

# Stop TB Coordinating Board

24 October 2001, Annapolis, United States

The first meeting of the Stop TB Coordinating Board ("the Board") was held at the Historic Inns, Annapolis, United States, on 24 October 2001, hosted by the United States Agency for International Development (USAID). Board representatives from countries with the highest burden of TB, regions, donors, nongovernmental organizations (NGOs) and technical agencies, Stop TB Working Groups, and multilateral agencies attended the meeting. The Stop TB Partnership Secretariat ("the Secretariat") provided administrative support.

## Discussion and decisions

### Global TB Drug Facility (GDF)

- The Board recommends convening an expert meeting on drug management, especially related to issues of quality assurance.
- The Board endorses some expansion in the scope of the GDF, specifically in its core activities (linear expansion). Particular links with international initiatives (e.g. Green Light Committee for MRD-TB drugs) should be strengthened.

### Global Plan to Stop TB

- The Secretariat is charged with developing a paper in consultation with DCA on the next steps of planning resource development, to include the following topics: 1) creating a political and social movement, including the appointment of "Stop TB ambassadors/champions"; 2) priority setting, including monitoring and evaluation; 3) donor collaboration (global and national).
- The Secretariat is requested to prepare a paper on a Stop TB Trust Fund to support increased resources.

### Governance issues of supporting structure to Stop TB

- Dr Francis Omaswa is confirmed as co-chair for a period of one year.
- The Secretariat will prepare a paper within the next two months with proposed changes to the composition of the Board, together with staggering plan, and modifying language in a co-opting statement. The Secretariat will maintain a log of changes to the Framework, as minuted in meetings of the Coordinating Board.
- The Board endorsed the establishment of a Working Committee of the Board. Names of interested members were to be sent to the Secretariat by Wednesday 31 October 2001.

### Workplan and budget 2002, Stop TB Partnership Secretariat

- The Secretariat budget should be revised and clarified in more detail. The Working Committee of the Board will guide the Secretariat in streamlining the budget, in terms of both finance and presentation.
- The Secretariat is advised to recruit a planning, budget and finance officer.

## 1. Opening and progress report

### 1.1 Opening

Jacob Kumaresan, Executive Secretary of the Stop TB Partnership Secretariat, opened the meeting and introduced Stop TB Coordinating Board Chair Ernest Loevinsohn and Vice-Chair Francis Omaswa. The process on how the chairs had been selected was outlined.

### 1.2 Adoption of agenda

Ernest Loevinsohn welcomed Board members and outlined the agenda and objectives of this first meeting of the full Stop TB Coordinating Board.

### 1.3 Progress report

Jacob Kumaresan reviewed the report of the Interim Stop TB Coordinating Board meeting held in Bellagio on 20–22 February 2001, and provided a progress report on the Global Partnership to Stop TB (“the Partnership”).

## 2. Global TB Drug Facility (GDF)

### 2.1 Progress report

Jacob Kumaresan presented, as part of the GDF progress report, the various developments related to applications, namely the Technical Review Committee (TRC), country visits, procurement and monitoring. The importance of the GDF as a catalyst for DOTS expansion was emphasized.

#### *Discussion*

- The Board commended the swift progress in development of the GDF and pointed out the need to rapidly establish a robust prequalification process for drug manufacturers.
- Information on the funding status for the GDF will be presented at the next meeting of the Stop TB Coordinating Board.
- Unified monitoring systems for the GDF, building on existing monitoring of national programmes, with validation of indicators, is needed.
- In addition to global level advocacy, local mechanisms to advocate and communicate concerning the GDF and DOTS expansion, are needed to build support networks and create demand

### 2.2 Scope of the GDF

Ian Smith presented the future scope of the GDF, based on the GDF prospectus and a draft document prepared for the meeting. Direction from the Board was sought on expansion of the GDF scope.

#### *Discussion*

- The GDF needs to be flexible with the list of products to support country needs, but remaining in line with the WHO model essential drug list.
- Issues of additionality of funding and sustainability of national systems are of great importance, and must be addressed with care.
- Links with other related initiatives, including MDR-TB drugs (Green Light Committee) and HIV/AIDS drugs (Global Fund to Fight AIDS, TB and Malaria) need to be strengthened.
- Countries that are purchasing TB drugs from their own resources should be encouraged to benefit from lower prices negotiated by the GDF through reimbursable procurement, to enable them to utilize national resources for other TB control activities. In addition, the GNP criteria for receiving GDF grants needs to be extended. The GDF needs to be clearly linked to the Global Fund to Fight AIDS, TB and Malaria.

#### *2.1 Decisions:*

2.2.1. The Board recommends convening an expert meeting on drug management, including issues of quality assurance mechanisms.

2.2.2. The Board supports the proposal for linear expansion of the GDF scope, beginning with NGO applications and reimbursable procurement, and notes that additional funding (US\$ 10 million from Canada and US\$4 million from The Netherlands) has been pledged.

2.2.3. The Board charges the Secretariat with preparing a plan for expansion of the scope of the GDF and presentation of this plan to the Board at its next teleconference.

### 3. Global Plan to Stop TB

#### 3.1 Resource Development Plan

Bill Walch and Paul Zintl (DCA) presented a Resource Development Plan. The resource gap outlined clearly calls for raising additional resources. Most resources will flow directly to partners, i.e. outside any pooled funding mechanisms. Staff is needed to support the initial mechanisms. The importance of independent resource mobilization to avoid control by any single organization was outlined. In support of mobilizing resources, there is a need to create social demand, both in high burden countries and in donor nations. A separate Trust Fund is proposed in order that Partners can direct specific support to the Partnership.

#### *Discussion*

- The Global Plan to Stop TB ("the Global Plan") is the basis for resource development, and needs to be further developed to include extra levels of detail. An executive summary for the Plan, with logical framework, and clear priority setting mechanisms, are needed. A good workplan and good results are the best incentive for resource development. It is essential that the financing gap clearly spells out realistic and manageable activities and financial requests.
- As possible criteria for funding priorities the following points were suggested: 1) capacity to treat and cure people with TB; 2) ability to link with other existing health problems; 3) ability to develop new tools to prevent, diagnose and cure.
- Mechanisms on financial flow were discussed. Clarification is needed on the various institutional mechanisms, including collective systems. There is a need to simplify how resources can be channelled, and how countries can draw on these resources.
- Social movements, particularly at grassroots level, need to be included to create a climate of opinion and a social demand to Stop TB. An "ambassador/champion for TB control" with specific roles and targeted involvement was proposed.
- The key issue for independent resource mobilization capacity is to have professional staff based in various countries and organizations, and not just one central mechanism. A coordinating mechanism is required.

#### 3.2 Monitoring mechanisms

Ger Steenbergen presented a scheme for monitoring implementation and outcomes of the Global Plan.

#### *Discussion:*

- A systematic approach to monitoring TB-related research resource flows has yet to be established, and needs further attention.
- Validation of indicators, including development of indicators in relation to TB-HIV and MDR-TB, is needed.

#### *3.3 Decisions:*

3.3.1. The Board charges the Secretariat with developing a paper in consultation with DCA on the next steps of planning resource development, to include the following topics: 1) creating a political and social movement, including the appointments of "Stop TB ambassadors/ Champions"; 2) priority setting, including monitoring and evaluation; and 3) donor collaboration (global and national). The following Board members will assist in this process: Amy Bloom, Roberto Tapia Conyer, Gijs Elzinga, Ejaz Rahim, and Nina Schwalbe. The paper will be prepared by end November 2001.

3.3.2. Sarah England will coordinate the process of development of this paper on behalf of the Secretariat.

3.3.3. The Secretariat is requested to prepare a paper on a proposal for a Stop TB Trust Fund to support the increased resources.

## 4. Governance issues of supporting structure to Stop TB

### 4.1 Stop TB Framework

Petra Heitkamp presented the composition and supporting structure of the Board, clarifying the staggered representation of Board members and the establishment of a Board Working Committee. Presentations and discussions on taskforces for Advocacy/Communications and Financing were deleted from the agenda.

#### *Discussion*

- Private sector representation on the Board should be enhanced in the current Board composition, as reflected in the Stop TB Framework.
- The number of participants represented on the Board should be increased to 30. More than 30 Board members would be impractical.
- Inclusiveness should be balanced with functionality. Developing country representation was highlighted as crucial. UNICEF volunteered to be represented by WHO. MSH also volunteered to reduce the number of NGO representatives.
- Continuous work of a Board Working Committee to provide guidance and support to the Secretariat was mentioned. Immediate items for the Working Committee are the recommendations of the TRC for GDF and the follow-up of the Board meeting.

#### *4.2 Decisions:*

4.2.1 The Board confirmed Francis Omaswa as co-chair for a period of one year.

4.2.2 The Secretariat is charged with preparing a paper (by end 2001) proposing changes to the Board composition, together with a plan for staggering representation, and modifying the language in the co-opting statement to read as follows: "*The Board may co-opt or invite persons non-members of the Board, to attend a meeting or part of it for temporary. A request to co-opt a participant for one Board meeting should be communicated to the Chair or the Secretariat, at least one month before the Board meeting*".

4.2.3. The Board requested that the Secretariat maintain a log of changes to the Framework, as minuted in meetings of the Coordinating Board;

4.2.4. The Board endorsed the terms of reference for establishment of a Board Working Committee. Names of interested members were to be sent to the Secretariat before Wednesday 31 October.

## 5. Workplan and budget 2002, Stop TB Partnership Secretariat

5.1 Jacob Kumaresan presented the workplan and budget for the Stop TB Secretariat for 2002.

#### *Discussion:*

- Concerns were raised regarding the presentation of the workplan, the source of some estimated costs, and the size of budget. The Board recognized that the limitations identified in the current workplan and budget arose primarily from the exceptionally high workload of the Secretariat over the past few months leading up to the Stop TB Partners' Forum. The Secretariat needs to revise the workplan and budget, with clarification of activities and budget breakdown, based on log frame approach, identifying priorities.
- The figures presented in the Global Plan and the Secretariat workplan should be consistent.
- The Board gave guidance on the following priorities for the Secretariat: 1) facilitation of increased resource flow; 2) implementation of the Global Plan and related national partnerships; 3) GDF.

#### *5.2 Decisions:*

5.2.1. The Secretariat is requested to revise the workplan and budget. The Board Working Committee will guide the Secretariat concerning the presentation of the budget.

5.2.2. The Secretariat will recruit a planning, budget and finance officer.

The meeting closed with expressions of thanks to USAID for hosting the meeting.

**Annex 1 Agenda**

**FIRST STOP TB COORDINATING BOARD MEETING**  
**Annapolis, United States, 24 October 2001<sup>1</sup>**

**AGENDA**

	<i>Documents</i>
<b>08:30-08:45 Welcome and Opening</b> <ul style="list-style-type: none"><li>• Introduction of Chair and Vice-chair (<i>Jacob Kumaresan</i>)</li><li>• Objectives and expected outcome of the meeting <i>Chairman (Ernest Loevinsohn)</i></li><li>• Adoption of the agenda</li><li>• Minutes of the previous meetings in Bellagio</li></ul>	1. Board participants list 2. Board Agenda 3. Report from Bellagio
<b>08:45-09:00 Progress report by the Executive Secretary (<i>Jacob Kumaresan</i>)</b>	4. (Mid) Progress report
<b>09:00-10:30 Global TB Drug Facility (GDF)</b> <ul style="list-style-type: none"><li>• Progress report (2000 – 2001)</li><li>• The scope of GDF</li></ul>	5. Progress report 6. Evaluation 7. Scope document
<b>10:30 – 11:00 Tea /Coffee Break</b>	
<b>11:00 – 13:00 Global Plan to Stop TB</b> <ul style="list-style-type: none"><li>• Resource development plan &amp; resource mobilization (<i>Paul Zintl, Bill Walch, DCA</i>)</li><li>• Monitoring &amp; evaluation mechanisms (<i>Ger Steenbergen</i>)</li></ul>	8. Resource Dev Plan
<b>13:00-14:00 Lunch</b>	
<b>14:00-16:00 Governance Issues of Supporting Structure to Stop TB</b> <ul style="list-style-type: none"><li>• CB composition and Working Committee</li><li>• Advocacy &amp; Communications (TFA&amp;C) (<i>Jeannette Sanchez</i>)</li><li>• Financing Issues (<i>Sarah England</i>)</li></ul>	9. Stop TB Framework 10. Board operational issues 11. Advoc/Comm Taskforce 12. Financing Taskforce
<b>16:00 – 16:15 Tea / Coffee Break</b>	
<b>16:15-17:00 Workplan &amp; Budget 2002, Stop TB Partnership Secretariat</b>	13. Workplan&Budget'0
<b>17:00-17:30</b> Next steps and Closing statement by chairman	
<b>18:00 – 20:00 Reception</b>	

---

<sup>1</sup> Thanks to USAID, for hosting the Stop TB Coordinating Board meeting, in Annapolis, Historic Inns (address: 58 State Circle, Annapolis, Maryland 21401-1906, Tel: +1 401 263 2641/296 0990, [www.annapolisinns.com](http://www.annapolisinns.com)).

For support in logistic matters please contact Mr Robert Hensley, Tel: +1 202 898 0980 x 175, Fax: +1202 898 9397, email: [rhensley@medsproject.com](mailto:rhensley@medsproject.com))

**Stop TB Coordinating Board**

**24 October 2001**

*Provisional list of participants*

***Chairs Stop TB Working Groups***

**Working Group on DOTS Expansion**

Dr Mario Raviglione  
Coordinator  
TB Strategy & Operations (TBS)  
Communicable Diseases Cluster (CDS)  
World Health Organization (WHO)  
20, avenue Appia  
Geneva 27 1211  
Switzerland  
Tel: (41) 22 791 2663  
Fax: (41) 22 791 3111  
Email: raviglione@who.int

**Working Group on TB and HIV/AIDS**

Dr Gijs Elzinga  
Director of Public Health  
National Institute of Public Health  
and Environmental Protection (RIVM)  
Antonie van Leeuwenhoeklaan 9  
Postbus 1  
Bilthoven 3720 BA  
The Netherlands  
Tel: + 31 30 - 274 2345  
Fax: + 31 30 - 274 4411  
Email: gijs.elzinga@rivm.nl

**Working Group on DOTS-Plus for  
MDR-TB**

Dr Jim Yong Kim  
Program Director  
Program in Infectious Disease and Social  
Change  
Department of Social Medicine  
Harvard Medical School  
641 Huntington Ave.  
Boston MA 02115  
USA  
Tel: (1) 617 432 2575  
Fax: (1) 617 432 2565  
E-mail: Jim\_Yong\_kim@hms.harvard.edu

**Working Group on Vaccines Development**

Dr Ann Ginsberg  
Chief, Respiratory Diseases Branch  
NIAID/DMID  
6700-B Rockledge Drive, room 3133  
(express mail zip code: 20817)  
Bethesda MD 20892-7630  
USA  
Tel: 1 (301) -496-5305  
Fax: 1 (301) -496-8030  
E-mail: AGINSBERG@niaid.nih.gov

**Working Group on TB Diagnostics**

Dr Carlos Morel  
Director, Special Programme for Research and  
Training in Tropical Diseases (TDR)  
Communicable Diseases Cluster (CDS)  
World Health Organization (WHO)  
20, avenue Appia  
Geneva 27 1211  
Switzerland  
Tel: (41) 22 791 3802  
Fax: (41) 22 791 4854  
E-mail: [morelc@who.int](mailto:morelc@who.int)

*Represented by:*

Dr Mark Perkins, Manager, Diagnostics  
World Health Organization  
TDR  
1211-Genève 27  
Tel: 41 22 791 4141  
Fax: 41 22 791 4854  
E-mail: perkinsm@who.int

**Global Alliance for TB Drug Development**

Dr Giorgio Roscigno, Senior Adviser  
Director of Strategic Development  
27 boulevard Bischoffsheim  
B-Brussels 1000  
Tel: 32 2 210 0222  
Fax: 32 2 223 6928  
E-mail: giorgio.rosicigno@tballiance.org

## ***Regional Representatives***

### **African Region**

Professor Francis Omaswa  
Director-General  
Health Services  
Ministry of Health  
P.O. Box 16069  
Wandegaya, Kampala  
Uganda  
Tel: (256) 75 760 196 /41 340 873  
Fax: (256) 41 340 881  
E-mail: [dghs@infocom.co.ug](mailto:dghs@infocom.co.ug)

### **American Region**

Dr Roberto Tapia Conyer  
Vice-Minister Subsecretario  
Subsecretaria de Salud  
Secretaria de Salud de Mexico  
Lleja No.7, Colonia Juarez  
Mexico D.F.  
Tel: 52 5559-7145  
Fax: 52 5286-5355  
Email: [conyert@hotmail.com](mailto:conyert@hotmail.com)

### **Eastern Mediterranean Region**

Mr Ijaz Rahim  
Federal Secretary of Health  
Ministry of Health  
Government of Pakistan  
Pakistan Secretariat Block "C"  
Islamabad  
Pakistan  
Tel:  
Fax: 92 51 920 2090

### **European Region**

Dr Jaap F. Broekmans  
Director  
Royal Netherlands Tuberculosis Association  
(KNCV)  
P.O.Box 146  
The Hague 2501 CC  
The Netherlands  
Tel: (31) 70 416 7222 / 7245  
Fax: (31) 70 358 4004  
E-mail: [broekmansj@kncvtbc.nl](mailto:broekmansj@kncvtbc.nl)

### **South-East Asia Region** *Unable to attend*

Dr PR Narayanan  
Director  
Tuberculosis Research Centre  
Mayor VR Ramanathan Road  
(Spur Tank Road)  
Chennai 600 031  
India  
Tel: +(91) 44 8265425 /27 /35 /57  
/8265403 (direct)  
Fax: +(91) 44 8228894 /8262137  
Email: [prnarayanan@vsnl.com](mailto:prnarayanan@vsnl.com)

### **WPRO**

Dr Toru Mori  
Director  
Research Institute of TB (RIT), Japan Anti-  
tuberculosis Association, 3-1-24 Matsuyama,  
Kiyose  
Tokyo 204-0022  
Japan  
Tel: (81 424) 92 4767  
Fax: (81 424) 92 4600  
E-mail: [tmori@jata.or.jp](mailto:tmori@jata.or.jp)

## ***High TB burden countries***

### **Brazil** *Unable to attend*

Professor João Yunes  
Director  
School of Public Health of the University of  
Sao Paulo  
Av. Dr Arnaldo 715  
Sao Paulo  
Brazil  
Tel. 55 11 3066 7739/3085 2329  
Fax 55 11 3066 7709  
E-mail: [yunesjoa@usp.br](mailto:yunesjoa@usp.br)

### **Philippines**

Dr Manuel M. Dayrit  
The Secretary of Health  
Department of Health  
San Lazaro Compound  
Sta Cruz  
Manila  
Philippines  
Tel: Tel. 63 2 743 1786  
Fax 63 2 743 1829  
Email:

### **India**

*To be identified*

### **Nigeria**

Dr E. Abebe  
Director Primary Health Care and  
Disease Control  
Federal Ministry of Health  
Federal Secretariat Phase II  
Ikoyi  
Lagos  
Nigeria  
Tel: + 234 1 - 269 0412/4916  
Fax: + 234 1 - 545 2179  
Email: [phcdc@inet-global.com](mailto:phcdc@inet-global.com)

## ***Multilateral organizations***

### **WHO**

Dr J.W. Lee  
Director  
STOP TB  
Communicable Diseases Cluster (CDS)  
World Health Organization (WHO)  
20, avenue Appia  
Geneva 27 1211  
Switzerland  
Tel: (41) 22 791 2742  
Fax: (41) 22 791 4886  
Email: leej@who.int

### **World Bank**

Mr Christopher Lovelace  
Director  
Health, Nutrition and Population  
Human Development Network  
The World Bank  
1818 H Street, NW  
Washington, DC 20433  
USA  
Tel: (1) 202 458 5520  
Fax: (1) 202 522 3234  
Email: JLovelace@worldbank.org

### **UNICEF**

Dr Yves Bergevin  
Chief Health  
UNICEF House  
3 United Nations Plaza  
New York NY 10017  
USA  
Tel: 1 212 824 6369  
Fax: 1 212 824 6464  
Email: ybergevin@unicef.org

## ***NGOs and technical agencies***

### **CDC**

Dr Kenneth Castro,  
Director Division of TB Elimination  
Governmental Organization-Technical  
Centers for Disease Control & Prevention,  
1600 Clifton Road, MSE10, Corporate Square  
Boulevard, Bldg 10  
Atlanta GA 30329  
USA  
Tel: (1 404) 639 8120  
Fax: (1 404) 639 8604  
Email: kgcl@cdc.gov

### **IUATLD**

Dr Nils Billo  
Executive Director  
International Union Against Lung Diseases  
(IUATLD)  
68, boulevard St-Michel  
Paris 75006  
France  
Tel: (33) 1 44 32 03 61 (direct)  
Fax: (33) 1 4329 90 87  
Email: NBillo@iuatld.org

### **Management Sciences for Health (MSH)**

Dr Jim Rankin  
Director  
Non-governmental Organization-General  
Drug Management Program, 1515 Wilson  
Boulevard, Suite 710  
Arlington, VA 22203  
USA  
Tel: 1 703 524 6565  
Fax: 1 703 524 7898  
E-mail: jrankin@msh.org

## ***Financial Donors***

### **CIDA**

Dr Ernest R. Loevinsohn  
Director General  
Food Aid Centre  
& Multilateral Policy  
Canadian International  
Development Agency (CIDA)  
200, Promenade du Portage  
Hull, Quebec K1A 0G4  
Canada  
Tel: +1 (819) 997-9492  
Fax: +1 (819) 953 5348  
Email: ernest\_loevinsohn@acdi-cida.gc.ca

### **Department for International Health (DfID)**

Dr Julian Lob-Levyt  
Chief Health & Population Adviser  
Governmental Organization-Donor  
Health and Population Department, Room  
V206, 94, Victoria Street  
London SW1E 5JL  
UK  
Tel: 44 (0)20 7 917 0107  
Fax: 44 (0)20 7 917 0174  
Email: j-lob-levyt@dfid.gov.uk]

#### *Represented by:*

Dr Alastair Robb  
Senior Public Health Specialist  
Room V221, 94 Victoria Street  
GB-London SW1E 5J2  
Tel: 44 20 7917 0733  
Fax: 44 20 791 7048  
E-mail: a-robb@dfid.gov.uk



**Ministry of Health, Labour and Welfare**

Dr Hiromutsu Imada  
Assistant Minister for Technical Affairs,  
Minister's Secretariat,  
1-2-2, Kasumigaseki Chiyoda-ku, Tokyo, 100-  
8916, Japan  
Tel: +81-3-3595-2403  
Fax: +81-3-3501-2532  
E-mail: sakoi-masami@mhlw.go.jp]

*Represented by*

Dr Masami Sakoi  
Deputy Director  
International Affairs Planning Division  
Minister's Secretariat  
Ministry of Health  
Labour and Welfare  
1-2-2, Kasumigaseki Chiyoda-ku  
Tokyo 100-8916  
Tel: 81 3 3595 2403  
Fax: 81 3 3501 2532  
E-mail: sakoi-masami@mhlw.go.jp

**USAID**

Ms Irene Koek, Chief, Environmental Health  
and Infectious Diseases Division  
Governmental Organization-Donor  
Ronald Reagan Building, G/PHN/HN/EH,  
3.07-075m, 3rd floor  
Washington DC 20523-3700  
USA  
Tel: 1-202-712-5403  
Fax: 1-202-216-3702  
Email: ikoek@usaid.gov

*Represented by*

Dr Amy Bloom  
Global Programme for Health  
3.07-07M, 3rd Floor, RRB  
Washington, D.C.20523-3700  
USA  
Tel: + 1 202 - 712 0683  
Fax: + 1 202 - 216 3046  
E-mail: abloom@usaid.gov

**Soros Open Society Institute**

Nina Schwalbe  
Director, Public Health Programs  
400 West, 59th Street  
New York NY 10019, USA  
Tel: 212 547 6919  
Fax: 212 548 4610  
Email: nschwalbe@sorosny.org

**Stop TB Partnership Secretariat**

Dr Jacob Kumaresan  
Executive Secretary  
Stop TB Partnership Secretariat  
Communicable Diseases Cluster (CDS)  
World Health Organization (WHO)  
20, avenue Appia  
Geneva 27 1211  
Switzerland  
Tel: (41) 22 791 2385  
Fax: (41) 22 791 4886 /4199  
Email: kumaresanj@who.int

Dr Ian Smith, Medical Officer  
Tel: 41 22 791 2536  
E-mail: smithi@who.int

Dr Sarah England, Medical Officer  
Tel: 41 22 791 3975  
E-mail: englands@who.int

Dr Ger Steenbergen, Medical Officer  
Tel: 41 22 791 1345  
E-mail: steenbergeng@who.int

Ms Petra Heitkamp, Technical Officer  
Tel: 41 22 791 2879  
E-mail: heitkamp@who.int

Ms Jeanette Sanchez, Communications Officer  
Tel: 41 22 791 1278  
E-mail: sanchezj@who.int