

Stop TB Partnership

8th STOP TB Partnership Coordinating Board Meeting, Addis Ababa ACTION POINTS - STATUS

Agenda Item	Action Point	Status
Nominating Committee for Chair & Appointment of the Vice Chair of the Board	Establish Nominating Committee for Election of Chair and Vice Chair with the aim of achieving balance in the candidates for election at the November meeting.	Completed - Nomination committee established, process followed. See Assisi agenda item: 2.05-10.0
Progress Report 2004	The Secretariat to print and distribute	Partially Completed - Document currently with printers.
Partnership MOU	Establish a sub-committee to negotiate a new MOU; fall back position is an amendment to the existing MOU. Committee consists of Irene Koek, Giorgio Roscigno and one additional. Mario Raviglione to act as liaison with WHO. Kaisar Ali Shah – to examine the legal aspects of the draft MOU and revert to the Secretariat. Committee to propose a negotiating mandate to the Ex. Committee. Ex. Com to agree a fall back position with a minimum set of amends	Commenced - Initial meeting with Committee. Additions were made to draft MOU. Informal discussions held with WHO. Further meetings to be held late 2005.
Global Leaders	Establish a sub-group led by J. Carter to take forward identified priorities (AU summit, G8, GFATM replenishment, MDG summit, WEF). Calls for a broader strategy to be developed which also involves civil society, corporate, media, patients to achieve the many champions principles. With clear messages and branding should be developed that does not see TB in isolation.	Completed - Joint strategy for AU, G8, GFATM replenishment, MDG and WEF was operating. Broader strategy to be seen in context of ACSM working group activities.

<p>European Union</p>	<p>High level mission to the EU later in 2005. The Partnership agrees to try and find and fund a liaison/resource officer position to enhance engagement with the EU institutions. A special temporary taskforce will be established (reporting to ACSM working group): Headed by M. Borgdorff KNCV, Douglas Young, Nils Billo, Stefan Van den Borgh, Kitty Lambreghts, Richard Zaleskis, Louise Baker. Results will nominate a liaison person to the taskforce.</p>	<p>Ongoing - Task force established. Fact finding visit to Brussels undertaken. Draft proposal to the Board from the task force attached DOC: 2.05-1.3</p>
<p>High Level Missions</p>	<p>Secretariat to produce annual calendar of TB activities.</p> <p>Secretariat to facilitate the implementation of the calendar.</p> <ul style="list-style-type: none"> • AU Summit, Libya in July – Adopted • Nigeria: Adopted - as soon as possible. • Millennium Development Goals Summit - Adopted • Bangladesh - Adopted • Health Ministers Meeting – Maputo - Adopted. • Joint Italy/EU visit - Adopted. • Brazil - refine TOR • Kazakhstan and Ukraine - Open for further discussion. 	<p>Partially completed - Calendar of activities online. HLMs to Indonesia, Ethiopia, Mozambique (WHO AFRO), Botswana (AU), Italy undertaken. EU fact finding visit. Nigeria - April 2006. Bangladesh and Brazil dates to be finalized 2006. Kazakhstan - negotiations are now open.</p>
<p>Indonesia</p>	<p>To prepare a plan of action to strengthen Gerdunas in coordination with the NTP To work closely with the NTP to implement suggested programme review technical recommendations To provide technical assistance to improve local drug manufacturing To engage actively Members of Indonesian Parliament in TB</p>	<p>Completed- Action plans completed. First TB Gerdunas Congress will take place 18-19 November 2005 for about 500-750 Indonesian professionals. Two specific retreats were held to outline action plans in response to the external monitoring review-recommendations TA for local manufacturing ongoing.</p>

		<p>A briefing for parliamentarians was held end of August for the Commission IX (health commission).</p> <p>In 15 districts an intensive advocacy effort has been initiated by an NGO (KUIS Koalitie Healthy Indonesia).</p>
Stop TB Strategy	<p>Roll out the plan for stakeholder consultation.</p> <p>Consider a 'ten point plan' approach</p> <p>The Stop TB Global Strategy should become the global strategy that all partners propose and endorse.</p>	Completed
International Standards of Care	<p>The Board requests at its next meeting the opportunity to comment on the final version of the text.</p>	<p>Completed</p> <p>See Assisi agenda item: 2.05-16.0</p>
MSF	<p>Dialogue to continue, as is practical collaboration.</p>	Ongoing
New Drugs and Vaccines	<p>Partnership to support the achievement of new therapies that are commercially viable by 2015.</p> <p>To consider the inclusion of an analysis on the impact of new drug and vaccine availability in the Global Plan calculations.</p>	<p>Partially Completed -</p> <p>'Retooling' discussion to look at introduction of commercially viable tools into the field and their potential impact of be held at Spring 2006 Board meeting.</p>
PPM	<p>The Board requests the partnership secretariat to consider a request to upgrading the sub-group and come back to the next CB with recommendations.</p> <p>The Board requests the sub-group to consider how to use PPM as a way of strengthen the profile of pro-poor approaches and health systems.</p>	<p>Partially Completed -</p> <p>The secretariat consulted on the upgrade of the sub-group. It was felt at this time this would be inadvisable.</p> <p>The Secretariat proposes a position paper on the evolution of the Working Groups in light of the</p>

		Global Plan (2006-2015) to be discussed at the Spring 2006 Board meeting.
Africa	<p>Establish a working group of Board members to oversee the Follow Up of the Road Map consisting of Koek, Nantulya, either F. Omaswa or M. Bilenge, AFRO office of WHO & Raviglione - focus on African Financial Summit, Constituency broadening – Stop TB Africa, Pan-African institutions (AU, NEPAD, ADB etc) HLM and TB-HIV implementation.</p> <p>The CB to send a delegation to Maputo Regional Committee of WHO. WHO AFRO to propose TB in Africa as a Regional Emergency to the Regional Committee and present the Road Map for further consideration.</p>	<p>Ongoing - WHO AFRO RC declared TB a regional emergency. Blueprint presented for further consideration by AU Ministers of Health and endorsed in Gaborone, Botswana. African Summit under discussion.</p> <p>See Assisi agenda item: 2.05-2.0</p>
Green Light Committee	<p>Integrate resource mobilization strategies for MDR/GLC in affected countries in European Union Engagement strategy.</p> <p>Identify a broader set of donors.</p> <p>Circulate business plan for GLC.</p> <p>Reinvestigate possible GLC - GDF merger</p> <p>Ex. Committee to address the funding gap issue before the next Board meeting.</p>	<p>Completed - MDR in EU strategy GLC-GDF merger talks ongoing. Gates to provide bridge funds. Talks with GFATM for a long term funding mechanism are ongoing.</p>
Global Plan to Stop TB	<p>The Global Plan should include an epidemiological analysis of TB in the established market economies (EMEs) region.</p> <p>The Steering Committee and Secretariat to plan for a January 2006 launch at Davos.</p> <p>The World Bank to put a proposal to the Executive Secretary on the preparation of a macroeconomic analysis of TB control.</p> <p>The Chair is requested to consider a special session on Eastern Europe at the next Board meeting.</p>	<p>Completed - EMEs represent only 1.7% of global TB burden so full analysis was not required. A section on EMEs was however included in the Global Plan.</p> <p>See Assisi agenda item: 2.05-6.0</p>
Global Drug Facility	<p>Drugs WG, GLC/GDF and WHO to address the issue of support to local manufacturing.</p> <p>GDF to help support the pre-qualification process.</p> <p>The Board requests feedback on the results of the diagnostics kits</p>	<p>Partially Completed -</p> <p>See Assisi agenda item: 2.05-14.0</p>

	<p>pilot at its next meeting.</p> <p>Selection and contracting of an ISO consultant to assist GDF to prepare for ISO inspection and ISO status, as prerequisites to certification, preparation of an ISO Project Plan.</p>	
FIDELIS	<p>Strong link needs to be established between Fidelis and PPM Sub-Group.</p> <p>To investigate whether the Fidelis model could be used to pilot projects prior to scale up supported by GFATM.</p>	Ongoing
Global Fund Round 5	<p>Partners to work with countries to produce robust proposals.</p> <p>Partnership to carry out a briefing to the TRP.</p> <p>Partnership to assess and support improved implementation capacity on the ground; highlighting and addressing bottlenecks.</p> <p>Work closely with Prof. Feachem to ensure sufficient attention is given to TB - provide Prof. Feachem with calendar of upcoming activities. Secretariat to invite Prof. Feacham to attend the next Board meeting.</p> <p>TB financing requirements for the next replenishment conference must be clarified.</p> <p>Donor partners to support the GFATM focal point position for the next round, if round 5 results are positive.</p>	<p>Completed -</p> <p>Positive results from round 5 - robust proposals and briefing to TRP.</p> <p>Funding increased from 14% to 28% of GFATM grants. Total for five years approved was US\$ 500m.</p> <p>Prof. Feacham supplied with calendar and invited to Assisi.</p> <p>See Assisi agenda item: 2.05-15.0</p>
Kochon Foundation	<p>Empowers the Secretariat to negotiate with WHO the legal agreements for the management of the award by the Partnership.</p>	<p>Completed -</p> <p>Agreement has been reached with Kochon Foundation.</p> <p>See Assisi agenda item: 2.05-12.0</p>
Future Meetings	<p>The Board requests the Secretariat to investigate the possibility of a meeting of the CB in Nigeria, combined with a meeting of Nigerian states, in early 2006.</p>	<p>Completed -</p> <p>The Ministry of Health of Nigeria confirms the offer of Nigeria to host the Spring 2006 Coordinating Board meeting.</p>