Report of the fifteenth meeting of the STRATEGIC AND TECHNICAL ADVISORY GROUP FOR TUBERCULOSIS

15-17 June 2015

WHO Headquarters
Geneva, Switzerland
Report of the 15th Meeting

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

15-17 June 2015

In its work on tuberculosis, the World Health Organization (WHO) aims for a world free of TB, and an end to the global TB epidemic by 2035. It seeks to enable universal access to TB prevention and care, guide the global response to threats, and promote innovation. The WHO Secretariat requires regular scientific, technical and strategic advice from its Strategic and Technical Advisory Group for Tuberculosis (STAG-TB).

The fifteenth meeting of STAG-TB took place at WHO Headquarters on 15-17 June, 2015. The meeting was organized by the WHO Global TB Programme (HTM/GTB), which provides the Secretariat for STAG-TB.

This is the report of the recommendations made at the meeting by the advisory body and was prepared by the STAG-TB members with support of the WHO Secretariat.

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.
Fifteenth 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. Guidance on implementing the End TB Strategy and related efforts in promotion and supporting adaptation;
2. Methods for reporting on 2015 TB targets and on the formulation of updated high TB-burden country lists;
3. The policy, programmatic and funding implications of recent TB prevalence surveys;
4. Target product profiles and priorities for digital health innovation in the TB response;
5. Finalizing and implementing a Global Action Framework for TB Research;
6. Defining key areas within a renewed WHO TB/HIV strategy.

In addition, at the meeting, the WHO Secretariat also aimed to provide updates to STAG-TB members on areas of work including: overall status of response to the MDR-TB crisis; advances of WHO and partners in supporting effective prevention and care of childhood TB; work of WHO Regional Offices in supporting adaptation and planning for implementation of the End TB Strategy; and the important complementary efforts of The Global Fund to Fight AIDS, TB and Malaria in developing its next strategy.

Dr Charles (Chuck) Daley, Chair of STAG-TB worked with the Global TB Programme in developing the agenda and preparing new STAG-TB members for the meeting. He presided at the meeting. Twenty of twenty-two STAG-TB members participated in the meeting. They were joined by invited technical experts, partners from technical agencies, development and financing organizations and civil society, as well as WHO staff from Headquarters, all six Regional Offices and many WHO Country Offices.

The meeting agenda is attached as Annex 1. Annex 2 provides the list of participants.

The meeting report will be posted on the WHO website: [http://www.who.int/tb/advisory_bodies/stag_tb_report_2015.pdf](http://www.who.int/tb/advisory_bodies/stag_tb_report_2015.pdf), and circulated to WHO Senior Management and offices of the Organization, and to all meeting participants. The report’s publication will be noted on relevant TB list serves.
SESSION 1: INTRODUCTION

On behalf of the WHO Director-General, Dr Winnie Mpanju-Shumbusho, Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases Cluster, welcomed STAG-TB members and all other participants to WHO Headquarters. She noted her appreciation to the STAG-TB for its 15 years of support to the Organization, her aims as new Assistant Director-General for the Cluster, and WHO’s overall efforts on communicable diseases. She explained how WHO’s actions to end the TB epidemic will contribute to WHO’s overall aims, and to the UN’s Sustainable Development Goals (SDGs). These goals will be determined at the upcoming special session of the United Nations. She noted as well WHO’s commitment to working with partners, including the wide range attending the meeting, in the global TB response.

Dr Daley then opened the meeting and reflected on the role of WHO’s STAG-TB, and how to make the most efficient use of the two-and-a-half day meeting in guiding and advising WHO, and the importance of the agenda items proposed for consideration.

Ms Diana Weil, Coordinator of the Policy, Strategy and Innovations Unit of the WHO Global TB Programme and lead for the STAG-TB secretariat, presented the Terms of Reference of STAG-TB, meeting procedures and participants’ declarations of interests. No interests were deemed significant to warrant any modification in participation in STAG-TB. An introductory video was shown on the status of the TB epidemic, global response, and on highlights of WHO’s 2013-2014 TB-related products, consultations, and activities in supporting countries.

Dr Mario Raviglione, Director of the WHO Global TB Programme gave an opening presentation on top challenges in the TB response and the role and impact of STAG-TB in the 15 years since its establishment. He provided participants with an overview of the progress in development of the UN “Sustainable Development Goals” 2016-2030. He emphasized the inclusion of the WHO End TB Strategy goal of ending the global epidemic within the proposed health goals, and the alignment of proposed TB indicators. He noted as well the complementary actions planned towards eliminating poverty, promoting equity, and advancing universal health coverage. He introduced why the topics to be addressed in the STAG-TB meeting were priorities in taking forward the End TB Strategy.
SESSION 2: REGIONAL SUPPORT FOR THE NATIONAL ADAPTATION AND IMPLEMENTATION OF THE END TB STRATEGY

The Regional TB Advisers/Managers for TB within the six WHO regional offices presented on their regional actions to support national adaptation and implementation of the End TB Strategy (Dr Mirtha del Granado, PAHO/AMRO; Dr Nobu Nishikiori, WPRO; Dr Masoud Dara, EURO; Dr K.A. Hyder, SEARO; Dr Kefas Samson, AFRO; Dr Mohammed Abdel Aziz, EMRO.

- **PAHO/AMRO**, with assistance of a working group and its meetings of NTP managers, has produced a draft *Plan of Action for the Prevention and Control of Tuberculosis, 2014-2019*, in keeping with the End TB Strategy and PAHO’s Strategic Plan 2014-2019. It will be reviewed by the Regional Committee in 2015;
- **WPRO** has developed a *Regional Framework for Implementation of the End TB Strategy in the Western Pacific*, which will be considered by the Regional Committee in 2015.
- **EURO** has worked with an advisory group to develop a draft Action Plan for the WHO European Region, 2016-2020 (TBAP). It will be reviewed at the EURO regional committee in 2015;
- **SEARO** will present its approach to support adapting and implementing the Strategy at its Regional Committee in 2015 and at regional TB programme meetings;
- **AFRO** will address ending TB within the SDG discussion in its Regional Committee in 2015, and has consulted on End TB Strategy implementation at regional/subregional TB meetings in 2015;
- **EMRO** is pursuing planning with high burden national TB programmes in 2015 and placing special focus this year on highest burden countries, addressing TB in complex emergency settings, as well as through TB elimination planning with relevant countries.

Dr Daley and STAG-TB members acknowledged the impressive work being done to adapt the approach to varied epidemiological and system contexts and the aim of WHO Regional Offices to pursue endorsement for the approaches from their Regional Committees.

Dr Daley then introduced the agenda of substantive sessions in which WHO was seeking guidance from STAG-TB members.
STAG-TB CONCLUSIONS AND RECOMMENDATIONS

Each STAG-TB session began with an introductory presentation by WHO staff, followed by comments from STAG-TB members serving as discussants and an open discussion for each session. STAG-TB members then formulated conclusions and recommendations. The session discussants served as session rapporteurs and with support of WHO Secretariat focal points. Draft written recommendations from all sessions were reviewed and revisions proposed by STAG-TB members before the conclusion of the meeting. The final revised recommendations were consolidated by the WHO Secretariat after the meeting, reviewed by the STAG-TB chair and then reviewed by all STAG-TB members.

SESSION 3: EPIDEMIOLOGICAL DATA AND METHODS TO DRIVE EVALUATION OF PROGRESS AND STRATEGIC PLANNING

Dr Katherine Floyd, Coordinator at WHO for TB Monitoring and Evaluation, gave a presentation on work done by WHO with the expert advice of experts on defining proposed methods to report on achievement of 2015 TB targets. She also presented on the formulation of proposed updated lists of high TB burden countries, which involved WHO analytic work, and related public online consultation on the options.

Dr Frank Cobelens and Dr Ibrahim Abubakar served as the STAG-TB discussants leading off discussion and recommendations on the two topics and served as the STAG-TB rapporteurs for the session.

3(a) REPORTING ON 2015 TB TARGETS

STAG-TB:
- Recognizes the thorough discussion of WHO methods used to produce TB burden estimates conducted during a global consultation held by the WHO Global TB Programme’s TB Monitoring and Evaluation unit in March/April 2015, and associated recommendations;
- Endorses the WHO Global TB Programme proposal to report on whether 2015 targets were met using these established methods, in the 2015 WHO Global TB Report;
• Emphasizes that post-2015, the major area for continued and intensified future work in measuring TB burden and trends is strengthening surveillance of TB cases and deaths, transitioning as much as possible away from approaches that include reliance on modelling and expert opinion to direct measurement from high-performance surveillance systems\(^1\);

• Notes that countries that have recently undertaken a prevalence survey will require guidance on when to undertake a repeat survey, and that prevalence estimates will remain important for derivation of incidence estimates.

**STAG-TB recommends that WHO:** Revisit the terms of reference of the WHO Global Task Force on TB Impact Measurement towards the end of 2015/early 2016, in the context of targets set in the End TB Strategy and the SDGs, as well as recommendations for possible improvements to current methods to estimate TB disease burden that were defined during the global consultation.

**3 (b) USE OF HIGH TB BURDEN LISTS POST-2015**

**STAG-TB:**

• Recognizes the value of high TB burden country (HBC) lists;

• Supports the proposal for WHO to use three “20+10” HBC lists (TB, MDR-TB, TB/HIV) post-2015, which will have a lifetime of 5 years.

**STAG-TB recommends that WHO:**

1. Define the additional 10 countries in all three lists using rates (as opposed to the alternative option of using proportions of cases with HIV co-infection or MDR-TB for the TB/HIV and MDR-TB lists);

2. At Regional Office level, consider whether to develop more extended regional lists of HBCs, using consistent methods.

**SESSION 4: REVIEW OF THE DRAFT DOCUMENT: ESSENTIALS OF IMPLEMENTING THE END TB STRATEGY**

Dr Mukund Uplekar, Sr Medical Officer, Policy, Strategy and Innovations Unit in the Global TB Programme, introduced the draft WHO document *Essentials of Implementing*
the End TB Strategy, building on the recommendations made by STAG-TB in 2014. A team across the WHO Global TB Programme developed the document drawing on country examples and inputs from Regional Offices. With the 2015 recommendations of STAG-TB as well as those emerging from a companion workshop, immediately following the June 2015 STAG-TB meeting of WHO staff from all levels of the organization and partners, the document will be further revised for finalization and publication in 2015, with ongoing amendment of online materials.

Dr Beatrice Mutayoba and Dr Maarten van Cleeff served as Discussants and Session Rapporteurs.

STAG-TB:

- Acknowledges the progress in developing the draft document, Essentials of implementing the End TB Strategy, to help countries operationalize the End TB Strategy;
- Notes the purpose of the document to be the link between WHA-adopted End TB Strategy and WHO’s current and future global policies, guidelines, tools and protocols developed to help implement the various components of the Strategy in diverse settings;
- Commends WHO for presenting a bold, out-of-the-box approach asserting multisectoral engagement for implementing the Strategy;
- Applauds the linkages with broader development agenda including SDGs, universal health coverage (UHC), social protection, poverty and other determinants of TB.

STAG-TB recommends that WHO:

1. Make the document succinct, simplify the presentation, make it user-friendly to meet the needs of diverse stakeholders and, also include an executive summary;
2. Strengthen the chapter on the overall approach by incorporating illustrations to highlight implementation building blocks, key steps, prioritization sequences across elements, and more on “how” and “who” should undertake interventions (such as for childhood TB, for example);
3. Identify and use marketing strategies to systematically promote and disseminate The Essentials.

See Annex 3 for detailed recommendations offered during the meeting on content revisions.
SESSION 5: PROMOTING THE STRATEGY AND SUPPORTING PATHFINDERS

Ms Diana Weil, Coordinator of the WHO Policy, Strategy and Innovations Unit, provided an overview of actions taken by WHO after the STAG-TB meeting in 2014/2015 to promote awareness and roll-out of the End TB Strategy, and further actions proposed in 2015/2016. She stratified actions by work to: reach high-level audiences; provide strategic guidance for advocacy and roll-out; inform and involve general audiences and specific partners; and support associated capacity building. She also noted that WHO aims to promoting path-finding actions by countries and partners across the End TB Strategy or in specific areas.

STAG-TB:
- Recognizes the need to promote the End TB Strategy, harmonized with larger global agenda (SDGs, UHC, Antimicrobial Resistance (AMR), etc.) and the diverse audiences to be reached with targeted messaging;
- Emphasizes the specific roles WHO can play in reaching many of these diverse audiences given its global mandate, convening power and core functions;
- Acknowledges the efforts undertaken in 2014-2015 in: High-level outreach including with the UN Special Envoy on TB; Provision of strategic guidance; Media and public outreach on World TB Day; Symposia and consultations to reach partners, and Support at regional and country level for capacity building.

STAG-TB recommends that WHO:
1. Continue to strengthen targeted messaging platforms on the Strategy, and further document and share path-finding efforts at country level;
2. Proceed with events in 2015/2016 and with media outreach, including seizing opportunities when public/stakeholder interest is piqued;
3. Engage with patients, parliamentarians and communities to amplify demand for innovations and for human rights, equity and ethics protection & promotion;
4. Pursue planned awareness-building for stakeholders beyond the TB community (such as global gatherings of primary doctors, labour-focused entities etc.);
5. Document the funding landscape in different countries to enhance targeted resource mobilization, and continue support to the development of the Global Plan to Stop TB, 2016-2020, including its alignment with the End TB Strategy, and its financing needs estimates.
SESSION 6: DEVELOPMENT OF THE 2017-2021 STRATEGY FOR THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Mr Harley Feldbaum, Head of Strategy and Policy at The Global Fund, presented on the process of development of the next Global Fund strategy, 2017-2021. He discussed the development process, current content streams of the strategy, and the consultation process underway through four regional consultations, and with the Global Fund Board and related committees. The final strategy will be approved in 2016 and will also inform the Global Fund replenishment. Discussion focused on the linkage with the End TB Strategy, roles of The Global Fund in supporting countries, partners and in promoting investment in priority areas. This was an information session.

SESSION 7: RECENT NATIONAL TB PREVALENCE SURVEYS IN ASIA AND AFRICA: KEY RESULTS AND POLICY, PROGRAMMATIC AND FUNDING IMPLICATIONS

Dr Katherine Floyd, Coordinator of the TB Monitoring and Evaluation Unit, presented Global TB Programme analysis of findings from recent national TB prevalence surveys and proposed overarching policy, programmatic and funding implications. The implications are proposed for publication, and GTB sought STAG-TB reflection and advice on these proposed implications.

Dr Thandar Lwin and Dr Liz Corbett served as the Session Discussants and Rapporteurs.

STAG-TB:
- Recognizes the substantial progress made in recent years in implementing national TB prevalence surveys and the valuable data that are being generated;
- Agrees with the presented list of policy/programmatic and funding implications arising from results from surveys implemented 2009-2014.

STAG-TB recommends that WHO:
1. Make the following additions/modifications to the list of policy, programmatic and funding implications of prevalence surveys:
   a. Add emphasis on the need to strengthen surveillance in general (beyond mandatory notification/correcting under-reporting);
   b. Highlight the need for further research to understand detection and reporting gaps identified during surveys as a separate recommendation, and explicitly refer
to “research” (as opposed to including this within point 1, without using the word “research”);  
c. If possible, add more concrete suggestions about the subpopulations in which active case finding could be targeted (e.g. older age groups in Asian countries);  
d. Add a specific point that further investigation is needed of the reasons for the high proportion of cases not reporting symptoms meeting screening criteria, and the false+ smear results;  
e. Add a point on the need for more affordable and robust screening tools, in general.  

2. Work with partners and countries to develop an effective communication strategy to ensure that prevalence survey results are communicated as clearly, effectively and quickly as possible, especially to policy-makers, with particular attention to topics that are often not well understood. This is important to ensure that results are promptly accepted and finalized, and used at national level;  

3. Continue its current effort to establish a global data repository for prevalence survey data and associated documentation, including to allow for aggregated analyses across multiple survey datasets;  

4. Develop comprehensive guidance on the use of digital X-ray (in general, and not specific to surveys).  

SESSION 8: PROGRESS UPDATE ON RESPONSE TO CHILDHOOD TB  

In an information session, Dr Steve Graham presented an overview of progress in responding to childhood TB, including scientific advances, evidence, guidance and implementation support. He also noted priorities for the next steps in pursuing the Childhood TB Roadmap. Dr Graham is a member of STAG-TB and Chair of the Stop TB Partnership Subgroup on Childhood TB, with its Secretariat provided by the WHO Global TB Programme (led by Dr Malgosia Grzemska, Coordinator of the Technical Assistance Coordination Unit).  

\[2\] e.g. why there is a high % of people with a sm+ result in surveys that does not mean TB in some settings, and how this relates to routine clinical care; why the symptomatic profile of those found in surveys is so different to routine clinical care, and what does this mean in terms of programmatic performance as well as whether regular screening of the whole population should be done; relationship between prevalence and incidence; why case definitions are different for surveys vs routine clinical care.
SESSION 9: DIGITAL HEALTH IN SUPPORT OF THE END TB STRATEGY

Dr Dennis Falzon, Medical Officer in the Global TB Programme Laboratory, Diagnostics and Drug Resistance Unit, presented work undertaken in the last year to advance WHO’s promotion of effective e/m health (digital health) use and impact for TB prevention, care and control. The work was undertaken with a new WHO Task Force and through a global consultation organized with the European Respiratory Society and partners working on e/m health, as well as tobacco control, elsewhere in WHO.

STAG-TB recognizes:
- The important role and unrealized potential of digital health in helping countries to achieve the targets of the End TB Strategy;
- The need for further mapping of which challenges in the TB response are best suited to digital health solutions, and that there is a shortage of evidence for the effectiveness of digital health interventions for TB care and control;
- The opportunity to build on, or align with, broader digital health platforms within countries, so as to facilitate scaled-up solutions for TB needs and sustainability.

STAG-TB recommends that WHO:
1. Continue to work with WHO’s global task force on digital health for TB to define a framework of priority needs and technology solutions aligned to the End TB Strategy;
2. Create an "investment case" for the appropriate support of innovative development and the implementation of initiatives for TB care and control at scale;
3. Support efforts to strengthen the evidence-base and documentation of best practices in digital health in TB and lessons learnt from beyond TB.

SESSION 10: GLOBAL ACTION FRAMEWORK FOR TB RESEARCH: TAKING IT FORWARD AT GLOBAL AND COUNTRY LEVEL

Drs Christian Lienhardt, Sr Research Adviser, Policy, Strategy and Innovations Unit of the Global TB Programme and Richard Menzies, McGill University/WHO Visiting Expert, presented on the development and content of a WHO Global Action Framework for TB Research, which resulted from a global consultation co-organized with the Swedish Government and the Karolinska Institute, and further internal WHO and external consultation and work with potential pathfinding countries.
STAG-TB:
- Congratulates WHO for including research as an integral component of the End TB Strategy, and for highlighting the critical importance of research in achieving the End TB targets;
- Welcomes the development of the *Global Action Framework for TB Research* for the coming 10 years (2016-2025);
- Endorses the plan, including the proposed approach of working with a few *path-finding* (model) countries to demonstrate early success of the plan, acknowledging that such efforts may already be underway.

STAG-TB recommends that WHO:
1. Promote the Global Action Framework and monitor its implementation;
2. Work with National TB Programmes to include research as one of the components of their National Strategic Plans;
3. Encourage the engagement of all key stakeholders at the country level, together with the Ministry of Health, and advocate for greater TB research investments;
4. Partner with agencies and organizations already implementing various aspects of research guidance and support;
5. Advocate with international and bilateral donor agencies to increase investments in TB research, especially in the area of R&D, implementation science, and impact evaluation, as well as capacity building for research in low and middle-income countries;
6. Develop and disseminate a business case for why greater investments in TB research will be beneficial for countries and funding agencies, and use this as an advocacy tool;
7. Work with a few model high-burden low and middle-income countries, to demonstrate early success of the plan, and ensure that capacity building is a key component of these models.

SESSION 11: RENEWED STRATEGY FOR TB/HIV – PROGRESS UPDATE

Dr Gottfried Hirnschall, Director of the WHO HIV/AIDS Department, and Dr Haileyesus Getahun, Coordinator for TB/HIV and Community Engagement in the Global TB Programme, jointly presented an update on the collaborative work across the departments on devising a renewed strategy for WHO on TB/HIV, with the advice of a recently-formed Task Force of experts.
Dr Betina Durovni and Dr Michel Gasana served as the session discussants and session rapporteurs.

**STAG-TB:**
- Acknowledges the progress and work achieved by the Task Force, including the identification of key areas for conducting systematic analysis in select high burden countries for informing recommendations on policy action;
- Recognises that the key areas identified for systematic analysis could also be repackaged as a framework for a revitalized strategy.

**STAG-TB recommends that WHO, with its Task Force:**
1. Consider including the following areas as part of the systematic in-country analysis (list not prioritized):
   a. Burden and interventions to address HIV/TB in children;
   b. Scale-up of HIV testing (e.g. through oral HIV tests) and among persons with presumptive TB;
   c. Impact of RPT/INH (Rifapentine/Isoniazid preventive treatment), Urine LAM and empiric TB treatment;
   d. Under-nutrition in adults and children;
   e. TB patients (incl. children) in trials for new HIV drugs;
   f. Impact of new polyvalent diagnostic platforms;
   g. Impact towards universal health coverage.
2. Explore reorganizing the key areas identified within the context of the UNAIDS 90-90-90 HIV fast track targets;
3. Pursue systematic country analyses of the identified key areas in a phased manner and apply the following criteria when prioritizing the areas:
   • Impact on mortality;
   • Impact on incidence;
   • Impact on equity;
   • Impact on reducing geographic and financial barriers

**STAG-TB further recommends that WHO:**
4. Consider developing a specific approach for low HIV burden countries;
5. Promote practical exchange of experiences among countries as a tool to catalyze implementation.
SESSION 12: UPDATE ON MDR-TB RESPONSE

As an information session, and in follow-up to STAG-TB recommendations in 2014, Dr Karin Weyer, Coordinator of the Laboratories, Diagnostics & Drug Resistance Unit in the Global TB Programme presented, with further input from Dr Chuck Daley, STAG-TB Chair and Chair of the Global Drug-Resistance Initiative (GDI), presented an update on response to the MDR-TB Response. Topics covered included drug resistance surveillance, diagnostics access scale-up, introduction of new drugs including drug safety monitoring; shorter MDR-TB treatment regimens, Update of the WHO Essential Medicines List (EML), Regional Green Light Committees (rGLCs), the GDI, and the latest version of the How-to Guide operational guidance for programmatic management of MDR-TB. Also included, was reference to planned updates of WHO guidance on TB diagnostics, consolidated treatment guidelines, infection control, and ethics.
PLANNING OF 2016 STAG-TB MEETING

The WHO Secretariat announced the following dates for the 16th annual STAG-TB meeting: **13-15 June 2016** at WHO Headquarters in Geneva.

STAG-TB members proposed the following topics for consideration in formulating the agenda for the 2016 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 and consolidated.

1. Impact of efforts to prevent latent TB infection
2. Status of evidence review on use of chest radiography, including digital X-Rays
3. Status of efforts to implement systematic TB screening and cost-effectiveness of active case finding
4. Next update on support and results of national TB prevalence surveys
5. New drugs introduction and related research on new drugs and regimens
6. Status of End TB Strategy operationalization at country level
7. Pharmacovigilance/drug safety monitoring work
8. New diagnostics uptake and new diagnostics in pipeline
9. Under-nutrition and links with TB susceptibility and comorbidity, and related social support response
10. Non-tuberculous mycobacteria
11. Next update on MDR-TB response
12. Measurement and response to catastrophic costs
13. Vital registration and TB mortality measurement
14. Diabetes and TB update

CLOSING

The meeting was closed with final remarks and appreciation to all participants offered by Drs Mpanju-Shumbusho and Raviglione on behalf of the World Health Organization, and by Dr Daley, Chair of the Strategic and Technical Advisory Group for Tuberculosis.
# ANNEX 1: AGENDA

## MONDAY, 15 JUNE 2015

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<th>Time</th>
<th>Session</th>
<th>Discussants</th>
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<td>09:00 – 9:55</td>
<td>Welcome</td>
<td>W. Mpanju-Shumbusho, ADG, HTM Cluster</td>
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<td></td>
<td>1. Introduction:</td>
<td>D. Weil</td>
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<td></td>
<td>● Aims of STAG-TB, introduction of participants, meeting agenda and declaration of interests</td>
<td>C. Daley, Chair</td>
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<td>● Opening Video</td>
<td>M. Raviglione</td>
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<td>● 15 years of STAG-TB: Post-2015 era, from MDGs to SDGs and ending TB</td>
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<td>Discussion</td>
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<td>10:35 – 11:00</td>
<td>Coffee</td>
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<td>11:00 – 12:30</td>
<td>3. Epidemiological data and methods to drive evaluation of progress and strategic planning:</td>
<td>K. Floyd</td>
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<td>a. Plan for reporting on 2015 global TB targets</td>
<td>F. Cobelens</td>
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<td>b. Use of high TB-burden country lists post-2015</td>
<td>I. Abubakar</td>
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<td>Discussion and STAG-TB recommendations</td>
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<td>12:30 – 13:30</td>
<td>Lunch</td>
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<td>Discussants</td>
<td>B. Mutayoba</td>
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<td>Discussion and STAG recommendations</td>
<td>M. van Cleeff</td>
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<td>Time</td>
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<td>15:00 – 15:30</td>
<td><strong>5. Promoting the Strategy and supporting pathfinders in implementation</strong> Discussion and STAG-TB Recommendations</td>
<td>D. Weil&lt;br&gt;C. Vincent</td>
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<td>15:30 – 15:50</td>
<td><strong>Coffee</strong></td>
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<td>16:50 – 18:00</td>
<td><strong>7. Recent national TB prevalence surveys in Asia and Africa: Key results and policy, programmatic and funding implications</strong> Discussants Discussion and STAG-TB recommendations</td>
<td>K. Floyd, I. Onozaki&lt;br&gt;T. Lwin&lt;br&gt;E. Corbett</td>
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<td>18:15 – 19:30</td>
<td><strong>RECEPTION - UNAIDS/WHO D Building Cafe</strong></td>
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<td>19:00</td>
<td>Day 1 Discussants meet with WHO Secretariat focal points for session to prepare draft written STAG-TB recommendations as PowerPoint for presentation on 17 June morning</td>
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<td>Time</td>
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<td>8:45 – 9:00</td>
<td><strong>Summary of Day 1</strong></td>
<td>C Daley</td>
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<td>9:00 – 9:45</td>
<td>8. Progress update on response to childhood TB</td>
<td>M. Grzemska</td>
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<td>S. Graham</td>
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<td>9:45 – 11:00</td>
<td>9. Target Product Profiles for eHealth innovation to End TB</td>
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<td>C. Boehme</td>
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<td>11:00 – 11:25</td>
<td><strong>Coffee</strong></td>
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<td>Taking it forward at global and country level</td>
<td>R. Menzies</td>
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<td>M. Pai</td>
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<td>14:00 – 15:30</td>
<td>11. Renewed strategy for WHO TB/HIV – progress update</td>
<td>H. Getahun</td>
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<td>M. Doherty</td>
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<td>B. Durovni</td>
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<td>M. Gasana</td>
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<tr>
<td>15:30 – 15:55</td>
<td><strong>Coffee</strong></td>
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<td>K. Weyer</td>
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<tr>
<td>17:30</td>
<td>Day 2 Discussants meet with WHO Secretariat focal points for session to prepare draft written STAG-TB recommendations as PowerPoint for presentation on 17 June morning</td>
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<td>Time</td>
<td>Activity</td>
<td>Presenter(s)</td>
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<tr>
<td>9:00 – 10:30</td>
<td>STAG-TB recommendations review &amp; finalization</td>
<td><strong>Session Rapporteurs, Chair, STAG-TB members</strong></td>
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<td>10:30 -11:00</td>
<td>Coffee</td>
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<tr>
<td>11:00 – 11:40</td>
<td>STAG-TB recommendations review &amp; finalization (cont.)</td>
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<td>11:40 – 11:50</td>
<td>Planning agenda for 16th STAG-TB Meeting, 2016</td>
<td><strong>D. Weil</strong></td>
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<td>11:50 – 12:00</td>
<td>CLOSING REMARKS</td>
<td><strong>C. Daley</strong>&lt;br&gt;<strong>W. Mpanju-Shumbusho</strong>&lt;br&gt;<strong>M. Raviglione</strong></td>
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### ANNEX 2: LIST OF PARTICIPANTS

#### STAG-TB Members 2015

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position/Role</th>
<th>Organization/Institution</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Dr Ibrahim Abubakar</strong></td>
<td>Professor/Director</td>
<td>Centre for Infectious Disease Epidemiology University College London Head TB, Public Health England London</td>
<td>UK</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Dr Catharina Boehme</strong></td>
<td>Chief Executive Officer</td>
<td>Foundation for Innovative New Diagnostics (FIND) Geneva</td>
<td>Switzerland</td>
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<tr>
<td>3.</td>
<td><strong>Professor Frank Cobelens</strong></td>
<td>Professor</td>
<td>Amsterdam Institute for Global Health and Development (AIGHD) Amsterdam</td>
<td>The Netherlands</td>
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<tr>
<td>4.</td>
<td><strong>Professor Liz Corbett</strong></td>
<td>Profession Tropical Epidemiology</td>
<td>London School of Hygiene &amp; Tropical Medicine and Malawi Liverpool Wellcome Trust Clinical Research Programme</td>
<td>Malawi</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Dr Charles L. Daley (CHAIR)</strong></td>
<td>Chief, Division of Mycobacterial and Respiratory Infections</td>
<td>National Jewish Health Denver, CO</td>
<td>USA</td>
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<tr>
<td>6.</td>
<td><strong>Dr Manfred Danilovits</strong></td>
<td>Head</td>
<td>Department of Tuberculosis Tartu University Hospital Lung Clinic Tartu</td>
<td>Estonia</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Dr Betina Durovni</strong></td>
<td>Under Secretary for Surveillance, Promotion and Primary Care</td>
<td>Secretariat of Health State of Rio de Janeiro</td>
<td>Brazil</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Dr Michel Gasana</strong></td>
<td>Director</td>
<td>National TB Programme Ministry of Health</td>
<td>Kigali</td>
</tr>
</tbody>
</table>
9. **Professor Stephen Graham**  
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10. **Dr Akramul Islam**  
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11. **Dr Wang Lixia**  
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12. **Dr Thandar Lwin**  
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13. **Dr Beatrice Mutayoba**  
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14. **Professor Madhukar Pai**  
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81. Dr Winnie Mpanju-Shumbusho, Assistant Director-General
82. Ms Clarisse Mason
83. Dr Nani Nair

**Global TB Programme (GTB)**
84. Dr Mario Raviglione, Director

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85. Ms Diana Weil, Coordinator (STAG-TB Secretariat)
86. Dr Christian Lienhardt
87. Dr Knut Lonnroth

**TB/HIV and Community Engagement (GTB/THC)**
88. Dr Mukund Uplekar
89. Dr Richard Menzies
90. Dr Kianoush Dehghani
91. Ms Dominique Schmitz-de Santis
92. Dr Katarina Andreasson
93. Dr Haileyesus Getahun, Coordinator
94. Ms Annabel Baddeley
95. Dr Miriam Faid
96. Dr Avinash Kanchar
97. Ms Nathalie Likhite
98. Dr Alberto Matteelli
99. Dr Anissa Sidibe
100. Ms Lana Syed

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101. Dr Karin Weyer, Coordinator
102. Dr Dennis Falzon
103. Dr Media Gegia
104. Dr Christopher Gilpin
105. Dr Ernesto Jaramillo
106. Dr Alexei Korobitsyn
107. Dr Fuad Mirzayev
108. Dr Linh Nhat Nguyen
109. Mr Wayne Van Gemert
110. Dr Fraser Wares
111. Ms Henrikka Weiss

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112. Dr Malgorzata Grzemska, Coordinator
113. Ms Annemieke Brands
114. Ms Andrea Braza
115. Ms Rachael Crockett
116. Dr Giuliano Gargioni
117. Dr Christian Günneberg
118. Ms Karina Halle
119. Ms Soleil Labelle

**TB Monitoring and Evaluation (GTB/TME)**

120. Dr Katherine Floyd, Coordinator
121. Dr Laura Anderson
122. Dr Anna Dean
123. Ms Ines Garcia Baena
124. Dr Philippe Glaziou
125. Ms Sayori Kobayashi

126. Dr Irwin Law
127. Dr Ikushi Onozaki
128. Mr Andrew Siroka
129. Dr Charalampos Sismanidis
130. Mr Hazim Timimi
131. Dr Matteo Zignol

**Programme Management Unit (GTB/PMU)**

132. Dr Wieslaw Jakubowiak, Programme Manager
133. Ms Melina Abrahan

**HIV/AIDS Department (HIV)**

134. Dr Gottfried Hirnschall, Director
135. Dr Meg Doherty

**Special Programme for Research and Training in Tropical Diseases (TDR)**

136. Professor John Reeder, Director
137. Dr Dermott Maher, Coordinator, RCS

**Department of Communications (DCO)**

138. Ms Sarah C. Russell, Coordinator, WRT

**WHO Staff (Regional/Country Offices)**

**AFRO**

139. Dr Kefas Samson, a.i. TB Programme Manager AFRO
140. Dr Ayodele Awe, NPT/TB, WHO CO Nigeria
141. Dr Joel Kangangi, NPO/TB, WHO CO Kenya
<table>
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<tr>
<th></th>
<th>Name</th>
<th>Organization/Programme</th>
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<tr>
<td>142.</td>
<td>Dr Babatunde Sanni, NPO/TB,</td>
<td>WHO CO South Africa</td>
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<td>143.</td>
<td>Dr Andre Ndongsioeme,</td>
<td>MO/TB, WHO CO Burkina Faso</td>
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<td>144.</td>
<td>Dr Mwednaweli Maboshe,</td>
<td>NPO/TB, WHO CO Zimbabwe</td>
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<td>145.</td>
<td>Dr K. Henriette Wembanyama,</td>
<td>MO/TB, WHO AFR IST</td>
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<td>146.</td>
<td>Dr Mirtha del Granado,</td>
<td>TB Regional Adviser AMRO</td>
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<td>147.</td>
<td>Dr Mohamed Abdel Aziz,</td>
<td>TB Regional Adviser EMRO</td>
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<td>148.</td>
<td>Dr Masoud Dara, TB and</td>
<td>M/XDR-TB Programme Manager</td>
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<td>149.</td>
<td>Dr Martin van den Boom,</td>
<td>TBTEAM Focal Point, EURO</td>
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<td>150.</td>
<td>Dr Colleen Acosta,</td>
<td>Epidemiologist, TB &amp; M/XDR-TB, EURO</td>
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<td>151.</td>
<td>Dr Ogtay Gozalov, MO/TB,</td>
<td>WHO CO Uzbekistan</td>
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<td>152.</td>
<td>Ms Gayane Ghukasyan, CPO</td>
<td>WHO CO Armenia</td>
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<td>153.</td>
<td>Dr Valiantsin Rusovich, NPO/TB</td>
<td>WHO CO Belarus</td>
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<td>154.</td>
<td>Dr Dmitry Pashkevich,</td>
<td>NPO/TB, WHO CO Russian Federation</td>
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<td>155.</td>
<td>Dr Jamshid Gadoev, NPO/TB,</td>
<td>WHO CO Uzbekistan</td>
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<td>SEARO</td>
<td>Dr Khurshid A. Hyder,</td>
<td>Regional Adviser TB SEARO</td>
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<td>157.</td>
<td>Dr Muhammad Akhtar, MO TB,</td>
<td>Indonesia</td>
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<tr>
<td>WPRO</td>
<td>Dr Nobuyuki Nishikiori, Team</td>
<td>Leader, STB and Leprosy Elimination WPRO</td>
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<td>159.</td>
<td>Mr Tom Hiatt, TO/TB WPRO</td>
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<tr>
<td>160.</td>
<td>Dr Ridha Jebeniani, TO/TB,</td>
<td>Solomon Islands</td>
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<td>161.</td>
<td>Dr Woojin Lew, MO/TB, WHO CO</td>
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<td>162.</td>
<td>Dr Fabio Scano, MO/TB, WHO CO</td>
<td>China</td>
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ANNEX 3:
Session 4: Additional recommendations on revision of content of the draft document, *The Essentials of Implementing the End TB Strategy*:

1. Strengthen the chapter on the overall approach by:
   a. Maintaining the bold approach and further stressing the need of the highest level political commitment, and a high-profile national coordinating body with representation of government ministries and all stakeholders, especially the audience beyond the TB community;
   b. Further demonstrating potential linkages with the broader national health and development agenda including SDGs, UHC and social protection;
   c. Underscoring the importance of strong coordinating mechanisms for overall implementation and also for addressing issues related to human rights, ethics, and stigma;
   d. Specifying the role of NTPs/equivalent bodies at national, provincial and local levels such as for example, capacity building, monitoring, supervision, quality assurance etc.
2. Reinforce the messaging on the need for strong primary care and community-based services for effective delivery of patient-centred TB services and collaboration with other public health programmes;
3. Enrich the document showing linkages to available and newly developed web-based tools, country road maps, getting started guides, etc.
4. Clarify the roles and responsibilities with regards to childhood TB highlighting the need for better data collection;
5. Address more comprehensively, the issue of human resources and capacity building for implementing the new strategy including the role of counsellors and social workers;
6. Add indicators related to quality of care and to show connections between coverage and impact indicators (contact tracing coverage and IPT, HIV status and ART, for example);
7. Include text on partnerships with the labour sector - trade unions and employers - and utilize the international occupation safety and health Conventions to protect the right of people with TB (TB is listed as an occupational disease since 2010);
8. Incorporate under the research pillar, international level research and funding for it; highlight the need for access to libraries and open access publications and encourage publishing, dissemination and use of research results;
9. Under the section on funding, include the need to improving efficiencies in the current use of resources and exploring opportunities across other public health programmes with current and potential TB-related linkages;

10. Add a section the role of digital health in accelerating implementation of the End TB Strategy.