Third Strategy and Technical Advisory Group for Tuberculosis Meeting

Stop TB Department
World Health Organization
23–25 June 2003

Report

Background

The third meeting of the Strategy and Technical Advisory Group for Tuberculosis (STAG-TB) was held at WHO Headquarters (WHO/HQ) in Geneva from 23 to 25 June 2003. STAG-TB comprises 18 members, who serve in their personal capacity to represent the range of disciplines needed to advise on all aspects of the work of the WHO Stop TB Department, within the Communicable Diseases cluster (CDS), in the areas of public policy development for TB control, operational research, and research and development.

The mission of STAG-TB is to contribute to global TB control by providing state-of-the-art scientific and technical guidance to WHO. Its functions are:

(a) to provide the Executive Director responsible for CDS with an independent evaluation of the scientific and technical aspects of work on TB control in CDS as a whole;
(b) to review, from a scientific and technical point of view, CDS collaboration with Member States and its support to their efforts to control TB, including the provision of guidance on policies and strategies and of technical support;
(c) to review, from a scientific and technical point of view, the content, scope and dimensions of CDS research activities, their relevance to the efforts of Member States to control TB, and approaches to be adopted;
(d) to review and make recommendations on the establishment of committees, working groups and other means through which scientific and technical matters are considered; and
(e) to advise on priorities among areas of possible activity.

Objectives of the third meeting

1. To present the progress of the five-year plans of action of WHC’s regional offices.
2. To review the main strategic directions for global DOTS expansion towards the 2005 targets and beyond.
3. (a) To present an overview of global case detection under DOTS, and the rate of progress towards the 70% target.
(b) to suggest a broader approach to the evaluation of case detection (and of control programme performance), based on further analyses of routine surveillance data.
4. To inform on the progress of initiatives aimed at increasing case-finding.
5. To present and discuss the report on the current status of, and future needs for, human resource development for TB control in high-burden countries.

6. To discuss and obtain approval for the global TB/HIV policy document.

7. To present WHO’s coordination of, and contribution to, the global TB/HIV working group.

8. To discuss the “Cochrane Review” on the effectiveness of DOT versus self-administered treatment.

9. To discuss the results of the 2002 financial monitoring project and present the 2003 data collection form; to review data limitations and reasons for the unavailability of data; and to present plans for intensified activities on financial monitoring in the 22 high-burden countries.

All WHO presentations, as well as relevant documentation and reports, are available in the WHO Stop TB Department.

Dr Jaap Broekmans, Chairman of STAG, served as Chair of the meeting.
Dr Myrna Cabotaje served as Vice Chair for the meeting.
Ms Diana Weil and Ms Eva Nathanson served as Rapporteurs.

Recommendations

1. Regional/global responses to STAG 2002 recommendations

STAG-TB acknowledged the considerable efforts at global and regional levels to follow up on the explicit recommendations of STAG in 2002.

STAG-TB recommended:

1.1 in the absence of a follow-up presentation from the UNDP World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), a joint presentation or paper should be prepared that reviews the tuberculosis research programme of WHO and TDR, in recognition of the important role of research in developing policy and tools for TB control;

1.2 WHO and collaborators should present the results of the latest round of drug resistance surveillance surveys before publication in 2004 (STAG-TB welcomed the opportunities for presentation that may be possible at the IUATLD meeting in Paris, 29 October to 2 November 2003).

2. Common issues in regional work programmes

STAG-TB acknowledged regional efforts to define work programmes, assist countries, address new initiatives and challenges, and build partnerships.

STAG-TB recommended all WHO regions to further:

2.1 define comparative advantages and roles of regional programmes vis-à-vis
WHO/HQ, other partners and countries and elaborate their role in facilitating partnerships;

2.2 prioritize activities within work programmes, in light of needs, capacities and comparative advantage;

2.3 articulate, with WHO/HQ, means to pilot and scale up new strategies relevant to specific challenges or country needs; human resources improvement opportunities; efforts to build on larger health system initiatives within regions;

2.4 define steps to measure case detection and strategies to increase detection.

African region work programme

STAG-TB acknowledged the increased staffing and response to regional needs within the regional work programme, but also expressed concern regarding the broad scope of the proposed work programme and the substantial health system and TB control challenges in the region. STAG-TB called on WHO/HQ to place Africa among its priorities in its TB work programme in the coming year.

For the African region STAG-TB recommended:

2.5 urgently prioritization of the work programme, particularly in the light of capacity constraints, the range of problems to be addressed, and partners present in the region;

2.6 stimulation of high-level missions and other activities to foster political commitment to, and implementation of, TB/HIV-linked programmes and interventions; these missions should involve HIV/AIDS experts/advocates as well as those whose focus is TB control or TB/HIV interventions;

2.7 ensuring action to reduce high TB case-fatality rates in high HIV/TB burden settings, given that deaths are attributable not only to HIV but probably also to delays in seeking help and to problems of access and/or service quality.

American region work programme

STAG-TB acknowledged the continuing expansion of DOTS coverage in the region; success in obtaining further international support for DOTS programmes; the particular focus on reversing the downward trend of performance in Peru; continuing federal weaknesses and local advances in Brazil; and the special needs of Haiti with its high TB and HIV burden.

For the American region STAG-TB recommended:

2.8 exploration of the relationship between HIV interventions and treatment and the TB situation in Brazil;

2.9 stimulation of increased political commitment at federal level in Brazil and Peru.

Eastern Mediterranean region work programme

STAG-TB acknowledged the region’s efforts to address slow progress towards targets, and its attention to the challenges, advances and opportunities for Afghanistan and Pakistan, in
the light of their large contribution to the overall TB situation in the region; its innovation in
pursuing, with WHO/HQ, analyses of epidemiological trends and intervention impact using
routine data, and in stimulating operational research and strategy development, especially on
public–private and public–public coordination in TB control.

For the Eastern Mediterranean region STAG-TB recommended:

2.10 continued efforts in the areas noted above;
2.11 increased identification of demand-side constraints and action on social
mobilization;
2.12 further examination of the possibilities for building on the success of polio
eradication campaigns.

European region work programme

STAG-TB acknowledged the increased take-up of the DOTS policy region-wide and the
progress over the last year in the Russian Federation, but expressed overall concern about the
prospects for achieving targets in the region, especially in view of the challenging policy
environment and complexity of health systems.

For the European region STAG-TB recommended:

2.13 proactively seeking increased European bilateral and multilateral
commitments for TB control in the region;
2.14 work with counterparts who use culture-confirmed diagnosis to ensure the use
of the appropriate denominator when calculating the case detection rate (i.e.
the incidence of culture-positive TB rather than smear-positive TB);
2.15 since most European countries have agreed to a consensus policy on TB
surveillance in Europe, which includes a mandate for laboratories to report
bacteriologically confirmed cases of TB, encouraging governments to take
action on the recommendations to improve notification of detected cases.

South-East Asia region work programme

STAG-TB acknowledged the continuing scaling up of DOTS in India, intensive planning in
Indonesia, and overall regional efforts to reinforce DOTS quality and coverage.

For the South-East Asia region STAG-TB recommended:

2.16 further documentation of the evidence in support of the optimistic projection
of rapid DOTS expansion based on trends over the period 1999–2001;
2.17 giving special attention to facilitating the efficient use and sustainability of
resources for DOTS performance in the region;
2.18 addressing “public-to-public” collaboration to advance TB case detection and
notification in India, Indonesia, and other countries in the region;
2.19 assisting countries to address absorption capacity challenges in the face of new
sources of external support (e.g. the Global Fund to Fight AIDS, Tuberculosis
and Malaria (GFATM)).
Western Pacific region work programme

STAG-TB acknowledged excellent prioritization of planned actions; significant advances in building financial and technical partnerships for rapid scale-up of DOTS in the region; identification of new regionally adapted strategies to overcome constraints; and a good start in identifying regional, national and sub-national human resource constraints.

For the Western Pacific region STAG-TB recommended:

2.20 continued fostering of overall improvements in public health infrastructure, stimulated in response to the SARS epidemic, particularly in relation to advancing TB control objectives;
2.21 continued support for research on the impact of TB control interventions on the TB epidemiological situation;
2.22 collaboration with partners beyond TB in examining regionally specific opportunities to overcome human resource constraints.

3. Second ad hoc Committee on the TB Epidemic
(final report to be endorsed by the DOTS Expansion Working Group in The Hague, October 2003)

STAG-TB endorsed the work programme of the Second ad hoc Committee on the TB Epidemic, which aims to review the status of the epidemic and of control implementation, to assess follow-up of the recommendations of the First ad hoc Committee (London, 1998), to identify key constraints within TB control and the health system generally, and thereby to further develop the strategic mid-term (five years) direction for DOTS expansion to meet global TB control targets.

STAG-TB endorsed the original thinking apparent in this work programme, the emphasis on health system constraints on achievement of TB control targets, and the approach to identifying, within and beyond traditional TB thinking, means of resolving these constraints.

STAG-TB endorsed the process for carrying out the work programme and the draft report that was presented. Specifically, it acknowledged the relevance of major themes selected for special consultations – human resources, primary health care capacity, social mobilization, broadening of partnerships, and increasing integration and synergies with health reforms and poverty reduction processes.

STAG-TB recommended that the report should:

3.1 highlight proposed solutions as well as constraints, and recognize solutions at global and regional/country levels;
3.2 highlight the recommendations of the First ad hoc Committee recommendations that had not been addressed, and assess whether these may still add value (e.g. a global charter), as well as crises that have worsened (e.g. TB/HIV, health system infrastructure in sub-Saharan Africa);
3.3 call for TB control stakeholders to foster and contribute to overall health
system improvements, without attempting to solve all problems via TR-specific solutions, except where these add proven value;

3.4 call for increased national commitments to TB control and reinforced health systems, over and above the growing international support for disease control interventions;

3.5 reinforce messages on the importance of research (basic research and new tools, epidemiology, and operations research) to progress towards 2005 and 2015 targets;

3.6 explore the theme that TB control efforts can take the lead in finding solutions that are relevant to all priority health programmes and other Millennium Development Goals (MDGs), while also learning from successes in other fields;

3.7 recognize demand factors that constrain the performance of national TB programmes (NTPs), and measures to enhance demand for and use of services;

3.8 recognize the need for increased south–south collaboration and problem-solving;

3.9 consider the role of technical strategies whose importance is increasingly recognized (e.g. public–public collaborations, new case-finding strategies).

STAG-TB recommended that WHO and the Stop TB Partnership formulate a plan for effective dissemination of the report, and follow-up actions, to promote impact.

4. Improving measurement and analysis: the Millennium Development Goals and 2005 global TB control targets

STAG-TB appreciated the depth and clarity of WHO analysis and reporting on progress towards 2005 targets, especially case detection, at global and national level, as well as consideration of options for measuring the impact of TB control interventions.

STAG-TB endorsed WHO’s initiative in defining, stimulating and testing new ways to use available routine TB reporting and surveillance data to assess the progress and impact of interventions.

STAG-TB endorsed WHO’s planned efforts to collaborate with regions, countries and other partners in developing approaches to enhance analysis of routine data to measure progress and impact.

STAG-TB recommended that:

4.1 WHO and the Stop TB Partnership formally adopt the MDGs as the framework for evaluating implementation and impact of TB control, and use progress towards 2005 targets as interim indicators;

4.2 WHO move to clarify and document the options for measuring progress in reducing incidence, prevalence and mortality, as feasible in different settings;

4.3 WHO continue to deepen its analysis of the relative contributions of various interventions to improving case detection;

4.4 based on its analyses, WHO provide countries and partners with guidance on
best practices and tools for analysing routine and survey data and using results to form policy;

4.5 this work should include clarification on adapting approaches to meet varying analytical needs and capabilities in high-, moderate- and lower-burden TB settings.

STAG-TB acknowledged how much remains to be done to reach the global case detection target and recognized that new and more intensive actions will be needed in 2004–2005.

STAG-TB recognized that:

- some countries will reach targets and the challenge will be maintaining performance and impact;
- other countries will come close to reaching the targets but there are problems with measurement and validity of estimated case burden, with the gap between real case detection and notification, or real barriers due to HIV-related death rates driving down cure rates;
- yet other countries will be a long way from reaching targets, many of them facing overwhelming epidemiological, political, economic or institutional obstacles to rapid progress towards the health-related MDGs.

STAG-TB recommended that WHO:

4.6 work with Stop TB and new partners to trigger urgent action by countries to scale up their efforts during 2004–2005, with clear plans for the essential additional efforts;

4.7 work with partners to assist countries in addressing the combined challenge of continuing action in documenting 2005 process targets and starting to measure progress on MDG impact targets for 2015;

4.8 consider a task force to address the special challenges in high-burden countries of reaching the 2005 and 2015 targets.

5. **Initiatives to improve TB case-finding**

STAG-TB acknowledged the urgent efforts of WHO and its partners to develop new strategies and interventions to improve TB case-finding, including setting “sub-objectives” for overcoming barriers to timely help-seeking by those with TB symptoms, health system identification of these patients, diagnosis and laboratory confirmation, case notification, and initiation of effective treatment.

STAG-TB expressed some concern about the variability in documentation of the evidence base across the initiatives, including feasibility, replicability, incremental cost-effectiveness, and modes of scale-up and integration with overall DOTS efforts.

STAG-TB appreciated the overviews provided, but requested greater consistency in presentation at future meetings (i.e. concise synthesis of objectives, findings and implications, current efforts and future direction), as well as more focused questions to STAG-TB.
STAG-TB endorsed further development of each of these approaches to enhance case-finding.

STAG-TB recommended that WHO:

5.1 continue to support efforts to improve the evidence base on the respective contribution of these approaches and their cost-effectiveness in different settings;
5.2 move urgently to develop a combined assessment of the status of the development, piloting, results and applicability of these initiatives;
5.3 on the basis of this assessment and review, develop cohesive packages to help countries define, prioritize, implement, monitor and evaluate their interventions in these areas;
5.4 with partners, pursue new approaches to increase public–public collaboration to enhance reporting and/or referral of detected TB patients;
5.5 further document the impact on case detection of improving laboratory capacity and quality.

On each of the initiatives STAG-TB recommended:

5.6 *Public-private mix.* Given the limited scale of pilots to date, it is still premature to estimate their generalized effectiveness and impact, and STAG-TB was therefore unable to recommend comprehensive policies for integration of these approaches in DOTS programs. Nevertheless, STAG-TB was pleased with the rapid development of the work in this area.

5.7 *Community-based care.* Given the importance of this approach worldwide and the varied uptake, a plan should be prepared that makes clear further evidence needs, linkages with TB programmes and other public health structures, key activities, responsibilities and required financing.

5.8 *Social mobilization.* WHO and Stop TB should form further partnerships with specialists to develop interventions and evaluation. It is difficult to endorse approaches such as COMBI (communication for behavioural impact) without an improved evidence base on their feasibility and cost-effectiveness.

5.9 *PAL (Practical Approach to Lung Health).* The approach is highly appropriate for countries with a lower TB burden and strong health system infrastructure, but further evidence should be collected on the impact of this approach on case-finding.

5.10 *TB and poverty.* WHO and partners should improve the evidence base on the nature of inequities in TB care, and on which problems can be addressed by improving DOTS or only via added interventions or strategies. Policies and plans to improve pro-poor DOTS expansion plans will depend on this evidence.
6. **Human resources development: analysis and strategic approach**

STAG-TB recognized human resources (HR) as a primary constraint to DOTS expansion and the achievement of targets.

STAG-TB acknowledged WHO’s leadership and careful efforts to map current efforts, assess tasks by category of staff, and plan future strategy for HR development in TB control, and its links to the broader challenge of HR for health in low- and middle-income countries.

STAG-TB welcomed WHO’s collaboration and consultation with countries and partners on overcoming overall HR constraints.

STAG-TB recommended that WHO:

6.1 foster a balance between investment in improving policies and supporting tangible implementation on the ground; it is critical that governments and programmes take ownership and are empowered to develop their own policies and programmes for HR development;

6.2 work with governments to ensure that there are defined TB HR plans and focal points on HR development within NTPs, and that they are linked to health-system-wide HR development teams;

6.3 consider compiling a library of training materials to reduce potential duplication of effort;

6.4 foster HR strategies that increase cross-national training opportunities, experiences and use of centres of excellence as training sites;

6.5 given the high level of staff turnover, consider approaches that enable training through in-service coaching and supervision;

6.6 foster appropriate levels of integration of training efforts with other priority programmes for service-level staff;

6.7 document and share best practices from India, Indonesia or other settings where innovations have begun to overcome training and HR constraints (e.g. contracting of staff);

6.8 with partners within and beyond TB, compare and contrast the balance of HR available across priority public health programmes in different settings.

7. **TB/HIV policy guidelines**

STAG-TB endorsed the guidelines document with minor recommendations for clarification of language and categorization of interventions.

STAG-TB expressed concern about the relatively slow progress made until recently in advancing field implementation of TB/HIV joint interventions.

STAG-TB welcomed the increasing joint ownership of coordinated policies and interventions across TB and HIV/AIDS programmes, which should enable the scaling up of care and prevention services.

STAG-TB recommended that WHO:
7.1 give the highest priority to helping countries to implement these guidelines;
7.2 use the interim policy document as a basis for preparing a resolution to be considered by the World Health Assembly in 2004;
7.3 continue expanding collaboration within and beyond WHO on TB/HIV joint policy development, country support, resource mobilization and political advocacy;
7.4 consider intensified TB case-finding among people living with HIV/AIDS and HIV testing and counselling among TB patients as basic interventions, but also facilitate research to establish the best models for delivery of these interventions;
7.5 assist countries in establishing national TB/HIV coordinating committees;
7.6 with partners, consider development of regional adaptations of guidelines;
7.7 move urgently to assist countries who are ready to define means of scaling up joint TB/HIV activities;
7.8 assist countries to urgently seek out commitment to implementing the recommended interventions with resources made available through new financing sources (e.g. GFATM, the United States AIDS initiative).

8. Discussion on the Cochrane review on DOT versus self-administered TB treatment

STAG-TB appreciated the opportunity to hear both a summary of the Cochrane review and the open discussion and debate that followed the presentation.

STAG-TB was supportive of further studies on the effectiveness of DOT as a component of the DOTS strategy, on adherence to treatment, and also on its effect in preventing the development of drug resistance.

STAG-TB recommended that WHO provide similar opportunities for open discussion on a selected theme at future STAG meetings.

9. Report on progress in Financial Monitoring of TB programs and DOTS expansion at national level

STAG-TB acknowledged the importance of monitoring of financial investment in TB control programmes and interventions at country level, as well as in-country flows of budgeted resources.

STAG-TB noted the substantial challenge of collecting and validating financing data, particularly in large and/or decentralized health system settings.

STAG-TB endorsed WHO's efforts to provide national counterparts with standardized tools for collecting financing information and in working with international technical assistance partners and users in applying these tools.

STAG-TB recommended that WHO:
9.1 continue to review incoming data from the first round of responses based on the tools provided to selected NTPs, and further adapt tools accordingly; special attention is needed to ensure that the process is not onerous to national counterparts, that there is feedback to respondents on resulting analysis, and that results are made available to technical partners to assist national counterparts in seeking solutions to any problems uncovered and/or in promoting positive findings;

9.2 share results of the initial analysis from national responses, as well as modified tools, with STAG-TB.

Next STAG-TB meeting

It was agreed that the fourth meeting of STAG-TB would be held in late June 2004; specific dates to be proposed by WHO later.
WORLD HEALTH ORGANIZATION

3rd Meeting of the Strategic and Technical Advisory Group on Tuberculosis (STAG-TB)


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