

REGIONAL OFFICE FOR Europe

The Regional Collaborating Committee on Tuberculosis Control and Care (RCC–TB)

Second meeting Copenhagen, Denmark, 11 November 2013

ABSTRACT

The Regional Collaborating Committee on Tuberculosis Control and Care (RCC–TB) was established in September 2011 in response to the endorsement by the 53 Member States of the WHO European Region of the *Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015* at the 63rd session of the Regional Committee for Europe. The second meeting of the RCC–TB steering group was held in Copenhagen, Denmark, on 11 November 2013, involving 34 participants (steering group members and observers, including 15 representatives from WHO country offices in the Region). The meeting was conducted in English and Russian with simultaneous translation and was organized to coincide with several regional meetings held during the same calendar week. This report briefly summarizes outputs from the presentations, plenary discussions and working-group sessions and indicates future actions.

Keywords

BEST PRACTICES INTERAGENCY RELATIONS KNOWLEDGE, ATTITUDES, PRACTICE NATIONAL HEALTH PROGRAMS TUBERCULOSIS, EXTENSIVELY DRUG-RESISTANT TUBERCULOSIS, MULTI-DRUG RESISTANT

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Acronyms and abbreviations

ССМ	country coordinating mechanism
CSO	civil society organization
ERS	European Respiratory Society
EU	European Union
GFATM	Global Fund to Fight AIDS, Tuberculosis & Malaria
MDR-TB	multidrug-resistant TB
M/XDR-TB	multidrug- and extensively-drug resistant tuberculosis
NGO	nongovernmental organization
NTP	national tuberculosis programme
RCC-TB	Regional Collaborating Committee on Tuberculosis Control and Care
RICC-TB	Regional Interagency Collaborating Committee on Tuberculosis Control
	and Care
TB	tuberculosis
TOR	terms of reference

1. Introduction

The Regional Collaborating Committee on Tuberculosis Control and Care (RCC–TB) was established in September 2011 in response to the endorsement by the 53 Member States of the WHO European Region of the *Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015*¹ at the 63rd session of the Regional Committee for Europe.

The RCC–TB provides an interactive platform for stakeholders such as donors, technical agencies, professional societies and patient and community representatives to exchange information related to multidrug- and extensively-drug resistant tuberculosis (M/XDR–TB) responses and advocate for action.

The RCC–TB comprises a steering group and a member network. Its mission is to work towards the achievement of universal access to evidence-based tuberculosis (TB) and M/XDR–TB prevention, diagnosis, treatment and care across the Region. Key objectives include:

- strengthening involvement and fostering collaboration among national and international partners in TB and M/XDR–TB prevention, control and care;
- raising awareness about TB;
- advocating for resource mobilization; and
- facilitating exchange of best practices in TB and M/XDR–TB prevention, care and control.

The second meeting of the RCC–TB steering group was held in Copenhagen, Denmark, on 11 November 2013, involving 34 participants (steering group members and observers, including 15 representatives from WHO country offices in the Region). The meeting, which consisted of presentations, plenary discussions and working-group sessions, was conducted in English and Russian with simultaneous translation and was organized to coincide with several regional meetings held during the same calendar week (week 46).

1.1 Meeting objectives

The objectives were to:

- discuss measures and terms of reference (TOR) for establishing the RCC–TB network;
- present the methodology for, and lessons learned from, compiling the bestpractice examples;
- update members on key challenges to, and progress on, RCC-TB activities;

¹ Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015. Copenhagen: WHO Regional Office for Europe; 2011 (EUR/RC61/15 + EUR/RC61/Conf.Doc./8;

http://www.euro.who.int/__data/assets/pdf_file/0007/147832/wd15E_TB_ActionPlan_111388.pdf, accessed 20 January 2014).

- review implementation of RCC–TB-related components of the consolidated action plan and discuss challenges and the way forward; and
- discuss how to further synergize actions and activities to optimize contributions to TB prevention, care and control in the Region.

1.2 Expected outcomes

It was anticipated that by the close of the meeting, participants would have:

- agreed actions to establish the RCC–TB network;
- received an update on challenges to, and progress on, RCC–TB activities;
- reviewed progress towards implementation of RCC–TB-related components of the consolidated action plan and discussed challenges and the way forward; and
- discussed and agreed possible scenarios and the next steps for synergizing members' contributions under the RCC–TB framework.

2. Opening

Masoud Dara, WHO Regional Office for Europe, and Fanny Voitzwinkler, RCC–TB Chair, opened the meeting by welcoming participants, encouraging them to contribute actively to discussions and support the realization of the RCC–TB mission and objectives. The meeting objective of developing an action plan for the RCC–TB was stressed and contributions to its development were anticipated with interest.

It was noted by a meeting participant that the work of the Collaborative Group on Training had been very valuable and that reference to training and education was lacking in the meeting agenda. The statement was acknowledged and participants were encouraged to consider during the working-group sessions how the RCC–TB could link to training and education activities in the Region. The Regional Office will reconvene meetings of the Collaborative Group on Training from 2014; its work and that of the RCC–TB are linked, and the respective chairs will discuss how the groups can support each other.

2.1 Review of final TOR

Masoud Dara presented the finalized TOR for the RCC–TB and thanked members of the steering group for their contributions to its development. It was important to ensure links to the Berlin Declaration on Tuberculosis² and the consolidated action plan in the finalization process.

It was observed that since the first meeting of the RCC–TB steering group, the committee's name and acronym had been changed from its original formulation of Regional Interagency Collaborating Committee (RICC–TB). The change had been made to ensure non-agency organizations and stakeholders (including ministries and other organizations not categorized as agencies) were not excluded from becoming part of the Committee and its network. The first meeting of the RCC–TB steering group in December 2012 agreed to change the original name of Regional Interagency

² Berlin Declaration on Tuberculosis. Copenhagen: WHO Regional Office for Europe; 2007 (EUR/07/5061622/5; http://www.euro.who.int/__data/assets/pdf_file/0008/68183/E90833.pdf, accessed 20 January 2014).

Coordinating Committee to Regional *Collaborating* Committee to signal the Committee's scope in collaborating and sharing, but not necessarily coordinating and aligning, the work of member organizations.

3. Synergies between the RCC–TB and other institutions and initiatives

3.1 The European Respiratory Society

Francesco Blasi, President of the European Respiratory Society (ERS), gave a brief introduction to the ERS and its activities in relation to TB prevention, care and control in Europe. The society, which has 10 000 members worldwide, was founded in 1990 as a platform for exchanging knowledge. It plays an important role in providing educational resources and harmonizing education in respiratory medicine in Europe.

ERS has a number of priorities related to TB, including

- researching TB-related vaccines;
- reducing health inequalities within and between European Union (EU) Member States;
- developing cost-effective early diagnosis and screening for TB;
- developing the Forum for TB Elimination think tank to inform innovative approaches to TB control and elimination as part of the 2012/2013 presidential plan;
- working with WHO and the European Centre for Disease Prevention and Control on the Internet-based consilium for multidrug-resistant TB (MDR–TB) case and programme management;³ and
- editing a short 30-page version of the TB chapter in the *European lung white* book⁴ for policy-makers and other decision-makers (to be published in December 2013).

Francesco Blasi highlighted the importance of communication between TB communities and TB-related organizations. He welcomed collaboration between WHO and the RCC–TB and emphasized WHO's excellent work in moving the ERS towards a stronger commitment to public health activities in TB: this area was not "natural" to the ERS and consequently depended on inputs from partners such as RCC–TB.

3.2 The Global Fund to Fight AIDS, Tuberculosis & Malaria

Nicolas Cantau, Regional Manager for eastern Europe and central Asia of the Global Fund to Fight AIDS, Tuberculosis & Malaria (GFATM), briefly presented the main principles of the new GFATM funding model. He stressed that implications for the Region have yet to be defined, but that most countries in eastern Europe and central Asia will be eligible to apply.

³ ERS/WHO. ERS/WHO – TB consilium [website]. Lausanne: ERS; 2014 (https://www.tbconsilium.org/, accessed 20 January 2014).

⁴ Gibson GJ, Loddenkemper R, Sibille Y, Lundbäck B, editors. European lung white book. Respiratory health and disease in Europe. Lausanne: ERS; 2013 (http://www.erswhitebook.org/, accessed 20 January 2014).

The specific challenges of M/XDR–TB in the Region create a need for the GFATM to develop a regional-specific funding strategy and prioritize the regional allocation of resources. Nicolas Cantau stressed that the GFATM will need inputs and advice from partners in the Region, particularly WHO, on developing this strategy. He therefore encouraged the Regional Office and the RCC–TB to contribute actively to GFATM discussions and priority-setting work. He expressed the hope that the RCC–TB, Technical Advisory Group for Tuberculosis Control and WHO/GFATM meetings that were scheduled for the same week would contribute to these discussions.

3.3 Compendium of best practices in TB prevention, control and care

Martin van den Boom of the Regional Office presented the recently published compendium of best practices in drug-resistant TB prevention, control and care.⁵ The best practices were collected over a three-month period in the summer of 2013 and cover issues such as policy, financing, partnership, capacity-building, service delivery and advocacy in TB prevention, care and control. Eighty-two examples from 30 countries were submitted: 8240 were selected by an expert committee, based on a set of criteria.

The collection is intended to be an ongoing endeavour; successful projects or initiatives that may be applicable in other countries or settings in the Region can be submitted to WHO. All submissions will be available on a WHO-administered share-point or tool for storing and sharing e-information. It is hoped that this will become an important forum within which progress and ideas relating to the RCC–TB goals can be shared.

3.4 Challenges of civil society organization involvement in TB prevention, control and care

Fanny Voitzwinkler, Chair of the RCC–TB steering group and representing the TB Europe Coalition, gave a brief presentation on some of the main challenges of civil society organization (CSO) involvement in TB prevention, control and care in the Region. She reported on a regional mapping exercise completed in 2013 and the creation of the Global Coalition of TB Activists and regional CSO platforms.

Some of the main challenges faced by CSOs in Europe relate to:

- funding;
- human resources, knowledge and training;
- lack of political will;
- human rights and stigma;
- stakeholders' awareness of TB, advocacy and CSOs;
- support for networking and campaigning;

⁵ Best practices in prevention, control and care for drug-resistant tuberculosis. A resource for the continued implementation of the consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region, 2011–2015. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2013/best-practices-in-prevention,-control-and-care-for-drug-resistant-tuberculosis, accessed 20 January 2014).

- difficulties for CSOs in contributing to the provision of anti-TB drugs and treatments; and
- the general population's awareness of TB.

Based on the mapping exercise, the main recommendations to the regional network are to:

- improve network members' knowledge and skills and build their capacity;
- improve funding to compensate (at least partially) costs that members incur through networking;
- sustain network members' motivation by using a strategic and focused approach that leads to tangible outcomes for them;
- intensify efforts to mobilize TB resources; and
- facilitate the use of Russian and English in correspondence and communications.

She ended by presenting the TB Europe Coalition's expectations to RCC–TB. These include:

- joint promotion of high-level TB advocacy by, for instance, using the EU as a platform;
- increasing domestic and regional political commitment;
- involving CSOs in TB care and control;
- encouraging GFATM support in terms of engagement and funding; and
- responding to specific country emergencies.

4. Comparative advantages and action plan for RCC–TB

4.1 Where the RCC–TB can make a difference

Participants at an interactive working-group session brainstormed challenges in TB prevention, control and care for which the RCC–TB can offer advantages over other agencies and organizations and help to make a difference.

After developing a list of key challenges relevant to the RCC–TB, the three most important were selected through a simple voting process. The prioritized and other identified challenges are shown in Box 1.

In addition to the challenges set out in Box 1, there was also a perceived need to improve communication about TB. "Making the TB problem more attractive" was cited as a key factor in attracting donors and raising political awareness of the disease and its impacts and consequences at national and individual levels. The RCC–TB may be able to contribute to this task: there was wide agreement that it provides a good platform for collecting and sharing best practices and patient stories in TB prevention, care and control that can be used for advocacy purposes.

The need for stronger eastern Europe representation on the steering group presented an internal challenge for the RCC–TB that ought to be addressed. Finally, it was suggested that the RCC–TB annually outline gaps in the field and set, re-evaluate and rethink its priorities.

Box 1. Challenges where the RCC–TB can make a difference

Prioritized challenges

The RCC–TB can make a difference in the priority areas of:

- ensuring country ownership and high-level political advocacy, with the RCC–TB contributing to increasing consciousness about TB, forming strategies defining what is being advocated and tracking and responding to changing financing mechanisms;
- creating better synergies with HIV and other health communities; and
- identifying gaps in health care systems (psychosocial support, and knowledge, attitudes and practice), including access to vulnerable groups and migration challenges (unified patient system).

Other challenges

Defined challenges in other areas were:

- relations between governments and nongovernmental organizations (NGOs) and CSOs (including information about services NGOs and CSOs provide and the potential for cooperation);
- increasing the quality of TB-related services;
- the absence of CSOs and the need for better coordination and more sustainability (creating platforms at country level);
- the need for greater sharing, coordination and collaboration among agencies (with the RCC–TB acting as a platform for focused technical discussions); and
- the lack of a collective partnership representing NGOs to donor institutions (including the GFATM).

4.2 Action plan for the RCC–TB in 2014

Having identified the three main TB challenges in which the RCC–TB can make a difference, participants split into working groups to further consider how the RCC–TB could play a role in addressing the challenges and develop an action plan for the relevant areas.

Some cross-cutting actions were proposed as part of a RCC–TB action plan for 2014. These included:

- creating a web platform for the RCC–TB to facilitate collaboration and exchange of experience, best practice, patient stories and other useful material for partners;
- increasing awareness about the RCC–TB and encouraging potential partners and interest groups to join the network;
- developing a factsheet on the RCC–TB to be shared with partners;⁶ and
- compiling an inventory on the RCC–TB web platform providing an overview of who is doing what in TB, based on a general mapping of actors, donors, CSOs and NGOs in TB at regional and national levels.

4.2.1 Action plan for advocacy activities

The group agreed that there was a need to help organizations to be more vocal at high level. It was therefore suggested that RCC–TB, its members and network partners contribute to:

⁶ Sevim Ahmedov, United States Agency for International Development, and Gerard de

Vries, Koninklijke Nederlandse Chemische Vereniging [Royal Netherlands Chemical Society], volunteered to develop a first draft of the factsheet by mid-December 2013.

- developing media training for national tuberculosis programme (NTP) managers, avoiding duplication of, but being complementary to, the training offered at the International Union against Tuberculosis and Lung Disease congress;
- developing factsheets to be used as advocacy material to demonstrate effective TB control and care measures (including ambulatory care);
- composing a joint letter to the EU on the TB situation in the Region and its consequences;
- recommending brief prioritized advocacy messages for critical interventions;
- involving new sectors and donors in the Region, including the World Bank;
- prioritizing key materials to be made available in Russian translation, with links through the RCC–TB web platform; and
- making use of upcoming events and opportunities, such as:
 - World TB Day in March 2014 (one idea raised was to co-organize an event with colleagues from the Koch-Mechtnikov Forum in Berlin, Germany);
 - the International Union against Tuberculosis and Lung Disease meeting in Sofia, Bulgaria in June 2014 by encouraging Bulgarian politicians to attend (the NTP managers' meeting is tentatively planned for the day before).

4.2.2 Action plan for improving synergies with HIV communities

It was agreed that there was a need to increase awareness levels of the shared challenges and interactions between TB and HIV at all levels. It was therefore suggested that RCC–TB, its members and network partners contribute to:

- increasing awareness of TB and HIV issues at all levels;
- developing a short (one-page) information sheet on TB and HIV in the Region;
- sharing and disseminating best practice on integrated models of TB and HIV with country cases (using the RCC–TB web platform);
- mapping current synergies and activities in the Region, including patient groups;
- bringing TB and HIV stakeholders together at conferences and other events organised by the RCC–TB and member institutions;
- supporting the establishment of a technical working group on TB and HIV under the national country coordinating mechanism (CCM); and
- encouraging CCM members to join the RCC–TB network.

4.2.3 Action plan for addressing gaps in the TB health care system for vulnerable populations

It was suggested that the RCC–TB, its members and network partners contribute to:

- continuing the expansion of the collection of best practices compiled and published by the Regional Office;
- communicating, sharing and disseminating best practice examples using the RCC–TB web platform;
- bringing additional relevant technical expertise on board with the RCC–TB;
- motivating countries, programmes and projects that are already working with vulnerable populations to gather and share positive experiences and best practices; and
- encouraging the use of social media to bring experiences closer to end-users.

5. Next steps and closing

After lively discussion and suggestions for the way forward for the RCC–TB, Masoud Dara summarized the main conclusions of the meeting and the immediate next steps to be taken. These were to:

- finalize the RCC–TB action plan with timelines
- develop the factsheet on the RCC–TB to be shared with partners
- develop milestones for the RCC–TB based on the action plan
- begin to organize regular three-monthly online meetings of the RCC–TB.

It was agreed that appointing a focal person from the steering group and having specific countries acting as leaders for each RCC–TB activity would be helpful to achieving goals and setting targets.

Nominations for the position of vice-chair would be solicited, with votes being cast online.

The meeting closed with thanks to the participants for their discussions and constructive contributions. All were encouraged to spread the news about the RCC–TB and inspire ministries, partners and NGOs to join the network.

Annex 1

BACKGROUND, SCOPE AND PURPOSE

Background

The WHO Regional Director for Europe established the Regional Collaborating Committee on Tuberculosis Control and Care (RCC–TB) in September 2011 in response to the endorsement by the 53 Member States of the WHO European Region of the *Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015*⁷ at the 63rd session of the Regional Committee for Europe in Baku, Azerbaijan.

The RCC–TB provides an interactive platform for stakeholders such as donors, technical agencies, professional societies and patient and community representatives to exchange information related to multidrug- and extensively-drug resistant tuberculosis (M/XDR–TB) responses and advocate for action.

The RCC–TB comprises a steering group and a member network. The RCC–TB steering group consists of national and international partners engaged in tuberculosis (TB) prevention, care and control in the WHO European Region, who are dedicated to:

- strengthening involvement and fostering collaboration among all stakeholders in the fight against TB;
- advocating for resource mobilization for TB;
- establishing a common platform to share best practices on TB and multidrug-resistant TB (MDR–TB) prevention and control;
- creating greater public, private and government awareness of TB as a public health threat; and
- accelerating and intensifying the involvement of civil society and NGOs to help alleviate TB-related morbidity, render TB care more patient-friendly and person-centred and reduce the burden of TB.

The RCC–TB network is an inclusive body comprising relevant stakeholders involved in TB prevention and control, including technical and funding agencies, civil society and professional organizations, medical professionals and representatives of philanthropic foundations, as well as community/patient representatives with substantial expertise and experience in areas related to TB prevention, control and care. Its overall mission is to help achieve universal access to evidence-based TB and M/XDR–TB prevention, diagnosis, treatment and care across the WHO European Region.

The RCC–TB meeting was held in Copenhagen, Denmark, on 11 November 2013 and was organized back-to-back with a meeting of the Technical Advisory Group to the WHO European Region on 12 November 2013.

⁷ Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015. Copenhagen: WHO Regional Office for Europe; 2011 (EUR/RC61/15 + EUR/RC61/Conf.Doc./8;

http://www.euro.who.int/__data/assets/pdf_file/0007/147832/wd15E_TB_ActionPlan_111388.pdf, accessed 20 January 2014).

Specific objectives of the meeting

Specific objectives were to:

- discuss measures and terms of reference (TOR) for establishing the RCC–TB network;
- present the methodology for, and lessons learned from, compiling the best practice examples;
- update members on key challenges and progress regarding key RCC–TB activities;
- review implementation of RCC–TB-related components of the consolidated action plan and discuss challenges and the way forward; and
- discuss how to further synergise actions and activities to optimize contributions to TB prevention, care and control in the Region.

Expected outcomes

It was anticipated that by the close of the meeting, participants would have:

- agreed actions to establish the RCC–TB network;
- received an update on challenges and progress regarding key activities relating to the RCC–TB;
- reviewed progress towards implementation of RCC–TB-related components of the consolidated action plan and discussed challenges and the way forward; and
- discussed and agreed possible scenarios and the next steps for synergizing members' contributions under the RCC–TB framework.

Methods

The meeting programme included presentations and plenary discussions. The working languages were English and Russian, with simultaneous translation provided.

Background documents

- Consolidated action plan to prevent and combat multidrug- and extensively-drug resistant tuberculosis in the WHO European Region 2011–2015.
- Best practices in prevention, control and care for drug-resistant tuberculosis. A resource for the continued implementation of the consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region, 2011–2015.⁸

Venue

United Nations (UN) City, Marmorvej 51, DK 2100 Copenhagen Ø, Denmark

Participants

The meeting was attended by members of the RCC-TB steering group.

Facilitators

RCC–TB steering group chair: Ms Fanny Voitzwinkler WHO Regional Office for Europe: Dr Masoud Dara, Dr Martin van den Boom

⁸ Best practices in prevention, control and care for drug-resistant tuberculosis. A resource for the continued implementation of the consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region, 2011–2015. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2013/best-practices-in-prevention,-control-and-care-for-drug-resistant-tuberculosis, accessed 20 January 2014).

Annex 2

PROGRAMME

Monday	Monday 11 November 2013				
09:00– 09:20	Opening remarks	Zsuzsanna Jakab (WHO Regional Director for Europe) and Hans Kluge (Director, Division of Health Systems and Public Health, WHO Regional Office for Europe, and Special Representative of the Regional Director on M/XDR-TB)			
09:20– 09:30	RCC–TB review of finalized TOR	Masoud Dara (Programme Manager, Tuberculosis and M/XDR–TB, WHO Regional Office for Europe)			
09:30– 09:50	Stop TB Partnership: overview of progress, challenges in TB control, linkages and synergies with RCC–TB	Lucica Ditiu (Executive Secretary of the Stop TB Partnership)			
09:50– 10:10	Role of the European Respiratory Society in TB prevention, care and control in Europe and synergies with RCC–TB	Francesco Blasi (President of the European Respiratory Society)			
10:10– 10:30	Possible input or advice of RCC–TB for Global Fund to Fight AIDS, Tuberculosis & Malaria TB concept note development process regarding CSO and NGO involvement	Nicolas Cantau (Regional Manager for eastern Europe and central Asia, Global Fund to Fight AIDS, Tuberculosis & Malaria)			
10:50– 11:10	Discussion				
11:10– 11:25	Compendium of best practices in TB prevention, control and care and its linkages with RCC–TB	Martin van den Boom, Technical Officer, Tuberculosis & M/XDR-TB, WHO Regional Office for Europe)			
11:25– 11:40	Challenges of CSO involvement in TB prevention, control and care in the WHO European Region: an overview	Fanny Voitzwinkler (Chair, RCC–TB)			
11:40– 12:10	Working-group session I Comparative advantage/added value of RCC–TB: where can RCC–TB make a difference?	Fanny Voitzwinkler Masoud Dara Martin van den Boom			
12:10– 12:30	Working group session I Group presentations and plenary discussion	Fanny Voitzwinkler Masoud Dara Martin van den Boom			
	Working group session II	Fanny Voitzwinkler			

13.30-	Action plan for RCC–TB detailing flagship	Masoud Dara
14:10	interventions	Martin van den Boom
14:10-	Working group session II	Fanny Voitzwinkler Masoud Dara
14:30	Group presentations and plenary discussion	Martin van den Boom
14.30– 15:15	Discussion: RCC–TB action plan, definition of outputs, organizational matters, funding, communication, link between steering group and RCC–TB network	Fanny Voitzwinkler Masoud Dara Martin van den Boom
15:45– 16:45	Formulation of next steps, summary of discussions	Fanny Voitzwinkler Masoud Dara
16:45-	Closure of the meeting	Hans Kluge
17:00	σ	Masoud Dara

Annex 3

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