



Seventh Meeting

STRATEGIC & TECHNICAL ADVISORY GROUP FOR TUBERCULOSIS (STAG-TB)

Report on Conclusions and Recommendations

11-13 June 2007
WHO Headquarters
Geneva, Switzerland

"STAG-TB recognizes that global TB control is at an important turning point, with stabilization of, or declines of, TB incidence in most WHO Regions. However, the African and European TB emergencies, TB/HIV, and MDR/XDR-TB stand out as enormous challenges to TB control and demand urgent attention and interventions both globally and at the country level, bolstered by innovative and targeted research on new tools and strategies for control."

- Statement by STAG-TB Members, 13 June 2007



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The World Health Organization recognizes its critical role in supporting urgent national efforts over the coming decade to meet the Millennium Development Goal 6 target of reversing TB incidence and meeting Stop TB targets for 2015 of halving TB prevalence and mortality rates, as well as the target of universal access to treatment and care by 2010. WHO requires ongoing scientific, technical and strategic advice in TB care and control as it aims to support progress through the Stop TB Strategy and implementation of the Stop TB Partnership Global Plan to Stop TB, 2006-2015. It also needs to pursue the further efforts requested of WHO in a resolution on TB control made by the World Health Assembly in 2007, especially in response to the challenges of MDR/XDR-TB and HIV-associated TB. WHO relies on ongoing support and guidance from its Strategic and Technical Advisory Group for Tuberculosis (STAG-TB).

The Terms of Reference for the STAG-TB were revised in 2007 to reflect the need for representation and expertise from communities and patients affected by TB, and civil society organizations. The membership limit of STAG-TB was expanded to allow for up to 20 Members. Three STAG-TB Members from 2006 resigned or "graduated" from STAG-TB in 2007, and five new Members were added, including three from civil society and affected communities and two are national TB control officials.

Overall objectives of the 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.

Seventeen Members of STAG-TB were able to participate in the meeting at WHO Headquarters on 11-13 June 2007. One additional Member participated as feasible by video connection. They were joined by three of the chairs of WHO Regional Tuberculosis Technical Advisory Groups; chairs and/or representatives of the seven Stop TB Partnership Working Groups; other partners from collaborating organizations and agencies; WHO Stop TB Department staff from Headquarters, all 6 Regional TB Advisers and selected TB officers at country level; representatives from other interested WHO Departments and the Special Programme on Tropical Disease Research. The agenda and list of participants are attached. The meeting was organized by the WHO Stop TB Department. Dr. Roberto Tapia continued as Chair of STAG-TB and chaired the meeting, and Dr. Karin Weyer served as Vice-Chair for the meeting. WHO Stop TB Department staff served as rapporteurs. The recommendations presented in this report were reviewed and revised by the STAG-TB Members at the conclusion of the Meeting, and again in final form in this report. The recommendations were presented in summary by the STAG-TB Chair to Dr A. Asamoah-Baah, Deputy Director-General, acting in the absence of the WHO Director-General, on 14 June 2007.

Seventh meeting objectives:

At the Seventh meeting, WHO asked the STAG-TB to review and advise on key themes related to global TB control policy, strategy and WHO technical assistance and analytic work in support of the implementation of the Stop TB Strategy and the Global Plan to Stop TB, 2006-2015. There were 13 meeting sessions:

1. Introduction
2. WHO action in support of: Implementation of Stop TB Strategy, Global Plan to Stop TB 2006-2015, and the 2007 World Health Assembly resolution on TB control
3. Technical assistance in TB control: the role of WHO at regional & country levels
4. Responding to the African Emergency
5. Responding to the European Emergency

6. Global Response to MDR/XDR-TB and revision of the MDR-TB component of the Global Plan
7. Stop TB Department structure, strategy and financing
8. WHO's role in, and contribution to, the Research Movement of the Stop TB Partnership
9. TDR/WHO interface in TB research and in "retooling" support
10. a/b) Lab strengthening and use of liquid culture; c/d) Revision of the TB case definition and policy on number of smears examined
11. Analysis of TB drivers and determinants
12. a) Innovations for primary health care and health system strengthening;
b) Community involvement in TB care and prevention: Towards partnerships for health
13. Potential issues for consideration by STAG-TB in 2008

Session 1 provided an introduction to the meeting and to new participants (noted above).

Session 2: WHO action in support of: Implementation of the Stop TB Strategy, Global Plan to Stop TB 2006-2015, and the 2007 World Health Assembly Resolution on TB control

Session 2 provided an overview by the Director of the Stop TB Department of the TB epidemic, progress to date in control including results vis a vis the 2005 global TB control targets, based on the analysis presented in the WHO 2007 Report on Global Tuberculosis Control. Progress to date in rolling out the Stop TB Strategy and country action based on the Global Plan to Stop TB, 2006-2015 were also reviewed.

Finally, the WHO Secretariat presented the **60th (2007) World Health Assembly Resolution (WHA60.19) -- Tuberculosis control: progress and long-term planning**. Under this resolution, all WHO Member States are urged to develop and implement long-term plans for TB prevention and control, in line with the WHO Stop TB Strategy. The actions outlined in the TB resolution are aimed at accelerating progress towards halving TB deaths and prevalence by 2015, through the full implementation of the Global Plan to Stop TB 2006-2015.

WHO is requested to strengthen its support to all countries, in particular those heavily affected by multidrug-resistant and extensively drug-resistant TB (MDR/XDR-TB), as well as by TB/HIV, especially in the areas of laboratory strengthening and monitoring and surveillance, with Member States urged to expand access to laboratory-based TB diagnosis. Member States are also urged to consider TB as a public health priority and, where appropriate, declare TB as an emergency.

STAG-TB Members summarized their overall concerns in the following statement:

STAG-TB recognizes that global TB control is at an important turning point, with stabilization of, or declines of, TB incidence in most WHO Regions. However, the African and European TB emergencies, TB/HIV, and MDR/XDR-TB stand out as enormous challenges to TB control and demand urgent attention and interventions both globally and at the country level, bolstered by innovative and targeted research on new tools and strategies for control.

Note: Given the importance of responding rapidly to prevent the further emergence as well as to expand the treatment of MDR/XDR-TB the STAG-TB notes special attention given to **Session 6 below on the MDR/XDR-TB Response Plan.**

Session 3: Technical assistance in TB control: the role of WHO at regional & country levels

- STAG-TB recognizes there has been a substantial increase in funding for TB control that has contributed to good progress in TB control. However, in order to implement the increasingly complex interventions under the new Stop TB Strategy and use funds effectively, there is a need for significantly greater and targeted technical assistance, including for active civil society involvement.
- STAG-TB also acknowledges the technical and coordinating role of the WHO Regional and Country Office networks, in supporting and advising Member States and partners.
- STAG-TB urges enhanced coordination between all partners at regional levels, including through the WHO Regional Technical Advisory Groups.
- It asserts that, because country level implementation and progress are the ultimate focus of efforts, country-level support must be prioritised.

- STAG-TB notes with concern that the need for increased technical assistance has not been matched by an increase in capacity within WHO Regional and Country offices to respond to this need.
- It recognizes that there is insufficient coordination and synergising of partner efforts in the provision of technical assistance to countries and notes efforts made in formulating TBTEAM as a mechanism;
- It notes that WHO and lead technical agencies lack sufficient funding for technical assistance to countries and have been unable to adequately mobilize sufficient funding to address this shortfall, except in some countries.

STAG-TB recommends that WHO, in conjunction with partners, given that this is a shared responsibility, should focus greater attention on systematically addressing technical assistance as a serious concern for the implementation of the Stop TB Strategy. Specifically, WHO should:

1. Further develop a practical structure and approach to providing coordinated technical assistance and build capacity for effective use of available funds for scale-up;
2. Review and enhance the effectiveness of the Regional Technical Advisory Groups and partnerships to identify technical assistance needs and coordinate plans for country support between technical partners;
3. Strengthen the capacity of WHO Regional and Country Offices to coordinate and ensure effective use of all available technical expertise across Regions, including inter-country exchange of technical expertise, and in developing more local technical assistance capacity and consultants in endemic countries;
4. Explore and employ all mechanisms to mobilize greater resources for WHO and collaborate with technical partners in this process to fulfil growing technical assistance needs;
5. WHO Regional Offices should further document the impact of their work on TB control progress at country level, in order to permit STAG-TB and other partners to review their efforts, make recommendations to increase impact, and advocate for identified needs.

Session 4: Responding to the African Emergency

- STAG-TB acknowledges WHO/AFRO and HQ efforts under way to map progress and more intensively support African countries in facing the TB emergency, as declared by African Ministers of Health in August, 2005.
- STAG-TB supports WHO/AFRO's intention to mobilize resources for an expanded regional and sub-regional TB network to support countries.
- It notes the efforts made by WHO, particularly in helping support development of successful Global Fund proposals, initiating accelerated support for TB/HIV collaborative activities and new action to expand MDR-TB surveillance, prevention and treatment.
- However, STAG-TB expresses major concern that response to the emergency of tuberculosis is inadequate to meet universal access and 2015 TB control targets.

STAG-TB recommends that WHO should:

1. Reinforce all efforts given the urgency of the situation and the explicit call for expanded WHO efforts included in the 2007 World Health Assembly resolution;
2. With partners, address jointly the workforce crisis affecting the health sector in general, TB programs specifically, as well as weaknesses in available WHO human resources to provide TB technical assistance. This must include:
 - 1) mobilization of additional staff on the ground;
 - 2) involvement of communities; and
 - 3) expansion of technical assistance.
3. Urgently undertake a review and further development of evidenced-based policies for scaling-up intensified TB case finding, HIV testing of TB patients, use of INH preventive therapy in HIV-infected people, and infection control. WHO should pursue aggressive advocacy, education and training efforts to assure widespread uptake of these guidelines by TB & HIV programs and general health services in countries with high TB/HIV co-infection rates;
4. Continue to help all high TB burden countries develop MDR-TB prevention, diagnosis and treatment efforts, including development of policy guidance and capacity in infection control;

5. Continue to build strategic partnerships with UNAIDS and its co-sponsors, and jointly work to integrate new collaborators from diverse HIV, TB and related communities;
6. Build awareness and commitment to TB control from state/provincial and district levels, which are playing an increasing role in health priority-setting, planning and financing. Review and possibly revise WHO's current TB incidence estimation process and provide further simplified information on the process for advocacy;
7. Pursue more in-depth and documented assessment of the progress and/or bottlenecks in TB control in specific African countries;
8. Recommend and support implementation and rapid scale-up of initiatives such as Public-Private Mix approaches (PPM), the Practical Approach to Lung Health (PAL) and community TB care, to support health system strengthening;
9. Consider an active role in stimulating a regional Stop TB Partnership which could bring further profile to the TB emergency, collaboration and ownership of response;
10. Further encourage attention to, and collaboration with civil society, critical to building political commitment and to mobilizing local contributions to treatment scale-up and impact.

Session 5: Responding to the European Emergency

- STAG-TB recognizes the efforts of WHO/EURO and partners, including the European Centre for Disease Prevention and Control (ECDC) and the new Stop TB partnership for Europe and Central Asia, to respond to the TB emergency in the European region and recognizes that without further high-level stakeholder engagement and intensified support, 2010 universal access and 2015 Stop TB targets will not be met.
- STAG-TB notes with concern the challenges raised by WHO/EURO: an unstable political situation in many countries; poor political commitment from European donors including G8 group members; ongoing poor treatment outcomes related to poor control policies in some countries of the former USSR; the lowest regional average estimated case detection level; the highest MDR-TB levels and fastest-growing HIV prevalence levels; large prison populations with poor TB control practices; and human rights issues, including access and concerns related to special risk groups, such as alcoholics and injecting drug users.

- STAG-TB confirms that advocacy efforts at the European Ministerial Forum are critical to increasing political commitment to address the regional emergency.

STAG recommends that WHO do the following:

1. Seek further strategies to increase political commitment of all European countries to address the regional emergency. Use the European Ministerial Forum to catalyze this process, including the following efforts: (1) Support efforts of the UN Special Envoy; (2) Raise the status of TB on the Regional agenda; (3) Pursue action requested in the 2005 letter from the Regional Director to Member States; (4) Work with partners to ensure strong Ministerial presence at the Forum and strong preparation;
2. Increase current capacity at the Regional Office and country level (in particular in Russia and Ukraine) in order to support intensively the implementation of the TB resolution of the 60th World Health Assembly and leverage available resources;
3. Pursue more in-depth case analysis of successful and unsuccessful national experiences to draw conclusions and plan future activities accordingly;
4. Finalize the Regional Strategic Plan to Control TB (2007-2015); this includes helping countries to develop enhanced costed and budgeted plans, including effective MDR-TB and TB/HIV responses;
5. Better use and coordinate partners in order to ensure coherent and coordinated support to high priority countries in the Region;
6. Further develop strategies to respond to the Region-specific challenges noted in the presentation, including especially means to improve TB control service effectiveness within systems that are in process of integrating previously vertical TB services into general health services and decentralizing further into expanded primary care;
7. Continue to pursue the development of a regional strategic approach to advocacy, communications and social mobilization (ACSM), including technical assistance and active participation of patients and civil society in its development and action;
8. Given risk factors in the Region, stimulate more operational research on interventions to mitigate the effects of TB/HIV and liver disease (caused by concomitant conditions) such as hepatitis B and C, alcohol abuse, and

related drug toxicity that may contribute to increased default rates of such patients.

Session 6: Global response to MDR/XDR TB and revision of the MDR-TB component of the Global Plan

- STAG-TB acknowledges that expansion of MDR/XDR treatment is a monumental undertaking that will require an enormous infusion of financial, human, laboratory and infrastructure resources and capacity building to assure successful outcomes and to prevent the production of additional resistant TB.
 - STAG-TB acknowledges the role of WHO in coordinating a global response to XDR-TB.
 - STAG-TB highlights the importance of ensuring the expansion of high-quality DOTS and effective infection control to underpin efforts to address drug resistance and the critical need of building community awareness and engagement in response.
1. STAG-TB recognizes that procurement and reliable supply of reduced-price quality-assured second-line drugs is crucial to the scale up and expansion of MDR-TB treatment following WHO guidelines, and therefore **recommends** that WHO should immediately address bottlenecks in procurement; STAG-TB further supports the plan that the Global Drug Facility, with proposed UNITAID financing, create a buffer stock for second-line drugs;
 2. **STAG-TB endorses** the revision of the Stop TB Partnership's Global Plan to Stop TB, 2006-2015 which accommodates new information (estimates and costs) emerging, as well as changes in the prioritization of countries included;
 3. **STAG-TB endorses** the WHO and Stop TB Partnership 2007-2008 MDR/XDR-TB Response Plan. **However, it recommends** that the plan is revised as per the following:

General:

- a) Streamline strategic and operational objectives of the response plan;
- b) Include a strong preamble emphasizing the importance of well-implemented DOTS, as well as inclusion of need for financing for the implementation of quality DOTS;

- c) Highlight the role of ambulatory care in allowing rapid scale up of MDR- and XDR-TB treatment, stemming nosocomial transmission, and lowering overall costs;
- d) Highlight the need for scaled-up drug resistance surveys and surveillance particularly in African countries where data are sparse, and in countries where standardized second-line regimens have been implemented;
- e) Include plans to explore of use of additional methodologies to improve global drug resistance estimates;
- f) Highlight the importance of recording and reporting in MDR-TB treatment programmes for routine evaluation and for operational research.

Human Resources: Reinforce the staffing and capacity-building needs in high burden settings, when operationalizing the plan.

Laboratory: Include additional process and quality targets for the laboratory, (such as, goals for enhancements of lab services at point of care, numbers and level of staff employed in laboratories, accreditation, etc.), as well as describe rationale of assumptions behind lab estimates contained in the Global Plan II revision.

Second-line drugs:

- a) Describe the process of deploying new drugs/diagnostics when they become available, and discuss the role of shortened regimens;
- b) Include plans to address the obstacles to rapid and reliable procurement to ensure uninterrupted supply;
- c) Replace the term rational use of second line drugs with "use of second line drugs according to the Guidelines."

Advocacy, communication and social mobilization (ACSM): Expand section on ACSM to address such issues as community-based and patient-centred care, adherence and stigma, and reinforce the importance of community engagement, and the urgency of stakeholder commitment.

4. **STAG-TB endorses** the priorities put forward by the research subgroup of the MDR-TB Working Group. STAG-TB further urges WHO to promote aggressively clinical trials of treatment of drug-susceptible and drug-resistant TB.

Session 7: Stop TB Department structure, strategy and financing

- STAG-TB acknowledges the broad mission, functions, and effectiveness of Stop TB Department actions in many areas.
- It notes that the Department plays a critical role in guiding and supporting countries and partners through all its core functions, provides the Secretariats for the implementation Working Groups of the Stop TB Partnership, and coordinates response to top challenges in TB control today, such as HIV/TB and MDR/XDR-TB.
- It finds the structure of the Department to be rational for its mandate and functions, but notes that many teams are straining under the load of a necessarily expanded work programme and highly specified resources.
- Furthermore, STAG-TB notes that personnel recruitment bottlenecks and non-competitive consultant rates create disincentives for applicants, consultant engagement and staff retention; and, finance processing and reporting is hampered by systemic weaknesses.
- STAG-TB recognizes the opportunities that arise with the new Strategic Objectives of WHO for further collaboration across Departments and disciplines.
- STAG-TB is concerned about the potential challenges for resource mobilization for WHO TB efforts at all levels with the 2008 transition from the Area of Work (AOW) approach to resource distribution by integrated Strategic Objectives. This risks dismantling the strong TB network links across regions and levels, reducing implementation and fundraising capacity, and increasing competition for core voluntary resources.

STAG-TB recommends that:

1. WHO senior management support, in all ways possible, the strengthening of the close working network of TB control staff at all levels, their collaboration in mobilizing resources and increasing global awareness of WHO work and impact, and enable civil society participation in the structure of WHO;
2. To help in resource mobilization, the WHO Stop TB Department could further document how and where it spends (by functional category and thematic areas), and its ongoing efforts in priority-setting and efficient resource management;
3. For the effectiveness of WHO as a whole, and in TB control specifically, WHO should act urgently to resolve inter-office, financial, personnel recruitment and related bottlenecks within the institution.

Session 8: WHO's role in, and contribution to, the Research Movement of the Stop TB Partnership

- STAG-TB recognizes the urgency and importance of promoting TB research across the entire continuum, including basic research, development of new tools and strategies, implementation research (including behavioural/social research), and research related to M&E.
- STAG-TB emphasizes the importance of TB research as a key part of the national health research system at country level, and as crucial to achieve the Stop TB Partnership's targets for 2015 linked to the Millennium Development Goals and to achieve the goal of TB elimination by 2050.
- STAG-TB therefore fully supports the Research Movement of the Stop TB Partnership with the goal to stimulate, support and expand research to accelerate progress towards the global elimination of TB by 2050, and endorses the proposed activities presented, in line with the following objectives:
 - i) to provide leadership and advocacy to mobilize increased resources to support a coherent and comprehensive global TB research agenda;
 - ii) to provide a forum for TB research stakeholders (including funders and implementers) to coordinate plans and actions, with the result of ensuring that research needs are addressed, opportunities prioritised and gaps filled.
- STAG-TB welcomes the leadership role WHO is playing in the development of the Research Movement under the auspices of the Stop TB Partnership, and the close collaboration between WHO and the Partnership, and recognizes the relative advantages of the contribution of WHO including:
 - its links with countries and representation of country needs,
 - policy mandate and associated opportunities to identify research needs,
 - role in technical collaboration, lead role in global TB M&E, and
 - institutional commitment to promote research as articulated by the Director-General and expressed in the 2007 WHA resolution (WHA 60.19) "TB control: progress and long-term planning";
- STAG-TB welcomes the opportunity to provide input to the process of consultation in developing the Research Movement, under the auspices of the Stop TB Partnership, and requests its Chair, as a Permanent Member of the Stop TB Coordinating Board, to report to the next Board meeting (Berlin, 23-24 October 2007) on STAG-TB's conclusions and recommendations related to the Research Movement;

- **STAG-TB suggests to the Stop TB Partnership Coordinating Board** that, in the further development of the Research Movement, particular attention should be paid to the following points:
 - a. the importance of engaging a wide range of TB research stakeholders (including the end-users of TB research, e.g. NTP managers, and community groups), in addition to researchers and research funders (identified by mapping) and stakeholders in related research (including health systems and policy research, HIV research);
 - b. the need to develop and promote the strongest possible case for increased investment in TB research across the continuum, building on the experience gained in promoting research through the activities of the Partnership's new tools Working Groups, and on the experience of the HIV/AIDS community;
 - c. intensifying engagement with funders of research, particularly those with the potential to substantially increase funding compared to current levels (e.g. European Commission);
 - d. the opportunities that exist for the Stop TB Partnership Advocacy, Communication, and Social Mobilization (ACSM) Working Group to contribute to the Research Movement by using information and messages marshalled by the Research Movement to undertake advocacy for TB research, contribute to public awareness of TB research and promote community mobilization for research activities, such as community participation in clinical trials;
 - e. the advantages of promoting (through the Partnership's Working Groups on new tools) the development of a wide range of technologies, including some that may be currently perceived as under-promoted but nevertheless potentially important;
 - f. the benefits of advocating for long-term research funding to avoid the problems of short-term research investment cycles;
 - g. the relative advantages of particular partners in different areas, e.g. the experience of the Global Forum for Health Research in tracking funding of research for diseases of poverty, and TDR's experience in research capacity development;
 - h. the need to establish a task force to guide the further development of the Research Movement up to its launch (e.g. through a "Bellagio meeting") and beyond, and to advise on obtaining high-level commitment to support TB research.

STAG-TB recommends that in contributing to the Research Movement, WHO should:

- a. use its experience gained from the development of WHO's overall research strategy (to be presented to the 2009 (62nd) World Health Assembly);
- b. reflect the research needs of countries badly affected by TB (e.g. the emerging need for research on infection control), develop guidance for how these countries can promote research for improved TB programme performance, improve the availability and use of information derived from research;
- c. support the development of operational research agendas by identifying the research needs that arise through the process of evidence-based policy formulation;
- d. collaborate with the Inter-Governmental Working Group on Public Health, Innovation and Intellectual Property to help stimulate TB research and development;
- e. highlight gaps in progress in research and development, e.g. areas where regulatory issues need attention;
- f. work closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria to help countries develop grant applications that include funding for operational research;
- g. exploit opportunities to raise the profile of TB research needs in high-level forums, e.g. 2008 Global Ministerial Forum on Health Research, Bamako;
- h. develop a biennial workplan indicating the budget and staff resources needed to implement the proposed activities.

Session 9: TDR/WHO interface in TB research and in "retooling" support

- STAG-TB acknowledges recent improvements in WHO/TDR frequency of communication and in clearly defining major respective roles in research.
- STAG-TB endorses the TDR/WHO work interface framework presented and looks forward to additional documentation on current work products and processes in health research.

- STAG-TB also endorses the general approach presented for the roles of WHO Departments (Stop TB Department, the Health Technologies, Pharmaceuticals Department etc.) and TDR in TB-related retooling, and mechanisms, expert consultations, Stop TB working groups etc.

STAG-TB recommends that WHO (including TDR) should:

1. In consultation with the Stop TB Partnership Retooling Task Force, document and disseminate information on the standards and nature of evidence on efficacy and effectiveness of specific new TB tools that are likely to be required before WHO can pursue endorsement of tools and provide guidance for use in endemic countries;
2. Consider use of the roll-out of liquid culture as a sentinel case in documenting how WHO can best expedite access to, and use of, effective new tools.

Session 10a/b: Lab strengthening and use of liquid culture

- STAG-TB recognizes and stresses the central role of TB laboratory services in global action to stop TB, and its contribution to health system strengthening.
- **STAG-TB endorses** the WHO recommendations for the use of liquid cultures and rapid species identification to address the needs for culture and drug susceptibility testing (DST), integrated in a country specific comprehensive plan for laboratory capacity strengthening.

STAG-TB recommends that WHO:

1. Promote and guide the use of liquid culture such that it is implemented as an adequately budgeted "package" addressing:
 - safety,
 - maintenance of infrastructure and equipment in laboratories,
 - training of staff,
 - transportation logistics and rapid communication of results,
 - detailed customer plan describing guarantees and commitments of the manufacturer;
2. Assist countries such that liquid culture and DST are implemented in National Reference Laboratories as first priority. Decentralization should be phased according to country needs and capacity;

3. Widely disseminate WHO recommendations for biosafety in laboratories to countries and incorporate these recommendations into WHO consultant training, so that they are reflected in country plans for liquid culture implementation.

Session 10 c/d: Revision of case definition & policy on number of smears examined

- Given current evidence and recommendations of the Stop TB Partnership Laboratory Strengthening Subgroup, partner organizations and laboratory experts, **STAG-TB endorses the following proposed revision of WHO recommended policies:**
 - The revised definition of a new sputum smear positive pulmonary TB case is based on the presence of at least one acid-fast bacillus (AFB) in at least one sputum sample in countries with a well functioning External Quality Assurance (EQA) system.
 - The reduction of the number of specimens to be examined for screening of TB cases from three to two, in places where workload is very high and human resources are limited.

Given these policy revisions, **STAG-TB recommends** that WHO should:

1. Guide and support countries in making country-specific plans of action for modifying all normative, training, and recording and reporting tools;
2. Provide technical assistance to countries to upgrade and fully expand functional external quality assurance (EQA) systems for TB laboratory services;
3. With TDR, provide guidance on study design, and sampling methodologies, in order to evaluate new diagnostic technologies;
4. Monitor and evaluate the impact of the change of policy on case detection at country level.

Session 11: Analysis of TB drivers & determinants

- STAG-TB commends work done to date on the TB Drivers and Determinants (dTb) Project and encourages continuation of the suggested analyses of TB determinants, first with a view to develop a more comprehensive framework for predictions of future TB burden trends and, second to identify potential areas of interventions not yet covered by the Stop TB Strategy.
- STAG-TB recognizes that additional likely determinants should be added to the present analysis and that a refined analysis will be required for determinants already considered. The large body of work foreseen calls for collaboration with various research partners outside WHO.
- STAG-TB asserts that intensified work on TB determinants must not compromise the required efforts to implement all components of the Stop TB Strategy. The potential importance of increasing focus on prevention should not mean less attention on curative interventions.

STAG-TB recommends WHO should:

1. Build on significant movements to address many of the important TB determinants within and outside the health sector. Efforts to reduce exposure to TB risk factors in populations should be done through contribution to such movements. The Commission on Social Determinants of Health is a global-level platform to develop suitable mechanisms for such contributions;
2. Use data from TB determinants analysis for advocacy and intervention support, and collaborate with other health movements where mutual interests exist, eg, tobacco control, chronic disease (diabetes, renal disease, silicosis) and poverty reduction;
3. Pursue strategic collaboration with relevant research partners in analysing factors associated with TB, as well as partners involved in addressing TB determinants, within and outside the health sector;
4. Help enable the inclusion of basic and epidemiological research for improved understanding of TB determinants and causal pathways in the new TB Research Movement agenda;
5. Ensure that messages concerning the need to address TB determinants go hand in hand with messages to secure full implementation of the Stop TB Strategy.

Session 12a: Innovations for primary health care & health system strengthening

- STAG-TB acknowledges that the Stop TB Strategy can strengthen health services, especially at primary health care level, for improved care and outcomes.
- It commends WHO for its ongoing work in guiding scale-up of innovations in TB service delivery within general health services, and in developing documents and tools to support active engagement of National TB Programmes (NTPs) in health system strengthening.

STAG-TB recommends that WHO:

1. Continue scaling up of proven strategies such as PPM, support scale up of PAL, and continue ongoing work on human resources development and other health system strengthening concerns;
2. Based on these experiences, further refine tools and documents, including explicit reference to evidence in deriving principles and recommended practices;
3. Gather evidence on TB control approaches leading to health system strengthening through reviews and documentation of country case studies, incorporate past lessons in guiding principles on the role of National TB Programmes in health system strengthening, and link with wider initiatives, such as expanded community health worker programs as part of human resources development;
4. Ensure that any actions taken to pursue Primary Health Care strengthening as part of WHO-wide efforts should recognize and avoid the weaknesses of some past PHC efforts that weakened TB care and control through over-zealous integration, and reinforce the importance in TB diagnosis and treatment of care free at point of service.

Session 12b: Community involvement in TB care and prevention: Towards partnerships for health

- STAG-TB notes the urgent need to engage and involve patients and the community as partners to roll out the Stop TB Strategy to reach TB care and control targets, and the value of guidance and documentation on community involvement is critical across all elements of the Strategy.

- **STAG-TB endorses the guidance document '*Community involvement in TB control and prevention: towards partnerships for health*'** and commends it as a document aimed at NTP managers to engage them with component 5 of the Stop TB Strategy.
- STAG-TB notes that in order to act on these principles and recommendations, national programmes, and especially their civil society and community partners will need dramatically increased resources.

STAG-TB recommends that WHO take the following actions to further improve the document and support its use:

1. Produce a stronger summary of main points for action for NTP managers;
2. View this guidance document as one stage in an ongoing process of developing implementation strategies, partnerships and monitoring and evaluation efforts;
3. Strengthen the research component;
4. Give greater emphasis to mechanisms for advocacy, communication and social mobilization, and draw out the links with other community involvement efforts in the HIV and other communities;
5. Consider the following in editing the document: (i) preference for the use of language of 'TB care' rather than 'TB control' ; (ii) capacity should appear above 'advocacy and communication' in areas of work developed in all models.

Session 13: Potential issues for consideration by STAG-TB in 2008

STAG-TB members and other external participants proposed the following issues for possible discussion at next year's STAG-TB Meeting (in no order of preference; listed in order of comments made). Given time limitations, not all themes could be included in the agenda for the 2008 meeting, but all will be considered in planning the meeting, and in overall planning for WHO activities, consultations, documentation and communications in 2007/2008.

1. How to support global action for TB control via lessons learnt from new model frameworks for international global health collaboration and accountability (eg International Health Regulations, Framework Convention for Tobacco Control);

2. Presentations from other partners engaged in responding to the TB emergency and how WHO is engaging or could further help their efforts;
3. Presentations from WHO regional office leadership (eg Disease Control Directors) on their roles in coordinating partner support to countries;
4. Global and regional policies on infection control, and WHO roles in supporting strengthened infection control;
5. Results of, and progress since, the 2007 European Ministerial Forum on the TB emergency;
6. WHO roles in advocacy, communications and social mobilization;
7. Role of WHO in expanding country partnerships to Stop TB;
8. Country-by-country assessment, with selected detailed presentations, on WHO's country level work with key partners, and accountability for progress;
9. Review of the evidence-base, including reporting data and monitoring, on progress on the ground, especially on TB-HIV actions;
10. How WHO is helping support community-based workers supporting TB control;
11. Guidance to country programs on how to advance collaboration with partners, especially private sector partners;
12. Guidance for key next steps for countries who have achieved DOTS scale up, 70% TB case detection and 85% treatment targets, and are pursuing the full Stop TB Strategy;
13. Review two-year progress on scaling up the Stop TB Strategy and initial results;
14. Progress on TB/HIV scale-up, infection control and the role of high-level political engagement in taking the agenda forward, particularly in Africa;
15. WHO policy guidance on rapid molecular tests for rifampicin and isoniazid sensitivity;
16. How to address smear-negative, culture-positive patients;
17. Presentations on the evidence supporting (and/or not supporting) innovations that aim to strengthen health systems and advance TB control objectives;

18. Analysis and discussion of how to effectively respond to drug supply management issues at country level with partners;
19. New strategies for improving access to care and basic services;
20. Update on the TB Research Movement, as well as how regulatory issues related to improving access to new tools are being addressed;
21. Ways to improve WHO channels for information flow, at regional and country level, especially to civil society partners;
22. More on priority-setting among items for STAG-TB review and support;
23. How response to MDR/XDR-TB, use of the Patients Charter for Tuberculosis Care and broader health and human rights work are coming together;
24. Progress in supporting laboratory strengthening.

Timing of next STAG meeting:

Tentative dates are proposed: **23-25 June 2008** at WHO Headquarters in Geneva. The WHO Secretariat will provide confirmation on dates.

- Discussants: **O Akanni, S. Egwaga**
Discussion
- 12:30 Lunch
- 13:30 **5. Response to the European TB emergency** **R. Zaleskis**

Discussant: **M. Borgdorff**
Discussion
- 14:30 **6.a. Global response to MDR/XDR-TB response** **E. Jaramillo**
b. Revision of the MDR-TB component of the Global Plan **M. Zignol**

Discussant: **C. Mitnick**
- 15:10 Coffee
- 15:30 Discussion on Session 6, and overall links with sessions 4 and 5
- 16:15 **7. Stop TB Department structure, strategy and financing update** **D. Weil**

Discussant: **P. Fujiwara**
Discussion
- 17:00 **Summary from Chair** **R. Tapia**
- 17:15 Close
- 17:30 **Reception**, WHO Cafeteria

Tuesday 12 June

- 9:00 **Review of STAG recommendations (Day 1) & discussion** **R. Tapia**
- 9:30 **8. WHO roles in the TB Research Movement** **D. Maher**

Discussants: **A. Zumla, M. Harrington**
Discussion
- 10:20 Coffee
- 10:40 **9. TDR/WHO interface in TB research and "retooling" support** **R. Ridley**

Discussion
- 11:20 **10.a. TB laboratory issues - introduction** **L. Blanc**
10.b. Consultation on liquid culture policy and implementation **V. Vincent**

Discussant: **K. Weyer**
Discussion

- 12:15 Lunch (STAG-TB Members with STB Director and Coordinators)
- 13:30 **10.c. Revision of TB case definition - update on STAG '06**
10.d. Policy on number of smears for the diagnosis of pulmonary TB
L. Blanc
- Discussion
- 14:10 **11. TB Drivers and Determinants Project** K. Lonroth
- Discussion
- 15:00 Coffee
- 15:20 **12.a. Innovations for strengthening primary health care and health systems** M. Uplekar
- 12.b. Community involvement in TB care and prevention: Towards partnerships for health** G. Gargioni
- Discussants: F. Ahmed, C. Gordon
- Discussion
- 17:00 **Summary of day** R. Tapia
- 17:15 Close

Wednesday 13 June

- 9:00 **13. Overall review of recommendations & discussion** R. Tapia
- 10:20 Coffee
- 10:40 **14. a. Proposed date for 2008 STAG-TB meeting** Vice Chair
b. Proposals for priority agenda items for 2008
- 11:30 **Final remarks** R. Tapia, M. Raviglione
- 11:45 **Close of meeting**

Strategic and Technical Advisory Group on Tuberculosis (STAG-TB)
11-13 June 2006, Executive Board Room, WHO/HQ
Geneva, Switzerland

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