

| Agenda Item / Ref Documents | Decisions | Actions | Status |
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| (1) Administrative Session 1.09-1.0 (1.09-1.1. 16 th CB Agenda) (1.09-1.2, 15 th CB Decisions) | 16 th Stop TB Coordinating Board meeting agenda adopted | N/A | - |
| | Draft decisions and action points (Doc: 1.09-1.2) of the 15th Stop TB Partnership Coordinating Board (CB 02.08) accepted | N/A | - |
| (2) The Year Ahead 1.09-2.0 (1.09-2.1. The Year Ahead) (1.09-2.2. Advocacy Strategy Outline 2009) | Agreed that clear objectives and messages must guide the Partnership in order to make best use of the upcoming series of high level meetings and to keep the profile of TB high on the international agenda | The series of high level meetings, including the Rio Partners Forum, MDR-TB ministerial event and the Pacific Health summit have all been held with strong participation from the Partnership and a high level of attendance of ministers in Rio and particularly in Beijing | Done. Recommendations produced by Partners at Rio will be review by the 17th CB, as well the latest update on progress made since Beijing on the response to MDR-TB. |
| | Requested the Advocacy Advisory Committee to support the development of the advocacy strategy | The AAC met in Washington DC to work on the Advocacy Strategic Framework for 2010 which is designed as a comprehensive framework for partners to embrace and take forward and implement parts of it. There were consultations with the Advocacy Network through "open mic" sessions were partners agreeing to participate have the opportunity to voice their perspectives and are able to shape the framework by building on different inputs. | Done. The draft strategy has been prepared and is on the agenda of the 17 th Coordinating Board. |
| | Called on all Board members to review and comment upon the Global Fund Evaluation, Study Area 3, with regard to Tuberculosis, in time for submission in advance of the 19th Global Fund Board (5-6 May 2009, Geneva, Switzerland) | Comments were received from Board members and consolidated by the Secretariat and sent to the Global Fund in late March. | Done. |
| | Recommended Board members review the work | Innovative financing issues have been | Ongoing. AAC to present its recommendations at |

| Agenda Item / Ref Documents | Decisions | Actions | Status |
|---|--|--|--|
| | of the High Level Task Force on Innovative International Financing for Health Systems of the International Health Partnership in advance of the release of its report in May 2009 | discussed by the Advocacy Advisory Committee, which will make a proposal to the Partnership on how best to engage further on this item | the 17 th CB. |
| <p>(3) Partners' Forum Briefing 1.09-3.0</p> <p>(1.09-3.1 Global Plan to Stop TB Progress Report Executive Summary) (1.09-3.2 Stop TB 3rd Partners Forum Programme Brochure) (1.09-3.3 Ministerial Meetings Schedule)</p> | Thanked Brazil for its strong leadership and commitment in the fight against TB and its willingness to host this meeting for the Partnership. | N/A | - |
| <p>(4) M/XDR-TB Ministerial Meeting in Beijing and Implications for WHA 1.09-4.0</p> | Thanked China for its leadership and commitment in the fight against TB and its willingness to host this important meeting. | N/A | - |
| <p>(1.09-4.1 Draft Coordinating Board MDR-TB Statement) (1.09-4.2 Background to Beijing: Introduction to the Meeting & Summary of Key Issues)</p> | Urged the 27 high burden MDR-TB countries to develop and commit to five-year national strategies for the rapid scale-up of management of MDR-TB that will address administrative and other impediments to scaling up | Thus far comprehensive frameworks for the management and care of M/XDR-TB have progressed in the following countries: Armenia, Azerbaijan, Bangladesh, Belarus, Bulgaria, China, Georgia, India, Indonesia, Kazakhstan, Kyrgyzstan, Myanmar, Moldova, Nepal, Pakistan, Philippines, South Africa, Tajikistan, Turkmenistan, Ukraine, Uzbekistan and Vietnam have | Done. The three reports are in meeting folders; follow-up from this item will occur at the 17 th Coordinating Board. |
| | | | Ongoing. A full update is provided in meeting documents of the 17 th Coordinating Board. |

| Agenda Item / Ref Documents | Decisions | Actions | Status |
|--|--|---|---|
| | | <p>finalized or about to finalize comprehensive updates of the MDR-TB component of national TB control plans, aiming at achieving universal access to diagnosis and treatment by 2015.</p> | |
| | <p>Agreed upon the following Message of Support from the 16th Stop TB Partnership Coordinating Board in Rio</p> | <p>The message of support from the Coordinating Board was finalized and delivered by the Board Chair in Beijing.</p> | <p>Done.</p> |
| <p>(5) Achieving Universal Coverage of TB-HIV 1.09.5.0 (1.09-5.1. A Call for Action (HIV TB Global Leaders Forum, June 9, 2008)</p> | <p>Resolved to monitor the implementation of the Global Fund Board's decision (GF/B18/DP12) from its 18th meeting to ensure that all HIV proposals have a TB component and vice-versa.</p> | <p>Data collection and analysis by TBTEAM.</p> | <p>Ongoing monitoring. Awaiting official publication of the results of Round 9.</p> |
| | <p>Called upon the Global Fund, WHO and the DOTS Expansion Working Group to provide analysis of the inclusion of TB components in HIV grants and vice-versa during Rounds 1-8 that will act benchmarks for grant applications in Round 9 and beyond.</p> | <p>Stop TB Planning matrix as reference tool to prepare and update detailed and comprehensive 5 year Stop TB planning which includes also TB/HIV activities. Note: GF proposals being project rather than comprehensive programme approach may not include TB/HIV activities if already funded elsewhere.</p> | |
| | <p>Agreed that the best means to engage Ministers of Health of High Burden HIV-TB Countries for follow-up on the Call for Action was through special TB-HIV sessions during the WHO Regional Committee Meetings in the Africa and South East Asia Regions.</p> | <p>The 59th AFRO Regional Committee meeting in Kigali, Rwanda included a special ministerial discussion on 3 September with the aim of assessing progress in the implementation of the Maputo declaration and to agree on the next necessary steps to advance in the fight against TB in the Region</p> | <p>Done. Due to the fact that the AFRO and SEARO regional committee meetings were back to back in early September, the AFRO RC was prioritized. A TB/HIV Working Group meeting titled "From Mekong to Bali: scale up of HIV/TB collaborative activities in Asia Pacific," was organized by the World Health Organization (WHO) in collaboration with the TB/HIV Working Group of the Stop TB Partnership to catalyze the implementation of collaborative HIV/TB activities in the Asia and Pacific regions. This region has more than half the</p> |

| Agenda Item / Ref Documents | Decisions | Actions | Status |
|-----------------------------|---|---|---|
| | | | <p>global burden of TB and 12% of the global burden of HIV. The meeting brought together 127 people from 18 countries to share experiences and best practices to accelerate implementation of nation-wide scale up of collaborative HIV/TB activities. Scale up of implementation of activities was discussed in detail including how to overcome barriers to nation wide scale up of collaborative activities, issues round advocacy, social mobilization, and supporting community efforts to raise awareness. Monitoring and evaluation and accurate data was a huge issue and all TB and HIV managers at the meeting identified the need to improve reporting and recording and HIV/TB cohort data analysis as an urgent priority. Other key areas of discussion and planning included resource mobilization, meeting the needs of the most at risk, developing a multisectoral response, and a rights based approach for TB. Presentations and more information can be found at: http://www.stoptb.org/wg/tb_hiv/meetingsevents.asp</p> |
| | <p>Requested that the follow-up meeting in the AFRO region be placed in the context of the 2005 declaration of TB as a regional emergency</p> | <p>AFRO has recognized the gravity of the TB epidemic situation on the continent, with a million new cases notified and an estimated 30% of the global burden. In addition, Africa is where the TB/HIV epidemic is severe, with up to 70% of TB cases occurring in PLHIV in certain settings. Finally, the recent emergence of MDR/XDR-TB among PLHIV in some countries in southern Africa has called global attention to the problem. AFRO RC has already discussed the TB issue in its 55th session, with the declaration of a regional emergency ("Maputo declaration"), and African countries have strongly</p> | <p>Done. At the RC in Kigali, a special session was held led by the UN Secretary General's Special Envoy to Stop TB and attended by all Ministries of Health of the African Region. During the session, the Special Envoy highlighted the economic, social and personal burden of TB in the continent, the threat of MDR-TB in settings of high HIV prevalence and the engagement of African leaders needed to make concrete progress. He also focused on the special impact of in women. He made four requests to the attending Ministers of Health: 1.) Set ambitious national targets and mobilize the funding necessary to reduce the number of people living with HIV who die unnecessarily of TB; 2.) Mobilize HIV-affected</p> |

| Agenda Item / Ref Documents | Decisions | Actions | Status |
|--|--|---|---|
| | | and 2009 meetings, respectively. Despite these commitments, the situation remains critical. | and empower them to become active partners in the prevention, diagnosis and treatment of TB; 3.) Support the establishment of an African Leaders Tuberculosis Alliance with the main goal of fostering collaboration among African countries to build up common strategies to avoid an epidemic of drug-resistant tuberculosis. 4.) target action to deliver world-class TB services through strengthened primary services. |
| <p>(6) Beyond Beijing 1.09-6.0</p> <p>(1.09-6.1. Pacific Health Summit Background) (1.09-6.2. Report on Actions of the Stop TB Research Movement) (1.09-6.3. What is the X Prize?)</p> | Requested that partners attending the Pacific Health Summit focus on four key challenges to engage the research and scientific community in the fight against TB: rapid diagnostic tests (RDTs); second line drugs; supply chain management issues; and increased regulatory agency participation. | <p>Rapid diagnostic tests for drug susceptible and drug-resistant TB are presently being developed and tested by members of the WG on New Diagnostics</p> <p>The TB research Movement is increasingly being involved in discussions pertaining to regulatory issues, through participation of a series of meetings with the FDA and the BGMF funded Critical Path Initiative, and contribution to the Open Forum co-sponsored by the TB Alliance and the WGND</p> | <p>Ongoing</p> <p>Ongoing</p> |
| | Endorsed the approach of the Partnership's Research Movement and requested that its agenda be broadened to link up with open access and community networks | A strategy document has been written, that describes the overall agenda and activities to be conducted over the biennium to promote the Research Movement. | Done. An update from the Research Movement is on the agenda of this Board |

The Strategy Plan includes items related to linking with the community networks and contacts have been taken with various

Ongoing.

| Agenda Item / Ref Documents | Decisions | Actions | Status |
|-----------------------------|---|--|---|
| | | <p>groups</p> <p>A Task Force has been created to help guiding the activities of the Research Movement</p> <p>The Research Movement is partnering with TAG for their annual evaluation of the Global R&D investments in TB which is expected to be released at the World TB Conference in Cancun</p> <p>The Research Movement has commissioned a series of works concurring to mapping the landscape of TB research. This includes a systematic review of the TB research agendas, a mapping of TB diagnostic research and a mapping of TB operational research.</p> | <p>Ongoing.</p> <p>Ongoing.</p> <p>Ongoing.</p> |
| | <p>Recommended the Research Movement ensure coordination with working groups and subgroups focusing on research</p> | <p>Close links have been established with the various "research" working groups. CL is a member of the Core Group of the New Drugs and New Diagnostic WGs, and is also a member of the MDR-TB WG sub-group on research</p> <p>Within the update of the R&D component of the Global Plan to Stop TB, work has been carried out with the WGs on New Drugs, New Diagnostics and New Vaccines, with the help of WHO Stop TB Department</p> <p>A workshop assembling the WGs on New Drugs, New Diagnostics and New Vaccines, together with representatives from the WGs on MDR-TB, TB-HIV and</p> | <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |

| Agenda Item / Ref Documents | Decisions | Actions | Status |
|---|---|--|---|
| | | Childhood TB subgroup has taken place in Geneva in late September and will be repeated in January 2010 | |
| (7) Union Conference 1.09-7.0 | Acknowledged the presentation of the Executive Director of the International Union Against Tuberculosis and Lung Disease on the upcoming 40th Union Conference in Cancun | N/A | - |
| | Encouraged strong community engagement and participation in December at the Conference | The Partnership Secretariat will provide travel support to around 20 community representatives to attend the Union Conference in Cancun. The Secretariat is also organizing an ACSM Sub-Group meeting for 30 Nov- 1 Dec. The Partnership, with TB Alert will also organize a Special Session for Community representatives and advocates on National Responses and access to Funding Mechanisms. Other events in Cancun aimed at increasing capacity include an advocacy capacity building workshop and meeting of the advocacy network. | Ongoing preparations in the lead up to the conference. |
| (8) Stop TB Partnership & McKinsey & Co.: Potential Joint Venture 1.09-8.0 (1.09-8.1. McKinsey & Co. Performance Management Concept Note) | Expressed agreement in general with pursuit of the McKinsey & Co. joint venture | N/A | - |
| | Requested the Secretariat to obtain further information in the form of a detailed proposal setting out the outputs, timeline and budget for circulation and approval by the Executive Committee | Additional materials requested were submitted to the Executive Committee at its 24 th teleconference at the end of May. At that time the ExCom formally endorsed the joint venture to be undertaken by the Stop TB Partnership and McKinsey & Company and requested the Secretariat to prepare all administrative documentation necessary to begin work under the project | Done. All administrative WHO procedures were completed in summer and the Joint Venture was officially launched in August. Work is ongoing under the project, with an update on progress made to be presented at the 17 th CB. |
| (9) Financial Crisis 1.09-9.0 | Expressed its strong support for scenario | WHO Regional and Country Offices were alerted to communicate on any significant | Ongoing monitoring. |

| Agenda Item / Ref Documents | Decisions | Actions | Status |
|--|---|---|------------------------|
| <p>(1.09-9.1. The Financial Crisis and Global Health, report of a high level consultation, WHO, Geneva, 19 January 2009)</p> | <p>planning at the next Board meeting (Autumn 2009) and</p> | <p>changes in NTP financing sources and levels. However, most decisions are being made now for 2010 budgets, so few alerts received yet. No dramatic changes yet for the Stop TB Partnership Secretariat.</p> <p>The Global Fund has initiated Board and Committee discussions on prioritization given funding constraints. WHO has made corporate decisions in light of expected constraints on financing. BMGF has also made public mention of their strategies to ensure sustainability of funded research investments</p> <p>Some bilateral agencies have made statements on expected maintenance or reduction of future spending, but no overview yet available.</p> | |
| | <p>Requested WHO and the DOTS Expansion Working Group to begin work on modelling the impact of ODA reductions and domestic budget shortfalls on disease trends in high burden countries, as well as for research</p> | <p>Planned for examination in analysis for the 2010 WHO Global TB Control report (Oct 2010). Further analyses of previous crises are relevant. WHO/HTM has completed an analysis of the association of GDP reduction in the FSU and TB incidence and mortality following 1990s crises. STB review of previous fiscal crises in several regions on NTP planning, financing and operational implications</p> | <p>Pending.</p> |
| | <p>Acknowledged the importance of strengthened and more frequent monitoring and evaluation of the epidemiological, programmatic & financial impact of the financial crisis on TB through the establishment of an early warning system</p> | <p>Plan to utilize existing quarterly report systems, impact measurement survey plans and communication/partners coordination networks, to fulfil the aims of early warning. Further analysis of previous crises also suggesting what signals may be important.</p> | <p>Ongoing.</p> |
| | | | <p>Ongoing.</p> |

| Agenda Item / Ref Documents | Decisions | Actions | Status |
|--|--|---|---------------------|
| | Recognized that the financial crisis presents a compelling opportunity to spur integration and achieve greater efficiencies in how partners individually and the partnership collectively conducts business | Significant steps taken on efficiency and technical effectiveness grounds, to further harmonize/streamline TB technical assistance provision | |
| <p>(10) Retooling Task Force 1.09-10.0</p> <p>(1.09-10.1. New Sub-Group on Introducing New Approaches and Tools - Potential Scope of Work)</p> | <p>Thanked the Task Force for its work and endorsed its request for dissolution</p> <p>Accepted the creation and objectives of a sub-group on New Approaches and New Tools, to be located within the DOTS Expansion Working Group</p> <p>Requested the sub-group to coordinate closely with the other partnership Working Groups, in particular the Global Laboratory Initiative Working Group and the New Diagnostics Working Group, to ensure an expansion and not a duplication of activities</p> | <p>The Stop TB Department and regions has been working on activities related to the sub-working group of "Introducing New Approaches and Tools". Documents and tools developed by the Retooling TF have been disseminated. Data collection forms from countries have been updated.</p> <p>After an informal meeting at the Stop TB Partnership Forum, TOR of the new sub-WG was discussed among ex-active members of the Retooling TF.</p> | - |
| <p>(11) Closing Session 1.09-11.0</p> | <p>Confirmed that the next Board meeting will take place in Viet Nam in Fall 2009, with final dates to be confirmed by the Executive Committee</p> | <p>At the 23rd teleconference of the Executive Committee at the end of April 2009, consensus was reached, based upon the financial crisis and the conflict of a parallel meeting of WRs in Geneva limiting the travel of WHO staff, to hold the next CB meeting in Geneva, Switzerland, 5-6 November 2009, and to make a firm commitment to the Vietnamese to hold the next meeting in spring 2010 in Hanoi, Viet Nam. A letter was drafted by the Board Chair indicating this and has been accepted by the Vietnamese.</p> | <p>Done.</p> |
| | Agreed on Action Points for implementation. | Secretariat to follow-up | Ongoing. |