

# Stop TB Coordinating Board meeting

3–5 April 2003, Brasília, Brazil

Report (CB-STB 03-01)

## Summarized Decisions and Action-steps

### Recruitment process of Executive Secretary

The Board agreed to initiate the recruitment process immediately and a Board Selection Panel will be established with representatives from all six constituencies on the Board.

- Establish a Board Selection Panel to participate in the outlined recruitment process. Representatives from all Board constituencies to nominate names to the Chair by Friday 19 April.
- WHO will be on the Board Selection Panel with an additional representative from multi-laterals.
- WHO to explore how to fully engage the Board in the recruitment process.
- Secretariat to inform all Stop TB Partners about the recruitment process.

### Progress since the Stop TB Co-ordinating Board meeting in Cape Town

- Global DOTS Expansion:** Discussion focused on the availability of funding and potential areas to be explored for increasing resources. The Board supported the work of the Donor Taskforce and requested that the Secretariat outline a resource mobilization strategy and action plan, including compiling donor information, potential donor mapping, and analysis of national funding streams.
- Progress in top four high TB burden countries:** The four countries with the highest burden of TB – China, India, Indonesia and Nigeria – presented progress since the Cape Town meeting and specific action items were identified.
- High-level missions:** The Board agreed on further joint missions to high-burden countries (HBCs) and potential donors according to the following specific action-points:
  - Secretariat and DEWG to develop a plan and timeline for missions, including invited participants and specific objectives for each mission (by 30 April 2003).
  - Secretariat and DEWG to communicate with participants and country representatives to determine the optimal schedule and to arrange mission logistics and required briefing and background information.
  - Developing country Coordinating Board members also agreed to participate on high level missions, particular to donors.

### Millennium Development Goals: Stop TB—update Global Plan

Board agreed with the process for the second ad hoc Committee on the TB epidemic, approved of the content of the draft report (for final endorsement at the DEWG meeting in The Hague in October 2003), and requested that the Secretariat and DEWG support the proposed 5 consultations during the coming months.

### Partnership evaluation

It was agreed that the report of the evaluation should be made available before the second Partners' Forum and recommendations presented at the next Coordinating Board meeting.

- Establish a Board sub-committee, with Secretariat support, to develop the TOR and process for external review. Ms Irene Koek and Dr Roberto Tapia to take the lead on behalf of the Board;
- TOR to be specific and include detailed Board questions, as outlined above;
- Proposed timeline: TOR by April; tender in May; selection in June; review in July–Sept; results available at next Board meeting in The Hague in October 2003.

### Governance issues

- Staggered Board membership:** The Board approved the proposed list (Annex I)
  - Future composition of the Board to be an element of the evaluation (additional constituencies, e.g. foundations/corporations, AIDS community, GFATM).
  - New Board members to be appointed through their constituencies after the Board meeting in October 2003.
  - The Partnership evaluation will need to assess the composition of the Board.
  - Election of Chair to be on the agenda at next Board meeting.
- Coordinating Board Working Committee:** Until the next Board meeting, Dr Gijs Elzinga will serve as Chair, and Dr Maria Freire will be an additional representative,

### Strategic issues: controlling the TB/HIV epidemic

The Board welcomed the presentations and supports TB/HIV interventions in high HIV prevalent settings and lessons learned from Brazil.

- TB/HIV working group to develop a specific list of action steps for the Board related to the collaboration with GFATM,

UNAIDS and WHO.

- Board to actively reach out to HIV/AIDS organizations to build international collaboration structures. In particular, to attempt at establishing a closer link with UNAIDS.

### **Country obstacles: two high TB burden countries**

Brazil and Pakistan presented their national plans and progress.

### **Global Fund to Fight AIDS, Tuberculosis and Malaria**

The Board discussed possible areas of strengthening collaboration, specifically on the TRP, GDF, and TB/HIV.

- Board is concerned about the reduction of TB experts from three to four as part of the Technical Review Panel (TRP) and asks the Secretariat to finalize a letter to the GFATM Board, signed by the Stop TB Board Chair
- Suggestion to lobby for the fourth round GFATM earmarked to TB/HIV (50-100%). This allows time to prepare country proposals.
- Secretariat to discuss GDF with portfolio managers to determine whether there are countries that have received money through first and second rounds to support drugs/GDF (briefing meeting, 11 April).

### **TB and poverty**

General supportive appraisal for greater engagement in the field of poverty and TB as a mainstream Partnership activity.

- General supportive appraisal for greater engagement in the field of poverty and TB as a mainstream Partnership activity. The Board requested that the Secretariat link the initiative and proposed Network to existing initiatives and structures within and beyond the Partnership (PRSP, MDG, STB WG's, etc.).
- Secretariat to explore funding for the Network through current funding of the Secretariat, possibly through Trust Fund; application to the FIDELIS mechanism or World Bank competition, specifically for projects; incorporation in the workplan of the Secretariat 2004 or DEWG 2004.

### **Global TB Drug Facility evaluation**

The recommendations of the independent McKinsey evaluation were discussed and specific decisions were taken related to the scope, governance and functions.

- The GDF has proved to be a successful business model and should be continued, incorporating the proposed McKinsey changes to the business model, human resources and management systems.
- Up-front funding for the GDF is required before inviting and promising support to countries for drug supply. Funding needs to be secured for the GDF, especially to address the current US\$ 8 million shortfall for 2003. It was agreed that the Board will examine mechanisms to ensure stable funding of around US\$ 20 million per year to allow the GDF to continue its grant-making role. Board donor members will check possibilities for support; the Donor Taskforce was asked to actively explore options with other donors (EC/Scandinavian donors).
- The current governance structure and housing arrangement within WHO will be maintained. For extension of the MOU with WHO, due 31 July 2003, the existing MOU will be extended for one year;
- The GDF will continue to function as part of the Partnership Secretariat and to report to the Executive Secretary. The Board mandates the Acting Executive Secretary to recruit a new GDF manager as soon as possible, and other staff as needed.
- The Stop TB Coordinating Board will maintain the policy-making and decision-making body for the GDF. Operational issues, including oversight, planning decisions, and a control audit function will be based on guidance from the Board Working Committee.
- Related to expansion of the GDF, other diseases might adopt the model of the GDF and for this purpose the GDF Secretariat will prepare a 'white paper' on how to create a GDF.
- Secretariat to prepare for the next Board meeting specific GDF decisions points (such as policy decisions re cancelling next rounds of TRC).

### **Second Stop TB Partners' Forum**

The Board welcomed the announcement of the Government of India to host the Partners' in New Delhi, 4-5 December 2003. The proposed outline and objectives were endorsed, noting the importance of all aspects of the Global Plan to Stop TB.

- Secretariat to develop and widely disseminate an announcement on the Partners' Forum with background on progress since the first Forum, and to post this information by end of April 2003;
- Development of theme and campaign plan for the Partners' Forum is requested from the Advocacy and Communications Taskforce. The Global Alliance and OSI offered advocacy staff to support these efforts.
- To address the direction of the Global Partnership to Stop TB in reaching the 2005 targets, the Coordinating Board Working Committee will take the lead in developing a process.
- A small Board Advisory Committee was convened to advise on key decisions in preparation for the Forum, such as the list of participants and draft Agenda (SK Naik, Jaap Broekmans, World Bank (Chris Lovelace)).

## **COMBI (Communication for Behavioural Impact)**

Dr Everold Hosein outlined the strategic underpinning for the design of the TB COMBI programmes in Kenya, Bangladesh, and Kerala/India, and drew particular attention to the specialised focus on the central behavioural objective of each COMBI Programme

### **New Tools agenda**

The Board agreed to allot sufficient time for discussion on the New Tools area in the next agenda in October 2003 in the Hague.

**Next Board meeting, The Hague, Netherlands 10–11 October 2003**

## **1. Opening (CB-STB 03-01-01)**

The Minister of Health of Brazil, Dr Humberto Sérgio Costa Lima, opened the meeting and welcomed Board members to Brasília. Dr Jacobo Finkelman, the WHO Representative in Brazil, also welcomed participants to the meeting, which was hosted at WHO offices. Mr Ernest Loevinsohn opened the meeting with the first agenda-point.

## **2. Update from the Stop TB Partnership Secretariat (CB-STB 03-01-02)**

Dr Nils Billo, Acting Executive Secretary, presented an update and the financial statement for 2002. All background documents and the presentations will be provided to the Board members on a CD-rom.

### **Action:**

**The Board requested clarification about quality assurance of Global TB Drug Facility (GDF) drugs, and suggested that the TB drug prices be posted on the web site to inform countries about competitive pricing.**

## **3. Recruitment process of Executive Secretary (CB-STB 03-01-03)**

Dr Nils Billo outlined the proposed steps in the search and selection process for recruiting the new Executive Secretary of the Stop TB Partnership Secretariat.

### **Discussion:**

Board members discussed the advantages and disadvantages of postponing recruitment until the Partnership evaluation. It was felt that the present arrangement worked well, however, this should be revisited as part of the evaluation. The Board congratulated and thanked Dr Jacob Kumaresan for his guidance in raising the profile of the Stop TB Partnership to a level that is internationally recognized as a model for other partnerships.

### **Conclusion:**

The Board agreed to initiate the recruitment process immediately and not delay until the Partnership evaluation, which would focus on strategic issues (accountability, terms of reference changes and level of salary). The recruitment process will be coordinated between the Board and WHO, following the WHO rules and regulations to ensure that the regular budget position is guarded.

### **Action:**

- 3.1. Establish a Board Selection Panel to participate in the outlined recruitment process. Representatives from all Board constituencies to nominate names to the Chair by Friday 19 April.**
- 3.2. WHO to be on the Board Selection Panel; an additional representative from multilaterals will be included.**
- 3.3. WHO to explore how to fully engage the Board in the recruitment process.**
- 3.4. Secretariat to inform all Stop TB Partners about the recruitment process.**

## **4. Progress since Stop TB Coordinating Board meeting in Cape Town (CB-STB 03-01-04)**

### **4.1 Global DOTS Expansion**

Dr Mario Raviglione presented progress in global TB control since the last Board meeting in Cape Town, highlighting the data published in the Global TB Control Report 2003. Financial needs and the countries

receiving support to stop TB through the second round of the Global Fund to Fight HIV/AIDS, TB and Malaria (GFATM) were emphasized. The Donor Taskforce, chaired by Dr Anne Peterson from USAID and Dr Mario Raviglione, was presented as a new mechanism for developing strategies and mobilizing resources. The scope of the Taskforce was outlined as supporting all needs of the Partnership, beyond DOTS Expansion. Dr Nils Billo outlined the new mechanism established at the IUATLD with CIDA funds for innovative TB projects with funding (FIDELIS Project).

*Discussion:*

Discussion focused on the availability of funding and potential areas to be explored for increasing resources, including bringing in new donors, and engaging the business and corporate sectors. In-kind support could result from partnerships with the business and corporate sectors, such as through the World Economic Forum. OSI has contacted foundations to assess interest in supporting Stop TB.

**Action:**

**4.1.1. The Board supported the work of the Donor Taskforce, and requested that the Secretariat outline a resource mobilization strategy and action plan, including compiling donor information, potential donor mapping, and analysis of national funding streams.**

**4.2 Progress in top four high TB burden countries**

The four countries with the highest burden of TB – China, India, Indonesia and Nigeria – presented progress since the Cape Town meeting.

**India**

Dr Chauhan outlined funding needs until 2015, and explained national funding versus international assistance. Concerns were expressed about the delay in funding from the GFATM. CIDA announced support of US\$ 1.6 million for hiring consultants in India.

**Action:**

**4.2.1. Board to broker information on the disbursement of GFATM funding.**

**4.2.2. Representatives from the Board and/or Secretariat to participate in the next National Interagency Coordinating Committee, tentatively planned for the second week of May.**

**Nigeria**

Dr Suleiman presented the current TB situation and Nigeria's ongoing plans and activities.

**Action:**

**4.2.3. Follow-up high-level mission to Nigeria to be organized, with focus on the states and stimulating their active involvement.**

**Indonesia**

Ms Irene Koek presented progress to control TB over the past months, and referred to the successful high-level mission that took place earlier this year.

**Conclusion:**

**4.2.4. Congratulations to Indonesia for presenting a "model" of partnership collaboration and support. The Board will follow progress with keen interest; it acknowledges that no action is required for the moment.**

**China**

Dr. Mario Raviglione presented progress on China and specific action-steps. China requested urgent mobilisation of resources to assist with implementation of innovative interventions to increase case detection, with recruitment of more staff at central and provincial level and with hold of a general review meeting by year end.

**Action:**

**4.2.5. Based on a request from China, Board members to participate in a high-level mission by end 2004. The Secretariat and DOTS Expansion Working Group (DEWG) were asked to organize the mission.**

### **4.3 High-level missions**

The Board discussed the need for further joint missions to high-burden countries (HBCs) and potential donors. It was agreed that the broad-constituency based image of the Partnership needs to be represented when approaching countries or donors. The Board agreed to missions to Nigeria and China later in 2003. DEWG proposed joint high-level missions to the following HBCs in 2003: Thailand (Q2–3), Ukraine (end May), Peru (Q3), Ethiopia (Q3), Zimbabwe (Q3–4), Mozambique (Q4).

Related to high-level missions to potential donors, the Board agreed to organize a mission to the EU and a follow-up mission with the Gates Foundation.

#### **Action:**

**4.3.1. Secretariat and DEWG to develop a plan and timeline for missions, including invited participants and specific objectives for each mission (by 30 April 2003).**

**4.3.2. Secretariat and DEWG to communicate with participants and country representatives to determine the optimal schedule and to arrange mission logistics and required briefing and background information.**

**4.3.3. Developing country Coordinating Board members also agreed to participate on high level missions, particular to donors.**

## **5. Millennium Development Goals: Stop TB—update Global Plan (CB-STB 03-01-05)**

Dr Joan Paluzzi outlined the Millennium Development Goals (MDGs) Project and in particular the activities of the working group "Combating Tuberculosis". Mario Raviglione outlined the process of the development of a report "Implementing global TB control: solutions to DOTS expansion constraints" by the second Ad Hoc Committee on the TB epidemic. A series of five consultations over the next few months on the main health system themes relevant to global DOTS expansion will contribute to the finalisation of the Committee's report. Details about this report were discussed by the Committee on 2 April 2003. The report has been referred to as "The Hague" paper, as it will be finalized at the 4<sup>th</sup> DOTS Expansion Working Group meeting, to be held in The Hague, October 2003.

#### **Action:**

**5.1. Board agreed with the process for the second ad hoc Committee on the TB epidemic, approved of the content of the draft report (for final endorsement at the DEWG meeting in The Hague in October 2003), and requested that the Secretariat and DEWG support the proposed 5 consultations during the coming months.**

## **6. Partnership evaluation (CB-STB 03-01-06)**

Dr Nils Billo presented the proposed steps for evaluation of the Stop TB Partnership.

#### *Discussion:*

The Board discussed timing of the Partnership evaluation, and the possibilities of immediate implementation and postponement until 2005, related to the Stop TB Targets. It was agreed that the report of the evaluation should be made available before the second Partners' Forum and recommendations presented at the next Coordinating Board meeting. To observe this time frame, it was suggested that the internal review phase be shortened or omitted. The World Bank reinforced the need for evaluation from a funding perspective. The Terms of Reference (TOR) need to reflect clear objectives, and the evaluation must receive political endorsement. As part of the TOR, emphasis should also be placed on the future of the Stop TB Partnership and related strategic planning.

Specific questions/issues to be addressed by the evaluation include: a) effective functioning of the Coordinating Board and its liability, meetings, working committee and respective composition; b) how to effectively coordinate the Stop TB working Groups; c) how can the Secretariat function most appropriately, including housing arrangements within WHO, direction by Board and by the Executive Secretary; d) administrative and governance arrangements of GDF within Secretariat and Partnership, including the position of the GDF manager, guidance and decision-making by Board and its working committee, Memorandum of Understanding (MOU) with WHO and GFATM.

The following specific guiding principles were outlined as the basis for the evaluation:

- Financial amount for the external agency should be as modest as possible;
- External review needs to be fully independent;
- Forward-looking component (New Tools aspect);
- TOR need to meet the criteria of funders (World Bank);

**Action:**

- 6.1. Establish a Board sub-committee, with Secretariat support, to develop the TOR and process for external review. Ms Irene Koek and Dr Roberto Tapia to take the lead on behalf of the Board;**
- 6.2. TOR to be specific and include detailed Board questions, as outlined above;**
- 6.3. Proposed timeline: TOR by April; tender in May; selection in June; review in July–Sept; results available at next Board meeting in The Hague in October 2003.**

## **7. Governance issues (CB-STB 03-01-07)**

### **7.1 Staggered Board membership**

To avoid current Board members being replaced at the same time, the Secretariat proposed a list for staggered membership (see Annex I), to be cleared by the respective constituencies. All current Board members will participate at the next Board meeting, after which staggering of membership will be initiated. OSI made a recommendation, seconded by USAID, that as part of the evaluation, the Board should look at whether there should be one seat for foundations and one for private sector (not coopted, but regular members of the Board).

**Action:**

- 7.1.1. Current members to remain on the Board and suggested staggering accepted.**
- 7.1.2. Future composition of the Board to be an element of the evaluation (additional constituencies, e.g. foundations/corporates, AIDS community, GFATM).**
- 7.1.3. New Board members to be appointed through their constituencies after the Board meeting in October 2003.**
- 7.1.4. The Partnership evaluation will need to assess the composition of the Board.**
- 7.1.5. Election of Chair to be on the agenda at next Board meeting.**

### **7.2 Coordinating Board Working Committee**

Dr Nils Billo outlined the need for changes in the Coordinating Board Working Committee, related to his interim appointment as acting Executive Secretary. It was suggested to maintain stability and keep the current composition and TOR until the Partnership Evaluation had taken place. The Board Working Committee provides guidance to the Secretariat on specific issues for decisions to the full Board. The GDF Technical Review Committee (TRC) recommendations are discussed and endorsed by the Board Working Committee.

**Decision:**

- 7.2.1. Proposed chair of the Board Working Committee to be Dr Gijs Elzinga, and Dr Maria Freire will serve as an additional representative, until the next Board meeting.**

## **8. Strategic issues: controlling the TB/HIV epidemic (CB-STB 03-01-08)**

The HIV/AIDS programme in Brazil was presented and various lessons learned outlined. Dr Gijs Elzinga provided an overview of the current TB/HIV situation and projections for the future. Possible interventions, key policy decisions and estimated costs were outlined.

**Discussion:**

The Board welcomed the presentations and supports TB/HIV interventions in high HIV prevalent settings and lessons learned from Brazil. The Board strongly supported the TB/HIV framework. It was suggested to further disseminate the presentation messages to organizations such as GFATM. Some Board members cautioned against embarking on specific TB/HIV interventions when DOTS programmes are not yet firmly established. The core business of the Partnership is to strengthen DOTS and support the implementation of the Global Plan to Stop TB. Discussions focused on collaboration at international level between UNAIDS, WHO/AIDS and Stop TB, and at country level where health staff are already overstretched. It was suggested that TB/HIV proposals could be earmarked for the fourth round of GFATM (a percentage of 50–100% was proposed to be allotted to TB/HIV).

**Action:**

- 8.1. TB/HIV working group to develop a specific list of action steps for the Board related to the collaboration with GFATM, UNAIDS and WHO.**
- 8.2. Board to actively reach out to HIV/AIDS organizations to build international collaboration structures. In particular, to attempt at establishing a closer link with UNAIDS.

## **9. Country obstacles: two high TB burden countries (CB-STB 03-01-09)**

### **Brazil National Plan**

The Board welcomed the action plan as presented and committed to close collaboration with Brazil.

### **Pakistan**

The presentation from Pakistan was commended.

#### *Discussion:*

CIDA offered support to the health workers programme in Pakistan, and DFID referred to the support of US\$ 60 million over four years in basket funding to national prioritization.

## **10. Global Fund to Fight AIDS, Tuberculosis and Malaria (CB-STB 03-01-10)**

Dr Arletty Pinel presented GFATM developments, the status of the MOU between the Stop TB Partnership and GFATM, and possible areas of strengthening collaboration.

#### **Action:**

- 10.1. Board is concerned about the reduction of TB experts from three to four as part of the Technical Review Panel (TRP) and asks the Secretariat to finalize a letter to the GFATM Board, signed by the Stop TB Board Chair**
- 10.2. Suggestion to lobby for the fourth round GFATM earmarked to TB/HIV (50-100%). This allows time to prepare country proposals.**
- 10.3. Secretariat to discuss GDF with portfolio managers to determine whether there are countries that have received money through first and second rounds to support drugs/GDF (briefing meeting, 11 April).**

## **11. TB and poverty (CB-STB 03-01-11)**

Dr Bertel Squire presented the proposal for the network for action on TB and poverty.

#### *Discussion:*

Poverty was acknowledged as a significant factor contributing to TB incidence, and considerations of poverty should therefore be included in all components of the Partnership, with a special role for DEWG. It was emphasized that the Network must not become a stand-alone parallel system but be integrated with the Partnership. The TB and poverty network needs to reach out to other related activities beyond the partnership (PRSP, MDG, etc.).

The Board welcomed the following components in the proposal: a) experiment with pro-poor approaches in countries; b) identifying better data for reaching the poor; c) indicators for countries (geographical coverage); d) advocacy for TB and poverty; e) operational research questions - poverty reduction: political science analysis. No earmarked funds are available for TB and poverty; it was recommended that the Proposal be revisited and re-submitted with the aim of achieving a more downscaled initiative with very modest financial needs.

#### **Action:**

- 11.1. General supportive appraisal for greater engagement in the field of poverty and TB as a mainstream Partnership activity. The Board requested that the Secretariat link the initiative and proposed Network to existing initiatives and structures within and beyond the Partnership (PRSP, MDG, STB WG's, etc.).**
- 11.2. Secretariat to explore funding for the Network through current funding of the Secretariat, possibly through Trust Fund; application to the FIDELIS mechanism or World Bank competition, specifically for projects; incorporation in the workplan of the Secretariat 2004 or DEWG 2004.**

## 12. Global TB Drug Facility evaluation (CB-STB 03-01-12)

The team from McKinsey presented the recommendations of its independent evaluation.

### *Discussion:*

The GDF is not to be considered as a sole procurement agent; it functions as a procurement plus model through its grants. A balance between grants and direct procurement, with one-third as grants, is considered most beneficial. While phasing out the GDF over a 10-year period, its grant role will stop before the direct procurement role. It would be possible to recover funds for grants on purchase through fees on direct procurement, but this would not be sufficient to realistically fund the GDF.

Pooled procurement allows for standardization, and volume has an impact on price reduction. However, pushing other suppliers out of the market is not an objective of the GDF.

The Board discussed the nature of the GDF as a financial/commodity fund or as an independent freestanding organization requiring a separate legal structure. Duplication and parallel systems are a concern. It was agreed that thanks to effective country coordination and technical support/monitoring, the current arrangement within WHO is successful. However, there is a clear need for higher standards of accountability and efficiency and for the GDF to function more as an aggressive entrepreneurial organization, which might require a more independent structure. The current management and human resources structure within the Secretariat reflects a GDF still in its start-up phase. New skills are needed for further expansion.

While outlining a transparent picture of the finances, US\$ 8 million is needed to honour all current commitments for 2003. A shift in GDF financing – from short injections, as is currently the case, to long-term financing – is recommended. A peak of US\$ 20–30 million annual budget is required over a three-year period.

Given the relationship with GFATM, it is seen as unrealistic for GFATM to mandate the GDF as sole procurement agent.

The Board thanked Ian Smith, Gini Arnold and the rest of the GDF team for their hard work, and expressed thanks to McKinsey for the thorough review and detailed recommendations.

### **Decisions and action points:**

- 12.1. The GDF has proved to be a successful business model and should be continued, incorporating the proposed McKinsey changes to the business model, human resources and management systems.**
- 12.2. Up-front funding for the GDF is required before inviting and promising support to countries for drug supply. Funding needs to be secured for the GDF, especially to address the current US\$ 8 million shortfall. It was agreed that the Board will examine mechanisms to ensure stable funding of around US\$ 20 million per year to allow the GDF to continue its grant-making role. Board donor members will check possibilities for support; the Donor Taskforce was asked to actively explore options with other donors (EC/Scandinavian donors).**
- 12.3. The current governance structure and housing arrangement within WHO will be maintained. For extension of the MOU with WHO, due 31 July 2003, the existing MOU will be extended for one year; the detailed issues of possible changes should be addressed in the partnership evaluation. Administrative flexibility for human resources and financial and legal regulations needs to be increased. Mr Chris Lovelace (World Bank) was nominated as convenor for negotiating the new MOU with input from the Board by teleconference or electronic communication.**
- 12.4. The GDF will continue to function as part of the Partnership Secretariat and to report to the Executive Secretary. The Board mandates the Acting Executive Secretary to recruit a new GDF manager as soon as possible, and other staff as needed.**
- 12.5. The Stop TB Coordinating Board will maintain the policy-making and decision-making body for the GDF. Operational issues, including oversight, planning decisions, and a control audit function will be based on guidance from the Board Working Committee.**
- 12.6. Related to expansion of the GDF, other diseases might adopt the model of the GDF and for this purpose the GDF Secretariat will prepare a 'white paper' on how to create a GDF.**
- 12.7. Secretariat to prepare for the next Board meeting specific GDF decisions points (such as policy decisions re cancelling next rounds of TRC).**

### **13. Second Stop TB Partners' Forum (CB-STB 03-01-13)**

Mr S.K Naik invited the Stop TB Partnership and all Board members to India for the second Stop TB Partners' Forum.

#### *Discussion:*

The Board supported the outline and objectives as presented, stressing the importance of a balanced presentation of DOTS implementation versus the "New tools" objectives.

It was agreed that the momentum of the Partners' Forum needs to be driven by a strong campaign, possibly in collaboration with commercial companies.

Based on discussions, a proposed list of high-level invitees was developed, to include Clare Short, Bill Gates, George Soros, Piot (UNAIDS), GFATM. The Board Advisory Committee was asked to advise on the specifics for HBC president/prime minister participation.

One of the key background documents to be prepared for the Forum will be an update of the Global Plan to Stop TB. All Stop TB Working groups were requested to provide relevant information based on the requests from the Secretariat.

The Board endorsed the use of Trust Fund moneys to recruit a professional conference organizer to manage local arrangements in India.

#### **Action:**

- 13.1. Secretariat to develop and widely disseminate an announcement on the Partners' Forum with background on progress since the first Forum, and to post this information by end of April 2003;**
- 13.2. Development of theme and campaign plan for the Partners' Forum is requested from the Advocacy and Communications Taskforce. The Global Alliance and OSI offered advocacy staff to support these efforts.**
- 13.3. To address the direction of the Global Partnership to Stop TB in reaching the 2005 targets, the Coordinating Board Working Committee will take the lead in developing a process.**
- 13.4. A small Board Advisory Committee was convened to advise on key decisions in preparation for the Forum, such as the list of participants and draft Agenda (SK Naik, Jaap Broekmans, World Bank (Chris Lovelace)).**

### **14. COMBI (Communication for Behavioural Impact) (CB-STB 03-01-14)**

Dr Everold Hosein outlined the strategic underpinning for the design of the TB COMBI programmes in Kenya, Bangladesh, and Kerala/India, and drew particular attention to the specialised focus on the central behavioural objective of each COMBI Programme: If you have a cough that does not go away in three weeks, do come in to our centres for the TB Sputum Test. He briefly described the status of implementation of the three programmes: all projects were in their pre-launch phase awaiting contractual agreements and impact results were expected in about six months.

### **15. New Tools (CB-STB 03-01-15)**

Dr Maria Freire presented the need to support the agenda of the New Tools groups, specifically the Global Alliance for new TB Drug development. Major support was required for advocacy and coordination through the Stop TB Partnership. The 2010 target is important but unlikely without major immediate support. For example, US\$ 0.5–1 billion is required for the whole operation to develop vaccines.

#### **Action:**

- 14.1. The Board agreed to allot sufficient time for discussion on the New Tools area in the next agenda in October 2003 in the Hague.**

### **16. Next Board meeting, The Hague, 10–11 October 2003 (CB-STB 03-01-16)**

Dr Jaap Broekmans invited the Stop TB Coordinating Board to The Hague, The Netherlands, following the DEWG meeting on 7–8 Oct and the KNCV celebrations and seminar on 9 October. The Board welcomed KNCV's offer to host the meeting in conjunction with its 100-year anniversary.

**Remarks at the end on decisions:**

**The Secretariat was asked to prepare Board meetings with specific decision points, which can then be modified or changed during the meeting. Specific information on funding requirements is also required in advance.**

## Stop TB Coordinating Board—Terms of Office and staggering members\*

As of 24 October 2001

Group	Name	Term of office	Proposed final term
<b>a. Working Groups chairpersons (6)</b>			
DOTS Expansion	Mario Raviglione, WHO	Permanent	Permanent
TB&HIV	Gijs Elzinga, RIVM, The Netherlands	Permanent	Permanent
DOTS-Plus/ MDRTB	Jim Kim (PIH, USA)	Permanent	Permanent
New Vaccine R&D	Douglas Young (2 Oct'02)	Permanent	Permanent
New TB Diagnostics R&D	Carlos Morel, Director WHO/TDR	Permanent	Permanent
New TB Drugs R&D	CEO, Dr Maria Freire <i>Until April'03 represented by Giorgio Roscigno</i>	Permanent	Permanent
<b>b. Regional Representatives (6)</b>			
African region	Prof. Francis Omaswa, Director-General, MOH, Uganda. <b><i>Vice-Chair of the Board (1yr)</i></b>	3 years	Oct'04
American region	Dr Roberto Tapia, Vice-Minister of Health, Mexico	3 years	Oct'04
Eastern Mediterranean region	Mr Ejaz Rahim, Federal Secretary of Health, Pakistan	2 years*	Oct'03
European region	Dr Jaap Broekmans, Director KNCV, The Netherlands	3 years	Oct'04
South East Asian region	Dr Narayanan, Director TB Research Centre, Chennai, India	2 years	Oct'03
Western Pacific region	Dr Toru Mori, Japan, Director RIT/ Chairperson WPRO Stop TB TAG	3 years*	Oct'04
<b>c. High-burden country representatives</b>			
Brazil	Dr Humberto Sérgio Costa Lima, MOH, Brazil (April'03) <i>Prof. Yunes, Prof. Public Health (passed away Oct'02)</i>	2 years	Oct'05
Nigeria	Dr Alhaji Shehu Suleiman, Secretary Health, Nigeria (Oct'02) <i>Nominated Board member: Dr Abebe, Director-General, MOH (on sabbatical in year'02)</i>	2 years	Oct'03
Philippines	Dr Dayrit, Secretary of Health	2 years*	Oct'03
India	Dr Naik, Secretary of Health ( <i>attended 1<sup>st</sup> meeting Oct'02</i> )	2 years	Oct'04
<b>d. Multilateral Agencies (3)</b>			
WHO	Dr Lee, Director, Stop TB <i>Changed in Oct'02 currently represented by Mario Raviglione</i>	Permanent	Permanent
World Bank	Dr Christopher Lovelace, Director, Health, Nutrition & Population	Permanent	Permanent
UNICEF	Dr Yves Bergevin, Chief Health	Permanent	Permanent
<b>e. NGO and Institutes (3)</b>			
CDC	Dr Ken Castro	Permanent	Permanent
IUATLD	Dr Nils Billo, Executive Director	Permanent	Permanent
MSH	Dr Jim Rankin	2 years*	Oct'03
<b>f. Donors (4)</b>			
CIDA	Mr Ernest Loevinsohn, <b><i>Chair of the Board</i></b>	2 years	Oct'03
DFID <i>(Representing NL and other Europ. donors)</i>	Dr Julian Lobb-Levyt <i>Represented by Ms Emma Back until March'03 and Mr Alastair Robb from March'03 onwards</i>	2/3 years	Oct'03/04
Japan	Dr Tanaka, Assistant Minister for Technical Affairs, Ministry of Health, Labour and Welfare (Oct'02) <i>Represented by Dr Masami Sakoi</i>	2/3 years	Oct'03/04
USAID	Ms Irene Koek <i>Dr Anne Peterson is involved since Oct'02</i>	2/3 years	Oct'03/04
OSI/Soros Foundation <i>(coopted)</i>	Ms Nina Schwalbe	<i>Until Oct'03</i>	

\*: Suggested staggering approved in April'03, Board meeting, Brazil

# Stop TB Coordinating Board

3-4 April, Brasilia, Brazil

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# Stop TB Coordinating Board meeting

3-5 April 2003, Brasilia, Brazil

## Agenda

### OBJECTIVES

Enhance progress in DOTS Expansion and reinforce action-oriented global mechanisms to support the high TB countries in reaching the global Stop TB targets and Millennium Development Goals;

Review the recommendations of the independent GDF evaluation and decide on the next steps for governance, scope and functions;

Review the recommendations on TB and poverty and identify next steps in mainstreaming TB and poverty;

Review and accept the financial and activity report 2002 and the highlights of workplan 2003 of the Stop TB Partnership Secretariat;

**Wednesday 2 April 2003**

12:00-17:30 Taskforce 5 on Tuberculosis Millennium Development Goals Meeting for invited Board members  
– organized by Partners in Health

**Thursday 3 April 2003**

*Chair: Ernest Loevinsohn*

### Documents

**08:45–09:00 Welcome**

Introduction of participants and adoption of agenda—*Chair*

Opening and Welcome—*Minister of Health, Brazil*

Welcome to WHO/PAHO (hosting the meeting)—*WHO Representative, Dr Finkelman*

**09:00–09:45 Update from the Secretariat**

09:00-09:10 Update from Stop TB Partnership Secretariat: Activities up to March'03 and Financial statement'02

09:10-09:20 Update on search new Executive Secretary Stop TB and other key staff

09:20-09:45 *Discussion and Decisions*

1. (a, b, c)  
Partnership  
Secretariat Activity  
& Financial Report  
2002

**09:45–11:00 Progress since Cape Town**

09:45-10:30 DOTS Expansion WG: 2003 Report, Taskforce, GFATM 2<sup>nd</sup> round—*Mario Raviglione*

10:30-10:45 Progress in top 4 HBC: China, India, Indonesia, Nigeria—*Raviglione, Naik, Koek, Suleiman*

10:45-11:00 *Discussion and Decisions*

*Agree on specific tasks in continued support to all 4 countries from Board and Secretariat*

*Strengthened mechanisms for functioning of the Taskforce*

*Charge the DEWG with taking forward similar process and discussions in other HB countries*

2. Global TB  
Control Report  
2003

11:00–11:30

*Coffee/Tea*

**11:30–12:30 Millennium Development Goals: Stop TB—update Global Plan**

11:30-11:40 The Millennium Development Goals project: Combating Tuberculosis —*Joan Paluzzi*

11:40-11:50 Outline of content/ process and link with Millennium Development Goals —*Mario Raviglione*

11:50-12:30 *Discussion and Decisions*

*Agree on process and content for development of paper*

*List suggested experts currently not involved in Stop TB to be involved in writing and think-tanks*

3. (a, b) Outline  
paper

12:30–14:00

*Lunch Break*

**14:00–17:30 Country Obstacles: 2 high TB burden countries**

*Formulate solutions and priorities for action for the global Partnership to support the high TB countries to reach the global Stop TB targets.*

14:00-15:30 Break-out Groups: Brazil, Pakistan

4. (a, b) Constraints  
& solutions in 2  
HBC

15:30–16:00

*Coffee/Tea*

5. Country Obstacle  
Questions

16:00-16:45

Presentations from break-out groups Brazil, Pakistan (*10 minutes each*)

16:45-17:30

*Discussion and Decisions on next steps*

**17:30**

***Adjourn***

**19:00**

***Reception (hosted by MOH Brazil) for Board members and invited guests***

Friday 4 April 2003<sup>i</sup>

Chair: Ernest Loevinsohn

Documents

**09:00-10:00 Strategic issues: Controlling the TB/ HIV Epidemic**

09:00-09:15 HIV programme in Brazil: a successful case-study—*Ministry of Health, Brazil*

09:15-09:30 Update on TB/HIV WG and the role of Coordinating Board—*Gijs Elzinga*

09:30-10:00 *Discussion and Decisions*

*Support to TB/HIV interventions in high HIV prevalent settings*

*Discussion and Decision on proposed action-steps*

6. TB/HIV

**10:00-10:45 Global Fund to Fight AIDS, TB and Malaria (GFATM)**

10:00-10:15 GFATM update, signing MOU, strengthening collaboration—*Arletty Pinel*

10:15-10:45 *Discussion and Decisions on next steps*

10:45–11:00 *Coffee/Tea*

**11:00–14:30 Partnership activities 2003: Poverty, COMBI, 2<sup>nd</sup> Partners' Forum**

11:00-11:30 Key milestones for Secretariat workplan 2003—*Nils Billo*

11:30-11:45 TB and Poverty—*Jaap Broekmans, Bertel Squire*

11:45-12:15 *Discussion and decisions on TB & Poverty*

7. (a, b) TB & Poverty docs

12:15–13:15 *Lunch Break*

13:15-13:25 2<sup>nd</sup> Stop TB Partners' Forum—*SK Naik*

13:25-13:45 *Discussion and decisions on Partner's Forum*

13:45-14:00 Social mobilization: COMBI pilot projects—*Everold Hosein*

14:00-14:30 *Discussion and decisions on COMBI*

8. Forum outline

9. (a, b) COMBI docs

**14:30-17:00 Global TB Drug Facility Evaluation**

14:30-15:15 Recommendations of the independent evaluation—*McKinsey team*

15:15-15:30 *Questions*

10. (a, b) GDF evaluation

15:30–16:00 *Coffee/Tea*

16:00-17:00 *Discussion and decisions on governance, scope and functions of Global TB Drug Facility*

**17:00-17:45 Other issues and next steps**

*Governance issues: rotation and staggering of current Board members—Ernest Loevinsohn*

*Other issues: next Board meeting, The Hague, 8-9-10-11 Oct 2003—Jaap Broekmans*

17:45-18:00 *Discussion and Decisions on next steps*

**18:00 Adjourn**

\*\*Background docs will be circulated to all Board membe

**Saturday 5 April 2003**

**09:00-14:00 Stop TB Working Group Meeting of Chairs**

*Site visits in the Brasilia province is unfortunately cancelled*

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<sup>i</sup> Thanks to WHO/Brazil for hosting the meeting at World Health Organization/ Brazil, SEN. Lote 19, 70800-400 Brasilia – DF, Fax: +55 61 (426) 9591 / 321 1922, <http://www.opas.org.br>

**For any assistance in local arrangements:** Focal point in WHO/Brazil (Mrs. Ofelia Bolivar) Email: [ofelia@bra.ops-oms.org](mailto:ofelia@bra.ops-oms.org)