

**Stop TB Coordinating Board**  
The Hague, The Netherlands  
10-12 October 2003  
**DRAFT Report (CB-STB 03-02)**

**Summarized Decisions and Action-steps**

**2nd Ad-Hoc Committee (CB-STB 03-02-01)**

- Consensus on the 7 presented recommendations.
- Detailed comments to be sent to Secretariat within 2 wks
- Small group of volunteers (Jaap and Mario) to guide Secretariat on the preparation of a plan on implementing recommendations (who, what, when)

**GFATM (CB-STB 03-02-02)**

1. The Board agreed to constitute a Standing Committee of STBCB members representing on both GFATM- STB Boards.
  - Francis to lead and to convene a meeting here in The Hague during the CB and in Chiang Mai during GFATM to discuss closer collaboration
  - At the upcoming GFATM CB meeting, STBCB members will promote close collaboration with the Stop TB Partnership, specifically the GDF
2. The MOU between the GFATM-STB to be further developed by Secretariats and taken forward in the various approval steps (Board committees)

**Global TB Drug Facility (CB-STB 03-02-03)**

3. Immediate funding shortfall:
  - Action: Secretariat to provide a country-by-country analysis (by end Oct.) on reallocation of current commitments and possible sources of support (1) GFATM; (2) WorldBank; (3) Donors at country-level; (4) Country internal funding
  - Action: Board Chair, Exec Secretary to work with USAID, Japan, and other donors to address the immediate shortfall
4. Further Action
  - Any further financial commitments (incl. the TRC 7 recommendations) await results of analysis and the developed financial policy
  - Board decided to retain grant function to address drug supply emergencies although recognizes need to relook at how GDF functions in the future
  - There is a need to actively look for new donors for GDF to cover the current grant commitments – through the resource mobilization group.
  - Action: Secretariat to develop GDF strategy paper in light of current funding environment, outlining its functions and objectives (incl. Balance between grant and direct procurement)
  - Action: Secretariat and DEWG to work closely with GFATM Secretariat on marketing GDF to countries and on procurement assessment

**Advocacy and Communication (CB-STB 03-02-04)**

- The Board agreed on the need for higher profile for A/C to Stop TB, and in support of the Partnership establish an A/C group, including two separate but related streams of global advocacy and national communication (ie. Social mobilization)
- Issues for the A/C group: visibility of Stop TB partnership (particularly within countries), goodwill ambassadors for Stop TB, advocacy materials, STB progress report, interaction with resource mobilization efforts
- Action: Secretariat to be working with A/C group to define details for TOR, functions and operational mechanisms to be presented to CB for approval at the Board meeting in Delhi

**Evaluation of Stop TB Partnership (CB-STB 03-02-05)**

5. Process to finalize the Evaluation (Secretariat to outline process)
  - 1) IHSD will finalize document by end October
  - 2) Working committee and Steering committee to discuss draft and decide on the operational issues, and highlight the policy issues back to the Board for decision at the December CB meeting in New Delhi
  - 3) Specific decision-points and options and final draft shared with the full Board

- 4) Final report, and decisions based on options developed by working and steering committees endorsed by Coordinating Board meeting in New Delhi
- 6. Remaining issues to be addressed based upon the Evaluation
  - CB working committee TOR and procedures, CB composition and staggering to be defined after the Evaluation
  - Need for defining Partnership and Partners activities and define the related need for logos, reporting, etc
  - Action: CB members to communicate any issues to the Evaluation team by 15 Oct

#### **Workplan/ Budget 04/05 (CB-STB 03-02-06)**

- Board stressed on the need for more sustainable planning and budgeting, and to develop a financial policy for Secretariat (incl GDF) which will link commitment authority to resource availability
- Separate a "targeted budget" and an "operational budget". Targeted budget by the Secretariat is the fundraising target for the Board but does not authorize spending. The operational budget reflects the actual working budget based on funds available and known commitments from donors
- Board approves in principle the proposed targeted budget
- Action: The Secretariat to develop an operational budget for presentation to the CB in the Delhi meeting, to be discussed/vetted by the Working Committee (with the addition of Rob Hecht).

#### **2nd Stop TB Partners Forum, New Delhi, 3-5 December (CB-STB 03-02-07)**

- The Board welcomed the update from India on the preparations, and urged for personal follow-up to invitees from the a) Secretariat; b) India as host-country; c) Board members to personal contacts
- Coordinating Board meeting (1 day) on 3 December, a day before the Forum to discuss Evaluation, Resource mobilisation and operational workplan

#### **Resource mobilization (CB-STB 03-02-08)**

- The Board agreed to establish a proto-RM Taskforce
- Action: Secretariat to circulate the RM Strategy (under development by consultant) to CB for comments (by end Oct)
- Action: Secretariat to outline a TOR, functioning, operational plan for a RM Taskforce to be presented to Working Committee and the Board in Delhi

#### **Social Franchising (CB-STB 03-02-09)**

● *Board supports pilot testing of this model of health service delivery, and its linkage with the national TB and HIV programmes; it welcomes the association of the private sector with the Stop TB Coordinating Board (Gijs)*

● *The board expressed the need for caution in proceeding with social franchising, that rigorous pilot testing would be required, and finally that this activity should not be done in the name of Stop TB. (Jim)*

- Board welcomes pilot-testing as firm link with national TB programs, currently not to be associated explicitly with the Stop TB Partnership

#### **Trust Fund (CB-STB 03-02-10)**

The ad-hoc Trust Fund Taskforce (with support of an independent expert) is exploring acceptable solutions to resolve issues affecting current trust fund arrangements between WHO and World Bank. Alternative models such as the UNICEF arrangements with GAVI will be considered arrangements as a back-up option

#### **Election of Chair/ Composition of the Board (CB-STB 03-02-11)**

- Ernest Loevinsohn was re-elected as Chair of the Board
- Current CB members will be in place until end of 2003. Based on the Evaluation a proposal and a related process for members' replacement/ rotating/ staggering will be defined

#### **Administrative procedures (CB-STB 03-02-12)**

- Board Documents: Secretariat to prepare CB documents with proposed decisions and/or options on the cover-page (using GAVI example)

- Summary of decisions will be posted on the Stop TB Website and distributed to the Partnership through information channels (mailinglist)
- The Board Website will not be further password protected (confidential materials will not be posted)
- Action: Secretariat to implement the above steps within next 2 weeks

#### **Annual reporting (CB-STB 03-02-13)**

For internal reporting the Secretariat will provide an annual update on to the coordinating board on performance and finances

#### **Next steps (CB-STB 03-02-14)**

- Action: Secretariat to circulate the decision/action-points by 15 Oct. Comments from the CB members by Friday 24<sup>th</sup> Oct.
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#### **08:45-09:30 Welcome and opening**

08:45-08:50 Welcome in The Hague at the KNCV—*Jaap Broekmans*

08:50-09:00 Presentation new Executive Secretary

#### **09:00-10:00 Progress since Brazil CB meeting: Highlights from Secretariat**

09:00-09:30 Stop TB Partnership Secretariat Update—*Nils Billo*

09:30-10:00 *Discussion*

Gijs

- immediate response needed/ medium longterm solutions
- 3 by 5 : need for different mechanisms and urgent debate between GATM/

Jaap

GDF crown-jewel – now vague link with GFATM, needs to be redefined – for national TB programme. Strategic alliance on GFATM is part of partnership or is outside supporter.

Irene : medium term aggressive strategy – RM targeted approach

Ken : impact of the failure of GDF needs to be clear and spelled out. How come no funding while GDF functioning so well.

Rao : concern – clarify GFATM-GDF link, cannot be merged ? mobilization of resources. GDF in shadow of GATM

Rob : problem the pooled funds/ global procurement ? currently bilateral funding to countries directly and unearmarked pooled funding – might not be the direction for GDF

Vinand : GATM governance committee

Anne : clear issues from STB to GFATM

Takeshi : GDF-

Mario : Need to clearly differentiate the need for immediate urgent funding for current country commitments for GDF by end 2003 (13 million) GFATM needs recognize the advantages of the GDF – such as the bundling of procurement with TA. Need for discussion in Chaing Mai – CB members who are on both Boards to take message to the meeting in GFATM. need for further advocacy at country level

Francis omaswa :

Sofola : need for countries to have drugs in the budgetline of countries – to be brought up in the 2<sup>nd</sup> partners forum

Jim rankin :critical note by the Mckinsey evaluation – need for looking into what it will take for GDF to be primair procurement agency

Irene : governance question – do countries know in TRC7 that there is no money ? No further country proposals to be solicited

Harry : not only money . need for action at country level. Advocacy to countries about the bundling and what GDF can offer. SWAP and other mechanisms to be informed on the GDF

Narayanan

Marcos : strategic plan approved by Coordinating Board, for 11,8 patients – that is the basic background for the implementation of Secretariat. Details and issues can be outlined by GDF. Drugs rejected by TRC are approved by GFATM tRP – wrong signals

Rahim : Risk for loose o faith in GDF and also the Stop TB Partnrship- financial, moral commitments and this liability needs to be met. Need for immediate plan for 13 mill and thi can only be done by already committed donors (not through multilateral funding or new donors who need to be convinced). Other funding than GFATM available. Relationship GDF-GFATM. reference to GDF section in the MOU- the CB needs to realize what they sign. This Board needs to underline the importance of CCM in their planning on drugs/ GDF. Pakitan to volunteer of ...standing committee for GATM/STBCB... nee for background lobby and homework with Thompson/ Board etc.

EL : general points

- met with Feachem – GDF the recommended tool for GFATM. Thi is not what staff is following.
- overlap between the 2 Boards in members (mexico from 2004 and CIDA from 2004)
- statement at CB level and briefing in the Chaing mai meeting
- donor to donor discussions
- Canadian support cannot replace the government domestic commitment
- process forward : Soros meeting, agrees to convene teleconference for donor discussions is scheduled for January- but need for preparations.

Nlls

shortterm issue : honour past commitments – urgent need – risk to develop MDRTB

Longterm issue :

We cannot run the GDF without money in the bank. Operational workplans need to have money ahead of time before making commitments. Balance since dev' agencie cannot commit for 2-3 years. GDF manager post will be opened again.

Need for guidance from the donors on the available funds so the GDF Secretariat can properly plan and

**10:30-12:45 Progress in TB control: Constraints and Solutions**

10:30-10:40 Report from STAG—*Jaap Broekmans*

10:40-10:50 'Where are the missing cases'—*Chris Dye*

Where are the missing Cases – Chris

Messages for communication (to be communicated constructively and not in a punishing matter): 1) many cases are in the PH system outside DOTS areas (e.g PAHO – Brazil and EURO former Soviet); 2) DOTS coverage encourages the reaching of the threshold; 3) other sectors (China hospitals and other places); 4) geographical analysis

Discussion focus on the priority strategy for the various countries as reflected in the progress towards the Targets. Also need to sustain the Targets.

Modelling for the reaching of the MDG targets, modelling on failures and success, and compare countries on strategies. DEWG referred to as a forum for country progress and discussion. The 3-by 5 strategy. Need to focus on other than 22 HBC – request for process classification of countries.

Data summary : 1) link to real life outcomes such as total numbers of cure, outcome focus; 2) success factors – wide variety of data and systematic failure and success.

11:15-11:40 DEWG and 2<sup>nd</sup> Ad Hoc Committee report—*Mario Raviglione/Jaap Broekmans*

11:40-12:45 *Discussion and Decisions*

- *Endorse 2<sup>nd</sup> Ad-hoc committee recommendations*
- *Identify specific actions for the Coordinating Board on behalf of Partnership*
- *Next steps in process (further consultation, web-based forum, synthesis and summary statement Partners Forum)*

discussion on poverty

summary

EL : Consensus that the recommendations are fine, details to be amended (eg GFATM).

Process :

what happens with the report and what happens afterwards—implementation of the recommendations.

Francis : Need for resolutions in global bodies and further endorsement through government policies (ie emphasis on workforce/ health systems)

Ken : group members from the CB to support the Secretariat to come up with actions for existing infrastructures (not reinvent new structures)

Tapia : enforce the Adv-comm taskforce

Jim : language needs to be carefully assessed

Takeshi : to whom are the recommendations made – need to consider the countries.

Clarify the next steps and objectives of the current document.

Comments to DM in WHO, two weeks maximum.. A new draft to be ready to be sent to the Board this to Partners for input/consultations and then to the Forum for further discussion and broad endorsement.

After the Forum small group of volunteers (Jaap and Mario) to guide Secretariat (Mario kindly offered to second DM to the Secretariat) on the implementation recommendations (who does what and when).

**13:45-15:00 Global Fund to Fight AIDS, TB, Malaria (GFATM)**

13:45-14:00 Update GFATM—*Vinand Nantulya*

14:00-15:00 *Discussion*

- *Policy issues: MoU, collaborative links between GDF & GFATM, joint resource mobilization strategy and other country coordinating mechanisms*

GFATM

Presentation from Vinand

GFATM is new

Issues/ comments :

Rao : overlapping proposals and funding mechanisms is unclear for countries for planning purposes

Sofola : proposal from Nigeria

Omaswa : discussions between the Secretariats – 4 members on the TRP specialist on TB (information on the GDF to be distributed to the countries through the GFATM)

Nils : how does GFATM show to work closely with STop TB and support GDF. Clarification of information to countries needed so properly planning is possible

Anne: GFATM Secretariat sees operationally STop TB importance. The Board and policy decisions to be brought to the appropriate committees of the GFATM for it then to be brought to the Board.

Committees need to clear the MOU before it can go to the Board. Need better thinking on what are operational issues and what are policy issues. Careful negotiations before bringing to GFATM.

Rob: role of stop TB for GFATM such as in CCM

Cate: need to outline the contributions from the Partnership to the GFATM (global but more so at country level)

EL: TB puts in proposal better accounted but smaller amounts (not thinking big). Need to craft the options

Vinand:

Proactive operational details to be solved between the Secretariat's.

MOU is iterative process for Board/Secretariat STB and Committee/Secretariat GFATM.

Proceed with MOU

Procurement policies will not be amended by the GFATM Board – at implementation level many ways to market the GDF; need to be proactive and innovative

CCM to get the main emphasis – coming from the national strategic framework

GDF:

EL: form a group of people on both Boards (Anne, Catherine, Ejaz, Rob, Mario, Roberto, Ernest, Francis) Francis to lead and to convene a meeting here in The Hague during the CB and in Chaing Mai during GFATM.

## **15:00-18:00 Stop TB Partnership Evaluation**

Stop TB Partnership Evaluation: *Discussion and Decisions*

Presentation IHSD

Karen and Mark

Rao: maximize resources

Anne: credibility problem promise what we do not have – Need to define policy decisions. Decision-making – need for one page with what the decisions are by the Board to improve the procedures

Ken: balance between commitments and resources (proactive versus conservative approach).

Rob: financial side. Need for rigorous review of value-added. Where does the partnership in as part of the mapping of various initiatives on TB and what are the functions of the Partnership and Secretariat (is it doing the job well and efficiently). Focus on financial assessment and monitoring—better documentation on the finances/ results/ products needed.

Jim: business-like approach

Gijs: working groups and the constituencies

Mario: regional representation. Secretariat works as WHO and financing mechanism is not according business

Irene: value added is detailed – but the presentation is on decisions

Ejaz: conceptual and organizational matters. Conceptual (loose, political, will) – business of the Board to coordinate and build “software” to be translated by countries. Decisionmaking is happening in the Board – there is room for improvement for constituencies, organization, etc. Suggest an annual performance-report from the Board.

Karen: resource mobilization

Hatib: working groups should be focused more on DOTS in the countries

Presentation of Neil/ Hatib

Process draft report by end Oct

EL decisionpoints

- easy-done decisions discussed and finalized first and more dense issues



## Decisions:

simple decisions in a one-pager for the Board meetings

## Evaluation

### Transparency issue

no password protected (only if confidential or personal reasons)

summary of decisions on the Web

post information to the public with outcomes of the Board

### Process to finalize the Evaluation (Secretariat to outline process)

- 1) finalize document
- 2) working committee/steering committee to discuss draft and take on the minor issues—the policy issues go back to the Board
- 3) Specific decision-points and final draft shared with the full Board
- 4) Conference call
- 5) possible meeting in New Delhi (face-to-face)

- CB working committee TOR and composition, members to be defined after the Evaluation  
--need for defining Partnership and Partners activities and define the related need for logos, reporting, etc

- list of names of CB members to be communicating with further

- Secretariat to present a financial policy to the Board

- Adv/Comm working group to serve the Board

news information on Stop TB to be going to the media/press (esp around partners forum)

## Annual reporting

-- annual update from the SEcretariat (performance, financial update, advocacy-needs)—for internal reporting to the CB

- progress report Global Plan: commission the A/C working group

Hague support for A/C work and consider the following points:

Visibility of Stop TB. Branding Stop TB: better brand the logo and other ways to brand the Stop TB partnership—supplies should have the STB logo.

Goodwill ambassadors for STB

At country level impression for 2 brands . need for strategic advocacy – more political commitment.

Perception for only 22 HBC (message to be improved)- any country to be part of the Stop TB

Movement/partnership.

Nils: Need for a stop TB partnership-movement in each country (eg Canada)

## Agenda-discussion

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### 08:30-12:00 Working Groups Plans and direction '04/ '05

*Each Stop TB Working Group outlines their plans and required support from the Partnership, specifically fundraising requirements*

08:30:08:45 Introduction on the functions/ changes Stop TB working groups—*Phil Hopewell*

08:45-10:15 Presentations of *Stop TB "New Tools" Working Groups:*

- Global Alliance for TB Drug Development—*Maria Freire*
- TB Vaccines—*Uli Fruth*
- TB Diagnostics—*Mark Perkins*

10:15-11:00 Presentations of *Stop TB "Implementation" Working Groups:*

- TB /HIV—*Gijs Elzinga*
- MDR-TB—*Kai Vink*

## Working groups

Ken: push for tools that are available

Omaswa: selling the products of the partnership – improve diagnostics is priority. TB/HIV need for supporting prevention

Narayanan: need for careful statements on the ss+ being HIV positive

Rao: drug development—need for shortening the treatment and not only new treatments. No stigmatization for HIV. What are the tools to bring the TB/HIV programmes synergistically together at fieldlevel (Gijs: policy documents are available and working group can give support)? Immediate challenge is to reach the targets.

Omaswa: dual epidemic, cannot talk about one without the other.

Jaap: improve interactions that Phil presented. Advocacy support on integrated messages related to the Working Groups (“United support to implementation”, etc).

- Need for conceptual discussion on ARV “paradigm shift”

- protection of the 2<sup>nd</sup> line drugs with GFATM – same argument counts for 1<sup>st</sup> line drugs

Karam shah: diagnostic tools, testified. 2<sup>nd</sup> line drugs are free available on the market in some countries (despite the efforts of the GLC)—problem is not that drugs are not available, but the operations in a country need to be in place.

Jim: Questions on the budgets (non consistent figures).

Nils: detailed budgets from the working groups. this is the first time.. 3 by 5 target from WHO, but need to be careful

Phil: focal point on Science in Secretariat could focus on defining characteristics for needs in different environments

Sofola: TB/HIV implementation in countries

Tapia: how does the information from all the WorkingGroups go to the field—need for translation. Set of informations to different points in the world, needs regional selection on information (focal point in the A/C group to craft appropriate messages)

Mori: toilet slide... need for focus on developing country

Mark: 1) message right to the country, which needs to be different to different countries -. Multilayered with adoption from the partners. 2).....; 3) drug susceptibility testing within diagnostics, conversation with DOTS plus

Maria: caution and length of time for drug development. Drugs have to be easy to deliver (part of the existing structure). Map of capacity is important for regional distribution. Affordability, Accessibility (through DOTS), Acceptability (and credibility), Advocacy. Board needs to help with the promotion and change

Gijs: Geographical differentiation. Caution by the 3-by-5 but we need incentives to move, and TB community can use that incentive. Need a regimen for SubSah africa. Secretariat to focus on monitoring the WGs (are they doing the right things). HAART data are endorsed by the TB/HIV working group. Governance-structure: what support from the Secretariat to the WGs (political or technical).

Need for careful information to go public on HIV and include the voice from UNAIDS

Kai: take comments back to the working group. Drugs that are being used are quality checked. GFATM money for drugs – secured and protected. Applications to the GLC, because management should be secured. More support for technical assistance and money.

Ernest: agree to have a A/C taskforce as a full member of the Partnership and to include the name of social mobilization and or resource mobilization component. Not going into the detail now, but there is a need for higher profile.

Nils: communication meeting in Cancun and Jo-burg.

Maria: yes support group, but need for group analysis and TOR

Mario: adhoc committee recommendations

Secretariat to be working with A/C group to carve out the details for TOR, functions and operational mechanisms

**12:00-14:30 Partnership Secretariat Workplan and Budget '04/ '05**

12:00-12:30 Presentation on Secretariat Workplan/ Budget—*Marcos Espinal/Gini Arnold/Petra*

## Heitkamp

- Need for better planning and development of Secretariat, in line with the WHO rules but supporting the Board requirements
- Targeted Budget by the Secretariat is the fundraising target for the Board (dream-budget)
- Secretariat to be developing an operational budget with the working/ realistic figures
- Ejaz: delegate to approve the budget and work with the Secretariat .. a financing committee from the Board members to be working with the secretariat,

## GDF Discussion

EL- Secretariat to do a detailed country by country analysis and CB to set criteria for this.

Omaswa: global initiatives complicated – need a forum for donors to see how to support current initiative before creating new ones. Better Aid coordination

Irene: world has changed - grants for 2<sup>nd</sup> line to be taken off

Maria: timing? Emergency for 2 countries to be approved ?

Gijs: broadening constituencies

Takeshi: split the urgent contingency plan, longer term look at countries which can wait. Japan changing environment to support international initiatives

Marcos:

Mark: GDF technical body for the GFATM?

Nils: when GFATM was created donors saying additional funds. Now, climate different. if all funds to GFATM, donors need to know to support technical agencies.

Ken: briefing to GFATM on need for continue funding to other initiatives for TB, AIDS, Malaria

Mario:

Vinand: discussion between GFATM and GDF secretariat to find solutions. Changing environment – in long run countries need to do the work themselves

Jim: Study on .....as started with Ian to be continued

Rahim: need to endorse the GDF strategy

-- need flexibility in support of countries

## Summary GDF:

Need to keep faith with GDF and the patients

Questions on what is needed when.

Cashflow immediate issue: Go through GDF country commitments and check sources (1- GFATM; 2- WB; 3- other donors at country; 4- country itself). Need for analysis by end Oct.

Longerterm strategy GDF: Secretariat to develop/ revise strategy paper in light of current funding environment, outlining its functions and objectives (ie. Grant vs capacitybuilding)

Disbursements ???

## Non-GDF areas:

Board improves in principle the budget for fundraising purposes. An operational budget will be discussed with the Working Committee and will be presented to the CB in Delhi. Working committee to prioritize fundraising.

Communication as area of work under the DEWG

Partners forum: as low priority

Working groups detailed budgets and supports line-items

Ken: need for clarification of the various figures before fundraising

Priorities for the operational

Poverty (DFID supporting the poverty issue—message), readymade proposal to DFID. Poverty as an issue is supported, but not necessarily the network on poverty.

Mario: WHO to have tools for countries on how to deal with poverty

Country capacitybuilding, clearly indicate WG involvement, and country involvement and involve information to other countries

Mexico in kind support for social mobilisation)—

National Stop TB partnerships, support to CCMs, linking with partners at country level

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More support for fundraising to the CB, need to have more priority. Fundraising for what? Need to compile funding needs before

Gijs: Clear overlapping areas between WGs and Secretariat to be avoided (Staff in Secretariat to coordinate)

Summary:

- poverty
- country highlevel missions

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**14:30-15:30 Current Resources: Update from donors**

14:30-15:10 Short presentations USAID, Japan, DFID, CIDA, World Bank (10 min max.)

Donor information

Japan

GATM: 100 million

Per country (10 countries): 1,2 – 1,6 million

USAID

Country capacity

Investing in new tools/ diagnostics.- operations research –

Special areas, such as TB/HIV links and TB drug resistance

Selecting countries: incidence rates in specific countries, connection TB/HIV, risk of escalating MDR

USAID: 75 million (54 for countries)

Discussion on the US lobby—willingness on the “Hill” congressmen/ and colleagues. Legislation, lobby,

Communicate with US based organizations (results, etc) for coordinated efforts on Advocacy

World Bank slides

India funded by WB except for funding from DFID and CIDA

CIDA

Country bilateral support, but largely through grants to technical institutes (KNCV; IUATLD, WHO)

FIDELIS program: 13 million in the bank and 2.8 disbursed

Canada minister decides on the funding disbursement. Minister of finance divides broad money (sets the broad budget) to Min Dev Coop, and others (who are in charge of earmarking within the area)

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**16:00-17:30 Financing mechanisms and Resource Mobilization strategies**

16:00-16:15 Update and next steps Taskforce Case Detection—*Irene Koek*

16:15-17:30 *Discussion and Decisions*

- *Repositioning of the Taskforce*
- *Stop TB resource mobilisation strategies*

Donor Taskforce

Resource mobilisation Taskforce evolving out of the Case Detection Taskforce

Develop strategy for fundraising, strategic planning and divide tasks amongst partners

Need for Resource mobilisation officer

Views from people around the table:

Nantulya: need for positionpaper, integrated with Adv/Com

Rao: Looking for other approaches, access drugs from companies, integrated with Adv/comm

Jim: other resources than USAID is struggle, need for direct fundraising. Integrated, but RM needs higher profile, esp re HIV

Tapia: need for innovation, start from national RM and countries need to take responsibility for RM. Construct regional funds for specific regions. In country resources, incountry resource mobilization secondments.

Mark: link adv and RM together, but also separate need they are different sets of skills. Drug companies to be approached for GDF advocacy.

Maria: conflict of interest and need for coordinated effort on fundraising.

Nils: raise money through small amount (schoolkid)

Omaswa: thinking out of the box. Countries themselves to RM- TB priority in countries. Donor coordination. Private sector component at GFATM is supporting in-kind resources/ donations. Could work for TB; drugs, human resources, equipment, etc

Jaap: for what and how? Create an enabling environment for TB needs, results. And how to raise for specific needs—how do we get better messages for the products in GDF and research. How: Not only with the Board, but also ExSec. Learn from the AIDS community/ GAVI etc.

Mario: 1) global advocacy network - political lobby; 2) networking and social mobilisation component; 3) resource mobilisation. At moment coordination lacking and the donor constituency is lacking (used to be donor meeting).

Karam shah: legalize

Ken: criminal approach – quick and dirty research in Soros and Gates and hear what is compelling.

Develop strategy based on that. We need to find perspectives to .....

Secretariat how best to proceed! Tomorrow address this issue

Jarbas: ...

Ejaz: need for documentation to support the Stop TB Partnership

#### Resource mobilization

- marcos presents

- Secretariat exercise: what other partnership do?
- Set up a Task Force - initial face to face meeting
- Circulate via e-mail Finlay Graig strategic paper and set-up conference call
- Hire a RM officer to link with task forces on RM and Advocacy, Communications, and Social Mobilisation
- Executive Secretary role

Nils:

WHO fundraising – WHO and partnership

Secretariat staff all to be doing advocacy

- with A/C support (such as specific materials on Partnership) and Need for policy decisions (ie. Corporate sponsoring)

#### **08:45-10:00 2<sup>nd</sup> Stop TB Partners Forum**

08:45-09:00 Introduction to the Partners Forum—*Prasada Rao*

09:00-09:15 Preparations, draft Programme, Special events—*Petra Heitkamp*

09:15-10:00 *Discussion and decision on background materials, Expected outcomes, and role of the Board members*

Partners Forum

- Health minister will facilitate interest...

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#### **17:30-18:30 Social Franchising**

17:30-18:00 Update on developments—*Gijs Elzinga*

18:00-18:30 *Discussion and next steps*

Social Franchising:

- Board welcomes pilottesting (cautiously but aggressively)

**10:30-11:15 Stop TB Trust Fund**

10:30-10:45 Operations of the Trust Fund: Update from Taskforce—*Gijs Elzinga*

10:45-11:15 *Discussion and decision on next steps*

Stop TB Trust Fund:

- Gijs updates on the development of the Trust Fund
- discussions with Hillary Wild
- Dick Wilder (from Law Firm pro-bono through contacts from Maria) to assess most effective solution as facilitator/ negotiator
- teleconference between WB/WHO/donors
- report in Delhi on the best solution for proposed decisions by the CB

EL: support to Technical department (Outstanding excellence), while WHO administrative system is blocking 1) 13 percent issue; 2) bureaucracy for Secretariat; 3) administrative hassles. Backup option to move the TF

Irene: share concerns – not money in the trust fund until issues resolves. TF needs to be in international organization for legal requirements.

Maria: WHO-WB

Karen Caines: GAVI no legal entity but functioning trust fund – Unicef has agreements with GAVI Board to disburse on CB minutes. WHO not funds (are in WB) therefore problems of accounting

Mark: TDR agreement on oversight, including the process within WHO and office of Comptroller.

Gijs: not discuss the profile of the Comptroller.

Mario: explains process of current TF functioning

Nils: let the TF work and explore UNICEF

Ger: 13% is negotiable – learn from other initiatives (such as GFATM, and others within the UN/WB family)

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**11:15-12:00 Governance Issues & Election of chair**

11:15-11:30 Nominating Committee reports

11:30-12:00 *Discussion and election of Coordinating Board Chair period 2004/05*

- members rotating / staggering: keep current CB members in place until Evaluation
- needs to be a process for replacements

Summary:

- PPT outcomes circulated by 14 Oct and draft comments welcome by 25<sup>th</sup> Oct
- final report developed and circulated to the CB

# Stop TB Coordinating Board Meeting

The Hague, The Netherlands\*

10-12 October 2003

Final Agenda

## Objectives of the meeting:

- Update on progress since the Brazil Coordinating Board meeting, including organizational changes within WHO and the Stop TB Partnership Secretariat, outcomes on the WHO Strategic Technical Advisory Group (STAG);
- Endorse recommendations of the 2<sup>nd</sup> Ad Hoc Committee on “TB Control Constraints”, advice on related next steps for the Stop TB Partnership and decide on action-steps for the CB;
- Review recommendations of the independent evaluation on the Stop TB Partnership and decide on next steps related to the scope, functions, structure and leadership;
- Discuss Workplan and Budget ‘04/’05 of the Stop TB Working Groups and endorse the Partnership Secretariat Workplan and Budget ‘04/’05;
- Discuss mechanisms of financing the Partnership and decide on new and additional resource mobilization activities for the Partnership (incl. GDF)
- Identify mechanisms for closer collaboration with GFATM, specifically related to resource mobilization.

**Friday, 10 October 2003 (Day 1)**

**Chair: Ernest Loevinsohn**

**Vice-chair: Francis Omaswa**

08:00-08:45	Registration		
			<b>Documents</b>
<b>08:45-09:30</b>	<b>Welcome and opening</b>		
08:45-08:50	Welcome in The Hague at the KNCV— <i>Jaap Broekmans</i>		
08:50-09:00	Presentation new Executive Secretary		
<b>09:00-10:00</b>	<b>Progress since Brazil CB meeting: Highlights from Secretariat</b>		(1) Secretariat Progress report
09:00-09:30	Stop TB Partnership Secretariat Update— <i>Nils Billo</i>		
09:30-10:00	Discussion		
10:00 - 10:30	Coffee/ Tea break		
<b>10:30-12:45</b>	<b>Progress in TB control: Constraints and Solutions</b>		(2) STAG Report
10:30-10:40	Report from STAG— <i>Jaap Broekmans</i>		
10:40-10:50	‘Where are the missing cases’— <i>Chris Dye</i>		
10:50-11:15	Discussion and Decisions		
11:15-11:40	DEWG and 2 <sup>nd</sup> Ad Hoc Committee report— <i>Mario Raviglione/Jaap Broekmans</i>		(3) a. Executive Summary Ad-hoc Report
11:40-12:45	Discussion and Decisions		b. proposed outline
	– <i>Endorse 2<sup>nd</sup> Ad-hoc committee recommendations</i>		
	– <i>Identify specific actions for the Coordinating Board on behalf of Partnership</i>		
	– <i>Next steps in process (further consultation, web-based forum, synthesis and summary statement Partners Forum)</i>		
12:45-13:45	Lunch		
<b>13:45-15:00</b>	<b>Global Fund to Fight AIDS, TB, Malaria (GFATM)</b>		(4) a. MOU draft
13:45-14:00	Update GFATM— <i>Vinand Nantulya</i>		b. Briefing points
14:00-15:00	Discussion		
	– <i>Policy issues: MoU, collaborative links between GDF &amp; GFATM, joint resource mobilization strategy and other country coordinating mechanisms</i>		
<b>15:00-18:00</b>	<b>Stop TB Partnership Evaluation</b>		(5) Draft Evaluation Rec’s
	Stop TB Partnership Evaluation: <i>Discussion and Decisions</i>		
15:30-16:00	Coffee/Tea break		
<b>20:30-22:30</b>	<b>Ad-hoc Taskforce Case-Detection (at Carlton Hotel)</b>		

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<b>08:30-12:00</b>	<b>Working Groups Plans and direction '04/ '05</b> <i>Each Stop TB Working Group outlines their plans and required support from the Partnership, specifically fundraising requirements</i>	
08:30-08:45	Introduction on the functions/ changes Stop TB working groups— <i>Phil Hopewell</i>	
08:45-10:15	Presentations of <i>Stop TB "New Tools" Working Groups:</i> – Global Alliance for TB Drug Development— <i>Maria Freire</i> – TB Vaccines— <i>Uli Fruth</i> – TB Diagnostics— <i>Mark Perkins</i>	(6) a.Intro b. Overview Workplans
10:15-11:00	Presentations of <i>Stop TB "Implementation" Working Groups:</i> – TB /HIV— <i>Gijs Elzinga</i> – MDR-TB— <i>Kai Vink</i>	
11:00-11:30	<i>Coffee/Tea break</i>	
11:30-12:00	<i>Discussion</i>	
<b>12:00-14:30</b>	<b>Partnership Secretariat Workplan and Budget '04/ '05</b>	
12:00-12:30	Presentation on Secretariat Workplan/ Budget— <i>Marcos Espinal/Gini Arnold/Petra Heitkamp</i>	(7)Secretariat Workplan
12:30-13:30	<i>Lunch break</i>	
13:30-14:30	<i>Discussion and endorsement of Workplan/Budget, substantiated by specific CB commitments for financial resource mobilization efforts and negotiations</i>	
<b>14:30-15:30</b>	<b>Current Resources: Update from donors</b>	
14:30-15:10	Short presentations USAID, Japan, DFID, CIDA, World Bank (10 min max.)	
15:10-15:30	<i>Discussion</i>	
15:30-16:00	<i>Coffee/Tea break</i>	
<b>16:00-17:30</b>	<b>Financing mechanisms and Resource Mobilization strategies</b>	
16:00-16:15	Update and next steps Taskforce Case Detection— <i>Irene Koek</i>	
16:15-17:30	<i>Discussion and Decisions</i> – <i>Repositioning of the Taskforce</i> – <i>Stop TB resource mobilisation strategies</i>	
<b>17:30-18:30</b>	<b>Social Franchising</b>	
17:30-18:00	Update on developments— <i>Gijs Elzinga</i>	
18:00-18:30	<i>Discussion and next steps</i>	
<b>20:00</b>	<b><i>Dinner at the Museum Mesdag (hosted by KNCV)</i></b>	



Sunday, 12 October (Day 3)\*

Chair: Ernest Loevinsohn  
Vice-chair: Francis Omaswa

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**08:45-10:00 2<sup>nd</sup> Stop TB Partners Forum**

08:45-09:00 Introduction to the Partners Forum—*Prasada Rao*

09:00-09:15 Preparations, draft Programme, Special events—*Petra Heitkamp*

09:15-10:00 *Discussion and decision on background materials, Expected outcomes, and role of the Board members*

(8) a. Draft  
Forum  
Agenda  
b. Update

10:00-10:30 *Coffee/Tea break*

**10:30-11:15 Stop TB Trust Fund**

10:30-10:45 Operations of the Trust Fund: Update from Taskforce—*Gijs Elzinga*

10:45-11:15 *Discussion and decision on next steps*

**11:15-12:00 Governance Issues & Election of chair**

11:15-11:30 Nominating Committee reports

11:30-12:00 *Discussion and election of Coordinating Board Chair period 2004/05*

**12:00-12:30 Closing and Next steps**

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\*<sup>1</sup> *The meeting will be hosted at:*

**Carlton Ambassador Hotel**, Sophialaan 2, 2514 JP The Hague, Tel.: (31–70) 363-0363, Fax: (31–70) 360-0535, E-mail: [ambassador@carlton.nl](mailto:ambassador@carlton.nl), website: <http://www.carlton.nl/ambassador>

You are cordially invited to attend the events which are organized in conjunction with the Board meeting:

**1) KNCV Tuberculosis Foundation's centennial celebration, 9 October:** At the Royal Theatre KNCV is organizing a symposium that focuses on the "role of Non-Governmental Organizations in Global TB Control" which will be followed by a festive celebration in the evening.

**2) 4th DOTS Expansion Working Group (DEWG) meeting, 8 October:** The DEWG is focusing on identifying and discussing constraints of the 22 HBCs in achieving the 2005 targets and discuss solutions and activities to be implemented in 2004 (agenda attached)

