

# Stop TB Partnership

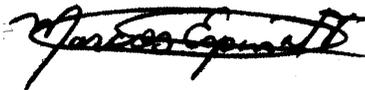
18<sup>th</sup> Coordinating Board Meeting  
Hanoi, Viet Nam  
**Decision Points**

## Opening Ceremony / Administrative Session (1.10-1.0)

*The Board:*

- **Adopted** the agenda of the 18<sup>th</sup> Stop TB Partnership Coordinating Board meeting.
- **Accepted** the draft decisions and action points (Doc. 1.10-1.2) of the 17<sup>th</sup> Stop TB Partnership Coordinating Board.
- **Welcomed** the establishment of a National Stop TB Partnership in Viet Nam as critical to addressing identified challenges and ensuring sustained TB control at the national level.

Dated: 4 May 2010



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**Marcos Espinal**  
Executive Secretary



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**Rifat Atun**  
Chair

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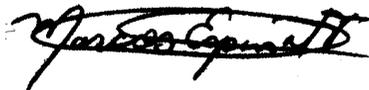
18<sup>th</sup> Coordinating Board Meeting  
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## **TB Control in Viet Nam and the Western Pacific (1.10-2.0)**

*The Board:*

- **Welcomes** the progress made and notes the challenges identified in Viet Nam and the Western Pacific Region and recognizes the importance of regular surveys to better understand the dynamics behind the epidemic's evolution in the region.
- **Recognizes** that investments in health systems and national tuberculosis control programmes are critical to addressing HR bottlenecks and that multisectoral approaches must be developed that respond to the epidemic's evolution, including tobacco use, socio-economic factors, and changing demographics.
- **Strongly commends** RIT's offer to collaborate with major urban centers within countries of the region to study and address problems associated with urbanization.

Dated: 4 May 2010



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## Responding to the Co-Epidemic: TB HIV (1.10-3.0)

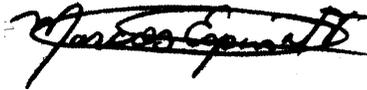
### *The Board:*

- **Endorses** the recommendations from the Mekong to Bali meeting and supported the call for increased political commitment to scale up collaborative TB/HIV activities, particularly HIV testing and the provision of ART.
- **Approves** the draft memorandum of understanding (COMPACT) between UNAIDS and the Stop TB Partnership
- The Board recommends taking into account the recommendations made during discussions in relation to language modifications in the Compact, including:
  - Clearer identification of the structural barriers impeding implementation of a collaborative response to the co-epidemic in order to better address them;
  - The Board requests the Compact to reflect the unequivocal position that the management of TB without an understanding of the HIV status of the patient is unacceptable;
  - The Board requests that a balance be struck between short-term solutions and long-term vision in order for a sustainable response to be implemented;
  - The Compact should refer to the need for the Stop TB Partnership and UNAIDS to work together to ensure all proposals submitted to the Global Fund for HIV include a TB component and vice versa, in line with Global Fund decision GF/B18/DP12;
  - Include greater exploration of operational issues in relation to implementation of the compact, including optimal models of service delivery. The TB HIV WG is requested to examine this issue and to report back to the Coordinating Board in Autumn 2010;
  - The Compact should reflect and ensure broader engagement of civil society, communities affected by tuberculosis, and the private sector in the response proposed;
  - The Compact needs to be ambitious and bold, emphasising specificity and urgency and links to the update of the Global Plan;
  - The language in relation to endemic countries should be modified to ensure emphasis on collaboration between HIV/AIDS and TB programmes and not duplication of programmes, or development of an additional "HIV/TB" programme.
- **Mandated** the Executive Committee to work closely with the IAS in relation to the launch of the Compact at the Vienna meeting
- **Requested** the Secretariat to report back to the Coordinating Board at its next meeting on the launch and implementation of the Compact.

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## **Accelerating the Scale-Up of MDR-TB (1.10-4.0)**

*The Board:*

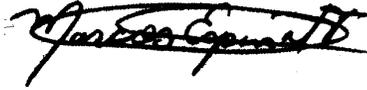
- **Endorses** the direction that partners involved in the MDR-TB response have agreed to follow for revising the current support model for MDR-TB management scale-up in countries
- **Requests** the partners engaged in the re-engineering of the structures for MDR-TB scale up to address the following recommendations, with an interim briefing to the Executive Committee and the Coordinating Board on the actions taken ahead of the Autumn 2010 Coordinating Board meeting:
  1. Work towards a balanced focus on upstream and downstream elements of the scale up, especially in relation to laboratory and diagnostic capacity, defining the role of GLI with the task forces and addressing downstream drug delivery systems to minimize drug stock outs.
  2. MDR TB Working Group and Partnership Secretariat to seek volunteers to form a fourth Task Force on Increasing Political Commitment to better assess and stimulate political will to scale up, accompanied by concrete action at country level. The Board requests the Task Force to propose actions for key countries (top 3-5 MDR-TB high burden), and proposals on a country-by-country basis to be shared with Board members for electronic review and action within the next two months. Creating a sense of urgency both at country and global levels about MDR-TB and communicating effectively is paramount. As a part of this, the Partnership must ensure that the HIV/AIDS community is strongly engaged.
  3. Assess bottlenecks to delivery and scale up of MDR-TB services, including delivery capacity, capacity building, and market dynamics for drugs. The MDR Working Group and its Task Forces are requested to brief the Coordinating Board at its Autumn 2010 meeting on progress made.
  4. The Task Forces are requested to provide a briefing note to the Executive Committee on progress made in relation to work laid out in their respective terms of reference before the end of summer for circulation to the Coordinating Board.

Dated: 4 May 2010



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18<sup>th</sup> Coordinating Board Meeting  
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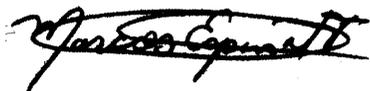
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## Update of the Global Plan to Stop TB (1.10-5.0)

*The Board:*

- **Requests** the Secretariat to provide the Coordinating Board with the draft Global Plan Update for review and endorsement prior to publication.
- **Requests** the Secretariat to provide the Executive Committee with an update of the timeline to launch.

Dated: 4 May 2010



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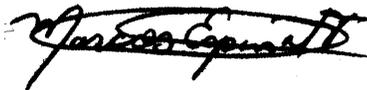
18<sup>th</sup> Coordinating Board Meeting  
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## Advancing the Agenda of Diagnostics (1.10-6.0)

*The Board:*

- **Strongly commends** the achievements and results produced thus far by the New Diagnostics Working Group and the Global Laboratory Initiative
- **Mandates** the New Diagnostics Working Group and the Global Laboratory Initiative to develop a strategy for Coordinating Board discussion and approval on how best to encourage rapid, timely and optimal uptake by countries of new diagnostic tools.
  - In this process, the New Diagnostics Working Group and the Global Laboratory Initiative is urged to work closely with the Introducing New Approaches and Tools Sub Group (formerly the Retooling Task Force) of DEWG, as well as with affected communities.

Dated: 4 May 2010



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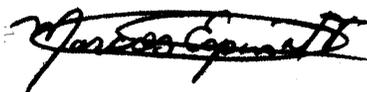
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## Global Fund (1.10-7.0)

*The Board:*

- **Encourages** partners to prepare for Round 10 and to support these preparations financially.
- **Requests** partners to vigorously engage in the review of eligibility criteria and for the TBTEAM and the Partnership Secretariat to establish a small Board Task Force on Eligibility to work closely with constituencies of the Global Fund including members of the Global Fund PIC/PSC Joint Committee on Eligibility.
- **Encourages** partners to energetically support Global Fund replenishment in 2010 by developing a clear set of messages on TB success, benefits and unmet needs, including the economic, health and social benefits both at the individual and community levels of successful TB interventions.
  - The Partnership Secretariat and the Advocacy Advisory Committee to work closely with key partners/Board Members on the development of messages on TB success based on the results of WHO Stop TB Department analysis on the impact and lives saved by TB Control from 1995 to 2009; the contributions of TB Control on MDGs 4 and 5 and projected impact up to 2015; the impact of Global Fund financing on TB; and funding scenarios in line with the newly revised Stop TB Global Plan.

Dated: 5 May 2010



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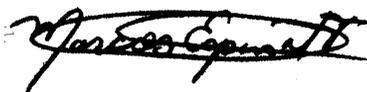
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## TB REACH (1.10-8.0)

*The Board:*

- **Congratulates** all those involved in the roll out of the TB REACH initiative on the progress made to date.
- **Recommends** that successive waves of proposal submission and review be called "phases/waves" instead of "rounds" in order to avoid confusion with other funding mechanisms.
- **Requests** that a study be undertaken to review lessons learned from the first phase of applications, including an analysis of how investments through this initiative differ from those of the Global Fund, and the additional rather than duplicative nature of these.
  - **Requests** TB REACH to report back to the Coordinating Board at its next meeting on the findings of this work.
  - As a review of the deliverables of the grants may take longer, the Coordinating Board requests for consideration a proposed outline of the evaluation method to be used.
- **Endorses** Proposal Review Committee (PRC) recommendations for funding of category A, B+ and B proposals, dependent on the satisfactory compliance with PRC requirements for further follow-up by grant applicants.
- **Decides** that those proposals scored B- should be encouraged to resubmit their revised applications in future phases of the TB REACH initiative.

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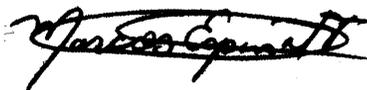
## **Strategic Session on the Future of the Global Drug Facility (1.10-9.0) /**

### **Drug Stock Outs (1.10-10.0)**

*The Board:*

- Moving forward, the Coordinating Board agrees on following stages of the process:
  - The consulting firm BCG is requested to distribute its detailed analysis for Coordinating Board review by 25<sup>th</sup> May 2010. Within two weeks of receipt, Board Members will be requested to submit to BCG their suggestions for further analysis on how to move forward.
  - Following this, BCG will undertake additional analysis and synthesis to be submitted by 1<sup>st</sup> week of August to the Coordinating Board for further inputs.
  - Once the Coordinating Board has provided its recommendations, a draft analytical document, featuring options on the future direction of the Global Drug Facility and the corresponding business case for those options, will be circulated at least 3 weeks in advance of the Autumn 2010 Coordinating Board meeting for review by the Board.

Dated: 5 May 2010



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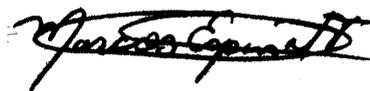
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## The MDG Summit (1.10-11.0)

*The Board:*

- **Requests** the Secretariat to review its budget to identify funds, if available, to engage a communications company ahead of the MDG Summit in September 2010.
- **Endorses** the strategic approach outlined (Doc. 1.10-11.1), with the following recommendations:
  - Ensure distinction between strategy and tactics, and that advocacy events are used tactically in the context of a broader advocacy strategy.
  - Develop clear and tested messages, including messages that make links to MDGs 4 and 5, and TB/HIV.
  - Work to leverage the series of events and their linkages leading up to MDG Summit and beyond, including engagement of BRIC countries.
  - Emphasize successes and identify issues to be addressed and the gaps with regard to TB/HIV and MDR-TB.

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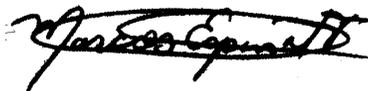
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## Advocacy in the US (1.10-12.0)

*The Board:*

- **Requests** the Partnership to host the Lancet TB Observatory website and to launch it at the Union meeting in Berlin.
- **Endorses** the recommendations proposed for Stop TB Partnership to enhance US advocacy influence, including enhanced strategy, coordination, communications, support, and leadership engagement.
- **Requests** the Secretariat to clearly define the responsibilities and the budget implications of a DC staff member, and to open preliminary discussions with partners on the most cost-effective way of potentially hosting a staff member in DC.

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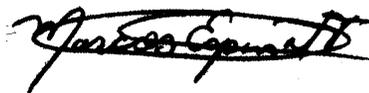
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## Private Sector Constituency (1.10-13.0)

*The Board:*

- **Acknowledges** the progress made by the Private Sector Constituency in 2009.
- **Endorses** the proposed Private Sector Constituency contribution scheme.
- **Endorses** the process for engaging the Private Sector Constituency in 2010.

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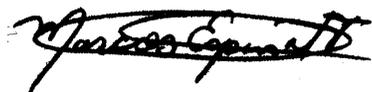
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## Closing Session (1.10-14.0)

*The Board:*

- **Thanks** the update provided on the upcoming Working Group meetings in Berlin and urges partners to attend.
- In response to the request from the NGO Representative Seat (North), **requests** KNCV to prepare a briefing note justifying the request for an additional seat, including examination of the pros and cons of this decision, for circulation to the Coordinating Board via the Secretariat as soon as possible and for an electronic vote on the issue within two weeks of receipt of the note.
- **Requests** the Secretariat to move forward with notification to Board Members of the nomination and election process for the Vice Chair of the Coordinating Board.
- **Announces** a vacancy on the Executive Committee of the Coordinating Board and urged members to volunteer
- **Requests** the Secretariat to begin exploring the possibility of holding the Autumn 2010 Board in South Africa and the Spring 2011 Board in the United States with final dates and locations to be confirmed by the Executive Committee.
- **Recommends** that a session on civil society engagement be included in the agenda of the 19<sup>th</sup> Coordinating Board as empowering communities and their effective involvement is key to meeting Global Partnership goals. The Affected Communities Constituency volunteers to lead this session, including a presentation of strategies to involve civil society, along with best practices and challenges in doing so.

Dated: 5 May 2010



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