

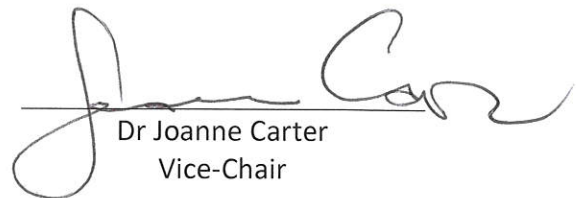
Opening Session

Decision Point 27-1

1. The Board adopts the proposed agenda for the 27th Stop TB Partnership Coordinating Board meeting.
2. The Board notes the action points from the 26th Stop TB Partnership Coordinating Board meeting held on 14 -15 April 2015, in Paris, France.



Dr Lucica Ditiu
Executive Secretary



Dr Joanne Carter
Vice-Chair

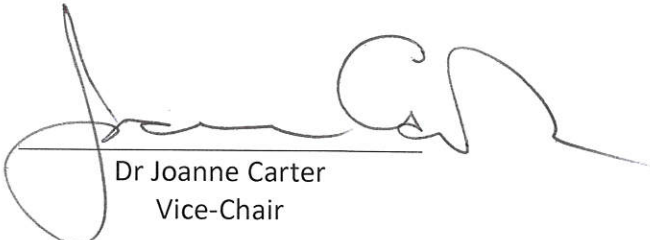
Report of the Executive Secretary

Decision Point 27-2

1. The Board welcomes the report of the Executive Secretary and thanks the Executive Secretary and Secretariat team for their efforts and achievements.
2. The Board also thanks UNOPS for their continued support.



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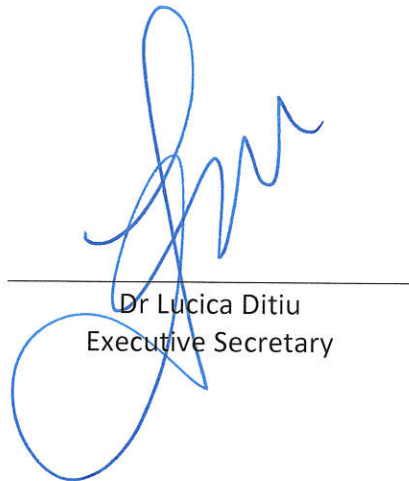


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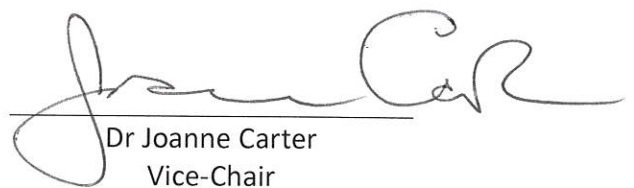
Global TB Caucus

Decision Point 27-3

1. The Board acknowledges the work of the Global TB Caucus of parliamentarians and recognizes the unprecedented global political leadership on a health issue that the Caucus represents.
2. The Board thanks the co-chairs of the Global TB Caucus for their leadership.
3. The Board offers its continued support to the work of the Global TB Caucus and its members in the common fight against TB.
4. The Board welcomes the intention of the co-chairs of the Global TB Caucus to secure support for the roll out of the Global Plan to End TB 2016-2020 from all attendees at the 2nd Global TB Summit taking place in Cape Town on November 30, 2015.



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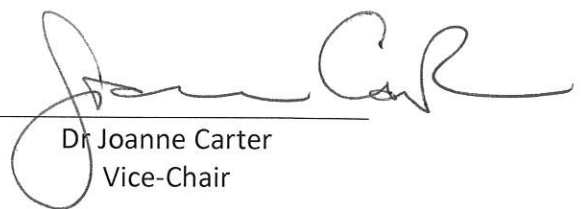
Strategic Reserves

Decision Point 27-4

1. The Board thanks the Finance Committee for its work, including the analysis on the optimal level for the strategic reserves.
2. The Board approves the recommendation of the Finance Committee to hold USD 1.7 million in reserves.
3. The Board asks the Finance Committee to review annually the level of reserves needed. Any recommendation to the Board to change the level of reserves should include an assessment of risks, benefits and options for achieving it.
4. The Board requests the Finance Committee to work with the Secretariat and UNOPS to look at the implications of exchange rates on the Secretariat's finances and make any recommendations on needed adjustments to better manage this risk.



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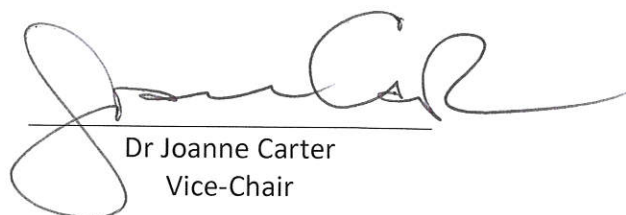
Operational Strategy 2016-2020

Decision Point 27-5

1. The Board approves the Operational Strategy 2016-2020.
2. The Board requests the Secretariat to communicate the Operational Strategy 2016-2020 to the entire Partnership and to ensure implementation of activities.
3. The Board requests the Executive Committee to oversee the implementation of the Operational Strategy 2016-2020.
4. The Board asks the Secretariat under the supervision of the Executive Committee, to develop annual key performance indicators as well as specific targets for the Operational Strategy 2016-2020 to be approved electronically by the Board.



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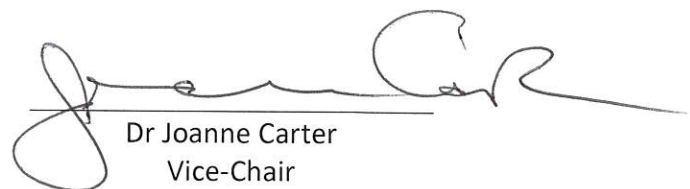
Budget 2016

Decision Point 27-6

1. The Board approves the 2016 budget.
2. The Board notes with concern the funding gaps and requests the Secretariat to work with the Executive Committee and the Ad-Hoc Resource Mobilization Committee appointed by the Board to fill the gap.
3. The Board requests the Secretariat to prepare for Board review and approval the 2014 and 2015 Annual Financial Reports.



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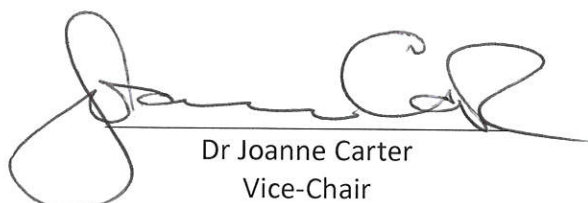
Drug resistant TB & scale-up of programmes

Decision Point 27-7

1. The Board urges all partners to work to prevent MDR-TB by addressing the main causes of poor TB treatment and ensuring the appropriate use of TB drugs.
2. The Board recognizes the growing threat of drug resistance is a serious global economic problem as well as a major health challenge.
3. The Board recognizes that in the context of programmatic management of multidrug-resistant TB (MDR-TB), new and repurposed drugs must be used and endorses targeted strategies to improve diagnosis and effective treatment of all persons with MDR-TB.
4. The Board endorses the urgent uptake of bedaquiline, delamanid, linezolid and other re-purposed drugs for the programmatic management of MDR-TB and urges country programs to rapidly introduce these drugs for those patients who need them.
5. The Board endorses the work of DR-TB Scale-up Treatment Action Team (STAT) and sees the taskforce as playing a vital role in monitoring and assisting with the introduction of new and re-purposed drugs, and supports measures undertaken by DR-TB STAT and other stakeholders to address barriers to introduction of new and re-purposed TB drugs, including cost barriers, access barriers, regulatory and technical barriers.
6. The Board recognizes the critical role and work of the Review on Anti-Microbial Resistance, which found that drug-resistant infections could kill an extra 10 million people annually across the world by 2050 with MDR-TB accounting for 1 in 4 of those deaths. It looks forward to the final proposals from the AMR review, and to understanding how these could support the development of new tools to fight MDR-TB.



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Executive Secretary

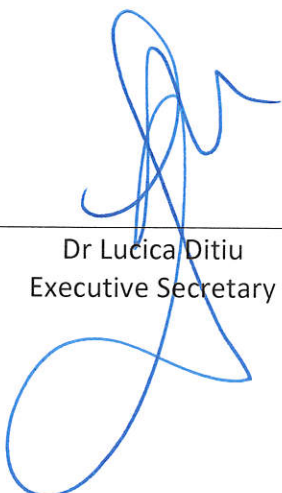


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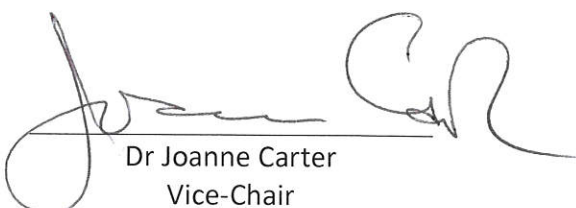
Global Plan to End TB 2016-2020

Decision Point 27-8

1. The Board electronically endorsed *The Global Plan to End TB 2016-2020: The Paradigm Shift* on 29 October 2015.
2. The countries national programs are encouraged to use *The Global Plan to End TB 2016-2020: The Paradigm Shift* as appropriate to their systems, settings and circumstances.
3. The Board thanks the Task Force members and the Chair of the Task Force for their leadership, dedication and hard work in developing *The Global Plan to End TB 2016-2020: The Paradigm Shift*.
4. The Board requests under the guidance of the Executive Committee, the Secretariat to monitor the implementation and funding of *The Global Plan to End TB 2016-2020* and report annually to the Board and Partnership.



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Global Fund

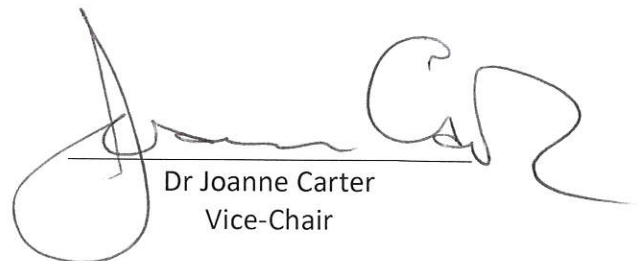
Decision Point 27-9

1. The Board appreciates the substantial work done by the Secretariat to achieve more ambitious, impactful Global Fund grants and develop a Global Fund Strategy and policies that help drive progress in TB. This Board recognizes the progress has been achieved in part through collaboration with partners in the TB Situation Room and Global Fund Core Group as well as in partnership with the Global Fund through the Collaborative Agreement.
2. The Board recognizes the critical importance of a successful 2016 Global Fund replenishment to support the End TB Strategy and Global Plan to End TB, and requests the Secretariat work to ensure that the Partnership maximizes its role in a successful replenishment.
3. The Board urges the Secretariat to work closely with the Global Fund and partners to ensure that the Global Fund Strategy 2017-2022 (including KPIs and targets), the updated allocation methodology, and related initiatives all support ambitious TB and TB-HIV efforts by countries.
4. The Board recognizes the importance of optimizing impact of Global Fund TB investments and encourages the Secretariat to work directly as well as facilitating the engagement of the full Partnership to:
 - a. Monitor the Global Fund Strategy Key Performance Indicators (KPIs), analyze reasons for potential delays in achieving them, and develop solutions.
 - b. Play an active role in the Global Fund's Implementation Through Partnership initiative.
 - c. Agree on a TB community-wide approach on TB needs assessment.
 - d. Support enhanced TB case finding through innovative solutions and scale up of TB REACH and other effective programs, and further engagement of communities and private sector in TB responses.
 - e. Drive scale up of improved diagnostic and treatment options for all people ill with TB.
 - f. Support development of responsible, sustainable transition strategies where appropriate.

5. The Board encourages the Secretariat, Global Fund and partners to work together with HIV stakeholders to support countries to adopt and jointly implement ambitious, effective approaches to TB/HIV activities, differentiated according to burden and need.
6. The Board welcomes the development of a Memorandum of Understanding (MoU) with the Global Fund on provision of internationally quality-assured TB medicines and diagnostics. The MoU should:
 - a. Outline joint objectives and reporting, clear roles and responsibilities, and information sharing towards achieving the Global Plan goals and the Global Fund Strategy targets.
 - b. Include relevant activities, such as collaborations around quantification, supply chain management, technical assistance, quality assurance, sourcing, procurement, and transition/sustainability.
 - c. Be finalized before the April 2016 Global Fund Board meeting.



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Executive Secretary



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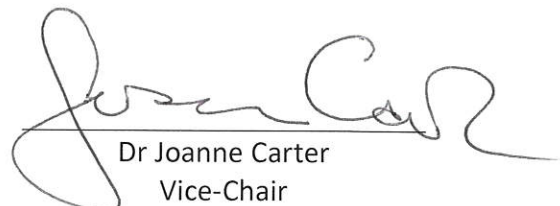
High-Level Update from Countries including TB in Mining

Decision Point 27-10

1. The Board welcomes the continued leadership from governments and partners in Southern Africa to address TB within the mining sector, and the investments of Global Fund through the regional proposal on TB and mining, as well as support and investments of the World Bank.
2. The Board welcomes the proposal to have BRICS formally launch the 90-(90)-90 targets in the first half of 2016, and requests the Secretariat to support this effort.
3. The Board appreciates the substantial work done and progress made in TB prevention and control as shared in updates from India, China, Mozambique and South Africa



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Executive Secretary

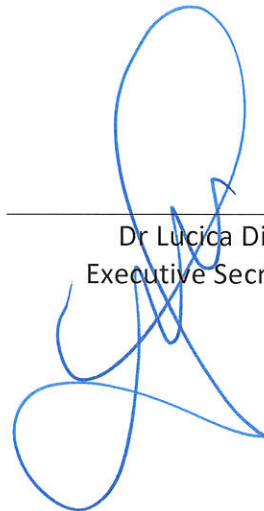


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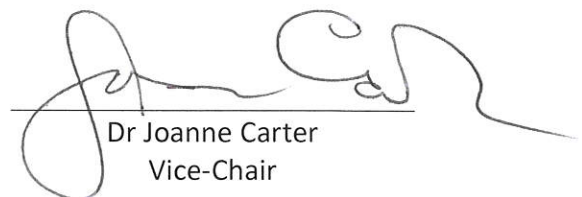
Stop TB Partnership 28th Coordinating Board meeting

Decision Point 27-11

1. The Board asks the Executive Committee to decide on location as well as suitable dates of the 28th Stop TB Partnership Coordinating Board meeting.



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Executive Secretary

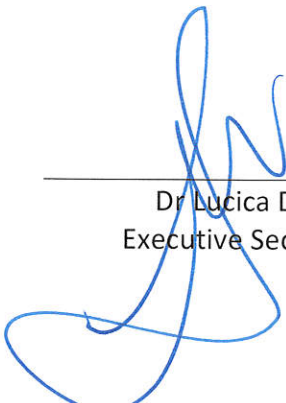


Dr Joanne Carter
Vice-Chair

Term of Chair and Vice-Chair

Decision Point 27-12

1. The Board thanks the Chair and Vice-Chair for their service to the Board and Partnership, and reappoints the current Chair and Vice-Chair for a second three-year term until the end of 2019.
2. The Board would like a process to commence mid-way through the second-term to ensure a smooth transition to the incoming Chair and Vice-Chair.



Dr Lucica Ditiu
Executive Secretary



Cheri Vincent
Chair of the
Finance Committee