

Agenda Item / Ref Documents	Decisions	Actions	Status
<b>(1) Administrative Session 2.08-1.0</b> (2.08-1.1. 15 <sup>th</sup> CB Agenda) (2.08-1.2, 14 <sup>th</sup> CB Decisions) (2.08-1.3. Governing Rules for EC Selection)	15 <sup>th</sup> Stop TB Coordinating Board meeting agenda adopted	N/A	-
	Draft decisions and action points of the 14 <sup>th</sup> Stop TB Partnership Coordinating Board accepted	N/A	-
<b>(2) Opening Ceremony 2.08-2.0</b> (2.08-2.1. Key Note Speaker Biography) (2.08-2.2. Tanzania Situational Analysis)	Thanked Government of Tanzania for hosting the meeting and expressed its appreciation for the participation and leadership of His Excellency President Karume of Zanzibar in opening the meeting	N/A	-
	Acknowledged the considerable progress made in TB Control in Tanzania and welcome commitment to further work in the areas of case detection and TB-HIV	Secretariat preparation of a proposal to ensure follow-up to the Global Leaders Forum's Call for Action	<b>Done.</b> Agenda item 1.09-5.0 of this meeting will look specifically at follow-up on the Call for Action, in particular through a proposed high level debate with ministers from high burden TB-HIV countries in spring/summer
	Called on all stakeholders committed to TB Control in Tanzania to increase case detection in particular by engaging communities affected by TB, increasing ACSM strengthening the laboratory network and initiatives	Invited the Government of Tanzania to work with stakeholders to form a National Partnership to Stop TB	<b>Ongoing.</b> Establishment of a partnership to strengthen TB control efforts at the national level featured prominently in the recommendations emerging from the recently completed NTLP review of the Strategic Plan 2004-2009, the NTP, in coordination with major partners, is expected to advance formation of the partnership in the coming months
	Welcomed the opening of discussions between the Ministry of Health with UNITAID and the World Bank on strengthening the laboratory network.		<b>Ongoing.</b> Please refer below to the status of decision points under agenda item (11) Rolling out Diagnostics in the Field, 2.08-11.0

Agenda Item / Ref Documents	Decisions	Actions	Status
<p><b>(3) Review and Decisions on the Future of Working Groups</b>  <b>2.08-3.0</b></p> <p>(2.08-3.1A DOTS expansion)            (2.08-3.1A1 GLI)            (2.08-3.1A2 TB &amp; poverty)            (2.08-3.1A3 Childhood TB)            (2.08-3.1A4 Public-Private Mix)            (2.08-3.1B TB-HIV)            (2.08-3.1B1 TB Infection Control)            (2.08-3.1C MDR TB)            (2.08-3.1D ACSM            (2.08-3.1D.1 ACSM Future Discussion Note)            (2.08-3.1E New Drugs)            (2.08-3.1F New Diagnostics)            (2.08-3.1G New Vaccines)</p>	<p>The three implementation WGs and the three research &amp; development WGs will be renewed as full working groups.</p>	<p>Secretariat to review procedural aspects of Working Group operations, including election procedures to ensure clear and regular processes are in place.</p>	<p><b>Ongoing.</b> Manual of Procedures expected to be updated in summer 2009.</p>
	<p>The sub-groups who requested no change in status will be renewed.</p>	<p>The sub-group on infection control will remain as a sub-group of the TB-HIV Working Group but strengthen linkages with other relevant working groups and sub-groups. Working Groups and sub-groups are requested to note this decision and take appropriate action.</p>	<p><b>Done.</b></p>
	<p>The Working groups and sub-groups renewed at this stage will be subject to re-evaluation in 3-years (2011);</p>	<p>The sub-group on infection control may be re-evaluated in 3 years (2011) for consideration as a full working group</p>	<p><b>Done.</b></p>
	<p>The sub-group on laboratory strengthening is to be upgraded to a full WG (Global Laboratory Initiative Working Group)</p>	<p>Upgrading of the GLI to a full working group.</p>	<p><b>Done.</b> The sub-group has been updated to a full working group, the core group of which is currently meeting each month by conference call. The next face to face meeting of the core group is expected in early April, at which time it is likely further restructuring of the GLI will be undertaken to bring it in line with other working groups. Updating of the website to reflect these changes is ongoing.</p>
	<p>The ACSM WG will not be renewed as a full Working Group</p>	<p>ACSM WG disbanded</p>	<p><b>Done.</b></p>
	<p>Requested that the Chair of the former ACSM Working Group work with the Secretariat to establish an Advocacy Advisory Committee be formed to advise the Board and Secretariat</p>	<p>Secretariat with ACSM members to prepare Terms of Reference</p> <p>Establish network of the wider advocacy community to facilitate coordination and information exchange around the annual advocacy plan</p>	<p><b>Done.</b> TOR circulated and accepted by the Executive Committee of the Board in December 2008.</p> <p>Nomination and election process managed by the Secretariat completed on 18 February with</p>

Agenda Item / Ref Documents	Decisions	Actions	Status
			<p>the nomination of 9 members to the committee by the Executive Committee of the Board.</p> <p>Since that time, the Secretariat has organized 1 teleconference for advocacy committee members, as well as numerous electronic exchanges.</p> <p>The Committee has met for the first time in person on 20 March just prior to this Board meeting and is in attendance today as observers and are prepared to respond should any questions arise for clarification on points of advocacy.</p>
<p><b>(4) Global Fund and Collaboration with TBTeAM</b> <b>2.08-4.0</b></p>	<p>Agreed that MDR TB, TB-HIV and Labs are underfunded areas of the Stop TB Strategy and require focus.</p>		<p><b>Ongoing.</b> Decision point GF/B18/DP12, paragraph 4 from the 18th GF Board urged "applicants to scale up laboratory capacity, and community-based management of MDR- and XDR-TB cases."</p> <p>These decision points came as a direct result of the high level mission undertaken by the Partnership to India in November 2008.</p>
	<p>Mandated a High Level Mission to the Global Fund Board meeting in India.</p>	<p>Secretariat to arrange for HLM to India with strong Board presence</p>	<p><b>Done.</b> HLM to India undertaken in November 2008 to the Government of India as well as the Global Fund Board.</p>
	<p>Issued a call for massive scale up of TB proposals from</p>	<p>TBTeAM coordinated resubmission</p>	<p><b>Ongoing.</b> The GFATM</p>

Agenda Item / Ref Documents	Decisions	Actions	Status
	countries to the Global Fund.	workshop (17-21 November) and is coordinating finalization / mock TRP workshops in most regions April/May 2009	extended the R9 deadline to 1 June which has shifted timelines for TBTeAM activities. TBTeAM, in collaboration with major partners, will be coordinating support, including regional workshops / mock TRPs which are planned to take place in all regions but WPRO. Currently, 59 countries, all of whom will be supported, are expected to submit TB components in Round 9.
<p><b>(5) Calendar of Events 2009</b>  <b>2.08-5.0</b>            (2.08-5.1. 2009 Advocacy Calendar)</p>	Endorsed the Calendar of priority Advocacy Events for 2009 and added additional important events.	Secretariat to add further advocacy events to the calendar	<b>Done.</b>
	Requested the Secretariat place the Calendar of Events online and make the calendar accessible to all partners for additions.	Secretariat to place Calendar of Events on website	<b>Done.</b> Calendar accessible at <a href="http://www.stoptb.org/events/">http://www.stoptb.org/events/</a> . In addition, the Secretariat has convened a monthly conference call of the Advocacy Network, an open forum for all partners to engage in, to solicit partner inputs and feedback on a variety of events on the advocacy calendar.
	Requested the Secretariat establish mechanisms to develop the network of partners to support advocacy around key events in 2009.	Secretariat to develop networks around key events in 2009	<b>Done.</b> This is the primary subject of agenda item 1.09.2.0 today and is a major theme around which the 16 <sup>th</sup> CB revolves.
<p><b>(6) Partners' Forum</b></p>	Called for further definition of the theme "Finding the Missing 40%" to reflect the importance of the big push on MDR TB in 2009, to reflect TB as a whole and to link the theme with specific actions.	Secretariat and Advocacy Committee to further refine the theme for 2009	<b>Done.</b>

Agenda Item / Ref Documents	Decisions	Actions	Status
<b>2.08-6.0</b> (2.08-6.1. Partners' Forum Structure) (2.08-6.2. Partners' Forum Agenda Synopsis)	Endorsed the structure of the agenda for the Partners' Forum, with amendments including strengthening the presentation on achievements, TB/HIV, clarity on the purpose of the Working Group meeting, establishing an emerging economies theme, underlining the importance of new tools and reliable financing.	Secretariat to incorporate amendments into Forum Agenda	<b>Done.</b>
	Called for highest possible level of participation from Partner organizations and countries affected by TB.	Secretariat to continue to build interest and momentum around the Forum with partners and affected countries	<b>Done.</b> In almost every communication, including the Executive Secretary's End of the Year Message, and weekly e-alerts have encouraged participation. This has resulted in more than 1,600 registrations for this year's forum, or more than 4x the amount of those that registered for the previous forum.
	Requests the organization to replace the intended declaration by a more action oriented output document	Secretariat to ensure the design of Forum sessions will assist in producing concrete action oriented outputs	<b>Done.</b> The Secretariat has formulated guidelines for each session to produce action oriented SMART recommendations. Guidelines and templates for the preparation of recommendations are available at the Forum website. <sup>1</sup>
<b>(7) Impact Assessment Taskforce</b> <b>2.08-7.0</b>	Welcomed the establishment of the Task Force	N/A	-
	Endorsed the Task Force's three strategic tracks of work.	N/A	-
	Called for a coalition of partners to seek and provide political and financial support to the work of the Task Force and to support resource mobilization	Task Force to explore possibilities with potential and current donors to frontload funding of activities. An informal subgroup of the Board will be formed to advise the group.	<b>Ongoing.</b> The Task Force secretariat and the Chair of the Task Force have continued to explore possibilities for funding of Task Force work. An informal

<sup>1</sup> The Rio Recommendations guidance note can be found here: [http://www.stoptb.org/events/partners\\_forum/2009/assets/documents/Recommendations.pdf](http://www.stoptb.org/events/partners_forum/2009/assets/documents/Recommendations.pdf); form can be accessed here: [http://www.stoptb.org/events/partners\\_forum/2009/assets/documents/Outline\\_Recommendations.doc](http://www.stoptb.org/events/partners_forum/2009/assets/documents/Outline_Recommendations.doc).

Agenda Item / Ref Documents	Decisions	Actions	Status
	Requested the Secretariat consider a request to fund a staff member to act as Secretariat to the Task Force.	Secretariat to calculate potential budget implications and provide recommendation to ExCom	subgroup of the Board has not yet been formed to advise the TF secretariat. <b>Pending.</b> Secretariat has assessed the cost of 1 full-time equivalent to act as focal point for the task force as costing 156,000 for 1 year. Due to the exigencies of discussing the series of high level meetings, including the Forum and the CB agenda, this item was not discussed at the first ExCom teleconference of the year.
<b>(8) Engaging the Business Sector Constituency</b> 2.08-8.0	Welcomed the collaboration and commitment of the WEF (Secretariat of the Constituency) and GBC to move forward jointly on supporting the agenda of engaging business to fight TB.	N/A	-
	Requested a draft private sector strategy to be presented at the Stop TB Partners' Forum in March 2009 for endorsement by the constituency.	Private Sector to produce draft strategy for presentation at the 2009 March Partners Forum	<b>Ongoing.</b> In order to take advantage of the expected strong attendance at the private sector constituency consultation at the Forum, it was decided to discuss the terms of reference for development of the strategy at the Rio Forum to ensure an high ownership and inclusiveness from the outset.
	Requested the constituency to leverage their networking capabilities to mobilize the business sector to take part in the Partners' Forum and other key events in 2009.	Private Sector to mobilize constituency to ensure strong turnout and participation at the 2009 March Partners Forum	<b>Done.</b> More than 80 registered individuals have signed up for the private sector constituency consultation.
<b>(9) MDR-TB Meeting of 27 high burden countries in April 2009, Beijing, China</b>	Welcomed and endorsed the rationale, preparatory steps, and aims of the meeting.	N/A	-

Agenda Item / Ref Documents	Decisions	Actions	Status
2.08-9.0	<p>Agreed to leverage the Partners' Forum to support the MDR meeting - Call for Action from Civil Society.</p> <p>Mandated the Partnership to support WHO in ensuring the highest level of participation in Beijing, through the use of contacts, advocacy and communications support for the event.</p> <p>Mandated High Level Missions (HLMs) of the Board and/or Stop TB Ambassadors to India and 2-3 additional pivotal countries in the period to April 2009</p>	<p>Secretariat to ensure appropriate emphasis on MDR at the Forum and to bring concrete action statements emerging from the Forum to Beijing.</p> <p>All partners to work to ensure strong participation and coordinated communications and activities at Beijing</p> <p>Secretariat to implement HLM calendar and ensure coordinated and complementary actions are pursued in India and elsewhere</p>	<p><b>Done.</b> Agenda item 1.09-4.0 will directly address this MDR-TB meeting in Beijing, and the Civil Society Call for Action has been placed on the Rio Forum agenda.</p> <p><b>Ongoing.</b> High-level participation by European Health Ministers has been complicated by the concomitant scheduling of the Oslo meeting</p> <p><b>Ongoing.</b> HLM to India occurred as planned during the 18<sup>th</sup> GF Board. Additional HLMs were delayed due to scheduling conflicts of Board members and high level leaders in the target countries of Azerbaijan and South Africa.</p>
<p><b>(10) 2<sup>nd</sup> Line Drugs Management and Supply</b>  <b>2.08-10.0</b>            (2.08-10.1. 2nd Line Drugs Background Paper)</p>	<p>Subject to funding availability, supported the appropriate increases in staff levels (over and above current normative levels in the GDF/GLC secretariats) in line with the objectives of the April 2009 meeting</p>	<p>The Secretariat has initiated and in some instances completed the recruitment process.</p>	<p><b>Ongoing.</b> From the period 1 November to the end of 2008, five new staff (2 procurement officers, 2 portfolio officers and 1 support staff) were hired and in place. Currently, three additional positions are advertised (1 portfolio officer, 1 procurement officer and 1 business officer) and two further positions are expected to be advertised shortly.</p>
	<p>Called for an assessment of public and private market purchases of SLDs in the high burden countries and to purchase QA-QLD for all projects approved by, and in good standing with, the GLC.</p>	<p>Some analysis has been done by the Drug Management Sub-Committee using IMS health data. Further analysis is currently under way through a consultancy agency (YourEncore), which has been</p>	<p><b>Ongoing.</b></p>

Agenda Item / Ref Documents	Decisions	Actions	Status
	<p>Called for a strategy to increase demand for quality-assured 2nd-line TB drugs (as defined by standards and requirements of the WHO Pre-Qualification Project, or those of Stringent National Drug Regulatory Authorities), such as is outlined in the Strategic Options paper.</p>	<p>contracted to assess the key challenges (including the SLD Market) in preparation for the Beijing Summit.</p> <p>The current option (Option A) of GLC approved projects receiving QA SLDs via GDF continues to pertain. However, the viability of Option B (approved projects procuring QA SLDs themselves from GLC/GDF pre-approved suppliers) may be implemented after the Beijing summit subject to a feasible and cost-effective verification mechanism being established to ensure country projects actually have (i) the capacity to procure effectively and efficiently for themselves and only (ii) from QA sources.</p>	<p>GDF was requested by the GLC to investigate the feasibility of setting up a mechanism to conduct the verification process required under Option B. GDF's Business Advisory Committee concluded that, while GDF could establish such a process it would have significant HR and financial resource implications and that, further, it would be duplicative to what the Global Fund (GF) already does for medicines, including first line TB drugs, as a part of its PSM assessments/QA Policy for Principal Recipients (PRs). As such they recommended that GF be approached by GLC/GDF to take on PSM assessment/verification for PRs interested in exercising Option B.</p>
	<p>Recommended a letter to the WHO Director General on behalf of the Board calling for additional emphasis to be placed on prequalification.</p>	<p>A letter was not drafted to the DG, but Director STB communicated the same to his counterpart responsible for Prequalification (PQ). Moreover, a Strategic Consultation on accelerating PQ of SLDs was convened by UNITAID 28 Jan. 2009. PQ committed to key action steps following this meeting.</p>	<p>It is hoped that the profile of the Beijing summit will lead to even greater efforts and more innovative approaches, stemming from DG commitment, to assure the quality of SLDs via PQ and other mechanisms.</p>
	<p>Supported an appeal to all donors that they provide funding only for quality-assured 2nd-line drugs, as defined by standards and requirements of the WHO Pre-Qualification</p>	<p>A key financing mechanism that is currently an outlier in this area is the World Bank (WB). GDF made several</p>	<p>Discussions with the WB ongoing.</p>



Agenda Item / Ref Documents	Decisions	Actions	Status
	Project or those with stringent National Drug Regulatory authorities.	interventions in Q4 2008 to secure the inclusion of more stringent QA standards for TB drugs to be financed by WB in India in 2009 and was successful for the FLD tender. GDF also held meetings with WB in Washington in Feb. 2009 to advocate for a systemic and consistent policy at the WB covering all strategic medicines (starting with TB, HIV and Malaria) and all types of WB financing irrespective of the country supported.	
	Supported a high level appeal to high MDR-TB-burden country leaders to take concrete steps towards stricter regulation of the use of second-line drugs in their public and, especially, private sector markets.	Appeal will take place in Beijing.	<b>Pending.</b>
<b>(11) Rolling out Diagnostics in the Field</b> <b>2.08-11.0</b> (2.08-11.1. GLI Synopsis) (2.08-11.2. Line Probe Assays) (2.08-11.3. DST policy)	Endorsed the plan of action as proposed. Supported the mobilization of STP partners to facilitate TA and address sustainability needs.		<b>Done.</b> Joint Working Group meetings during the Partners Forum as well as the dissolution of the Retooling Task Force and the creation of a new sub-group for Introducing New Approaches and Tools within the DOTS Expansion Working Group are expected to greatly facilitate the roll out of diagnostics in the field.  <b>Ongoing.</b> The World Bank received the formal green light to proceed with the preparation of this regional operation in early December. The first wave of countries under the Africa Health and TB support project could potentially be Tanzania, Uganda and Kenya, from which formal requests or expressed interest
	Endorsement of GLI strategic direction and future priorities.		
	Welcomed and acknowledged the role of UNITAID in supporting the laboratory initiative.		
	Welcomed the work of the World Bank in developing an African Health Systems Laboratory project		

Agenda Item / Ref Documents	Decisions	Actions	Status
			<p>have been received. An assessment mission to Uganda will take place from 30 March to 3 April. Two teams will go to Tanzania and Kenya during 6-10 April. Close collaboration has continued with partners (CDC, KNCV, UNION, USAID, WHO) who will collaborate and/or participate in these visits.</p> <p>A funding proposal is being prepared for UNITAID's review which will expand on the current GLI-FIND-GDF-UNITAID Diagnostics Project and include Tanzania, Uganda and possibly Kenya (to be confirmed) along with other countries.</p>
<p><b>(12) Global Plan Progress</b> 2.08-12.0</p>	<p>Provided specific guidance and feedback on the initial findings of the Global Plan Progress Report.</p> <p>Mandated the publication of the Global Plan Progress report in time for Partners' Forum (March 2009).</p>	<p>Secretariat to incorporate feedback and work to finalize report</p> <p>Secretariat to publish and disseminate the Global Plan Progress Report by 23 March 2009</p>	<p><b>Done.</b></p> <p><b>Done.</b> White Paper of the report has been made available by the 3<sup>rd</sup> Partners' Forum</p>
<p><b>(13) Round Table on TB-HIV</b> 2.08-13.0</p> <p>(2.08-13.1. Call for Action)</p>	<p>Called for nation-wide scale up of the TB-HIV response, following HIV TB Global Leaders' Forum, in line with the concerns outlined by discussants.</p>		<p><b>Ongoing.</b> Decision point GF/B18/DP12, paragraph 3 from the 18<sup>th</sup> GF Board requested that guidelines for phase 2 renewals of TB or HIV grants include explanations from CCMs regarding "scale up of universal TB-HIV collaborative services and explicitly articulate what TB-HIV activities, funding, and indicators will be included in</p>

Agenda Item / Ref Documents	Decisions	Actions	Status
	<p>Requested the Global Fund makes it mandatory to include TB components in all HIV proposals and HIV components in all TB proposals in the 63 TB-HIV priority countries.</p>	<p>Secretariat to follow-up with Global Fund on the CB's request</p>	<p>each proposal."</p> <p>The decisions made during the Global Fund meeting come as a direct result of the high level mission undertaken by the partnership during November 2008 to India.</p> <p>Agenda item 1.09-5.0 also specifically looks at this issue and proposes a high level debate as a way of following up on the Global Leaders Forum in active pursuit of nationwide scale up and expansion</p> <p><b>Done.</b> Decision point GF/B18/DP12, paragraph 3 from the 18<sup>th</sup> GF Board explicitly requests that HIV and TB proposals account for screening of one another, as well as other interventions, in their proposals.</p> <p>23 of the 41<sup>2</sup> high burden TB-HIV countries, or 56%, are applying in Round 9 and all are receiving coordinated support from TB TEAM to submit applications in Round 9.</p>

<sup>2</sup> WHO, Global Tuberculosis Control Report 2009. WHO has been using the following list of 41 countries with an adult HIV prevalence of  $\geq 1\%$  in 2005 which together make up 97% (not 95%) of the global TB/HIV burden. They are therefore the focus of intensified efforts to implement collaborative TB/HIV activities. These countries are: Angola, Botswana, Brazil, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Rep, Chad, China, Congo, Côte d'Ivoire, Djibouti, DR Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Lesotho, Malawi, Mali, Mozambique, Myanmar, Namibia, Nigeria, Russian Federation, Rwanda, Sierra Leone, South Africa, Sudan, Swaziland, Thailand, Togo, Uganda, Ukraine, UR Tanzania, Viet Nam, Zambia, Zimbabwe

Agenda Item / Ref Documents	Decisions	Actions	Status
<b>(14) Implementation of the Work Plan 2008</b> <b>2.08-14.0</b> (2.08-14.1. Explanatory Technical Note) (2.08-14.2A. Stop TB Partnership Work Plan implementation as of 30 September 2008) (2.08-14.2B. GDF Work Plan implementation as of 30 September 2008) (2.08-14.3. ExCom Minutes Evaluation)	Agreed to comment on the Work Plan electronically and subject to written concerns;	Board members to send to the Executive Secretary their concerns regarding the implementation report of the 2008 Work Plan	<b>Done.</b> Board members have made their inputs into the implementation report.
	Subject to any specific issues: (i) endorsed the second phase of the Civil Society Challenge Facility; and (ii) endorsed the post-evaluation approach.	Secretariat to implement the second phase of the Civil Society Challenge Facility	<b>Done.</b> Phase II of the Civil Society Challenge Facility implemented as scheduled.
<b>(15) Closing Session</b> <b>2.08-15.0</b>	Requests the Executive Committee to confirm whether a Spring 2009 in Rio de Janeiro is required in view of urgent workload/issues.	Secretariat to explore with ExCom need for a CB meeting in Rio prior to the Forum	<b>Done.</b> The ExCom has recommended a 1 day CB meeting on 21 March 2009
	Agreed dates and location of future Stop TB Partnership Coordinating Board Viet Nam – Autumn 2009	Secretariat to begin planning for fall 2009 Board in Vietnam	<b>Ongoing.</b> Formal agreement received from the government of Viet Nam. Dates to be decided by the Board.
	Agreed on Action Points for implementation.	Secretariat to follow-up	<b>Ongoing.</b>