM on TB. The Board also strongly encourages Board members to attend the civil society hearing to be held in New York in advance of the UNHLM on TB.</p> <p>8. The Board appreciates the work of the Lancet Commission and its plans for analyzing and providing recommendations for accelerating the progress in TB prevention and care.</p> | |
| 30.7 | <ol style="list-style-type: none"> 1. The Board notes and appreciates the innovative and ambitious concept of the Zero TB Cities Initiative, the strategic partnership among Stop TB Partnership, Partners in Health, Interactive Research Development Pakistan, Advance Access Delivery, Harvard Medical School/Center for Global Health Delivery-Dubai, and local municipal authorities, and the progress to-date in a number of cities. 2. The Board acknowledges that a comprehensive epidemic-control strategy (including active case finding, treatment of all forms of TB, treatment of TB infection and support to people with TB) will move us more rapidly towards ending TB. 3. The Board recommends that the experiences and lessons learned from these Zero TB Cities Initiative are disseminated widely, and the Board is regularly updated on the progress and opportunities. | <ul style="list-style-type: none"> • The Zero TB Cities Initiative (ZTBCI) has been expanding the numbers of cities participating, increasing the funding and documenting results of the work. On July 15-16, 2018 over 90 physicians, implementers, and researchers from 25 countries gathered in Dubai, UAE to discuss implementation strategies for an integrated approach to seeking out and treating both TB disease and infection. The group first reviewed the scientific evidence showing that actively searching for and treating both TB disease and TB infection is necessary to eliminate TB, presenting case studies from both historical and recent examples. Representatives from several coalitions including Zero TB Karachi, Zero TB Bangladesh, and TB Free Chennai then presented the way in which they have designed and implemented integrated programs to search for and treat both TB infection and TB disease, highlighting the practical considerations important in designing such programs. • Pakistan continues to lead progress with Zero TB Karachi already showing possible impact of large-scale active case finding combined with prevention efforts having an impact on TB epidemiology. The Global Fund has supported Zero TB Karachi as well as Peshawar and hopes to launch in Lahore in February 2019. Early results of the intensified ACF as well as targeted preventative treatment in towns of Karachi show that the approach may be reducing TB incidence. More evaluation and analysis are being conducted but the early results are quite promising. • A delegation from Nigeria visited the Zero TB Initiative in Karachi for a unique South-to-South collaboration and Lagos has developed a number of interventions as part of the Global Fund approved funding request which will begin in 2019. IRD Global will be supporting Nigeria for this work. • The Zero TB project in Viet Nam is pushing forward with the scale up of preventative TB treatment. The country rapidly adopted the WHO guidelines on prevention, |

| | | |
|------|---|--|
| | | <p>allowing for the treatment of adults who have TB infection. Adults contacts are now routinely being tested for TB infection by TST, and soon will be tested with Quantiferon Gold Plus. Further, a TB elimination demonstration project was implemented on a small fishing island off the coast of Hoi An (Central Viet Nam) where TST was administered in the community as the first screening/diagnostic test before a series of mobile chest X-ray camps were held to identify people who had active TB.</p> <ul style="list-style-type: none"> • In Thailand, the NTP is planning on rolling out Zero TB cities including Bangkok, with domestic funding and trainings are being planned for 2019 to begin preparations. • In Lima, TB REACH and funding from Harvard is supporting a large initiative in northern Lima including mobile vans, digital automated CXR reading, Xpert, IGRA and preventative treatment for TB and MDR-TB. • In Chennai, the Zero TB Initiative, supported by USAID and TB REACH has implemented interesting models for active case finding in public and private sector, including outsourcing of X-ray screening to private sector. Mumbai is planning to launch a new plan aligned to the Zero TB City concept. This plan includes an ambitious and comprehensive approach of active case finding, scale up of MDR-TB care and prevention. • A number of trainings are being planned in different regions during 2019 on different aspects of the comprehensive search, treat, prevent approach which will be shared as they become more concrete. • More information on the progress on the Zero TB Initiative will be shared in a pre-briefing of the 31st Board meeting. |
| 30.8 | <ol style="list-style-type: none"> 1. The Board thanks the Stop TB Private-Public Mix (PPM) Working Group for its work, including the contribution of WHO, which serves as the Secretariat of the Working Group. 2. The Board applauds India’s recent progress in this area, where India has demonstrated a novel, scalable model for private provider engagement. The Board welcomes the political commitment and leadership by the Indian government to scale-up this model nationwide, as part of the National Strategic Plan for TB Elimination. 3. The Board calls on all countries where large numbers of people seek care in the private health sector to be ambitious and set priority targets for engagement of private health providers and notification of people with TB seeking care in the private sector to ensure accurate national reporting and adherence to national treatment standards. | <ul style="list-style-type: none"> • The Stop TB PPM Working Group has led action on many fronts to scale-up private sector engagement: <ul style="list-style-type: none"> ➤ The PPM Working Group reviewed and finalized a Landscape Analysis on private sector engagement for TB prevention and care. The document builds on work done for the Gates Foundation. It presents the current landscape of private for-profit provider engagement, roles of private for-profit providers, best practices and specific challenges in engaging these providers for TB prevention and care. ➤ The Secretariat developed a PPM Roadmap which indicates key priority actions and the enhanced investment urgently needed to expand the engagement of private health care providers, and those not linked to national TB programmes. Among the 10 actions to prioritize, one is to support countries in setting targets |

| | | |
|------|---|---|
| | <ol style="list-style-type: none"> 4. The Board encourages the PPM Working Group & WHO to publish and disseminate best practices for private sector engagement, and develop targets and indicators for monitoring scale-up of private sector engagement, at the national and global level. Given the critical importance of public-private mix in the context of reaching the missing people with TB, the Board requests an update on progress at the next Board meeting. 5. The Board recommends strengthening civil society and community involvement in the private-private collaboration work of PPM in bridging the gaps between people with TB and healthcare and social service providers, as well as in active case finding, notification, and in raising public awareness. 6. The Board recognizes the innovative work in private sector engagement supported by TB REACH and thanks USAID for the significant contribution made to TB REACH to fund approaches to engage the private sector in wave 6. | <p>and indicators for monitoring private sector engagement at the national level. Another key action urges the engagement of civil society and communities in raising awareness and advocating for political commitment and action for private sector engagement. In addition, the Roadmap features a timeline with targets at the global level.</p> <ul style="list-style-type: none"> • Both documents were presented for inputs at the WHO TB Strategic Advisory Group meeting in June 2018. • The Landscape Analysis and the PPM Roadmap were launched at the 13th Global Meeting of the PPM Working Group at The Hague, 19-20 October 2018. The 13th meeting brought together 100 participants from over 20 countries to renew the focus on PPM expansion to close gaps in care and reach all the missing people with TB especially in high burden countries. The Roadmap and Landscape documents were endorsed by countries and partners, with commitments to adopt and adapt it to national settings. The core group of the PPM Working Group includes two civil society representatives to provide guidance on the work of the group. |
| 30.9 | <ol style="list-style-type: none"> 1. The Board recognizes the essential role that a TB vaccine will play in the eradication of TB, and acknowledges the important progress that has been achieved. 2. The Board recognizes the importance of increased and sustained funding for the development, evaluation, and implementation of vaccines designed to prevent TB. The Board encourages increased commitments to R&D, including vaccines, as one of the key priorities for Heads of States to take up at the UNHLM on TB. | <ul style="list-style-type: none"> • 2018 marked a significant year in progress in developing new, more effective vaccines. Results of the first clinical trial using an innovative phase 2 “prevention of infection” trial design showed that revaccination with BCG significantly reduced sustained TB infections in initially uninfected adolescents in a high transmission setting (South Africa); and the primary analysis of a Phase 2b prevention of disease trial of GSK vaccine candidate M72/AS01E showed that the candidate significantly reduced the incidence of pulmonary TB disease in HIV-negative adults with latent TB infection, demonstrating an overall efficacy of 54%. These exciting results show that developing new, more effective TB vaccines is feasible, and it is critical to build on this progress and maintain the momentum in TB vaccine R&D. • Supporting R&D for new tools was one of the key asks of the TB vaccine community for the UNHLM, along with closing the funding gap of US\$1.3billion per year. The political declaration acknowledged that new tools will be necessary to meet global targets and end the epidemic, committed to collaborative and coordinated support for research and development, and, critically, committed to increasing funding to the \$2 billion/year as indicated is necessary in the Global Plan to End TB. It is now imperative to hold countries accountable to these commitments. |

| | | |
|--------------|---|--|
| <p>30.10</p> | <p>1. The Board acknowledges the need for a comprehensive strategy to assess the implication of Global Fund co-financing and transition on access to quality TB care, including impact on access to and markets for affordable quality-assured TB medicines and diagnostics, with an aim of providing a mechanism to urgently identify issues, assess risks, develop recommendations for addressing them, and facilitate information sharing across all stakeholders.</p> | <ul style="list-style-type: none"> • <u>Global Level Updates</u> The 2018 political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis “encourages all nations to use the Stop TB Partnership/Global Drug Facility” for procurement of affordable, quality-assured TB medicines and diagnostics. Ongoing procurement of TB medicines and diagnostics via Stop TB/GDF remains the strongest means to sustain a global market able to ensure uninterrupted access to affordable, quality assured products. In 2018, 42 countries used domestic funds to purchase medicines and/or diagnostics via Stop TB/GDF, up from 34 countries in 2017. Stop TB/GDF continues to play a leading role in monitoring and addressing issues related to increased domestic procurement of medicines and diagnostics. The Stop TB/GDF-led TB Procurement and Market-Shaping Action Team (TPMAT) now serves as the main forum for key TB stakeholders (donors, international organizations, implementers, procurers, and civil society) to discuss issues, share lessons learned, and identify interventions to address these issues. Stop TB/GDF held its second annual symposium on domestic procurement issues at the October 2018 Union Lung Health Meeting in the Hague and has incorporated issues and recommendations into nearly every Stop TB/GDF presentation given at global, regional, and national levels. Stop TB/GDF has also brought TB procurement challenges and recommendations into other global initiatives aimed at addressing domestic procurement issues, including the WHO-led Interagency Pharmaceutical Coordination Working Group on Domestic Procurement, the Center for Global Development Working Group on the Future of Global Procurement, the Global Steering Committee, and the Meds We Can Trust Campaign. • <u>National Level Updates</u> The Stop TB/GDF team has now incorporated the monitoring and addressing of domestic procurement issues into the daily work of nearly all team staff. Going forward, all Stop TB/GDF technical assistance missions will include systematic collection of information on domestic procurement using a standardized set of indicators. When procurement issues are identified, a root cause analysis will be performed to determine the appropriate intervention. GDF will conduct procurement interventions within the scope and mandate of GDF and continue to work with other organizations with capacity to intervene in areas outside the remit of Stop TB/GDF. Particular attention will be paid to averting TB medicine stockouts in Stop TB/GDF tier 1 and tier 2 priority countries. Using early warning systems data, Stop TB/GDF will proactively monitor inventory, enrollment, and ordering to identify future risks of |
|--------------|---|--|

| | | |
|-------|---|---|
| | | <p>stockouts and work with national TB programs, USAID, WHO, and Global Fund to take appropriate actions toward prevention of stockouts and treatment interruptions. National TB programs procuring via GDF will have the lowest risk of stockout due to GDF’s visibility on ordering, ability to divert orders across multiple country orders according to urgent needs via its pooled procurement approach, and ability to rapidly deploy first- and second-line TB medicines from the Stop TB/GDF Strategic Rotating Stockpile.</p> <p>To reduce risk of delays in or failure to introduce new TB medicines, regimens, and diagnostics. Stop TB/GDF is pursuing alternative financing to support catalytic introduction of new tools. Proposals have been submitted to support introduction of the world’s first-ever pediatric formulations for MDR-TB. Stop TB/GDF is also working closely with the Global Fund to estimate country-specific costs and timelines for implementation of new WHO-recommended MDR regimens to support Global Fund planning around portfolio optimization.</p> |
| 30.11 | <ol style="list-style-type: none"> 1. The Stop TB Board welcomes the engagement of the Unitaid Secretariat with the Stop TB Partnership Secretariat and the broader TB community, and recognizes the important role Unitaid has played and can play in bringing needed innovations to people and facilitating access to health products in countries. 2. The Board notes Unitaid’s strategy and investments in TB health product innovation, recognizes Unitaid’s longstanding commitment to TB, and previous grants to fund targeted, catalytic interventions in TB, and notes that much more can and should be done. 3. The Board strongly supports Unitaid’s intention of funding further work in TB, and supports the consultative approach Unitaid is undertaking to inform and craft clear priorities for its future investments. The Board urges an expedited timeline for development of a new call for TB proposals, and calls for the commitment of Board members to provide and encourage input into Unitaid’s consultation by 20 April 2018. 4. The Board supports Unitaid to launch a new call for TB proposals in advance of the UNHLM on TB. The Board calls on the Stop TB Secretariat and partners to support the development of strong, strategically focused TB proposals for Unitaid. | Done. |

| | | |
|-------|--|-------|
| 30.12 | <ol style="list-style-type: none"> 1. The Board thanks and acknowledges the work of the Finance Committee and the Secretariat's Finance Team and UNOPS Project Management Team. 2. The Board requests the Finance Committee to continue to monitor expenditures, encumbrances, currency exchange and financial risk, and alert the Executive Committee of any changes. 3. Based on the recommendations of the Finance Committee, the Board approves the following: <ol style="list-style-type: none"> a) The acknowledgement of the Global Drug Facility (GDF) assets and revenues of US\$ 8,723,195, the adoption of general principles and process for using GDF assets and revenue, and the urgent approval to include First Line Drugs in the Strategic Rotating Stockpile for a value of no more than US\$ 3million. b) The acknowledgement of non-GDF un-earmarked funds of US\$2,876,534, the adoption of general principles and process for using these un-earmarked funds, and the approval to use US\$850,000 of these funds for the Partnership's Statutory Reserve (from current level of US\$1.7M to US\$2.55M). 4. The Board agrees to maintain the current investment arrangement as part of UNOPS Working Capital Portfolio. 5. The Board asks for a high level budget for the biennium 2019-2020 to be prepared by the Secretariat in Q4 2018 and submitted to the Board for approval. The detailed budget for 2019 shall be prepared and submitted to the Executive Committee for approval by end of 2018. | Done. |
| 29.13 | <ol style="list-style-type: none"> 1. The Board thanks the Ministry of Health and Family Welfare and the Government of India for hosting the 30th Stop TB Partnership Board meeting. The Board agrees to hold its 31st Board meeting in Q4 2018. 2. Following the recommendation of the Executive Committee, the Board asks the Secretariat to initiate communications with the Government of Switzerland to explore the possibility of holding the 31st Board meeting in Geneva and to continue working with the Executive Committee to finalize plans. | Done. |

