REPORT OF THE 12th MEETING

18-20 June 2012

WHO Headquarters
Geneva, Switzerland
Report of the 12th Meeting

WHO STRATEGIC AND TECHNICAL ADVISORY GROUP FOR TUBERCULOSIS (STAG-TB)

18-20 June 2012

The World Health Organization (WHO) recognizes its critical role in supporting urgent national efforts to enable universal access to TB prevention, treatment and care, so as to serve all those in need and to meet the Millennium Development Goal 6 target of reversing TB incidence and the global Stop TB 2015 targets of halving TB prevalence and mortality. The WHO Secretariat requires regular scientific, technical and strategic advice in TB care and control from its Strategic and Technical Advisory Group for Tuberculosis (STAG-TB), to help guide implementation of the Stop TB Strategy and the Stop TB Partnership's Global Plan to Stop TB, 2011-2015, as well as to advise on development of post-2015 TB goals, targets and strategy.

The twelfth meeting of STAG-TB took place at WHO Headquarters on 18-20 June, 2012. The meeting was organized by the WHO Stop TB Department (HTM/STB) which provides the Secretariat for the STAG-TB.

Overall objectives of STAG-TB:

1. To provide to the Director-General independent evaluation of the strategic, scientific and technical aspects of WHO's Tuberculosis Area of Work;

2. To review progress and challenges in WHO's pursuit of its TB-related core functions:
   - Policies, strategies and standards;
   - Collaboration and support of countries' efforts;
   - Epidemiological surveillance, monitoring, evaluation and operational research;
   - Support to partnerships, advocacy and communications;

3. To review and make recommendations on committees, working groups etc.; and

4. To advise on priorities between possible areas of WHO activities.
Twelfth meeting objectives:

WHO asked STAG-TB to review and advise on the following areas of WHO global TB care and control policy, strategy, technical assistance and analytic work:

1. Progress and next steps in TB impact measurement;
2. Global roll-out of Xpert MTB/RIF rapid diagnostic technology;
3. Implications of recommendations of consultation on so-called “Total Drug Resistance” (“TDR”);
4. WHO roles in supporting implementation of global framework for scaled-up management of MDR-TB;
5. Support for field use of the short “Bangladesh” regimen to generate evidence needed for MDR-TB treatment policy review and revision;
6. Policy guidance and project work in integrating community-based TB activities;
7. Implications of WHO’s systematic approach to policy development and iteration;
8. Progress and next steps in developing policy for adoption and rational use of new TB drugs;

Dr Jeremiah Chakaya, STAG-TB member, served as Chair of the meeting for the fifth year.

18 of 22 STAG-TB members participated in the meeting. They were joined by Chairs of some of the Stop TB Partnership’s Working Groups, invited technical experts, technical and development agency and civil society partners, as well as WHO staff from Headquarters, all Regional Offices and a number of Country Offices.

The introductory session began with opening remarks from Dr Chakaya and approval of the meeting objectives and agenda. The agenda is attached as Annex 1. Annex 2 provides the list of participants.

A presentation was made by the WHO Secretariat on participant declarations of interests. No conflicting interests were identified by the WHO Secretariat.

Dr H. Nakatani, Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases Cluster, welcomed all participants and provided a summary of the process underway of WHO reform, and developments at the World Health Assembly in May, 2012.

A short introductory video was shown on the status of the TB epidemic and WHO’s recent actions in TB prevention, care and control. Also presented was a summary on WHO actions taken on 2011 STAG-TB recommendations. Most follow-up actions were presented and discussed in depth during later thematic sessions of the meeting.
Dr M. Raviglione, Director, Stop TB Department, provided an overview of the new structure of the Department which was put in place in the second half of 2011. Also presented were the Department’s core functions as well as priority deliverables planned for 2012.

Eight sessions followed on the substantive areas where WHO sought STAG-TB advice and guidance.

**STAG-TB CONCLUSIONS AND RECOMMENDATIONS**

Each STAG-TB session began with an introductory presentation by WHO staff or other experts, followed by comments from STAG-TB members serving as discussants. Then there was open discussion for each session, and overall conclusions and recommendations to WHO were made by STAG-TB members. WHO staff and STAG-TB discussants served jointly as session rapporteurs. Draft written recommendations from all sessions were reviewed and revised by STAG-TB members on the final day of the meeting, and again via email following the meeting.

Immediately following the meeting, STAG-TB conclusions and recommendations in full were presented by Dr Chakaya to Dr Hiroki Nakatani, Assistant Director-General, HIV/AIDS, Tuberculosis, Malaria, Neglected Tropical Diseases, WHO. Dr Nakatani received the draft recommendations on behalf of the WHO Director-General. This meeting report will be posted on the WHO website: [http://www.who.int/tb/advisory_bodies/stag_tb_report_2012.pdf](http://www.who.int/tb/advisory_bodies/stag_tb_report_2012.pdf), and circulated to all WHO Senior Management and offices of the Organization, to all meeting participants. The report’s publication will be noted on relevant TB listserves and in the STB/WHO newsletter.

**SESSION 2: WHO TB IMPACT MEASUREMENT TASK FORCE**

STAG-TB recognizes the substantial amount of progress made by the Task Force, and the leading role played by the WHO Stop TB Department's TB Monitoring & Evaluation team.

STAG-TB recommends that WHO:

1. Establish the capacity for a global data repository for TB prevalence survey data, and invite countries to share their data for storage in this repository. A global repository is necessary in view of the importance of the data being generated by TB prevalence surveys, which constitute a global public health good. Establishment of capacity should include definition of appropriate principles and agreements related to data access and confidentiality, in particular to preserve country ownership of data;
2. Finalize the standards and benchmarks for assessment of TB surveillance data as soon as possible;

3. Continue to work with Task Force partners to roll out the use of the standards and benchmarks as the basis for a) strengthened surveillance in TB endemic countries and b) certification of countries that can already demonstrate that the standards are met;

4. Continue to work with countries to improve the available evidence on the burden of TB disease in children, in particular through better compilation and use of existing surveillance data, as well as through special studies.

SESSION 3: ROLL-OUT OF XPERT MTB/RIF RAPID DIAGNOSTIC TECHNOLOGY

STAG-TB:
• Recognizes the impressive progress in the global roll-out of Xpert MTB/RIF since the STAG-TB 2011 meeting, and WHO’s contributions to the facilitation of the roll-out;
• Applauds the significance of the impending drop in cartridge price allowing rapid acceleration in global scale-up;
• Acknowledges the need to engage private health care providers and the need for further innovative pricing mechanisms in order to attain wider and financially sustainable scale-up;
• Recognizes the need for increased research on alternative and/or next-generation technologies for detection on patient relevant outcomes of drug resistance and development of point-of-care diagnostics.

STAG-TB recommends that WHO:

1. Evaluate emerging data on use of Xpert MTB/RIF for diagnosis of pediatric and extrapulmonary TB for subsequent policy refinement;

2. Actively engage the early implementers of Xpert MTB/RIF and technical partners in the collection of data on programmatic use of Xpert MTB/RIF, linked to operational research to assess impact and to measure cost-effectiveness;

3. Refine guidance for Xpert MTB/RIF implementation based on increasing evidence on the use of WHO-recommended diagnostic and clinical algorithms in different epidemiological and health care settings;
4. Facilitate technical assistance to countries in adapting WHO-recommended diagnostic and clinical algorithms for Xpert MTB/RIF based on country-specific epidemiology, capacities, and resources;

5. Develop strategies to engage private health care providers in implementing WHO-recommended TB diagnostics in partnership with National TB Programmes (NTPs);

6. Promote the introduction of Xpert MTB/RIF into settings outside of traditional TB services - notably HIV care facilities - in order to increase access (to same-day results), to strengthen laboratory integration and to capitalize on additional resources.

SESSION 4A: WHO ROLES IN IMPLEMENTING GLOBAL FRAMEWORK TO SUPPORT MDR-TB MANAGEMENT

While acknowledging some progress, STAG-TB notes with concern the continued slow scale-up of multidrug-resistant TB (MDR-TB) services and the exceptionally high levels of MDR-TB in selected settings, particularly in Eastern Europe;

STAG-TB acknowledges:

- The progress made with the implementation of the new Global Framework, in particular the establishment of the gGLC and rGLCs\(^1\), to decentralize services and bring these closer to countries;
- The conclusion of the Memorandum of Understanding with The Global Fund, which provides a cost-sharing element to support the new Global Framework;
- The limitations of current drug susceptibility testing (DST) and the knowledge gaps regarding the utility of DST results in treatment decision-making and linkage with clinical outcomes;

STAG-TB endorses the strategic direction of WHO Stop TB Department (WHO/STB) in strongly linking diagnosis, treatment and patient care.

STAG-TB recommends that WHO:

1. Work with NTPs and partners to develop a few key interventions linking diagnostics with MDR-TB service delivery (ie. ensuring that all diagnosed cases are placed timely on treatment), accelerate scale-up of PMDT services particularly in high-burden MDR-TB areas, implement innovative approaches to MDR-TB care delivery (including Public-Private Mix models (PPM)), and accelerate capacity building at country level (including human resource development);

\(^1\) gGLC: Global GLC committee; rGLC: Regional GLC committees
2. In collaboration with the Stop TB Partnership Secretariat, engage civil society to prioritize advocacy for Programmatic Management of drug-resistant TB (PMDT), facilitate capacity building amongst civil society to undertake effective advocacy, and address issues of sustainability of such efforts;

3. Work with NTPs and partners to gain a better understanding of the drivers of MDR-TB in selected countries in order to better inform the strategic approach and develop appropriate and effective interventions.

SESSION 4B: CONSULTATION ON “TDR” TUBERCULOSIS

STAG-TB:

- Notes with concern that the reports of TB patients with severe patterns of drug resistance, worse than extensively drug-resistant TB (XDR-TB) alone, are increasing and that such cases present clinicians with a formidable challenge;
- Acknowledges the value of the technical consultation in March 2012 convened by WHO/STB to discuss issues related to TB patients with severe patterns of drug resistance, and the next steps as outlined in the report of the consultation (please go to http://www.who.int/tb/challenges/xdr/xdrconsultation/en/index.html to access the report).

STAG-TB recommends that WHO proceed with the recommendations from the technical consultation, in particular:

1. Lead the *ad hoc* Working Group to develop and publish guidance on what observational studies of treatment for DR-TB should do better to ensure that the best possible evidence is collected to inform future updates of current WHO policy development;

2. Continue to try to accelerate the process that has already started to improve the availability and affordability of clofazimine and linezolid;

3. Continue to support the Critical Path to TB Drug Regimens (CPTR) and any other such initiatives to strengthen the collaboration between drug developers to come up with effective combination of drugs in the shortest possible time;

4. Support compassionate use of new drugs through discussions with pharmaceutical companies and the respective WHO Regional Offices.

SESSION 4c: “SHORT-COURSE” REGIMEN FOR MDR-TB

STAG-TB acknowledges that:

- The current evidence for safety and efficacy of the short "Bangladesh" regimen is limited;
• There is a need for additional high-quality data to further inform future evidence-based recommendations;

• The use of the short "Bangladesh" regimen needs proper attention to regulatory and ethical issues to facilitate the gathering of evidence that can be used for future updates of WHO policy development.

STAG-TB recommends that WHO:

1. Provide technical assistance to countries wishing to implement the “Bangladesh” regimen and define a set of prerequisites and recommendations for implementation, including laboratory capacity strengthening and ethical considerations;

2. Facilitate the gathering of evidence that meets the requirements of WHO guidelines for policy development;

3. Facilitate access to funding sources, including the Global Fund, required to implement the regimen in relevant settings and to conduct the operational research needed for further policy development.

SESSION 5: INTEGRATING COMMUNITY-BASED TB ACTIVITIES:
Operational Guidance and ENGAGE TB project

STAG-TB:
• Acknowledges the significant progress achieved over the last year in developing the operational guidance and in advancing efforts to engage Non-Governmental Organizations (NGOs) and other Civil Society Organizations (CSOs);

• Endorses the branding and the content of the operational guidance, and acknowledges its conceptual simplicity;

• Emphasizes the importance of the two proposed indicators that measure the contribution of communities in case notifications and successful treatment outcomes;

• Recognizes the potential of community based TB activities to enhance prevention and care for vulnerable groups, such as children with TB.

STAG-TB recommends that WHO:

1. Promote cross-fertilization and learning from evidence and practice of already engaged NGOs and other CSOs (e.g., those participating in effective national Stop TB Partnerships and in the civil society-related activities of the Stop TB Partnership);
2. Include actions related to enhancing TB prevention and care for vulnerable groups, such as children with TB, in its operational guidance for community based TB activities;

3. Secure funding to continue rolling out the ENGAGE-TB initiative and document evidence and practice;

4. Work with funding agencies at global, regional and country level to expand available resources for integrating community based TB activities;

5. Promote capacity building of local NGOs and other CSOs for resource mobilization and implementation;

6. Supports routine measurement of community based TB activities, using indicators of case notifications and treatment success that are integrated in national TB monitoring systems, where applicable;

7. Presents a progress report on the ENGAGE-TB initiative at the next STAG-TB meeting.

**SESSION 6: WHO POLICY DEVELOPMENT AND ITERATION**

STAG-TB:

- Applauds the important steps taken by WHO in systematizing and strengthening its approach to the development of policy guidance, and in recommending further evidence-generation and policy iteration;
- Acknowledges the successful role played by WHO in generating guidance for the adoption of new tools and approaches, e.g. new TB diagnostics and TB/HIV policy, within national programmes;
- Notes that WHO faces challenges in balancing the need to generate early guidance for Member States with the often limited field evidence available to fully inform policy adoption and scale-up;
- Calls for intensive and coordinated action to increase TB operational research and policy evaluation efforts, particularly related to new TB diagnostics and drugs.

STAG-TB recommends that WHO:

1. Continue organization-wide efforts to enhance its guidelines development process, including: a) sharing best practice on promoting further evidence generation, b) providing coherent operational guidance to complement GRADE-based policy guidance, and c) drawing in research partners;
2. For example, use WHO’s coordinating role among early implementers and partners in the adoption and expanded use of Xpert MTB/RIF to map current and planned research, identify gaps, avoid duplication, and stimulate additional quality studies in order to inform policy iteration and impact;

3. Continue efforts to mobilize resources with partners to fill resource gaps for policy development, implementation, monitoring & evaluation and research.

SESSION 7: NEW TB DRUG POLICY DEVELOPMENT

STAG-TB acknowledges and welcomes the progress made since last year in the preparation of policy guidance on the rational introduction of new TB drugs and regimens into countries, including the establishment of a Task Force, and endorses the strategic plan prepared by the Task Force.

STAG-TB recommends that WHO:

1. Outline rapidly the principles for pre-licensure use of new drugs (compassionate use, expanded access programme, phase IIIb trials) and communicate these to WHO regional offices and countries;
2. Encourage the development of robust and reproducible DST for pyrazinamide (PZA), second line drugs for which no DST is available, and new drugs;
3. Encourage companies to collaborate with clinical trial networks for regimen development and make their products available;
4. Facilitate joint reviews of new drugs dossiers by stringent regulatory authorities and national regulatory authorities from high TB burden countries, both at international and regional level;
5. Issue rapid advice on rational introduction and use of new drugs post licensure, including specific advice on engaging with the private sector;
6. Facilitate country preparedness for new drug introduction in collaboration with regional offices, including established capacity for culture and DST; drug-resistance surveys; drug registration processes; pharmacovigilance systems; mechanisms for controlled introduction and use (e.g. accreditation); training and capacity building;
7. Support the identification and development of “demonstration sites” to pilot deployment of new drugs/regimens;
8. With the advice of the Task Force, consider the data emerging from the roll-out of the MDR-TB short (“Bangladesh”) regimen in planning conduct of expert consultations for development of updated MDR-TB drug policy linked to availability of new drugs.
9. Encourage the Global Drug Facility (GDF) to prepare for procurement of the new drugs/regimen(s) as early as possible.
SESSIONS 8 & 9: DEVELOPMENT OF POST-2015 TB STRATEGY AND TARGETS

STAG-TB:

- Notes that countries at the Sixty-fifth World Health Assembly (WHA) in May 2012 have asked WHO to develop and present a post-2015 global TB strategy and targets at the Sixty-seventh WHA in 2014;
- Acknowledges the considerable progress achieved in global TB care and control through the implementation of WHO recommended TB strategy;
- Acknowledges the high quality, clarity and simplicity of the DOTS and Stop TB Strategy frameworks for large-scale implementation, but also notes some insufficiencies which can be addressed through a revised/updated strategy;
- Acknowledges the value of aspirational goals and ambitious measurable targets for the purpose of advocacy, motivation, planning, and accountability;
- Recognizes the need to begin well in advance the process of developing post-2015 TB strategy and targets to enable wide consultation with, and input from, regions, countries and other diverse constituencies and stakeholders;
- Notes a) background technical papers developed by WHO on: i) TB epidemiology and targets beyond 2015, and ii) approach and a draft framework for post-2015 TB strategy; b) the engagement of the Stop TB Partnership, and the ideas generated by the survey and the pre-STAG June 16 consultation with STAG-TB members and partners.

STAG-TB recommends that WHO:

1. Develop the framework of the post-2015 TB strategy in line with the structure presented to STAG-TB, incorporating vision, goal, targets, principles and components;
2. In doing so, maintain the three main pillars as proposed: innovative TB care; bold policies and supportive systems; and intensified research, while also consulting further on the phrasing of the pillar titles;
3. Pay particular attention to simplicity of presentation and to providing specifics;
4. Hold further discussions on formulating aspirational goals of achieving dramatic reductions in TB mortality as well as morbidity;
5. Include ambitious measurable targets related to TB morbidity and MDR-TB in addition to the impact target related to TB mortality;
6. Hold further discussions on the suitability of converting any of the draft strategy "principles" into "components" e.g., the one on engaging communities and civil society, and on whether to separately address collaboration with the private sector in principles or components;
7. Include government stewardship and commitment, with adequate and sustained financing explicitly under principles;
8. Ensure that the integrity of core TB managerial systems is retained while sharing responsibilities and accountability for TB prevention and care across and beyond the health system;

9. Highlight the key implications of variation in country contexts and the need for country level adaptation and preparation of optimized implementation plans in order to get high return on investments;

10. Ensure engagement of all stakeholders in developing the strategy, as per consultations proposed in the WHO Secretariat’s presentation and in the suggestions coming out of the pre-STAG 2012 Stop TB Partnership and WHO Stop TB Department consultation with STAG-TB members and partners.

SESSION 10: PLANNED DATES AND TOPICS RECOMMENDED FOR STAG-TB 2013 MEETING

The dates set for the next STAG-TB meeting are 10-12 June 2013 at WHO Headquarters in Geneva.

STAG-TB members proposed the following topics for consideration in formulating the agenda for the 2013 STAG-TB meeting. Topics are noted in order of mention by STAG-TB members – no prioritization was done at the meeting. Some topics were identified by multiple members.

1. Annual update on overall global and regional responses to MDR-TB/XDR-TB, WHO roles in the response, and priority concerns (e.g., treatment scale-up and addressing the funding gap, experience with shorter regimen etc.);

2. Progress in implementing WHO TB surveillance standards and benchmarks;

3. Operationalization of upcoming active TB case finding guidance and innovative approaches;

4. Innovation and research and WHO roles, including examples of country-level innovations and how to further support country-based research and innovation;

5. Progress in new TB drug policy development and related Task Force work, support for rapid adoption and rational use, and related research;

6. Implementation of Xpert MTB/RIF, findings from related implementation research and on Xpert MTB/RIF use in diagnosing extrapulmonary TB and TB in children;

7. Experiences in childhood TB diagnosis and management;

8. Continue regular updates on work of the Task Force on impact measurement and support to country efforts, and present further on use of vital registration data in measuring and/or estimating TB mortality as well as proposed operational indicators (e.g., mortality:notification ratio);
9. “Bigger and broader” discussion of public-private models implementation in helping addressing TB case detection gap;

10. Focus main STAG-TB discussions on strategic, higher-level concerns and reserve detailed technical issues for task forces or expert consultations;

11. Review of final formulation of post-2015 TB strategy and targets before regional committee/World Health Assembly consideration;

12. Approaches to addressing social determinants including patient support;

13. Continue sessions focused on specific priorities in follow-up on previous years’ STAG-TB recommendations;

14. What is happening in global scale-up of TB laboratory interventions beyond use of Xpert MTB/RIF, and how new tools are being integrated into standardized algorithms in countries (including application of new definition of person with suspected TB in community settings);

15. Continue discussion on progress in engaging communities, and on innovative experiences from the “South,” including on use of Xpert MTB/RIF and active case finding;

16. Implications of trial results from Southern Africa, on new point-of-care test in context of high HIV disease burden; if results available by time of next meeting;

17. Progress in the implementation of the ENGAGE TB project, and links to overall discussion on progress in active case finding policy implementation and innovation;

18. Policy and programmatic implications of recent actions taken by Member States in Southern Africa on TB and mining.

19. Evaluation of the best laboratory standard (phenotypic and/or genotypic) to predict a positive outcome to treatment.

20. Role of radiology in TB screening and diagnosis;

21. Update on progress and challenges in implementation of WHO recommended TB/HIV interventions, and related new research.

The meeting was closed with final remarks and appreciation to all participants offered by Drs Chakaya, Nakatani and Raviglione.
## Annex 1: AGENDA
### Strategic and Technical Advisory Group for Tuberculosis

12th Meeting, 18-20 June 2012  
Salle A, WHO Headquarters, Geneva, Switzerland

### Monday, 18 June 2012

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
<th>STAG-TB Discussants</th>
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| 9:00 - 9:30| 1.a Meeting Objectives  
Introduction of Participants  
Declaration of Interests                  | J. Chakaya, Chair               |                     |
|            |                                                                      | D. Weil, PSI/STB                 |                     |
| 9:30 - 9:50| 1.b Welcome Remarks  
Video: TB epidemic & WHO actions  
Update from the WHO Secretariat            | H. Nakatani, ADG/HTM             | M. Raviglione       |
| 9:50 - 10:20| 1.c Update on progress on previous STAG-TB recommendations  
- Comments/questions                   | WHO Secretariat                  |                     |
| 10:20 - 10:40| Coffee                                                        |                                  |                     |
| 10:40 – 11:15| 2. Update from the WHO Global Task Force on Impact Measurement  
- Comments/questions                   | J. Broekmans & K. Floyd          | M. van der Werf     |
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<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
<th>STAG-TB Discussants</th>
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<td>12:45 – 13:45</td>
<td>LUNCH</td>
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<td>14:55 – 15:10</td>
<td>Coffee</td>
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<td>17:15 - 17:30</td>
<td>Day 1 Recommendations Wrap-up</td>
<td>Chair</td>
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<td>17:45 – 18:45</td>
<td>Reception – D Building (with side session reviews for first day rapporteurs and discussants)</td>
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## Strategic and Technical Advisory Group for TB

**STAG-TB**

**Tuesday, 19 June 2012**

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<tr>
<td>9:00 - 9:30</td>
<td>Day 1 Review of Recommendations</td>
<td>Chair</td>
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<td>- Discussion/Recommendations</td>
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<td>10:30 - 10:50</td>
<td>Coffee</td>
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<td></td>
<td>approach and process for engagement</td>
<td>D. Chin</td>
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<td>- Innovations in China</td>
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<td>11:45 - 12:45</td>
<td>9. Approaches to strategy development, epidemiological review</td>
<td>M. Uplekar &amp; P. Glaziou</td>
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<td>and target setting</td>
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<td>12:45 – 13:45</td>
<td>Lunch</td>
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<td>13:45 – 14:00</td>
<td>9. continued</td>
<td>J. Chakaya</td>
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<td>- Outcomes of pre-STAG WHO/Stop TB Partnership consultation</td>
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<td>14:00 – 15:15</td>
<td>Perspectives</td>
<td>Facilitated by Chair</td>
<td>Introductory discussants:</td>
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<td>D. Barreira T. Lwin M.A. Tageldin</td>
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### Day 2 Agenda

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<th>Time</th>
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<tr>
<td>15:00 – 15:20</td>
<td>Coffee</td>
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<td>15:20 – 16:45</td>
<td>Discussion &amp; Recommendations</td>
<td>Facilitated by Chair</td>
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<td></td>
<td>A. Strategy</td>
<td>M. Raviglione</td>
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<td>B. Target setting</td>
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<td>Next Steps</td>
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<td>16:45 – 17:00</td>
<td>Wrap-up</td>
<td>Chair</td>
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<td>17:00 – 17:30</td>
<td>Day 2 Session Reviews</td>
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<td>(for 2nd day Rapporteurs and Discussants)</td>
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**Wednesday, 20 June 2012**

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<tr>
<td>9:00 - 10:45</td>
<td>Full review of final recommendations</td>
<td>Chair</td>
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<td>10:30 – 10:45</td>
<td>Coffee Break</td>
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<tr>
<td>10:45 – 11:30</td>
<td>Continuation - Full review of final recommendations</td>
<td>Chair</td>
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<td>11:30 – 11:45</td>
<td>Recommended items for next STAG-TB Meeting</td>
<td>STAG-TB Members</td>
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<td>11:45 - 12:00</td>
<td>Conclusions</td>
<td>J. Chakaya</td>
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<td>H. Nakatani</td>
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<td>M. Raviglione</td>
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Annex 2: Strategic and Technical Advisory Group for Tuberculosis (STAG-TB)

12th Meeting
18-20 June 2012, WHO Headquarters, Geneva, Switzerland

Final List of Participants

**STAG-TB Members 2012**

1. **Dr Draurio Barreira**  
   Head  
   National TB Control Program  
   Ministry of Health  
   Brazil

2. **Dr Amy Bloom**  
   Chief Infectious Diseases, a.i.  
   Bureau of Global Health  
   US Agency for International Development  
   USA

3. **Dr Kenneth Castro**  
   Director, Division of TB Elimination  
   Centers for Disease Control and Prevention  
   USA

4. **Dr Jeremiah Muhwa Chakaya**  
   (STAG-TB Chair)  
   Chief Research Officer  
   Centre for Respiratory Diseases Research  
   Kenya Medical Research Institute  
   Kenya

5. **Ms Lucy Chesire**  
   Executive Director  
   TB ACTION Group  
   Kenya

6. **Prof. Gavin Churchyard**  
   Chief Executive Officer  
   The Aurum Institute (NPC)  
   South Africa

7. **Dr Daniela Cirillo**  
   Head  
   Emerging Bacterial Pathogens Unit  
   San Raffaele del Monte Tabor Foundation  
   San Raffaele Scientific Institute  
   Italy

8. **Dr Elizabeth Corbett**  
   Reader in Infectious and Tropical Diseases  
   London School of Tropical Medicine & Hygiene and MLW Research Programme  
   Malawi

9. **Dr Charles L. Daley**  
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