

**Report of actions following the decision points from
33rd Board Meeting, Virtual**

Decision Point		Action
33.1	<ol style="list-style-type: none"> 1. The Board adopts the proposed agenda for the 33rd Stop TB Partnership Board meeting. 2. The Board notes the progress and appreciates the Secretariat for addressing the decision points from the 32nd Stop TB Partnership Board meeting. 3. The Board welcomes the Executive Director Report and thanks the Executive Director and the Secretariat team for their excellent work done in 2020, especially for delivering during the special situations due to the Covid-19 pandemic. 4. The Board applauds the announcement of two years of funding to support three Stop TB Partnership Board Constituencies (Affected Communities, Developing Country NGO, Developed Country NGO). The funding will support proper governance practices, including accountability, meaningful engagement, coordination, contribution, alignment, communication, and participation of the TB affected communities and civil society in the Stop TB Partnership Board and other global TB-related fora, mechanisms and initiatives. The Board commends the two donors, Private Sector Constituency and USAID, for this outstanding commitment. 5. The Board applauds the announcement of Round 10 of the Challenge Facility for Civil Society with a tripling of the budget to USD 7.5 million in response to the increased demand for support from grassroots, community-based, and civil society organisations. This expanded level of funding is particularly critical now, when the Covid-19 pandemic has negatively affected grassroots partners in their efforts to address TB. The Board appreciates the financial support of USAID and the Global Fund and encourages additional donors to consider funding for this unique multi-donor funding mechanism. 6. The Board notes the 2019 Key Performance Indicators' final report and the intermediary progress in achieving the Key Performance Indicators 	<ul style="list-style-type: none"> • No follow-up required.

	<p>for 2020, looking forward to its final report at the 34th Board meeting.</p> <p>7. The Board congratulates the winners of the KOCHON prize:</p> <ol style="list-style-type: none"> a. Riaped, an association of nurses from the Democratic Republic of Congo; and b. Sister Hiwot Menbere from Ethiopia <p>And the winners of The Stop TB Partnership Community Award:</p> <ol style="list-style-type: none"> a. TB/COVID Working Group composed of: ACTION Global Health Advocacy Partnership, RESULTS Canada, KANCO, McGill International TB Center, Global TB Caucus, We Are TB, Stop TB Community Delegation, Stop TB Developing NGO Delegation, Global Coalition of TB Activists, TBpeople, TB PPM Learning Network and We Are TB; b. Americas TB Coalition; and c. Network of TB Champions Kenya. 	
33.2	<ol style="list-style-type: none"> 1. The Board recognizes the substantial progress made in 2018 and 2019, although insufficient for being on track, to reach the targets of the United Nations High-Level Meeting Political Declaration on TB (UNHLM) by 2022. The Board notes with concern the devastating impact of the Covid-19 pandemic in high TB burden countries which now threatens to reverse progress. The Board calls on the TB community to take urgent actions to ensure TB services are restored and sustained and that aggressive “catch-up” plans are developed and implemented in countries. 2. The Board notes with appreciation the work done by the Secretariat and partners in monitoring progress against the targets of the 2018 UN High-Level Meeting Political Declaration on TB. The Board congratulates the Secretariat and partners on the progress reports, including Step up for TB 2020: TB Policies in 37 Countries, A Deadly Divide: TB Commitments vs. TB Realities, TB Research Funding Trends 2005-2019, and Governance of TB Programmes: assessment of practices in 22 countries. 3. The Board thanks the World Health Organization (WHO) for its key role in supporting the UN Secretary General (UNSG) to prepare the 2020 progress report on TB that was requested in the UN High-Level Meeting Political Declaration on TB, including its coordination of inputs to the report from the Stop TB Partnership and partners, and 	<ul style="list-style-type: none"> • The Secretariat has worked closely with WHO and partners to monitor progress towards the UNHLM targets. <ol style="list-style-type: none"> a. In monitoring recent progress of countries, the Secretariat has used the monthly and quarterly data that WHO has collected from a set of high burden countries for the first time. This has enabled monitoring of progress for 2021. b. The Secretariat and Treatment Action Group are currently developing the 2021 progress reports on research funding, policies and governance. • The Secretariat and partners conducted outreach to all 193 UN Member States in 2021 to request their support for a UNHLM on TB in 2023. This was a key component in all of our campaigns, including the launch and accompanying campaign of ‘A Deadly Divide: TB Commitments versus TB Realities’ in Dec 2020, the World TB Day campaign in March 2021, and the UNHLM on HIV/AIDS campaign leading up to June 2021. Nearly 400 letters were sent in total. As a result, UN Member States reaffirmed their commitment to a UNHLM on TB in 2023 in the Political Declaration of the UNHLM on HIV/AIDS in June 2021, where they agreed to “request the Secretary-General...to contribute to the reviews of progress on the 2030 Agenda for Sustainable Development taking place at the high-level political forum on sustainable development, as well as the high-level meeting on tuberculosis to be held in 2023...”. As a next step, the Secretariat has initiated discussions with potential member states to co-facilitate the 2023 UNHLM on TB.

	<p>for its continued global monitoring and reporting of progress towards targets in the annual WHO Global TB Report. The Board notes the recommendations made in the UN SG report and recommends to the Stop TB Secretariat that it continues to work closely with WHO and other partners to ensure monitoring of progress towards targets between now and the end of 2022.</p> <ol style="list-style-type: none"> 4. The Board asks that the Secretariat, working with partners, develops an advocacy campaign in 2021 to call for and secure a 2023 United Nations high-level meeting on TB in order to ensure increased commitment of heads of states and governments to drive actions and resources to end TB by 2030. 5. The Board recommends that the Secretariat continues to engage with countries and partners to support continued monitoring of progress against the UN High-Level Meeting Political Declaration on TB and the Global Plan 2018-2022 targets including working with partners to ensure the annual monitoring and reporting of funding for TB research; engages with countries and partners to promote availability of real-time and disaggregated data for this purpose, including on gender, age and other vulnerabilities and comorbidities; and advocates for continued attention to TB during the Covid-19 pandemic and implementation of ambitious plans to scale up to reach the UNHLM targets. 6. The Board welcomes initiation of development of the new Global Plan to End TB 2023-2030 and requests the Secretariat to present progress at the 34th Board meeting. The Board notes that the Global Plan 2023-2030 needs to be aligned with the Sustainable Development Goal targets, the End TB Strategy and the Global Fund Strategy 2023-2030, and encourages the Secretariat to follow an inclusive process and a timeline to ensure that it is published in the last half of 2022. As several global strategies are currently under development, we ask the Secretariat to engage in these processes to embed tuberculosis targets. 	<ul style="list-style-type: none"> • The Secretariat has continued to engage with countries and partners to monitor progress against UNHLM and Global Plan targets and develop annual monitoring reports as mentioned above. The Secretariat did several activities to highlight the setback in TB responses due to the COVID-19 pandemic, including a press briefing which was carried by a number of media channels. The Secretariat has continued to advocate with Ministers of Health and high-level decision makers in high TB burden countries, either directly, or through specific grants provided to selected national Stop TB platforms and civil society partners. • The work on development of the new Global Plan to End TB 2023-2030 is in full swing. A Task Force with diverse expertise is providing guidance to the work of the Secretariat on this. A web-based public consultation provided inputs for the Global Plan. The Plan is being developed to meet the SDG target of ending TB and the WHO End TB Strategy milestones. The discussions on the Global Fund Strategy are informing the Global Plan contents and discussions on the Global Plan are helping flesh out the TB part of the Global Fund Strategy. The Global Plan resource needs estimates for the period 2023-2026 will directly inform the Investment Case of Global Fund. Modelling, costing, and writing work is currently on-going for the Global Plan. Further consultations with stakeholder groups are planned later in the year.
33.3	<ol style="list-style-type: none"> 1. The Board recognizes that the funding gap for TB in Global Fund eligible countries has increased due to the need for additional resources to mitigate the impacts of the Covid-19 pandemic and response on TB programmes. 	<ul style="list-style-type: none"> • The Secretariat has worked further on financing for TB. The key activities done to support partners and countries in resource mobilization are the following: <ol style="list-style-type: none"> c. Participated in several meetings on allocation of funds to TB with the Global

	<ol style="list-style-type: none"> 2. The Board recommends that countries and donors prioritize funding for TB to safeguard and catalyze progress towards the UN High-Level Meeting Political Declaration on TB targets and ending TB by 2030, as well as to mitigate the risk of domestic economic pressures leading to decreases in critical domestic financing for TB. The financial resources being unlocked for the Covid-19 pandemic should be leveraged to address joint resource needs for TB and Covid-19, including integrated testing, tracing, airborne infection control, health and community systems strengthening, and R&D for new tools, including a vaccine and improved tools for detection and treatment. 3. The Board recommends that the Secretariat works with partners during 2021 to increase resource investments for TB. The Board commends the three Civil Society Constituencies for drawing attention to the importance of ensuring an evidence-driven and equitable approach to disease burden allocations through their launch of the TB33% Campaign. The Board requests the Secretariat to support partners in resource mobilization efforts to ensure the full spectrum of activities needed for a robust response to the TB epidemic, from research to implementation, including prevention. 4. The Board recommends that the Secretariat continues the work on financing for TB by supporting countries to develop better disaggregated and granular data to improve allocative efficiency as well as actively engaging with partners to support resource mobilization, including increasing traditional funding mechanisms, blended financing opportunities, and other innovative financing. 	<p>Fund, Strategy Committee, and partners to provide the perspectives from TB.</p> <ol style="list-style-type: none"> d. Developed a paper for advocacy with Global Fund for increasing the proportion of funds allocated to TB. e. Held a media event in collaboration with the New Vaccines Working Group on the occasion of the anniversary of BCG vaccine to highlight the need for frontloading of funding for new and effective TB vaccines. f. Held a media event highlighting the impact of COVID-19 pandemic on TB and the increased resources to mitigate the impact g. Continued the engagement with Asian Development Bank and organized a joint webinar on investments on TB in the context of the COVID-19 pandemic. h. Summarized data on funding gaps in selected countries and held discussions with Global Fund’s innovative financing team for considering blended financing (grants blended with loans from development banks) i. Signed a partnership agreement with Bamboo Capital Partners, an impact investing platform, to deploy capital through the HEAL fund, a US\$ 75 million blended finance investment vehicle, to small- and medium-enterprises as well as start-ups, including innovators from low- and middle-income countries and emerging markets, to further commercialize solutions with applicability for communicable and non-communicable diseases, including TB.
33.4	<ol style="list-style-type: none"> 1. The Board acknowledges the implementation of the USD 2.5 million Round 9 of the Challenge Facility for Civil Society with 31 grants at country, regional and global level. The Board urges the Secretariat and partners to scale-up support for: UN High-Level Meeting Political Declaration on TB accountability and community-led monitoring; identifying and mitigating legal, human rights, and gender-related barriers to TB services; reducing TB stigma; engaging key stakeholders including TB key populations; mobilizing TB affected communities, and demand creation, advocacy and sensitisation to reach the UN High-Level Meeting Political Declaration targets and commitments on TB. 	<ul style="list-style-type: none"> • Stop TB Partnership has integrated the <i>calls to action</i> from the Deadly Divide publication into the course of various initiatives. This includes the 2021 Challenge Facility for Civil Society, where applicants were required to demonstrate the connection between their proposal objectives and the Deadly Divide Calls to Action. The Challenge Facility workplans are currently under development to specifically highlight how best to operationalise these <i>calls to action</i> within grants. • National Partnership Platforms have also developed their workplans for 2021, and in every country, there is at least one intervention or objective to raise awareness, commitment and monitoring of the implementation of the 6 <i>Calls to Action</i> from the Deadly Divide.

	<ol style="list-style-type: none"> 2. The Board appreciates the unprecedented achievements of the Stop TB Partnership Secretariat, civil society and affected community organisations and partners in the work-stream of communities, rights and gender (CRG). Together, they completed 17 national TB CRG assessments, developed five national costed CRG Action Plans, implemented OnelImpact community-led monitoring in 13 countries, developed seven TB CRG Investment Packages and strengthened national multi-sectoral Stop TB partnerships in 30 countries. 3. The Board recognizes the substantial strengthening of the Stop TB Partnership Affected Communities & NGO Delegations and commits to support the delegations and their concerted efforts. The Board acknowledges the delegations' leadership in developing a Community Perspectives' Report on UN High-Level Meeting Political Declaration on TB progress and priorities. 4. The Board welcomes the report from the Affected Community and Civil Society A Deadly Divide: TB Commitments vs. TB Realities and its recommendations as an essential accountability tool to measure progress against the commitments made in the UN High-Level Meeting Political Declaration on TB, particularly on issues related to the promotion and protection of human rights, gender equality and meaningful community engagement. The Board asks the Secretariat to work closely with partners to ensure that recommendations are implemented and monitored. The Board recommends the three civil society constituencies, assisted by the Secretariat, to commence work on a subsequent Report for 2022 so that it can inform the Civil Society Hearing at the UNHLM on TB in 2023 and other UNHLM processes. 	<ul style="list-style-type: none"> • In the most recent C19RM funding request development, Stop TB also provided small grants to community partners in 20 countries to ensure meaningful participation and advocacy on priorities – in accordance with Call to Action #6 – leveraging COVID-19 as a strategic opportunity to end TB. • At the global level, Stop TB has worked in partnership with the New Tools and Diagnostics Working Groups and the Board's NGO and Community Delegations to develop community training modules to help advance the Call to Action #3. • Stop TB has also been working with Global Fund PRs and SRs to further implement TB CRG Assessments and develop TB CRG Action Plans. Most recently providing support and knowledge exchanges between the LAC and EECA region, to support the commencement of the TB CRG Assessments in 11 LAC countries, in support of Call to Action #2. • Through the support of the Stop TB NGO and Community Delegations with small grants, advocacy around the TB33% campaign has continued, in furtherance of Call to Action #4. • To complement this, partnerships also commenced with the Global TB Caucus to advance Parliamentary engagement of the Deadly Divide Calls to Action, and with countries highlighted in the Call to Action to further contribute to the Challenge Facility for Civil Society. For Call to Action #1 and #5, Stop TB has supported communities to advance, strengthen and scale up community-led monitoring initiatives to help build the evidence base and advocate for the required investments and interventions that both find and treat all; identify and overcome barriers to access; and build these priorities and the participation of TB affected communities into the national accountability processes. • Efforts to align these initiatives with the work of national platforms is ongoing and is contributing to enhanced coordination and effectiveness in this regard. In order to build on the strength and success of the Deadly Divide, Stop TB will continue to work with the three civil society Board Delegations, as well as global and regional advocacy networks, to develop the next iteration of the Deadly Divide in 2022. Stop TB will also work through the Delegations to form and support a UNHLM on TB Affected Community Advisory Panel, building on the success of this engagement mechanism in 2017-18.
33.5	<ol style="list-style-type: none"> 1. The Board recognizes the support provided by the Secretariat and partners to countries in the development of ambitious Global Fund funding requests and recommends that the Secretariat monitors the Unfunded Quality Demand from countries to ensure that these are 	<ul style="list-style-type: none"> • The new Register of Unfunded Quality Demand for the 2020-2022 funding cycle includes USD 4.8 billion in interventions, of which approximately USD 1.5 billion is for TB, including USD 200 million for MDR TB and nearly USD 17 million for reducing human rights and gender-related barriers for accessing TB care. In addition, the Secretariat provided

<p>discussed during the funding cycle and funded through reprogramming or portfolio optimization.</p> <ol style="list-style-type: none"> 2. The Board acknowledges the Secretariat’s work, along with partners, on the Strategic Initiative on TB in the current funding cycle (2017-2020) and appreciates the substantial reduction in missing people with TB achieved by countries in this initiative. Looking forward, the Board recommends that the Secretariat works with the Global Fund to ensure that the new Global Fund TB Strategic Initiative, as well as other relevant Global Fund Strategic Initiatives, are aligned and support priorities to end TB, and recognize the crucial role of the TB Situation Room as a platform for coordination with TB partners. 3. Recognizing the major diagnostic gap in TB and that access to modern TB diagnostics is limited in many countries, the Board recommends that the Secretariat works with the Global Fund to facilitate the rapid scale up of access to rapid molecular tests and other modern diagnostics and work to ensure rapid diagnosis and linkages to care by public and private providers. 4. The Board acknowledges the Secretariat’s and TB Situation Room partners’ work on Covid-19 Catch-up plans and strongly encourages countries to develop urgent plans to mitigate the impact of Covid-19 pandemic and response on TB. Despite the setbacks resulting from the Covid-19 pandemic, ambitious TB targets set by countries should be pursued through these Catch-up plans. The Board recommends that the Secretariat works with the Global Fund and partners to ensure available and additional funding opportunities through the Global Fund for this purpose are tapped in order to fully fund the Catch-up plans. 5. The Board calls upon all Global Fund eligible countries to ensure that their domestic co-financing commitments for Global Fund TB grants are maintained and further increased. The Board requests the Secretariat to work with countries, the Global Fund and partners to identify countries which are at risk of not fulfilling their domestic commitments and to work with stakeholders to advocate for increased funding. 6. Learning from the Covid-19 pandemic, the Board recognizes the critical role real-time data can play in making TB responses in 	<p>technical support to countries developing ambitious Funding Requests for C19RM-2021 application channel, and worked with the Global Fund (GF) for operationalization of quality demand included in Above Base Allocation portion of C19RM proposals.</p> <ul style="list-style-type: none"> • Stop TB Secretariat is working closely with GF (TB, MECA, CRG) teams and WHO for quality assurance and coordination of relevant technical assistance to countries. The Coordination Team consisting of Stop TB, GF and WHO secretariat representatives meets regularly and briefs about TA status in the TB Situation Room. In its leadership of TB CRG, STP has continued to work closely with the GF secretariat to ensure continued progress and integration of TB CRG in various components of GF portfolio. • The Secretariat worked with GF and other TB Situation Room Partners to review country level status of WHO approved Rapid Molecular Diagnostics (RMDs), facilitated GF Funding Requests including C19RM to include ambitious rollout of novel diagnostics. Opportunities for more Xpert and Truenat instruments to be made available in countries to be used for both COVID-19 and TB testing were explored in C19RM Funding Requests. However, more work needs to be done as globally not more than 25% of people with presumptive TB have access to RMDs as the initial diagnostic test. • Deep dive discussions on the country level impact of COVID 19 pandemic on TB was done for high impact countries (India, Indonesia, Philippines, Pakistan, South Africa, Bangladesh etc) in the TB Situation room along with NTPs and country partners. The Secretariat provided technical guidance and advocacy support to countries for developing Catch-up plans and under C19RM funding countries have applied for interventions such as bi-directional screening and testing, large scale community support activities, digital solutions and a range of interventions focusing on communities, rights and gender. TB has the highest share among HTM mitigation under the C19RM funding. • The Secretariat is working with NTPs and partners advocating for ensuring maintenance of domestic resources for TB. Advocacy meeting with Ministries and NTPs continue. Stop TB facilitated sending a joint letter to the Government of Philippines from head of partner organizations to ensure sustaining domestic funding for TB. • The Secretariat is also working with GF and WHO to support all 20 TB Strategic Initiative (SI) countries for rapidly transition to digital real time case-based TB surveillance system, including the use of OnelImpact community-led monitoring digital system to monitor CRG related barriers to TB services. As implementer of the Data SI, Stop TB is assessing the current status of digital TB surveillance systems in 20 TB SI countries for country specific status and recommendations. We will be working with relevant partners to further provide necessary support to countries to reach the goal of digital real-time TB surveillance in all SI countries. Also, under the SI for Data, we work with TGF and relevant partners to develop CLM Guidance and Training Materials to support the systematic
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<p>countries more agile and responsive, and recommends that the Secretariat works with the Global Fund and Partners to ensure investments in the rational use of data and evidence (including identifying the right data, performing proper analysis and building the capacity and infrastructure) and use it for program planning, monitoring and adjustments.</p> <p>7. Recognizing the work done by the Secretariat on Community, Rights, Gender and Stigma, the Board recommends that:</p> <ol style="list-style-type: none"> This work be further consolidated during the next funding cycle by ensuring that community-led monitoring and costed TB CRG Action Plans become a norm in all Strategic Initiative countries. The Secretariat works with the Global Fund to identify additional TB CRG indicators that could be included in the Global Fund performance framework. The Secretariat work with the Global Fund to ensure increased support to communities affected by TB through the Challenge Facility for Civil Society. <p>8. On the Global Fund Strategy 2023 -2030 development, the Board recommends:</p> <ol style="list-style-type: none"> Considering the need to accelerate progress to achieve SDG3 on TB, the Global Fund should maintain its intense strategic focus on ending the three diseases as the core mandate of the Global Fund. Recognizing the current disproportionately low funding for TB, the Strategy should emphasize ways to maximize funding from all sources to help achieve greater progress towards TB targets and commitments. The Stop TB Secretariat should convene consultations of stakeholders to suggest options and the way forward to increase funding for TB from Global Fund resources. The Stop TB Secretariat, working with partners, should ensure that the TB community is united around a set of common objectives and goals through consultations and webinars to be organized by World TB Day 2021 <p>9. The Board asks the Secretariat to begin, in parallel, consultations with stakeholders and internal preparations, so that it is fully prepared to present an updated, ambitious, new financial ask for funding TB in GF</p>	<p>uptake and use of CLM data and work towards the development of a Key Population Size Estimation Tool.</p> <ul style="list-style-type: none"> The Secretariat has continued to advance TB CRG and stigma. <ol style="list-style-type: none"> Stop TB supported 30 organizations to implement CFCS grants to advance CRG in TB. And supported the completion of 21 TB CRG Assessments, with a further 11 currently underway, in addition to the completion of five costed TB CRG Action Plans with the support of NTPs, GF and national community partners. Stop TB developed and launched a community-led monitoring framework and next generation digital solution, supported 14 countries to implement CLM initiatives and five countries to implement or commence the implementation of the TB Stigma Assessment. Most recently we supported 19 community partners engagement in the C19RM process to advance TB/COVID bi-directional interventions, particularly on CRG. All of this work continues to be advanced in partnership with NTPs but also TB affected community and civil society, to help support the calls to action from <i>A Deadly Divide: TB Commitments vs TB Realities</i> report, in particular the calls to action related to all TB high burden countries completing TB CRG and Stigma Assessments by 2023 and the need to scale up investments in grassroots TB affected communities through the Challenge Facility for Civil Society funding mechanism. As part of the new Global Plan development and the new Global Fund Strategy, the work to develop relevant and strategic CRG indicators continues; especially with GF teams (TB and CRG in particular) to ensure TB CRG indicators are scaled-up in the new strategy to adequately reflect the growing evidence base and respond to the lack of investment and focus on TB and human rights. The Secretariat works closely with TB community partners, informed by the Deadly Divide report 6 calls to action and broader findings, to develop national accountability and advocacy campaigns as well as events towards the achievement of the UN Political Declaration on TB targets and commitments. Stop TB is closely engaged with the Global Fund, international TB community and civil society partners for the development of the new GF Strategy. The priorities include safeguarding appropriate focus on ending the three diseases; defining the Global Fund's future role in global health security, pandemic preparedness and other global health initiatives; clarifying the role and operations of GF for supporting resilient and sustainable health systems (RSSH); defining the key priorities for GF investments in TB prevention and care; and promoting innovative approaches and interventions while leveraging existing funding mechanisms, such as Challenge Facility for Civil Society, that strengthen and invest in human rights, gender equality, engagement of communities affected by TB and civil society, and focus on key and vulnerable population groups, including through TB CRG Assessments and costed national TB CRG Action Plans and CLM.
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	<p>eligible countries as the Global Fund Secretariat prepares its Investment Case for the 7th Replenishment in 2021.</p>	<ul style="list-style-type: none"> • The Secretariat convened and facilitated a series of consultations with different constituencies and stakeholders at global and regional level, which addressed, as a key theme, the need to change the current global disease split in the GF allocation which results in a disproportionately low share of TB funding; and continues advocacy and technical support to the Global Fund to secure and further advance its investments for ending TB. This was expressly articulated by TB communities and NGOs in the report <i>A Deadly Divide: TB Commitments vs TB realities</i>. • In June 2021, the process for the development of the new Global Plan to End TB for 2023-2030 was launched, which includes programmatic modelling and financial needs estimates (costing). A public consultation was done followed by discussions at the monthly meetings of the Global Plan Task Force. The Global Plan will be published in mid-2022, but the work on the detailed costing of 2023-2026 financial needs in GF-eligible countries has been fast-tracked to be completed and shared with the Global Fund in Q4 of 2021. This will provide evidence for the GF secretariat in formulating its TB Investment Case for the next stages of the replenishment process. The Secretariat also provided inputs into the discussions convened by Global Fund on the methodology for working out the “return on investment” for the three diseases.
33.6	<ol style="list-style-type: none"> 1. The Board reiterates that any form of racism or workplace misconduct is unacceptable and inconsistent with the values of the Stop TB Partnership. The Board is committed to working to eliminate racism and harassment in any form in the Stop TB Partnership and in the global TB response. 2. The Board appreciates all the work that has been undertaken as part of the Independent Review. The Board is grateful to a range of civil society and community leaders and global partners who have publicly shared proposals and suggestions that have helped to inform the Proposed Action Plan, as well as the staff who have shared their experiences and feedback through participation in the Stop TB Partnership Staff Survey. The Board appreciates UNOPS work to conduct its own internal review. 3. The Board endorses the actions as laid out in the Proposed Action Plan as well as welcoming recommendations on additional actions through the open public comment period through 11 December 2020. 	<ul style="list-style-type: none"> • The Stop TB Partnership Secretariat proceeded with implementation of the Board’s Action Plan, where 10 of the 12 Action Points apply to the Secretariat’s work. • The Secretariat started implementation of the 10 Action Points and keeps close monitoring of its progress¹: <ul style="list-style-type: none"> ○ 7 of 10 activities are implemented, however, by their nature are ongoing activities. ○ 3 actions are work in progress and their finalization requires engagement with the Board members and is linked to the entire Governance review process. • All Stop TB Secretariat staff participated and completed the following UNOPS mandatory trainings: <ul style="list-style-type: none"> ○ BSAFE ○ I know Gender ○ Ethics and Integrity ○ Working Together Harmoniously ○ Health and Safety at UNOPS – Achieving Goal Zero ○ Prevention of Sexual Exploitation and Abuse by UN Personnel

¹ <http://www.stoptb.org/about/actionplan.asp>

	<p>4. The Board reiterates its commitment to working transparently and expeditiously with UNOPS to ensure a work environment that is safe, equitable and free of harassment, stigma, and discrimination, including racism in any form. UNOPS and the Partnership continue to welcome any information through the available whistle-blower channels presented in the Proposed Action Plan, to help the Partnership live up to its values.</p>	<ul style="list-style-type: none"> • All staff participated in workshops organized and presented by Nichole Pitts, founder of Ethintegrity (UK) on: <ul style="list-style-type: none"> ○ Diversity, Equity & Inclusion ○ Understanding Unconscious Bias & Microaggressions • A special session was organized with UNOPS' Diversity and Inclusion Specialist, Elyse Ruest-Archambault. The workshop expanded from the concepts shared and treated by Ms Pitts, providing STBP personnel with specific examples for them to identify unconscious biases and behaviours and/or comments that may constitute a microaggression / abuse / harassment, and with effective ways to identify and avoid these and react appropriately as per UN and UNOPS regulations and codes of conduct.
33.7	<ol style="list-style-type: none"> 1. The Board thanks and recognizes the work of the Finance Committee, the Secretariat, and the UNOPS Project Management Team, and directs the Finance Committee to continue to monitor expenditures, encumbrances and financial risks, and alert the Executive Committee of any concerns. 2. The Secretariat prepared the detailed budget for 2021. Based on the recommendation of the Finance Committee, the Board approves the detailed budget for the year 2021. 3. Based on the recommendation of the Finance Committee, the Board endorses the Stop TB Partnership 2019 Annual Financial Management Report. 4. The Board requests the Stop TB Partnership 2020 Annual Financial Management Report to be prepared by the Secretariat and submitted to the Board for approval during the 34th Board meeting. 5. The Board asks the Secretariat to prepare a detailed budget for 2022 in Q4 2021. The Board directs the Executive Committee to review and approve the detailed budget for 2022 by the end of 2021. 6. The Board requests the Secretariat to work under the guidance of the Finance and Executive Committees on financial matters to be considered when transitioning the Partnership to a new host. 	<ul style="list-style-type: none"> • Stop TB Partnership 2020 Annual Financial Management Report shall be prepared by 31 August 2021 and shall be submitted to the Finance Committee for review and to the Board for approval during the 34th Board meeting. • The detailed budget for 2022 shall be prepared in Q4 2021 and submitted to the Finance Committee for review and to Executive Committee for approval by the end of 2021. • The Secretariat is providing continuous support to the dedicated Transition team, on financial matters related to the Partnership's transitioning to a new host.
33.8	<ol style="list-style-type: none"> 1. The Board thanks Global Affairs Canada for the foundational support that has been given to TB REACH, and appreciates the additional financial support from USAID, which has enabled the funding of Wave 8 grants in 2020 and the launch of a Wave 9 funding call in early 2021 for innovation related to drug-resistant TB care services. The Board notes these investments demonstrate that the TB REACH platform 	

	<p>can adapt and support emerging priorities in the TB response and to address critical bottlenecks.</p> <ol style="list-style-type: none"> 2. The Board recognizes the continued prominence and importance of the TB REACH platform which should be continued in order to successfully promote innovations in the TB response; impact the numbers of people with TB detected and successfully treated, especially among key populations; supporting essential capacity building in affected communities; informing global and local policy decisions; and providing evidence for other funders to scale-up efforts in TB. 3. Considering the USD 30 million per year funding gap for TB REACH beginning in 2021, the Board calls for a fully funded TB REACH 3.0 and encourages current, and new donors to join this effort. 	<ul style="list-style-type: none"> • A TB REACH donor meeting was held with representatives from Canada, United States, Japan, and South Korea in December 2020. TB REACH developed a Case-For-Investment to assist with the replenishment efforts (available in the Board pre-reading documents). Ongoing discussions with the Foreign, Commonwealth & Development Office (FCDO) from the United Kingdom are being held currently to fund TB REACH in 2022. The ongoing funding from Canada will expire in December 2021.
33.9	<ol style="list-style-type: none"> 1. The Board agrees on the timeline to appoint the next Vice-Chair of the Board, and requests the Secretariat to launch the call for nominations with the aim of identifying the incoming Board Vice-Chair to take over the role after the 34th Board meeting in 2021. The Board requests the Secretariat to manage the process with the guidance of the Executive Committee and to establish an ad-hoc Board Vice-Chair Nomination Sub-committee to this effect. 2. The Board thanks and acknowledges the engagement and support of four outgoing Board members from the civil society constituencies: <ol style="list-style-type: none"> a. Communities Affected by TB, Ms Thokozile Beatrex Nkhoma (Malawi) and Mr Timur Abdullaev (Uzbekistan) b. Developing Country NGO, Mr Austin Obiefuna (Ghana) c. Developed Country NGO, Mr Aaron Oxley (United Kingdom). <p>The Board recognizes these members for the expertise, passion, insight, and experience they have brought continuously to all Board deliberations, noting that the Board’s achievements of the past years would not have been possible without them at the helm.</p> 3. The Board thanks the Ministry of Health of Nigeria and the Government of the Federal Republic of Nigeria for their ample support at this 33rd Board meeting, and the African Roundtable held with key Ministers of Health from the Africa continent. 4. The Board asks the Secretariat to work closely with the Executive Committee to reach decisions by the end of Q1 2021 on preparations 	<ul style="list-style-type: none"> • Following the Stop TB Governance Manual, the Board established a time-limited Taskforce to overview the nominations for Board Vice-Chair (30 March 2021), consisting of the following five members: <ul style="list-style-type: none"> ○ Timur Abdullaev ○ Thoko Phiri Nkhoma ○ Rohit Sarin ○ Cheri Vincent ○ Eliud Wandwalo • The Vice-Chair Taskforce reviewed the nominations for Vice-Chair, and finalized its work by submitting a recommendation to the Board. Outline of the selection process: • The initial deadline for nominations, 9 April 2021, was extended until Friday, 30 April 2021, mainly due to the lack of female candidates. • A total of eight nominations were received: one from South America, one from Asia, two from Europe, one from North America, and three from Africa. Of the eight nominations, six were complete. The six eligible nominations were from: <ul style="list-style-type: none"> ○ Africa: 3 ○ Europe: 2 ○ North America: 1 <p>Two candidates were female, and four candidates were male.</p> • Upon its request, the Secretariat supported the work of the Vice-Chair Taskforce with the development of an evaluation sheet containing nine criteria (based on the skill set defined in the Governance Manual) that would be used for the scoring.

for the 34th Board meeting. The 34th Board meeting will be held before the end of Q3 2021, and the Board recognises and greatly appreciates the offer from the Government of Nigeria to host if a physical meeting can occur, depending on developments related to the Covid-19 pandemic.

- The Vice-Chair Taskforce had time to score each candidate until 25 May 2021. The Taskforce held discussions of the results of the total scores of candidates, it especially considered and discussed the three strongest candidates in detail. Furthermore, the top candidate was consistently scored highest by each reviewer, and finally the Taskforce decided unanimously to recommend that one candidate to the Board: Mr Austin Obiefuna, Executive Director of Afro Global Alliance. Subsequently, two interviews were held with the candidate and attended by 18 Board members. The election period for voting Board members was open for two weeks, until Tuesday, 6 July 2021. The Board approved the election and appointed Mr Austin Obiefuna from Ghana as the next Vice-Chair of the Stop TB Partnership Board. Mr Obiefuna enjoys broad support from a wide civil society base and is the outgoing Board Member who represented the constituency of Developing Country NGO for the past two terms.