

**Report of actions following the decision points from
35th Hybrid Board Meeting**

	Decision Point	Action
35.1	<ol style="list-style-type: none"> 1. The Board adopts the proposed agenda for the 35th Stop TB Partnership Board meeting. 2. The Board is honoured to welcome Mr Austin Obiefuna from Nigeria, Executive Director of Afro Global Alliance Ghana, as the new Vice-Chair of the Board. The Board is committed to supporting Mr Obiefuna in this important leadership role and in his efforts to help the Secretariat, partners, and the TB community at large to achieve the targets of the 2018 United Nations High-Level Meeting Political Declaration (UNHLM) on TB. 3. The Board remembers the people throughout the world affected by tuberculosis and whose lives were lost prematurely and needlessly, and commemorates the following individuals that devoted their lives to helping people with TB and to eliminating the disease, and who passed in the last October: Dr Ayodele Awe (Nigeria), Dr Lucie Blok (Netherlands), Dr Paul Farmer (USA), and Mr Arifin Panigoro (Indonesia). 4. The Board notes the progress and appreciates the efforts of the Secretariat to address the decision points from the 34th Stop TB Partnership Board meeting. 5. The Board is appreciative of the Executive Director Report and acknowledges the entire Secretariat for the commendable work of the past eight months to deliver at the highest standards. The Board welcomes the work of the Secretariat and Executive Director to frame the challenges and opportunities related to an effective TB response over the next year and requests that Board members take more active role as both members of the Board and as advocates, in the effort to end TB by 2030. 6. The Board welcomes the 2021 Key Performance Indicators Report and looks forward to receiving the preliminary 2022 Key Performance Indicators Report at its 36th Board meeting. 	<ul style="list-style-type: none"> • No follow-up required.
35.2	<ol style="list-style-type: none"> 1. The Board notes the progress made by high-burden TB countries to recover from the impact of the COVID-19 pandemic on their TB response, despite new variants of the virus that create additional challenges. The Board notes that the recovery is not yet complete and further scale up is urgently 	<ul style="list-style-type: none"> • The Secretariat continued to work with priority high burden countries to support recovery efforts from Covid-19 impact. This support included, advocacy, resource mobilization, sharing of experiences and technical

<p>required to get back on track to end TB. The Board notes with concern that without additional support, the global TB response will not be able to overcome the setbacks due to the COVID-19 pandemic or to meet the 2022 UNHLM targets.</p> <ol style="list-style-type: none"> 2. The Board appreciates the work done by the Secretariat to highlight the impact of the COVID-19 pandemic, based on WHO data, and the need for recovery. The Board requests that the Secretariat continue to work with donors and partners to ensure that high TB burden countries set their ambitions high and are adequately resourced for a final push to achieve the UNHLM targets set for the end of 2022. 3. The Board thanks the Taskforce for the Global Plan and every partner that contributed to this comprehensive work and commends the Secretariat for developing the Global Plan through an inclusive process. 4. The Board endorses the draft of the Global Plan to End TB 2023-2030 and requests the Secretariat to proceed with its launch and dissemination. The Board further requests the Secretariat to develop advocacy briefs and investment cases for specific thematic areas derived from the Global Plan, to enable targeted advocacy and resource mobilization efforts. 5. The Board encourages all Board members, constituency, and stakeholders to: <ul style="list-style-type: none"> • participate and contribute to the dissemination meetings of the Global Plan at regional and national levels • proactively promote and utilize the Global Plan as a tool for driving investments and scale up of TB services • support country programmes and stakeholders in aligning their national strategic plans to reflect the high level of ambition and full expression of the requirements to end TB, as detailed in the Global Plan. 6. The Board strongly affirms role of the Stop TB Partnership to robustly engage in the UN High Level Meeting process. The voices of this Partnership must be central in the preparation of the High-Level Meeting and empowers the Executive Director and Secretariat to take all steps to create an enabling environment for robust and inclusive participation that is fully funded including: <ul style="list-style-type: none"> • Work with the World Health Organization (WHO) to engage the Office of the President of the General Assembly to ensure that the preparatory work for the UNHLM starts early, including the development of the modalities document and the nomination of two countries to act as co- 	<p>assistance. The Secretariat also worked with the Global Fund for allocation of additional funding to countries from portfolio optimization opportunities and C19RM funding. Due to advocacy efforts of Stop TB and Partners countries received from C19RM funding for X-ray and rapid molecular tests adding up to a total of about 140 million USD.</p> <ul style="list-style-type: none"> • Following the endorsement of the Board, the Global Plan to End TB 2023-2030 was designed and launched on 6th July 2022 in a virtual event. It is now published as a digital report as well as a pdf downloadable file in English. Translated digital versions are available in French, Spanish and Russian: https://www.stoptb.org/global-plan-to-end-tb/global-plan-to-end-tb-2023-2030. Advocacy materials were developed based on the Global Plan, including a social media toolkit and a two-page brief, which can be downloaded from the Global Plan webpage. The Global Plan to End TB 2023-2030 is now being used by the Secretariat as an advocacy tool and a reference document. The priority actions and resources needed for ending TB have been shared by staff of the Secretariat at various meetings and events, e.g. meetings organized for Global Fund new funding cycle, WHO Regional meetings, the Community Summit, conferences, consultant trainings and meetings for National Strategic Plan development. The Global Plan has informed the investment case and the KPI targets of Global Fund. The Global Plan was used for development of the draft Key Ask document for the UNHLM 2023. The Global Plan modelling and costing approach has inspired a few countries to start developing similar modelling approach at country level to end TB and present it as an investment case. The Secretariat has started supporting some of this work, starting with two high burden countries. The data from the Global Plan has been used by the Copenhagen Consensus Group to undertake further analytic work on cost-benefit ratio for TB and comparing it with other SDG targets. • The Secretariat worked on the preparation for the UNHLM 2023. The UNHLM Coordination Group of Partners was created that holds monthly calls. The Secretariat advocated with countries and PGA for appointment of co-facilitators for the UNHLM. Following the appointment of the co-
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<p>facilitators</p> <ul style="list-style-type: none"> • Establish a UNHLM on TB Coordination Group that includes civil society and community representatives, to meet regularly and work across all partners and stakeholders to ensure a strategic and coordinated approach, and to develop a set of ‘key asks’ following an inclusive process of consultations with all stakeholders • Support civil society and community networks to develop, launch and advocate around the second version of “A Deadly Divide: TB Commitments vs TB Realities” (2018-2022) • Building on the experience of 2018 UNHLM, support the establishment and operation of the civil society advisory panel to promote active, informed and meaningful engagement of TB affected communities and broader civil society, including Global TB Caucus, in the 2023 UNHLM on TB and the interactive multi-sectoral Civil Society Hearing process and outcomes • Partner with WHO to prepare for a multi-stakeholder hearing at the UN to inform the outcome document of the UNHLM 2023. <p>7. The Board requests the Secretariat, WHO and partners call on the UN General Assembly (UNGA) to advocate that the 2023 UNHLM on TB (as agreed in the September 2018 UN Resolution A/RES/73/3 and referenced in the June 2021 UN Resolution A/RES/75/284) be held on the second day of the 2023 UNGA General Debate (Tuesday 26th September 2023) in order to ensure the highest levels of political participation. The Board also notes the critical importance of each board member and constituency in supporting the efforts of the Secretariat and partners to ensure a successful UNHLM on TB in 2023.</p> <p>8. The Board acknowledge WHO DG High Level leadership and advocacy to accelerate efforts and investments to end TB and commends the WHO Global TB Programme for the regular updates of the TB guidelines and policies, increasing the frequency and availability of TB data during the COVID-19 Pandemic and recognizes the efforts by WHO in publishing monthly TB notification data from country programmes. The Board recommends that WHO make available all TB data and statistics for 2022 in advance of the September 2023 UNHLM on TB, globally and by country, so that each member state can review global and national progress towards achieving the UNHLM 2022 targets.</p>	<p>facilitators the Secretariat has remained in regular touch with them. On 10 February the co-facilitators briefed Stop TB and Partners. Stop TB Partnership developed a letter with 1044 signatories, strongly justifying the scheduling of the UNHLM in September and for the endorsement of the modalities document. This letter helped in fixing the date of the UNHLM (22 Sept 2023) and endorsement of the modalities document. The Secretariat has been in regular coordination with WHO as well as stakeholders organizing the other two UNHLM on UHC and PPR. A call for proposals was issued, evaluated and granted to GFAN as the organization to engage and facilitate support for the CSOs, communities and TB survivors in the UNHLM. A draft UNHL key asks document was developed. There are ongoing discussions with WHO on the Multi stakeholders hearing preparation and the WHO DG Flagship Initiative on TB. Work on the second accountability report Deadly Divide 2.0 was started and implementation is ongoing. It is scheduled to be published at the March 2023 Board in India.</p> <ul style="list-style-type: none"> • The Secretariat worked with Global Fund, NTPs and Partners to ensure adequate resources for TB mitigation are allotted from the C19RM funds. Secretariat assisted countries in reprogramming C19RM grants and for necessary portfolio optimizations with focus on bidirectional screening and testing, procurement of digital X-rays and rapid molecular tests. Among 100 countries that submitted C19RM full funding requests, 40 countries and 3 multi-country grants, have been awarded funding towards integrated screening and testing, the majority of requests are from the Africa region. As of December 2022, of the US\$3,194 million awarded (including recommendations for Board approval), US\$342 million (11%) is invested in mitigating the impact of COVID-19 on HIV, TB and malaria programs. Of the US\$342 million, US\$114 (33%) was awarded to TB programmes. Active community level screening and testing were promoted and the additional support have resulted in major reversal in the decline of TB notification in 2022. Country level provisional data on TB notification from 115 countries suggests that the TB Notification in 2022 has surpassed the earlier highest TB notification ever that of 2019. The provisional TB Notification from 30 high TB burden countries shows at least 10% more in 2022 than 2021.
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	<p>9. The Board requests the Secretariat to develop a costed action plan for engagement that includes needed financial resources to support the preparatory processes leading up to the UNHLM on TB. Recognizing that the activities outlined above were essential to delivering the successes of the last UNHLM we would call on the donors, where possible, to provide robust new funding to support these efforts to make the outcomes in 2023 to be equally if not more successful</p>	<ul style="list-style-type: none"> • Secretariate provided technical assistance to countries in developing/updating their National Strategic plans, provided support for necessary epi modelling in line with Global Plan to ensure the targets are maintained and are ambitious.
35.3	<ol style="list-style-type: none"> 1. The Board thanks the members of the Panel on TB Financing for their participation, and for sharing concrete experiences and practices to increase resources for the TB response that can be used as examples by other programmes and governments. 2. The Board notes with disappointment that the multiple sessions and discussions on TB financing and financial gaps in the TB response over the last four years have had limited impact. The Board expresses concern that the finances available for TB care and prevention, as well as for TB research has not increased, while the resource needs estimates have gone up dramatically, resulting in an even wider funding gap. 3. The Board, with all its members and constituencies, is a formidable group with great potential for high-level advocacy and resource mobilization. Board members and constituencies commit to play an active role in advocacy for resource mobilization and request the Secretariat to provide support for these efforts. The Board requests the Secretariat to engage individual Board members and constituencies in resource mobilization activities for the TB response. 4. The Board calls upon all countries and stakeholders to engage and support efforts for a successful replenishment of the Global Fund —beyond USD 18 billion— to ensure TB will begin to receive an incrementally larger share of Global Fund allocations. 5. The Board appreciates the joint WHO position statement in November 2021, formally supported by Stop TB Partnership, to change the disease split to allocate at least 21% to TB while the Affected Communities and Developing Country NGO Delegations continue to demand 33% of the disease split. The Board notes the unfortunate November 2021 Global Fund Board decision to continue to provide the least proportion of its resources to TB, even though TB kills more people than HIV and malaria together, and appeals to the Global Fund to ensure that additional funding for TB, beyond country 	<ul style="list-style-type: none"> • The Secretariat supported high level advocacy for replenishment of Global Fund through engagement and organization of at least 5 different events ; participated in the Global Fund Replenishment meeting. The Secretariat continued with advocacy for catalytic funding for TB in the form of matching funds which were received by a number of high burden countries. The Secretariat engaged with C19RM to increase the funding for TB mitigation as well as funding for dual purpose tools such as X-ray and rapid molecular diagnostics. • The Secretariat worked with the Global Fund and Development Banks to seek opportunities for increased funding for TB. Several countries were shortlisted for discussion. Indonesia received an additional 300 million US\$ as blended World Bank and Global Fund financing. Secretariat is further working on a set of standard Disbursement Linked Indicators for TB which will help countries in accessing World Bank “Program-for-Results” financing. • The ED discussed in person and started the conversation about a similar approach in Nigeria through her visit in the country and face to face meetings with MoH, Ministry of Finance, World Bank. • Secretariat has done advocacy for increased domestic funding for TB, including at sub-national level, e.g. Lagos in Nigeria. In several countries Stop TB is working with national level TB partnerships and partners to empower them to advocate for increased domestic financing for TB.

	<p>allocations, is made available using different available levers, such as catalytic funding and portfolio optimization.</p> <ol style="list-style-type: none"> 6. The Stop TB Partnership and Partners have worked effectively to shape and leverage Global Fund investments to successfully accelerate results, and despite grave COVID-19 impacts is enabling adaptations and innovations that is moving towards putting case-notification back on track. 7. The Board requests the Secretariat and partners to work with the Global Fund, development banks and other investors to ensure that during the next funding cycle (2023-2025) at least five large high TB burden countries will be able to access additional innovative financing deals involving TB, including blended (loan and grant) financing and debt swaps. 8. The Board appeals to all high TB burden country governments and their finance ministers to increase their domestic budgets for TB. The Board requests the Secretariat to empower in-country partners and national partnership platforms to advocate with country leaders, parliaments, and decision makers for increases in the domestic budget allocation for TB. The Board requests that its members and constituencies be part of country level advocacy efforts to increase domestic resources for TB response, particularly in those with high TB burden. 9. Recognizing that Global Fund TB allocations and increased domestic funding are essential but not enough to meet TB resource needs, the Board calls upon new and existing donors to provide substantial additional external funding for TB. It will be impossible to meet the SDG target and defeat TB without additional resources being allocated to fight it. 	<ul style="list-style-type: none"> • The Secretariat partnered with the Africa Constituency Bureau and African Union to convene a meeting of high burden countries in Addis which led to a communique titled "Improved political commitment and financing for TB for high burden countries in Africa". • In 2022, the Secretariat worked with the Indonesia Presidency of G20 to ensure that in the G20 declaration financing for TB was included as an annex based on the TB side event along with a call to action on financing for TB response. • The Secretariat continued to do advocacy for inclusion of TB in opportunities for financing for Pandemic Preparedness and Response (PPR). Engagement on TB and PPR with the T20 group of G20 Indonesia Presidency resulted in T20 Webinar and a paper on Airborne Infection Defence Platform. Recognizing the opportunity of the Pandemic Fund call for proposals the Secretariat developed a guidance document for TB programs in countries. • The 2022 TAG-Stop TB R&D funding report was developed which showed that TB R&D funding reached the 1 billion US\$ figure for the first time in 2022, but it still fell far short of the 2 billion US\$ target set in the UNHLM 2018.
35.4	<ol style="list-style-type: none"> 1. The Board staunchly supports the necessity of ensuring that the latest advances in science and tools are made available as soon as possible for TB diagnosis, treatment, and care to people in need. This is not a choice; this is equity and the right to health for all people affected by TB. 2. The Board commends the Secretariat for playing a crucial catalytic role in supporting countries and partners to introduce new tools and innovative approaches, contributing to evidence generation to inform global and country policies in collaboration with WHO and other partners, and supporting a coordinated approach to new tool roll-out and wider scale-up. 3. The Board recommends that the Secretariat plays a strengthened advocacy and coordination role with countries, technical partners, and donor organizations, including the Global Fund, to ensure adoption of latest 	<ul style="list-style-type: none"> • The Secretariat is supporting high burden countries to implement near-POC rapid molecular tests, ultraportable chest X-ray with A.I. software, diagnostics connectivity solutions, digital adherence technologies, and newer TB infection tests and treatments under the USAID-funded introducing New Tools Project (iNTP) and TB REACH funded by GAC, USAID and FCDO. From experiences gained and shared, countries are able to plan for continuing introduction and scale-up of these tools. • The Stop TB Partnership's Executive Committee approved 26 new TB REACH Wave 10 projects, in 18 different countries, with a total funding amount of USD 14.5 million that focus on the provision of integrated service delivery (ISD), the expansion of TB prevention treatment (TPT), or a

<p>innovations as well as their wide and sustainable scale-up that can greatly enhance our ability to end TB.</p> <ol style="list-style-type: none"> 4. The Board is excited to note the new themes for the TB REACH Wave 10 call for proposals, as well as the excellent response from partners. 5. The Board and constituencies will support efforts made by the Secretariat to ensure long-term funding of the TB REACH initiative, which is a proven mechanism for rapidly testing out innovations in TB. 6. The Board thanks the United Kingdom’s Foreign, Commonwealth & Development Office, Global Affairs Canada and the United States Agency for International Development (USAID) and appreciates their vision in supporting the roll out of new tools through the TB REACH initiative and the introduction of New Tools Project (iNTP). 7. The Board recognizes the importance of having new innovative funding mechanisms for TB research and development (R&D) and urges countries and stakeholders to bridge the chronic gap in TB R&D, including for vaccines, diagnostics, and medicines. 	<p>combination of both, in the fight against TB while simultaneously contributing to health system strengthening. Projects will be evaluating new tests for TB infection, introducing novel treatment regimens, and combining TB screening with other health screening including Hepatitis C, malnutrition, leprosy, mental health needs, and lung cancer. Projects are expected to start in quarter 2 of 2023.</p> <ul style="list-style-type: none"> • The Secretariat is implementing the Re-imagining TB Care initiative in Uganda and Viet Nam, with support from the Korea International Cooperation Agency (KOICA) and United States Centers for Disease Control (US CDC), by running People-centered Design (PCD) processes in both countries for country end-users (TB survivors, TB affected people/communities, and care providers), stakeholders (Ministries of Health and country programmes), and partners (local implementers to come together, from the beginning, to collectively identify which services can become more decentralized (from facility-level to people’s homes, neighborhoods, workplaces, etc.), integrated (for TB, TB co-morbidities, and other respiratory-based illnesses), and people-centered (considering people’s needs, wants, and circumstances, including their emotional, mental, and financial well-being). This country group will then collectively decide which product innovations, particularly digital health technologies and adjacent solutions, to roll-out that will facilitate this shift. This iterative and participatory approach puts “people” at the forefront of building programmes, service delivery approaches, and product innovations that meets the “hopes and dreams” of country end-users, stakeholders, and partners, which will catalyze accelerated, optimal, and sustainable roll-out of solutions (because we are giving people what they need, want, and prefer) which will lead to an increased impact. The PCD processes in Uganda and Viet Nam will conclude by Q3 2023 and some of the country selected product innovations will be rolled-out starting in early 2024. • The TB R&D funding surpassed 1 billion USD for the first time in 2021 (ref: TAG Stop TB Report 2022). The gaps in R&D funding still remains high and is likely to go up because of the increased resource needs identified by the Global Plan to End TB 2023-2030.
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<p>35.5</p>	<ol style="list-style-type: none"> 1. The Board observes that G20 countries represent 50% of the global TB burden and 60% of the MDR-TB burden, underscoring the need for the G20 to pay special attention to the disease, particularly in light of historical underfunding and the impact of the COVID-19 pandemic on TB epidemiology and the TB response. 2. The Board congratulates His Excellency, the Minister of Health of Indonesia, Mr Budi Gunadi Sadikin and his team for his leadership and vision that resulted in the high profile of health on the G20 Presidency agenda and the special place TB occupies on the G20 Presidency Health agenda. 3. The Board notes the 2022 process and timeline of the Ministers of Health and Heads of States meeting in November 2022 and welcomes the current draft of the Call-to-Action on Financing for TB Response developed at the 1st G20 Health Working Group Side Event on TB held in March 2022. 4. The Board notes the request to support the finalization and dissemination of the Call-to-Action on TB. The Board encourages all partners to engage and support the process and ensure we have a robust Call-to-Action that includes several “asks” as presented during the TB side event: <ul style="list-style-type: none"> • Increase domestic resources for TB in G20 TB high-burden countries • Position and maintain TB - as an airborne disease – as part of the pandemic and preparedness response efforts and airborne infection disease platforms • Support the replenishment of the Global Fund • Support the UNHLM on TB in 2023 • Address accelerated TB financing for TB R&D through development and roll out of a TB vaccine, digital technology and AI, and other innovative tools • Continuation of TB financing discussions in future G20 Presidencies through creation of a Task Force on TB financing to support the G20. 5. The Board appreciates the efforts made by the Secretariat, working with the Indonesia NTP and national Stop TB Partnership as well as international partners, to support the first ever G20 Presidency TB side event. 6. The Board will support the Secretariat and partners in efforts to ensure inclusion of the Call-to-Action key commitments in the 2022 G20 Heads of State communique and to ensure TB is included in future declarations issued by the G20 Ministers of Health and G20 Heads of State. 	<ul style="list-style-type: none"> • Engagement with the G20 was one of the critical advocacy activities undertaken in 2022. • Since the beginning of the G20 Indonesia Presidency, Stop TB Partnership was heavily involved in all the health tracks and processes. During the first Health Working Group Meeting, Stop TB Partnership organised a side event on TB and a document titled “Call to Action on Financing for TB” was launched. • Over the period of several months, The Stop TB Partnership played a key role in developing and finalizing the “Call to Action on Financing for TB” which was officially launched as a part of the Health Ministers Chair Summary during the G20 Health Ministers Meeting in Bali. • Stop TB Partnership was also invited to deliver interventions in all the Health Working Group Meetings, Joint Finance and Health Ministers Meeting and G20 Health Ministers Meeting. • During the side-event on AMR, under the G20 presidency of Indonesia, Stop TB Partnership collaborated with National TB Programme of Indonesia and ensured the participation of TB survivors from Indonesia, Kenya, Ukraine and India. • The Call To Action along with G20 Health Ministers Chair Summary was also launched with the G20 Leaders Declaration during the Bali Summit in October of 2022. • As a result of Advocacy efforts, Stop TB Partnership has also been invited to participate in the Health meetings under the current G20 Presidency of India. • In November, a high-level delegation led by the Executive Director of Stop TB Partnership met India’s G20 sherpa and through a fruitful meeting, he committed to putting TB high on the G20 agenda. • Stop Tb Partnership also participated in G20 India 1st Health Working Group Meeting in Kerala (January 2023) and actively promoted TB in the G20 agenda. • Under the Indian G20 Presidency, the key focus shall be to: <ul style="list-style-type: none"> ○ Keep pushing the G20 TB high burden countries to increase domestic resources
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	<p>7. The Board applauds the announcement made by His Excellency, the Minister of Health of India, Dr Mansukh Mandaviya on the two health priorities declared as part of the G20 India Presidency agenda: TB and cervical cancer. The Board requests the Secretariat to provide support to Indonesia and India stakeholders involved in G20 Presidency efforts.</p>	<ul style="list-style-type: none"> ○ Keep pushing the key donor G20 countries to earmark separate funding for TB response within the G20 countries ● Regular close engagement with Indian Ministry of Health and Family Welfare on trying to secure that TB is part of the G20 discussions.
35.6	<ol style="list-style-type: none"> 1. The Board recognises the significant achievements of country-level Stop TB Partnership National Platforms and partners. 2. The Board underlines the need for multi-year funding arrangements for these national platforms through scaled up available resources and agrees, whenever possible, to support the secretariat in resource mobilization efforts. 3. The Board members agree, where possible, to engage with and elevate national-level advocacy initiatives – participating in high level events and meetings, supporting media engagement efforts, and supporting national partnerships and platforms and civil society organization representatives to be meaningfully engaged and effective in national level decision making bodies, including Country Coordinating Mechanisms (CCMs). 4. The Board recommends that the Secretariat facilitates the enhanced capacity, coordination, engagement, and participation of country-level Stop TB Partnership Platforms, Challenge Facility for Civil Society grantees and TB survivors in strategic national and regional forums, such as CCMs; as well as in accountability initiatives, including community-led monitoring transforming data into advocacy action. 5. The Board recognises the unique role that the Challenge Facility for Civil Society (CFCS) plays in mobilizing communities, developing capacity, building evidence, strengthening demand, enhancing accountability, and supporting national level advocacy movements. The Board also applauds the successful CFCS Round 11, which granted USD 9 million in grants with the significant support of USAID and the Global Fund. However, the Board emphasizes that only 22% of all submitted applications are able to be funded with the resources available, and that donor support is needed to continue to close this national TB community advocacy funding gap and to support technical assistance and other initiatives to increase the technical capacity of civil society and community organizations. 6. The Board highlights the increasing strength of the Stop TB Partnership Board 	<ul style="list-style-type: none"> ● Eighteen country level platforms are directly supported by the Stop TB Partnership to ensure sustainable country-level partnership platforms that result in strong advocacy tools to create sufficient critical mass to deliver change around TB issues, the duration of the current grant cycle (2022-2024) has been extended to 18 months instead of one year. This allows Stop TB grantees enough time to properly implement their planned activities and see results and hopefully platforms would support ongoing resource mobilization efforts and attract new additional funding for their organization. This was demonstrated at the Grantees Summit which was held in October 2022 in Bangkok, Thailand whereby target donor (France) was invited to the event and participated in different segments led by STBP country-level partnership platforms which resulted in an increased appetite from France to fund the organization. ● The Secretariat facilitated the participation of representatives from Country-level STB Partnership Platforms in different strategic national and regional events including in Addis Ababa whereby STB co-hosted the TB Regional Consultative Meeting to better position countries to develop compelling funding requests for the new cycle of the Global Fund grants, mobilize actions to increase political commitment for TB funding, and recommend a common position on TB from Africa at the upcoming UNHLM on TB. Stop TB country-level partnership platforms from 17 African high-burden countries were represented and UN partners and the Global Fund also attended the meeting. ● Stop TB country-level partnership platforms were present at the STBP Grantees Summit which was held in Bangkok, Thailand in October 2022 (see above). ● Stop TB Partnership also facilitated the participation of country-level partnership platforms in different regional meetings held in Tanzania, Canada and, in the coming days, Indonesia.

<p>Developing and Developed Country NGOs as well as TB Affected Communities Delegations, especially their commitment to partner with national advocacy grantees to develop the “Deadly Divide” report 2.0 to inform discussions prior to UNHLM on TB in 2023, and requests donors secure ongoing investment and support for these Delegations.</p> <ol style="list-style-type: none"> 7. The Board notes the release of the updated TB Language Guide “Words Matter” and recommends its adoption, adaptation, and use by all TB partners globally, regionally and at the country-level. 8. The Board appreciates the publication of evidence from 20 countries Community, Rights and Gender (CRG) that strengthens the evidence-based resources needed for TB response. The Board looks forward to the continued progress in developing nationally costed TB CRG Action Plans and a report with further details in 2023. 9. The Board acknowledges the work of the Affected Communities and Developing Country NGO Delegations on the TB33% Campaign, and requests Secretariat to support country-level efforts to sensitize stakeholders on the need for increased funding for TB. 	<ul style="list-style-type: none"> • Round 11 CFCS includes 100 grantees all of which have included activity and budget lines for country level advocacy and engagement on TB HLM and Global Fund GC7. • Efforts have commenced to assess national CCMs, to further understand, unpack and document participation and engagement of TB stakeholders in the platform. Stop TB is planning an assessment of TB representation, participation and engagement in TB CCMs in HBCs. The assessment is planned for Q2-3 2023. • Through CFCS, the Secretariat has provided dedicated support for TB affected communities and civil society participation, coordination, capacity in national level TB efforts , including CCMs, program reviews and national dialogue processes. • Stop TB continues to provide technical assistance and support, in particular through CFCS, to enhance capacity, engagement and leadership of TB affected communities and civil society including in community led monitoring, at national and regional level. Coordinate on these issues also featured during the 5-day TB Community Summit in November 2022. This Summit brought together 150 TB CFCS and country level STPs to mobilize, coordinate and capacitate. • CFCS round 10 has been closed and round 11 CFCS grant making is largely completed. Demand continues to increase, despite increased resources available. Significantly, Global Fund has increased its contribution to Challenge Facility for Civil Society Round 11, resulting in a unprecedented CFCS pot of 10.5 million USD. • Grants and workplans are in place to support the Affected Community and Developing Country NGO Delegation for 2023. This funding has now entered the final year of the agreed support and efforts will be required to ensure ongoing support. • Delegations have been working to complete and launch of Deadly Divide 2.0. With over 1200 TB affected communities and civil society engaged in its development, community mobilization continues to grow beyond even the most ambitious expectations. • Widespread dissemination of Words Matter has been supported by the Secretariat. It continues to be adapted and incorporated into TB discourse
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		<p>and guidance. Stop TB has built off evidence from the peer reviewed analysis. A further 10 countries are currently being supported to completed TB CRG Assessments. STP has developed a tool to develop national TB CRG Costed Action Plans which several countries are currently utilizing. Also, a TB Legal Environment & Human Rights Scorecard has been developed and is currently being piloted in three countries. A TB KVP Size Estimation Tool has been developed for evidence based program development. Work continues with CFCS grantees to increase the number of TB CRG Costed Action Plans, to include them in NSPs, and see them funded - in particular through GC7.</p>
35.7	<ol style="list-style-type: none"> 1. The Board extends its solidarity to all people affected by war and conflict, and especially those affected by TB in these complex settings. 2. The Board express its gratitude to the Ministry of Health of Ukraine, as well as Ministries of Health of Moldova and Romania, for their active engagement in defining the challenges and working toward solutions to the current situation in their countries. 3. The Board commits to stand in solidarity with the people of Ukraine who are currently suffering due to the war. 4. The Board recognises and applauds the rapid, pragmatic, and effective support that the Secretariat provided to TB partners in Ukraine to respond to a challenging, emerging and dangerously complex country setting. The Board commits to support efforts made by the Secretariat to ensure that Ukrainian people with TB, internally displaced or refugees in neighbouring countries have access to diagnosis, treatment, and care with the aim of being fully cured from TB. 5. The Board requests that the Secretariat engage in a review of the processes undertaken to respond to the challenges presented by the conflict in Ukraine to inform good working practice for rapid response in complex settings such as climate related natural disasters and other unpredictable events that disrupt the programming that the Partnership supports. 	<p>The Secretariat continued to provide intensified support to Ukraine as a high priority country for Stop TB, with the aim of sustaining effective TB responses focused on emerging needs during the war crisis, which included:</p> <ul style="list-style-type: none"> • Consultations and coordination with partners and working groups on supply of TB drugs and commodities in crisis conditions (with engagement of GDF and CCS4i teams); • In cooperation with WHO/EURO, engagement in the comprehensive National TB Program Review in Ukraine (October 2022 – January 2023), taking the lead in covering components of patient-centred support and engagement of civil society and affected communities, and TB/HSS component (NTP governance and health workforce); • Reprogramming financial resources and programmatic interventions under STBP component of the USAID-funded country TB project (implemented by PATH Ukraine) towards emerging priorities, such as financing and allocation mechanisms for TB interventions including engagement of PHC providers, regional TB action planning; community TB service delivery under the new conditions after administrative-territorial reform; TB community-led monitoring and other relevant advocacy and technical support activities; • Facilitation of the national dialogue, priority setting exercises and provision of technical assistance in the development of the TB component for the new application to the Global Fund (submission of the Funding Request planned for May 2023);

		<ul style="list-style-type: none"> • Continuation of support to civil society partners and TB-affected communities in Ukraine and strengthening their capacities for effective TB responses through two CFCS grants, supporting the National Partnership ‘Stop TB. Ukraine’ and rollout of OneImpact tool for TB CLM; • Work with Ministries of Health and NTPs from Hungary, Slovakia and Romania on donation of GeneXpert instruments and test cartridges by Cepheid for TB and DR-TB testing among Ukrainian refugees in recipient countries (supply through GDF); and other activities.
35.8	<ol style="list-style-type: none"> 1. The Board notes the progress achieved by the Secretariat, working closely with UNOPS, in addressing each action point from the Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership (hereof: Action Plan) and is grateful to all staff who are participating in its implementation. 2. The Board understands that the Secretariat follows the staff survey cycle and processes of its host, including participation in the 2023 UNOPS People Survey. The Board supports the allocation of financial resources to ensure proper implementation of the Action Plan. 3. The Board reaffirms its commitment to examining its leadership role on diversity, equity, and inclusion across its structures, processes, and behaviours, and requests a training of Board members on inclusive leadership before the next Board meeting. 4. The Board thanks UNOPS team for the update regarding the allegations related to UNOPS Sustainable Infrastructure Investment and Innovation Initiative (S3i) and the ongoing investigation and looks forward to receiving a presentation of the outcomes and any potential strengthened oversight changes required as a result. 5. The Board appreciates the letter received from UNOPS and notes that: <ul style="list-style-type: none"> • The funds associated with S3i come from a dedicated reserve, as approved by UNOPS Executive Board • As a hosted partnership, the Stop TB Partnership is a separate business unit within UNOPS and is managed as such • The Stop TB strategy and overarching objectives are set by its Board • The Executive Director is responsible and accountable for operations, with guidance from the UNOPS Geneva office, the Stop TB Partnership 	<ul style="list-style-type: none"> • Based on a detailed diagnosis of the Partnership Secretariat’s working environment, a <i>Roadmap for a Thriving and Inclusive Stop TB</i> with 14 concrete actions to address critical staff concerns was developed and endorsed in May 2022 with a focus on diversity and equity in staffing, people management, well-being, and psychological safety. • Training sessions tailored to Secretariat staff on discrimination and inclusive behaviour were designed and facilitated by the D&I adviser in June 2022. A total of 85 participants attended 9 workshops with an overall satisfaction rate of 85,3%. 3 hours were dedicated to inclusive leadership for supervisors. • A two-fold training of Board members on diversity, equity and inclusion is being organized prior to the 36th Board session with an online component recalling key concepts for equitable governance and a face-to-face component to apply practical tools for inclusive leadership. • For the first time in 7 years since the hosting agreement with UNOPS, an all-staff retreat was organized for STBP personnel in nearby France on 13-14 October 2022. A total of 87 participants joined the retreat, including 17 non-Geneva based. The feedback from staff was overwhelmingly positive in terms of team spirit, group cohesion, feeling of belonging and logistical arrangements. • A STBP Values Charter was co-created by participants and finalized in the subsequent months. Centered around the values of accountability, honesty, respect, care, inclusion, and passion, the Values Charter will guide STBP personnel daily interactions and work with partners.

<p>Board and its associated committees</p> <ul style="list-style-type: none"> • Funding received for Stop TB projects and operations is ring fenced for Stop TB and is completely independent from other UNOPS business units • Stop TB is regularly subjected to independent audits, the results of which are reported to the Board • At no stage have Stop TB funds been at any risks as a result of the issues at S3i. <p>6. The Board approves the revised Stop TB Partnership Standard Operating Procedures and asks the Secretariat to review and update this living document, as needed.</p> <p>7. The Board endorses the Executive Committee proposal on the process for the Executive Director Performance Evaluation, including the formation of a panel that will carry out the evaluation in Q3 2022, and requests regular updates to the Board on progress.</p> <p>8. The Board reiterates that any form of workplace misconduct is inconsistent with the values and principles of the Stop TB Partnership and will work with UNOPS and the Secretariat to uphold the Secretariat and Board to these principles</p>	<ul style="list-style-type: none"> • The D&I adviser continued to share information on available channels for internal justice system and acts as first point of contact on inappropriate or prohibited behavior displayed by other STBP personnel. Colleagues were counseled on possible courses of action and/or, took part in mediated and informal discussions. • The S3i situation has been on the forefront of many UNOPS activities during the past 10 months with multiple independent reviews and briefings to UNOPS Executive Board. Wider management reforms at UNOPS in response to failures associated with S3i have taken place and are ongoing. UNOPS is working closely with its Executive Board to finalize a comprehensive response plan and a draft version is publicly available here. All reforms will be undertaken with full transparency, a publicly available status page of all ongoing actions is available here. Further updates will be given to the Stop TB Board during the next session. • The information and guidance set out in the letter from UNOPS to the Stop TB Board remains true, and it is confirmed that at no stage have Stop TB funds been at risk because of S3i. There has been no impact on the Secretariat’s funding and its programmatic activities have continued uninterrupted. • The Stop TB Partnership SOPs remain valid and highly useful as a living document that guides the implementation of activities on a daily basis. In addition, several other mini-SOPs have been developed as needed. • The Executive Committee remains engaged in the performance appraisal of the Stop TB Executive Director. A Panel (Mr Blais, Dr Bloom, Ms Arthun, Mr Jacon, Mr Kirkwood, Ms Niryenda and Mr Obiefuna) was created by the Executive Committee, and the first performance review conversation was held with the Executive Director in February 2023.
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35.9	<ol style="list-style-type: none"> 1. The Board acknowledges the work done to review the strategic vision, role, and governance of the Board (the Stop TB Partnership Board Strategy Review) under the leadership of the Executive Committee. The Board further notes that the Stop TB Partnership Board strategy Review was undertaken in response to Action Point 10 within the Action Plan in Response to Independent Review of Allegations of Racism and Misconduct at the Stop TB Partnership, and thanks each stakeholder who provided input and perspective at each stage of this important process. 2. The Board formally adopts the recommendations of the Executive Committee based on the Stop TB Partnership Board Strategy Review including: <ol style="list-style-type: none"> A. The future strategic vision for the Partnership and the Board “bold actions” B. Aspiration for how the Board can advance, implement, and model a more diverse, equitable, and inclusive TB response C. Changes to the role and composition of the Board that are indicative of a strengthened, visible commitment to leadership by individuals affected by TB, and ensuring that voices are heard by dedicating at least 50% of seats to this constituency while maintaining the current size of the Board. 3. The Board requests the Secretariat working with the strategy review team to align its Operational Strategy with the strategic recommendations of the Stop TB Partnership Board Strategy Review and to amend the Board Governance Manual accordingly. 	<ul style="list-style-type: none"> • The governance changes proposed at the 35th Meeting are actively being implemented, including: <ul style="list-style-type: none"> • Recruitment of new Board members as outlined in the updated composition; processes to recruit the final new members are underway and all are expected to be complete by summer 2023 • Recommitment to diversity, equity, and inclusion through activities like enhanced onboarding and training • The Secretariat has begun developing its next Operational Strategy — informed by and aligned with both the strategic recommendations of the Stop TB Partnership Board Strategy Review and the Global Plan to End TB— and expects to deliver a final version by June 2023. • The Executive Committee discussed its role, membership, and relationship with the broader Board, committing to a set of changes and actions to more closely align its composition with that of the Board and increase transparency. • The Secretariat has revised the governance manual to align with the key changes outlined in the Stop TB Partnership Board Strategy Review and has updated the manual to reflect current governance best practices. These updates include revisions to the: <ul style="list-style-type: none"> • Board role, to reflect a renewed focus on generating commitments, mobilizing resources, and coordinating across the global TB community • Board composition, to reflect the composition recommended in the Stop TB Partnership Board Strategy Review • Executive Committee role and membership review, to align with the changes made at the broader Board level.
35.10	<ol style="list-style-type: none"> 1. The Board asks the Secretariat to work closely with the Executive Committee to reach decisions by the end of July 2022, on preparations, date, and modality (in-person, virtual, or hybrid) of the 36th Board meeting. In doing so, the Board urges the Secretariat to preserve the hybrid elements of this meeting that have allowed for greatly expanded accessibility and participation. 2. The Board recognizes and greatly appreciates the offer by the Chair of the Board and the Government of India to host the next Board meeting around World TB Day in 2023 and agrees to hold its 36th Board meeting in New Delhi. 	<ul style="list-style-type: none"> • Done. No further follow-up required.