



Meeting of the Core Group of the MDR-TB Working Group of the Stop TB Partnership

24 October, 2011
Lille, France

Chaired by Aamir Khan

Members in attendance:

Amy Bloom (AB), Chuck Daley (CD), Paula Fujiwara (PF), Ernesto Jaramillo (EJ), Salmaan Keshavjee (SK), Gloria Nwagboniwe (GN), Paul Thorn (PT)(Vice Chair), Kitty Van Weezenbeek (KV).

Invited participants for session on gGLC and new MDR-TB framework:

Lucica Ditiu (LD), Executive Secretary of the Stop TB Partnership; and Paul Nunn (PN), Coordinator MDR-TB unit of the WHO Stop TB Department
Apologies sent by Patrizia Carlevaro, Shabab Alam, and Carole Mitnick (she attended via telephone the session on the research subgroup) for having to decline attendance.

09:00 – 12:00 Morning Session I Core Group (+ Lucica Ditiu and Paul Nunn)

1. Update from 1st gGLC meeting – Chuck Daley

CD reported to the group on the recommendations from the first gGLC meeting held in Geneva, Switzerland, October 6-7. The major points made by the participants are the following:

- On advocacy

LD insisted in the need to have plans with targets and measurable indicators, but made clear that it is not for the Partnership Secretariat but for the WGs to define what should be contents of those advocacy plans, globally or by region.

PT informed of an inventory of grassroots organizations in Europe that have a lot of potential to do MDR-TB advocacy work and promised to report in the next meeting.

PN announced that a more detailed plan for a ministerial meeting will be presented at the next gGLC meeting; LD asked to consider a meeting that can mobilize resources from unusual donors rather than just having countries presenting plans.

The CG believes that the Partnership needs to define a clear MDR-TB advocacy strategy to maintain current funding commitments towards the 2015 goals, and to bring in new sources of funding not previously tapped.

The CG agreed to strategize very carefully with WHO, STP and partners on the proposal for a high level MDR-TB ministerial meeting.

- On policy for new drugs, SK expressed his concerns about the need to fix the problems in current mechanisms in charge of facilitating access to drugs.
- On alignment of diagnosis with treatment, AB raised concern about the still limited awareness, even among donors, that diagnosis requires capability to treat and to supply drugs in timely fashion
- On decentralization of GLC services,

LD informed about concerns some people have about WHO regions not being ready to handle the rGLCs in view of their own limitations (i.e. staff recruitment in SEARO is very complicated) and wondered if it is not the time to explore options for a non-WHO secretariat, through an open bidding, to ensure quick flow of the mechanisms that accelerate PMDT scale up.

AB asked to reconsider tendering as this can be also cumbersome and not very efficient.

CD made clear that then nature of the relation between gGLC and rGLCs is still to be defined: gGLC is about advising and, if rGLCs and partners agree, to monitor performance of other rGLCs.

2. CG input on gGLC's unanimous recommendation to base rGLCs in WHO regional offices and expediting their establishment

SK has no objections with WHO being secretariat but has some concerns about the process issues and wonder if we as a group felt that certain regions were too weak to start, what makes them ready now? Should we not give other agencies the opportunity to help organize in a region and work with the local WHO office to do the rGLC work?

CD conceded that there are issues in regions like AFRO, however the gGLC was clear in ensuring the process should be the same for all regions and not only for some.

AB stressed that fairness to the patient (and not regional office) is priority, our “client” is the patient. The goal is to get the patients treated.

The CG, in the interest of expediency, supports the establishment of rGLCs in the remaining 3 regions, and supports the advice of the gGLC of having WHO as the Secretariat of the rGLCs, including those pending to be established.

3. WHO update on the implementation of the new framework/discussions with Global Fund - Paul Nunn

Update on discussions with the Global Fund and partners provided by LD and PN. Major challenges include immediate impact of financial crisis on the Global Fund R11, the delays in renegotiating contracts with WHO, and the focus on outcomes for services rendered.

12:00- 13:00 Morning Session II Core Group

1. Finalizing role of the CG in the new framework
The role of the Core Group in the new framework, especially in view of the role of the gGLC, was discussed.

The CG agrees that its role should focus on four main functions:

- **Advocacy for MDR-TB scale-up**
- **Support implementation of key strategic recommendations from sub-groups**
- **Governance and reporting to Coordinating Board**
- **Coordination with other Workings Groups**

2. Request for restarting subgroup on drug management

The CG agreed that the revitalizing of the drug-management subgroup will be considered after the Coordinating Board meeting in Bangkok, incorporating recommendations of the Partnership review of the Working Groups.

14:00 – 16:00 Afternoon Session Core Group

- Report from the subgroups (gGLC provided above)
 - Research subgroup

CM briefed the CG on the activities conducted in the previous months, and the plans for 2012, based on the additional funding that the CG obtained from from USAID)

- Budget of the WG for 2012-2013
The CG approved the budget proposal circulated ahead of the meeting