

**Report of actions following the decision points from
29th Board Meeting, Berlin, Germany**

	Decision Point	Action
29.1	<ul style="list-style-type: none"> • The Board adopts the proposed agenda for the 29th Stop TB Partnership Coordinating Board meeting. • The Board notes the progress on addressing the decision points from the 28th Stop TB Partnership Coordinating Board meeting. • The Board welcomes the re-appointment as board members for a duration of 3 years of the following individuals as constituencies representatives: <ol style="list-style-type: none"> 1. Mr. Austin Obiefuna, Developing Country NGO constituency; 2. Mr. Aaron Oxley, Developed Country NGO constituency; and 3. Ms. Thokozile Phiri and Mr. Timur Abdullaev, TB-Affected Communities. • The Board congratulates the following individuals for starting their service for a duration of 3 years as new board member and alternate board member, respectively for the Private Sector constituency: Dr. Robert Newman from Johnson&Johnson and Ms. Kate Antrobus from Lion’s Head. • The Board welcomes Ms. Jenniffer Dietrich, Board Affairs Officer, who will facilitate the functioning of the Board and support the governance of the Partnership. 	No follow-up required.
29.2	<ul style="list-style-type: none"> • The Board welcomes the report of the Executive Director and thanks the Executive Director and the Secretariat team for their significant work and achievements over the last 8 months. • The Board thanks UNOPS for their continued support and engagement. • The Board congratulates the Secretariat for the work done to ensure a higher profile of TB on the global health agenda. • The Board acknowledges and appreciates the first ever report of the Stop TB Partnership KPIs and requests: 	The Partnership Secretariat presented the Stop TB 2017 KPI results to the Executive Committee in March 2018, reported them to the Board in Q1 2018 and made them publicly available.

	<ul style="list-style-type: none"> ○ The Secretariat to provide the members of the Executive Committee with the remaining baselines, 2016 progress, and 2017 targets in Q4 2017. ○ The Secretariat to present to the Executive Committee the progress report of the 2017 KPIs by the end of Q1 2018. 	<p>The Partnership Secretariat will support the Executive Committee in the review of the KPIs and associated targets, and necessary adjustments, in Q2 2018.</p>
29.3	<ul style="list-style-type: none"> ● The Board thanks the Finance Committee and the Secretariat’s Finance Team for their work. ● Based on the recommendations of the Finance Committee, the Board approves the Stop TB Partnership Financial Management Report for 2016. ● The Board requests the Executive Committee work with the Partnership Secretariat to develop parameters and use for the un-earmarked investment returns. ● The Board requests the Finance Committee to work with the Secretariat and UNOPS to explore investment options for Stop TB Partnership resources, and inform the Executive Committee on the potential risks and benefits in this regard. ● The Board requests the Finance Committee to submit to the Executive Committee recommendations for the use of income from GDF fees by the end of this year. ● The Board requests the Secretariat prepares a detailed budget for 2018 in Q4 2017 and to submit it to the Board for approval by end of 2017. 	<p>Done.</p>

<p>29.4</p>	<ul style="list-style-type: none"> • The Board thanks the Secretariat for its work and for the report on the Global Plan 90-(90)-90 targets and requests the Secretariat to: <ol style="list-style-type: none"> i) Share the pre-final report on 90-(90)-90 targets with the Board before finalization; ii) Continue collecting case studies for the Paradigm Shift compendium, and developing the other three remaining reports on: policies, funding for implementation, funding for TB R&D. • The Board requests the Secretariat disseminate the reports and their findings to countries, policy-makers, affected communities and other key stakeholders, and produce infographics, social media and other communication materials to be widely shared. 	<p>Acting on the recommendation, prior to finalizing the 90-(90)-90 Report, the secretariat circulated a draft copy to the Board. Subsequently, the report was published and launched at the 48th Union World Conference on Lung Health in Guadalajara in October 2017.</p> <p>The secretariat has compiled and prepared a collection of draft case studies for the Paradigm Shift demonstrating innovative approaches and exemplary models of leadership by selected countries in tackling TB. Currently, the Secretariat is working closely with focal people from the representative countries to finalise the messages and collect relevant photos for the report.</p> <p>The Secretariat is finalizing the analysis on data drawn from databases of the WHO, Global Fund and IHME for presentation in the finance report. Inconsistency in reporting, data gaps, innovative financing strategies and specific country examples will be highlighted in the report.</p> <p>During the launch, copies of the 90-(90)-90 report on USB sticks was circulated at the 48th Union World Conference on Lung Health in Guadalajara in October 2017.</p> <p>Hard copies of the 90-(90)-90 report were disseminated to all the Heads of States through the official UN channels in 44 countries.</p> <p>A link to the 90-(90)-90 report has been created on the Stop TB Partnership webpage.</p> <p>Two days ahead of the G20 summit in Germany (5 July 2017), the Stop TB Partnership and Médecins Sans Frontières (MSF) released the third edition of ‘Out of Step,’ a report highlighting the need for governments to increase efforts to combat TB at the policy level.</p> <p>The report was shared in hard and soft copy with National TB Programme Managers of the 29 countries included in the report. The report was also circulated in hard copy within MSF’s regional networks. The campaign secured close to 39,000 signatures from over 120 countries in the lead up the conference. The petition was handed over the Step Up for TB petition to WHO’s Director-General.</p>
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<p>29.5</p>	<ul style="list-style-type: none"> • The Board sincerely thanks His Excellency, Mr. Hermann Gröhe, Federal Minister of Health from Germany for his commitment to raise the political profile of TB, and looks forward to closer collaboration with the Stop TB Partnership. • The Board thanks Germany for their continued support to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and to funding research and development of new TB tools. The Board also thanks Germany for their leadership in ensuring that critical health issues impacting people living in poverty, like TB and drug-resistant TB, are on the G20 agenda, and that the recognition of TB as a critical component of AMR is present in the Heads of State Communique. • The Board also wishes to thank the Government of Germany for hosting this board meeting and for the support offered by the city of Berlin. 	<p>No follow-up required.</p>
<p>29.6</p>	<ul style="list-style-type: none"> • The Board welcomes the TB/HIV session detailing current evidence and recent progress in the implementation and expansion of TB/HIV interventions. • The Board requests that the Secretariat work with UNAIDS, WHO and partners to achieve the UN Political Declaration on Ending AIDS target of reducing TB deaths among people living with HIV by 75% by 2020 and the 90-(90)-90 targets of the Global Plan to End TB through high-level advocacy and communication at both the global and national level, civil society and community engagement, resource mobilization, and targeted innovations; • The Board notes with concerns the paucity of TB/HIV-related activities in the funds allocated for HIV in Global Fund grants and other funding mechanisms. • The Board requests that UNAIDS and the Secretariat collaborate with WHO and partners, including the private sector, to increase investments in TB and HIV research. • The Board recommends that UNAIDS and the Secretariat work together to organize a thematic session during the next UNAIDS Program Coordinating Board on 'TB and AIDS - out of isolation and towards the Sustainable Development Goals'. 	<p>Stop TB partnership Secretariat working closely with UNAIDS Secretariat and several PCB Board members, ensure that TB/HIV will be one of the UNAIDS thematic sessions at the June 2018 Program Coordinating Board (PCB).</p>

<p>29.7</p>	<ul style="list-style-type: none"> • The Stop TB Board wishes to thank Dr. Mark Dybul for his strong support to the Stop TB Partnership and to the global TB cause throughout his tenure as Executive Director of the Global Fund to Fight AIDS, TB and Malaria. • The Board welcomes and encourages Dr. Mark Dybul to continue his efforts to champion global and country efforts to fight TB. • The Board notes the work of the Secretariat in ensuring maximum impact of Global Fund grants at country level, including support to countries in developing new funding requests through work on gender, human rights, communities, key populations as well as the specific work on procurement and supply and finding missed people with TB. • The Board applauds the signed Memorandum of Understanding (MoU) between the Global Fund and TB REACH to ensure quality case detection and care are rapidly scaled up by countries and donors to improve impact of Global Fund TB investments. • The Board recognizes the tremendous effort of the Secretariat to engage in multiple Global Fund processes, including the TB Situation Room. The Board requests the Global Fund and Stop TB Partnership Secretariats and the TB Situation Room members to develop and share with the Executive Committee an up-to-date dashboard by Q3 2017. • By June 2017, the Global Fund and Stop TB Partnership Secretariats should share an overview of country bottlenecks resulting in low absorption rates and poor grant performance. • The Board recognizes the opportunity of the catalytic funding to accelerate finding the missing people with TB and recommends that: <ul style="list-style-type: none"> ○ For the 12 countries with access to catalytic funding, the Secretariat, TB Situation Room partners and Global Fund Secretariat, especially Country Teams, should collaborate and coordinate their efforts towards supporting country programmes to set and achieve ambitious targets for additional numbers of people with TB and MDR-TB diagnosed and treated. ○ The Secretariat should work with the Global Fund Secretariat and other TB partners to ensure that the crosscutting areas of catalytic funding, especially Resilient Sustainable Systems of Health (RSSH), are used in 	<p>The interactive country dashboards have been developed and shared publicly through the Stop TB Partnership Secretariat webpage: http://stoptb.org/resources/cd/ For each country several variables are available and presented in easy to use graphs – including TB burden, TB care and service delivery, finances and selected determinants / comorbidity.</p> <p>The signed MoU has intensified coordination between the Global Fund and TB REACH, and opened up new opportunities for collaboration. Global Fund Portfolio Managers have more systematically been providing advice on how TB REACH projects and proposals can better align to Global Fund TB investments in their countries.</p> <p>The country bottlenecks resulting in low absorption rates and poor grant performance have been repeatedly discussed by the Stop TB Partnership Secretariat and partners in the TB Situation Room.</p> <p>The Stop TB Partnership Secretariat, in collaboration with partners, the Global Fund Secretariat, particularly TB and Country Teams, constantly collaborate and coordinate the efforts towards supporting country programs in setting and achieving ambitious targets to find missing people with TB and MDR-TB, proper diagnose and to treat.</p> <p>In relation to RSSH, Stop TB Partnership Secretariat uses every possibility and forums to promote that TB programs should be part of RSSH and benefit from it (e.g. Xrays, data systems, improving access to health system, etc.).</p>
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	<p>a manner that contributes to finding the “missing people with TB”.</p> <ul style="list-style-type: none"> The Board appreciates the progress achieved in the Global Fund-supported project on TB in the Mining Sector (TIMS) in Southern Africa. The Board recommends that the Secretariat, countries and partners work together with the Global Fund to ensure that the efforts to reach, diagnose and treat TB for those working in mines continue and that lessons learned will be used to evolve the scope and nature of the next phase of the project while ensuring sustainability and country level uptake of best practices. 	
29.8	<ul style="list-style-type: none"> The Board accepts the thanks expressed by the CSO and Community Board members and their constituencies for the support the Partnership and Secretariat has provided to these constituencies in helping build effective civil society. The Board thanks the representatives of civil society delegations from various boards for their participation on the ongoing dialogue to align and coordinate TB messages and advocacy efforts in order to support the vision of ending TB, through country, regional and global efforts. The Board recognizes the need for civil society engagement in the planning and outcomes for the G20 health track that includes Anti-Microbial Resistance and Drug-Resistant TB, the WHO Ministerial meeting, and the UN High Level Meeting on TB (UNHLM), and the need to continually strengthen and support civil society in this role. The Board is concerned by the gap between the demand and resources available for the work of the Challenge Facility for Civil Society (CFCS). Recognizing the urgent need for substantial external funding given these levels of unfunded demand, the Board requests that the Secretariat work with the Global Fund to ensure that organizations that have quality unfunded CFCS proposals are connected with opportunities for the inclusion of community strengthening projects as part of the current funding cycle. 	<p>The Secretariat worked with the Global Fund Community, Rights and Gender (CRG) Department, the Grant Management Division and the Country Coordination Mechanism (CCM) Hub to connect all Challenge Facility for Civil Society (CFCS) applicants to Global Fund activities and processes and to raise awareness in the Global Fund about the breath of interest among community and civil society organizations to strengthen systems and responses to TB.</p> <p>Also, CFCS applicants have been connected to the CRG short-term technical assistance program and the Regional Communication and Coordination Platforms under the Global Fund CRG Special Initiative. Unfunded quality demand continues to challenge community and civil society networks in TB, demonstrated by Round 8 of CFCS where unfunded demand amounted to approximately US\$ 12 million.</p>

<p>29.9</p>	<ul style="list-style-type: none"> • The Board recognizes the comprehensive guidance and recommendations and bold targets set in the Stop TB Partnership Global Plan to End TB and the WHO End TB Strategy. The Board notes with concern that with the current level of scale, implementation and approaches, we will not meet these targets. The Board welcomes the presentations and discussions outlining current gaps and challenges and concrete examples of early progress in a few countries. • The Board supports the call for ambitious planning by countries based on science, needs and equity, rather than current available funding. • The Board encourages countries to be ambitious in identifying the biggest gaps in the TB care cascade for people with TB and addressing them through innovation (including new tools) and bold policy decisions. The Board requests all in-country and global partners to support this effort. • The Board notes the plan for the Lancet Commission to provide an analysis and recommendations for accelerating the progress in TB prevention and care. The Board requests an update on the Lancet Commission work at the next Board meeting. 	<p>Intensive work by the different teams from the Stop TB Secretariat, especially EDO, TB REACH and CCS4i (Country and communities support for impact) in strong collaboration with country programmes, WHO, GF Country Teams, USAID and partners in ensuring ambitious funding, scale up of implementation – including roll out of new tools–, guidance and recommendations for programmes that are based on equity, human rights and with gender sensitive interventions.</p> <p>Lancet Commission will provide an update during the Board meeting.</p>
<p>29.10</p>	<ul style="list-style-type: none"> • The Board notes that the G20 health ministers will hold a meeting on May 19th, 2017 and issue a Health Ministers Communique. The Board strongly supports language to be included in the Communique: <ul style="list-style-type: none"> ○ recognizing drug-resistant tuberculosis as a cornerstone of the threat posed by antimicrobial resistance and committing to combat tuberculosis within interventions for AMR; ○ acknowledging the urgent need for new drugs, diagnostics and vaccines to tackle drug-resistant tuberculosis, and the importance of supporting a structure to fast-track the development of a new anti-tuberculosis regimen. 	<p>References to TB, MDR-TB and the Stop TB Partnership were incorporated into the G20 Health Ministers Communique, including:</p> <ul style="list-style-type: none"> • “We highlight the importance of fostering R&D for new antimicrobials, alternative therapies, vaccines and rapid-point-of care diagnostics, in particular for priority pathogens as identified by WHO and for tuberculosis.” • We recognise drug-resistant tuberculosis as an important threat and therefore commit to address tuberculosis within interventions for AMR. • We acknowledge the need to develop and promote access to new drugs, diagnostics and vaccines to tackle drug-resistant tuberculosis consistent with the WHO End TB Strategy. We recognize the importance of other relevant initiatives and plans, such as the STOP TB Partnership.

<ul style="list-style-type: none"> • The Board encourages Stop TB Partnership partners to work towards ensuring that the TB and AMR-related outcomes of the G20 Health Ministers Communique are incorporated into, and adequately supported, as outcomes of the G20 Heads of State Communique. • The Board notes the creation of the Interagency Coordination Group on AMR. The Board supports the Chair and Vice Chair in approaching the Interagency Coordinating Group to seek representation of the Stop TB Partnership in the Group. 	<p>References to TB and AMR was included were incorporated into the G20 Heads of State Communique. The communique calls for the creation of 'a new international R&D Collaboration Hub to maximise the impact of existing and new anti-microbial basic and clinical research initiatives as well as product development' and highlights 'the importance of fostering R&D, in particular for priority pathogens as identified by the WHO and tuberculosis.'</p> <p>Stop TB Partnership's Chair and Vice-Chair sent a letter in September 2017 to the UN Deputy Secretary-General and WHO DG seeking Stop TB Partnership's representation in the Interagency Coordination Group on Antimicrobial Resistance (IACG) on AMR.</p> <p>The Stop TB Partnership participated in the first, global "Call to Action" on tackling AMR which took place in Berlin, Germany in October 2017. The event was organized by the Wellcome Trust, United Nations Foundation, and the governments of Ghana, Thailand and United Kingdom. At the two-day summit, Dr Lucica Ditiu, Executive Director of the Stop TB Partnership, was one of the keynote speakers alongside Dr Sally Davies, Chief Medical Officer for England, and Dr Jeremy Farrar, Director of the Wellcome Trust.</p> <p>With initial seed funding from the United States Agency for International Development (USAID), the Stop TB Partnership is developing a web-based, AMR database, which is expected be formally launched sometime in 2018.</p> <p>Based on the analytics and insights gleaned from AMR database, the Stop TB Partnership will draft a proposed AMR strategy and identify areas of AMR focus for the Stop TB Partnership – areas that represent the convergence of (i) AMR unmet needs or issues that are receiving</p>
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29.10	<ul style="list-style-type: none"> The Board requests the Stop TB Partnership Secretariat identify and pursue innovative opportunities for collaboration and coordination with a variety of global and regional key stakeholders working on AMR and report back to the board on these efforts at the next board meeting. 	<p>inadequate attention or investment by other stakeholders, and (ii) needs or issues with respect to which the Stop TB Partnership has unique capability or expertise.</p> <p>The Stop TB Partnership also recently participated in AMR Industry Alliance event (January 2018) and Prince Mahidol Award Conference (January/February 2018), and is currently exploring areas for collaboration with the Access to Medicines Foundation, Wellcome Trust, World Economic Forum, and key private sector partners.</p>
29.11	<ul style="list-style-type: none"> The Board notes the progress made in preparation of the WHO Global Ministerial Conference on Ending TB and encourages the full engagement of the Stop TB Partnership and partners in the lead-up to and outcomes of the meeting. 	Done.
29.12	<ul style="list-style-type: none"> The Stop TB Partnership Board: <ul style="list-style-type: none"> Encourages the UN General Assembly (UNGA) to agree that the UN High-Level Meeting on TB (UNHLM on TB), as outlined in UN Resolution A/71/L.41, be held in September 2018 in conjunction with the UN General Assembly General Debate and be at least 1.5 days in length and back to back to the UNGSA to ensure adequate time for discussion on the world's leading infectious killer. Agrees to create a Coordinating Group for the UNHLM on TB facilitated by the Secretariat to work across all partners and stakeholders to ensure a strategic and coordinated approach. The Coordinating Group should include official representation by the offices of the President of the UN General Assembly, the UN Secretary General and the WHO. Requests the assistance of the UN Secretary-General to invite Heads of State and Heads of Government to attend the UNHLM on TB, and to personally attend the UNHLM on TB and the Civil Society Hearings prior to the meeting. 	<p>While negotiations are ongoing, Member States are anticipated to agree that the UNHLM on TB be held in conjunction with the UN General Assembly General Debate on 26th September 2018, and will be one day in length.</p> <p>The UNHLM on TB Coordinating Group was established by the Stop TB Partnership, has met regularly, and has successfully aligned a diverse group of partners from across the TB community. Seven thematic work tracks were established under the Coordinating Group covering the following areas: New York and UN Missions engagement; HLM Modalities; Political Declaration and Accountability Mechanism Content Development; In-Country Advocacy; PR and Communications; Civil Society engagement; Private Sector engagement. The Coordinating Group includes WHO representation and has had strong coordination with senior representatives from the PGA and UNSGs Office.</p>

<p>29.12</p>	<ul style="list-style-type: none"> ○ Requests the Secretariat to develop a costed action plan for engagement and needed financial resources to support the organization and preparatory processes leading up to the UNHLM on TB. This plan should take into consideration what other activities need to be delayed or cancelled in order to help fill parts of this financial gap. ○ The Board appeals to the President of General Assembly to invite Civil Society to create a representative Civil Society Taskforce for the UNHLM on TB. The Task Force should be established in partnership with relevant organizations, platforms, and networks, determine its own secretariat to provide outcome-focused facilitation, and should act to ensure the voice of civil society is included in preparations and during the UNHLM on TB. <ul style="list-style-type: none"> i. Furthermore, the Board requests the President of the UN General Assembly to agree to hold a Civil Society Hearing at UN headquarters prior to the UNHLM on TB, with the participation of the UN Secretary General and UN member states. ii. The Board requests that the Civil Society Task Force facilitate regional consultations. ● The Board invites Board members to advocate within their constituencies and regions for the attendance and full support of Heads of States and Head of Governments to the UNHLM on TB. 	<p>The Stop TB Partnership develop a costed action plan outlining the financial resources needed to support the organization and preparatory processes leading up to the UN HLM on TB. Core activities from this costed action plan are being funded.</p> <p>A competitive and open process supported by the Secretariat and led by the Affected Community and Civil Society Board members of the Stop TB Partnership was organized to select an organization to host the Civil Society Advisory Panel for the UN HLM on TB and the panel members. This process led to the selection of International Civil Society Support (ICSS) to host the Advisory Panel and 15 individuals were selected for the Panel.</p> <ul style="list-style-type: none"> i. The President of the UNGA and the HLM co-facilitators have agreed to hold a Civil Society Hearing for the UN HLM on TB. <p>Board members advocate for the attendance and full support of Heads of States and Heads of Governments to the UN HLM on TB. Each Board constituency is represented on the UN HLM Coordinating Group and Board members have advocated within their respective constituencies and regions for the attendance and support of Heads of State.</p>
<p>29.13</p>	<ul style="list-style-type: none"> ● The Board welcomes India’s commitment to end TB by 2025 and its new bold National TB Strategy including ambitious goals to fight TB and to scale innovations. ● The Board welcomes the invitation from the Republic of India to host the 30th Coordinating Board meeting. It notes the dates and location for the meeting provisionally as March 2018 in New Delhi. The Board requests the Secretariat to initiate communications with the Government of India to determine the exact dates for the 30th Coordinating Board Meeting. 	<p>Date and location for 30th Stop TB Partnership Board meeting was identified 10 months in advance, at the previous Board meeting.</p>