

Summary of decision points from, and actions following

26th Coordinating Board Meeting, Paris, France

Decision Point	Action	Status
26-1 <i>Opening Session</i>	No follow-up action required.	N/A.
26-2 <i>Report by the Executive Secretary</i>	No follow-up action required.	N/A.
26-3 <i>Stop TB Partnership Standard Operating Procedures</i>	Standard Operating Procedures (SOPs) to be implemented.	Ongoing implementation of SOPs
26-4 <i>Stop TB Partnership Reserve</i>	Executive Committee with advice from Finance Committee, to provide a recommendation on level of reserve going forward	Executive Committee, following Finance Committee advice have recommended to Board level of financial reserve.
26-5 <i>27th Stop TB Partnership Coordinating Board meeting</i>	Board to hold its 27 th meeting in Cape Town, South Africa, on 29 November 2015.	Board is meeting, as planned.
26-6 <i>Global Drug Facility</i>	The Board acknowledged significant decrease in SLD's prices, and supports GDF evolving to becoming a platform for convening partners to improve supply chain strategies, and supports GDF's drive towards timely introduction and roll out of new TB commodities.	Operational Strategy 2016-2020 articulates GDF's strategy to facilitate world-wide, equitable access to TB medicines and diagnostics across public and private sectors.

Decision Point	Action	Status
<p>26-7 <i>Coordinated roll out and scale up of new drugs and new combinations</i></p>	<p>Board notes joint efforts among stakeholders to ensure timely access to new drugs and new regimens including Bedaquiline as well as other new tools including diagnostics, and request feedback to the Coordinating Board.</p>	<p>Update on MDR-TB scale up and roll out of bedaquiline and delamanid on the agenda for 27th Coordinating Board meeting</p>
<p>26-8 <i>TB REACH</i></p>	<p>Board recognized TB REACH achievements and supports the efforts to continued funding for TB REACH.</p>	<p>Bill and Melinda Gates Foundation has pledged financial support to TB REACH if DFATD (Canada) recommits to funding TB REACH.</p>
<p>26-9 <i>Global Plan to End TB 2016-2020</i></p>	<p>Board provided comments and identified the next steps to finalize the Global Plan including four regional consultations as well as web-based discussion forum, and that Board should endorse Global Plan electronically.</p>	<p>Global Plan to End TB 2016-2020: The Paradigm Shift, completed and launched.</p>

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<p>26-10 <i>Global Fund</i></p>	<ul style="list-style-type: none"> • Continuation of work with Global Fund Secretariat, committees and other platforms such as TB Situation Room, Core Group and additional ad-hoc groups. • Use of gender Assessment tool • Work on replenishment of Global Fund • Ensure alignment between Global Fund strategy and targets, and WHO End TB Strategy, and Global Plan. • Support development of transition policies. • Support countries concept notes and grants to include better data and data systems, increasing capacity and private sector providers and supply chain management. • Development of needs assessment to guide targets and allocation. 	<ul style="list-style-type: none"> • Implementation of the GF Technical Cooperation agreement on communities engagement and communities strengthening • Meetings of the CCMs, Key Populations to strengthen the quality and participation of TB representatives in concept notes development • Weekly meeting of the TB Situation room • Engagement in the Implementation through Partnership project through the TB SR • Roll out of the Gender Assessment tool – with UNAIDS and GF CRG • Working with GF Secretariat, WHO and Executive Committee on the diseases burden formula and targets and needs assessment – work to continue • Engagement on work for the GF replenishment – meetings with MoH Germany, Japan, and participation in the Tokyo replenishment launch conference. • Working with World Bank, GF , USAID and other partners on “Optimizing investments” at country level
<p>26-11 <i>Advocacy Strategy</i></p>	<p>The Board supported the Secretariat’s priorities and asked for advocacy plan for 2016 to be developed.</p>	<p>Advocacy is included as a critical component of Operational Strategy 2016-2020.</p>
<p>26-12 <i>Work Plan 2015</i></p>	<p>Approved the Work Plan 2015 and created Ad-Hoc Resource Mobilization Committee to support resource mobilization efforts.</p>	<ul style="list-style-type: none"> • Work Plan 2015 implemented. • TORs for Ad-Hoc Resource Mobilization Committee developed.

Decision Point	Action	Status
26-13 <i>BRICS</i>	Requested Secretariat to support the planned launch of the BRICS 90-(90)-90 targets.	<ul style="list-style-type: none"> The BRICS Health Ministers commitment to TB was reiterated in May 2015 when they outlined their commitment to develop a BRICS cooperation plan for TB and to continue to prioritize TB when they met at the 2015 World Health Assembly, where Minister Motsoaledi held bi-lateral meetings with each BRICS Ministers of Health to brief them on the work of the Stop TB Partnership, strengthen their commitment to joint TB cooperation, and advocate for their full commitment to achieving the BRICS 90-(90)-90 targets. 90-(90)-90 are a central component and main advocacy focus of the Global Plan to End TB.
26-14 <i>Governance (Manual of Procedures)</i>	The Board approved the Governance Manual revised April 2015.	N/A
26-15 <i>Operational Strategy 2016-2020</i>	The Board approved the process to develop the Operational Strategy 2016-2020.	Operational Strategy 2016-2020 developed and presented to the Board for approval at its 27 th meeting.