"In addressing the TB epidemic, including drug-resistant TB and HIV-associated TB, the world faces a human rights and health imperative: universal access to early and effective diagnosis, treatment, and cure for TB disease is essential to save lives and prevent transmission. Guided by the vision of the UN MDG 6 TB-related targets and by the mandate of strengthening health systems within the context of comprehensive universal primary health care for all, WHO must work with countries to implement the expanded Stop TB Strategy and the Global Plan to Stop TB.

In addition to mobilizing significantly expanded human, financial, and technical resources, WHO must work with countries to overcome barriers and bottlenecks to: 1) universal access to rights-based health care and control, including high-quality diagnosis of TB with microscopy, culture, and line-probe assays for rapid diagnosis of MDR-TB as well as high-quality first- and second-line TB treatment, TB-HIV interventions and infection control; 2) increased political will, well-resourced health systems, enabled human resources, and informed, health-literate and engaged communities; and, 3) expanded and intensified research -- basic, applied, and operational research are essential to improve and increase availability of the tools required to combat TB and achieve the MDGs, Stop TB Partnership and Universal Access goals.

The World Health Organization plays a vital role in moving forward world action against TB. Its strong stewardship is needed more than ever."
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. The WHO Secretariat requires ongoing scientific, technical and strategic advice in TB care and control from its Strategic and Technical Advisory Group for Tuberculosis (STAG-TB), in order to support progress in implementation of the Stop TB Strategy through the Stop TB Partnership's Global Plan to Stop TB, 2006-2015.

The eighth meeting of STAG-TB took place at WHO Headquarters from 23-25 June, 2008. The meeting was organized by the WHO Stop TB Department (HTM/STB).

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.
Eighth meeting objectives:

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

1. WHO Global Task Force on TB Impact Measurement: Progress and Strategy - a proposed WHO Stop TB policy paper

2. The global MDR/XDR response: Implementing the recommendations of the XDR-TB Task Force

3. WHO roles in the Global Laboratory Initiative (GLI)

4. Evidence and policy on use of line-probe assays

5. WHO roles in "retooling" - the process of introducing new TB prevention, diagnostic and treatment tools in National TB programmes

6. Three I's for HIV/TB: next steps for accelerated implementation

7. Revision and implementation of the International Standards of TB Care (ISTC)

8. Process for revision of TB treatment guidelines, including use of systematic reviews of evidence

9. Next steps for analysis and action to expand early and full case detection

There are 20 Members of STAG-TB, 10 of whom were newly appointed in 2008. Two of the 20 Members were unable to attend. Dr Jeremiah Chakaya was appointed by the WHO Director-General as the Chair of STAG-TB for the period 2008-2010, based on the recommendation made by STAG-TB Members through electronic voting immediately prior to the meeting. Dr Paula Fujiwara, who came in second in the voting for nomination of the Chair, was appointed Vice-Chair.

STAG-TB Members were joined by: the Chairs of six of the Stop TB Partnership Working Groups; other partners from collaborating organizations and agencies; and 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 including the HIV Department and the Department of Essential Health Technologies, and the Special Programme on Tropical Disease Research and Training.

The meeting agenda and list of participants are attached as Annex 1 and Annex 2.
Each STAG-TB session began with an introductory presentation by WHO staff or other experts, followed by a presentation by a new STAG-TB Member as discussant. Then there was open discussion, and recommendations made by STAG-TB members. Stop TB Department and HIV Department staff served as session rapporteurs (see Annex 3). Draft written recommendations from all sessions were reviewed and revised by STAG-TB Members at the conclusion of meeting, and again via review of this report in draft form.

Following the meeting, STAG-TB conclusions and recommendations were presented by Dr Chakaya to Dr A. Asamoah-Baah, WHO Deputy Director-General. On the recommendation of the Deputy Director-General, a one-page summary on the meeting results was distributed to all WHO Assistant Directors-General, Directors, Regional Directors and Regional Communicable Disease Directors, WHO Representatives at country-level, and Regional TB Advisers.

**STAG-TB conclusions and recommendations**

At the conclusion of the meeting, STAG-TB Members summarized their overall concerns in the following statement, which also appears on the cover of this report.

"In the face of the TB epidemic, including drug-resistant TB and HIV-associated TB, the world faces a human rights and health imperative: universal access to early and effective diagnosis, treatment, and cure for TB disease is essential to save lives and prevent transmission. Guided by the vision of the UN MDG 6 TB-related targets and by the mandate of strengthening health systems within the context of comprehensive universal primary care for all, WHO must work with countries to implement the expanded Stop TB Strategy and the Global Plan to Stop TB.

In addition to mobilizing significantly expanded human, financial, and technical resources, WHO must work with countries to overcome barriers and bottlenecks to: 1) universal access to rights-based health care and control, including high-quality diagnosis of TB with microscopy, culture, and line-probe assays for rapid diagnosis of MDR-TB as well as high-quality first- and second-line TB treatment, TB-HIV interventions and infection control; 2) increased political will, well-resourced health systems, enabled human resources, and informed, health-literate and engaged communities; and, 3) expanded and intensified research -- basic, applied, and operational research are essential to improve and increase availability of the tools required to combat TB and to achieve the MDG, Stop TB Partnership, and Universal Access goals.

The World Health Organization plays a vital role in moving forward world action against TB. Its strong stewardship is needed more than ever."
**Session 1** included a welcome and overview of STAG-TB objectives by the Dr H. Nakatani, WHO Assistant Director-General for HIV, TB, Malaria and Neglected Tropical Diseases (WHO/HTM), an introduction of all STAG-TB members, review of the objectives of the meeting and the agenda, and opening remarks by the STAG-TB Chair, Dr. J. Chakaya.

**Session 2** provided an overview presentation by Dr M. Raviglione, HTM/STB Director, on the global TB epidemic, and TB control progress and challenges. A special focus was given to the challenge of improving early and full TB case detection -- one key prerequisite to more rapid decline of TB incidence. Dr Raviglione highlighted where key strategies and actions would be addressed in each of the subsequent sessions of the meeting. STAG-TB recommendations were reserved for these next sessions.

**Session 3:** WHO Global Task Force on TB Impact Measurement: Progress and Strategy

STAG-TB recognizes the importance of measuring progress towards the 2015 impact targets and of providing clear guidance about how this should be done.

STAG-TB makes the following recommendations about the design and implementation of disease prevalence surveys, which should be addressed in the finalization of the WHO Stop TB policy paper on TB impact measurement:

1. Drug susceptibility testing should be carried out for all diagnosed TB cases in those countries where appropriate treatment is available, to allow for an initial assessment of the prevalence of MDR-TB and for optimal treatment of MDR-TB cases identified in a survey.

2. Countries should consider the possibility of offering HIV testing to all of the sampled population, if there is no evidence that this will compromise the survey participation rate, if funding is available or can be mobilized and if there are HIV care services to which those diagnosed with HIV can be referred. An alternative that should be considered is HIV testing for all people suspected of having TB\(^1\). Recommendations about HIV testing should be discussed further with the WHO HIV Department and by the Task Force at its next meeting.

3. More explanation about why surveys of the prevalence of disease cannot be included in other surveys (e.g. demographic and health surveys) should be provided.

4. More explanation of the additional data (other diseases or risk factors) that it may be efficient, useful and feasible to collect in the context of a disease prevalence survey should be provided.

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\(^1\) STAG-TB strongly recommended that all diagnosed TB cases should be tested for HIV according to national policy and practice. This is already recommended in the draft of the policy paper distributed to STAG-TB.
5. Explanation should be included of the reasons why children are not part of the survey sample and the reasons why surveys do not identify extrapulmonary cases, and the explanation of alternative ways to assess the burden of extrapulmonary and childhood TB should be made more explicit.

**Session 4 - The global MDR/XDR response: Implementing the recommendations of the XDR-TB Task Force**

**STAG-TB**

- Recognizes the achievements in MDR-TB control to date.
- Acknowledges the challenges of scaling up MDR-TB management and is concerned that lack of laboratory capacity, drug availability and political will delay scale up of MDR-TB treatment programmes.

**STAG-TB recommends that WHO:**

1. Prioritize: early detection, laboratory capacity strengthening, and quality-assured treatment, with improved guidance to countries.
2. Accept the offer of the Chinese Government to host the meeting of the 27 MDR-TB high burden countries, to raise political commitment and country involvement at all levels. Countries should be assisted to develop national MDR-TB plans in preparation for, and in follow-up to, this meeting, with engagement of a wide range of stakeholders, including civil society.
3. Assure that prioritization of efforts to the 27 MDR-TB high burden countries will not result in neglecting assistance to countries with lower or unknown burden of MDR-TB.
4. Focus on involving private health providers, hospitals, prisons, civil society and communities in MDR-TB care and control towards achieving universal access for all, including for marginalized and vulnerable groups.
5. Develop indicators to monitor MDR-TB control progress in countries, and explore better surveillance techniques, such as electronic records and point of care data.
6. Develop guidance on models of MDR-TB care, giving priority to community care and centers of excellence for capacity building (as, for example, in cancer care).

7. Promote active case finding of contacts of MDR-TB cases.


9. Endorse the 2008 Cambridge Declaration: Towards Clinical Trials for Drug-Resistant Tuberculosis\(^2\).

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**Session 5 - The Global Laboratory Initiative (GLI)**

**STAG-TB:**

- Fully supports the GLI as part of an intensified approach of WHO and the Stop TB Partnership to improve TB diagnosis in all patients, including response to the urgent needs of MDR-TB prevention and care, as well as HIV-associated TB.

- Endorses WHO’s hosting of the Secretariat of the GLI and its related expanded roles in global coordination and support to local implementation of laboratory strengthening efforts.

- Encourages rapid expansion of GLI support efforts, particularly in high burden countries.

- Recognizes the challenge presented in recruiting/strengthening adequate numbers of lab staff adequately trained to conduct new tests and manage laboratories.

**STAG-TB recommends that WHO, through its work with GLI:**

1. Assist countries to plan and implement laboratory strengthening efforts, with clear and simple guidance that also ensures safety of laboratory staff.

2. Ensure close coordination with the implementation and diagnostics Working Groups of the Stop TB Partnership to align objectives, ensure a harmonized response to country needs, and prevent duplication or fragmentation.

3. Assist to create links with other disease prevention and control efforts (e.g., polio, HIV, malaria, emerging pathogens etc.), that are also building laboratory capacity in order to enable coordinated health-system strengthening and public health laboratory capacity-building efforts.

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\(^2\) [http://ghdonline.org/drtb-trials/resource/the-cambridge-declaration-towards-clinical-trials/](http://ghdonline.org/drtb-trials/resource/the-cambridge-declaration-towards-clinical-trials/). Note: WHO/STB staff participated in the Cambridge, MA, USA meeting and have signed the declaration.
4. Work with GLI partners to engage the full array of laboratory providers, such as in medical schools and in the private sector.

5. Help strengthen the laboratory-focused staffing in regional and country offices, and their collaborative role with GLI partners.

6. Ensure that GLI address all aspects of laboratory service strengthening, namely (but not exclusively) laboratory management, transport of specimens, quality assurance, recording and reporting to clinicians in a timely fashion, and development of indicators.

**Session 6: Evidence and policy on use of line-probe assays**

STAG-TB:

- Acknowledges that the laboratory remains essential for the diagnosis of MDR-TB with use of conventional culture and drug susceptibility testing (DST) to anti-TB drugs. However, lab capacity constraints mean that less than 5% of existing MDR-TB patients are being diagnosed. Delayed diagnosis results in on-going transmission, inappropriate treatment and amplified resistance.

- Agrees that molecular line-probe assays, which can rapidly detect resistance to rifampicin alone or in combination with isoniazid, are among the most advanced alternatives for the diagnosis of MDR-TB.

Therefore, STAG-TB endorses the WHO policy statement on use of line-probe assays for rapid screening of patients at risk of MDR-TB, which incorporates STAG-TB inputs\(^3\).

**Session 7 - "Retooling" for rapid application of policies supporting new tools: lessons being learnt and next steps**

STAG-TB:

- Recognizes the important role of the "retooling"\(^4\) process in implementing new/updated TB technologies and policies at country level.

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\(^3\) [http://www.who.int/entity/tb/dots/laboratory/lpa_policy.pdf](http://www.who.int/entity/tb/dots/laboratory/lpa_policy.pdf)

\(^4\) The Stop TB Partnership established a Retooling Task Force in 2006 to assist in preparing guidance for National TB Programmes and partners in the process of "retooling" - a term the Task Force has adopted to refer to the preparation for adoption, introduction and implementation of new diagnostics, drugs and vaccines in TB control.
• Acknowledges the country needs for information, guidance, technical assistance and training support to adopt, introduce and implement new/updated TB technologies.

STAG-TB recommends that WHO:

1. Actively engage and support regions and countries to accelerate uptake of appropriate TB technologies and new WHO policies/approaches, as they become available.

2. Help countries prioritize actions in the process of adopting new tools and enabling their widespread use.

3. Document and share experiences related to current roll-out of new policies and tools for TB diagnosis.

Session 8: Three I's for HIV/TB: next steps for accelerated implementation of Isoniazid preventive therapy, intensified case finding, and Infection control

STAG-TB:

• Fully supports the Three I's for HIV/TB approach, which reflects a strengthened collaborative response fostered by the WHO Stop TB and HIV Departments.

• Emphasizes the HIV community’s responsibility to address TB among people living with HIV.

• Endorses moving Three I’s discussion and advocacy to country level with strong country engagement in planning and implementation efforts, and in scientific discussions designed to address doubts regarding completeness of evidence.

• Encourages rapid expansion of the Three I’s approach, particularly in the high HIV/TB burden countries but without overlooking lower HIV prevalence settings.

• Recognizes that we are "beyond" pilot projects, and Three I’s interventions need to be implemented nationwide even while answers are needed on some key additional questions.

• Endorses the engagement with civil society and the need to develop a "treatment literacy style" approach to Three Is issues to generate demand for services.

• Recognizes that there is much to be done on the other 9 components of the HIV/TB policy package of collaborative activities, and closer TB and HIV program collaboration is essential.
STAG-TB provides the following comments and recommendations specific to each of the Three I’s.

Isoniazid Preventive Therapy (IPT)

STAG-TB endorses:
1. The use of IPT for people living with HIV, including children, after ruling out active TB.
2. The proposal from the WHO HIV Department that the HIV community needs to meet its responsibility to rapidly scale up this important public health intervention.
3. The WHO HIV Department’s efforts to improve access to co-packaged or co-formulated INH and Cotrimoxazole.

STAG-TB recommends the implementation of drug susceptibility testing (DST) surveillance as part of monitoring the impact of IPT programmes.

STAG-TB, while recognizing the need for further research to answer key questions, strongly recommends the rapid implementation of IPT for people living with HIV. Some key operational research questions that can be answered during scale up of IPT include:
2. Impact of IPT on drug resistance patterns over time, and associated implications for drug regimens.
3. Identification of operational best practices in implementing IPT alongside other key TB and HIV interventions, to ensure all are pursued with quality.

Intensified Case Finding (ICF)

STAG-TB:
- Recognizes the importance of ICF and the need to rapidly develop a new WHO-recommended TB screening tool.
- Supports the aim to address all forms of TB, and to explore use of innovative diagnostic approaches.
- Emphasizes that HIV and TB are found in family settings and contact tracing for TB and HIV should also be implemented for family members and other close contacts.
Infection Control for TB (IC)

STAG-TB:

- Acknowledges the importance of IC, and the need to pursue a human rights approach to infection control, which emphasizes positive aspects of rights (e.g., right to health services, right to safe health facilities, right to know one's HIV or TB status, etc.), and one which avoids stigmatization.

- Endorses international health regulations and principles and recommends using isolation only as an infrequent and last resort, as per WHO Guidelines and the Siracusa Principles.

- Recognizes that the scale-up and drive to universal access to TB/HIV interventions by 2010, while clearly benefiting millions of people and their families, combined with the emergence of MDR and XDR-TB, have fundamentally changed the IC context in health care, congregate and community settings.

- Recognizes that IC for TB is part of a larger infection control effort (e.g., addressing airborne, blood-borne, water-borne infections, etc.) and encourages the TB and HIV Departments to broaden collaboration on upcoming joint IC guidelines.

- Emphasizes the importance of addressing the risk of nosocomial acquisition of TB infection in health workers, including laboratory workers, as a matter of priority.

STAG-TB recommends that WHO and partners:

1. Continue to advance discussion with civil society on human rights issues related to HIV and TB: e.g. the need to pursue full access to high-quality patient-centred care for all, including marginalized and vulnerable groups; careful application of measures to prevent infection; actions to reduce stigma and ensure confidentiality.

2. Ensure that the IC guidelines development process considers the issue of health care worker safety, including HIV counselling and testing as part of occupational health programmes -- and that it leverages broader infection control efforts, often located outside TB or HIV programmes.

3. Ensure that IC efforts engage not only health workers but also engineers, planners and other stakeholders.
Session 9: Revision and implementation of the International Standards of TB Care (ISTC)

STAG-TB:

- Acknowledges the progress to date in ISTC dissemination and promotion to countries.
- Concurs with the process for the updating of the ISTC and the proposed content.
- Recognizes the importance of mobilizing health professionals' associations for engagement in TB care and control and appreciates using ISTC as a tool for the purpose.
- Endorses the efforts to establish collaborations between National TB Programmes and national professional associations for TB care and control, including the planned focus on this theme at the October 2008 annual meeting of the DOTS Expansion Working Group.
- Agrees to review the revised ISTC for endorsement through email communication so that the new ISTC can move forward before the 2009 STAG-TB meeting.

STAG-TB recommends WHO work with partners to:

1. Identify and implement dissemination strategies to promote wide use of the ISTC in countries by both public and private sectors.
2. Identify and implement ways to monitor use and effectiveness of ISTC at the country level.

Sessions 10 and 11 – Process for revision of TB treatment guidelines, and systematic reviews informing the process

STAG-TB endorses:

- the process for the revision of WHO TB treatment guidelines, including the establishment of the TB Treatment Guidelines Development Group, the high-quality systematic reviews being done, and other steps in compiling evidence to support revised recommendations.
- its Members' participation in the revision process, as part of the External Review Group.

STAG-TB expresses concern that public sector funding for research is inadequate and encourages WHO to advocate for more research funding (including randomized clinical trials of treatment for drugs-susceptible and drug-
STAG-TB recommends that WHO:

1. Emphasize, in support to countries, that National TB Programmes must aim for early detection and treatment of all TB cases in order to achieve epidemiological impact targets.

2. Continue to develop the draft framework for case detection analysis and interventions to enhance early and full case detection in countries, ensuring that it is fully aligned with the framework for improved TB surveillance developed by the Impact Measurement Task Force.

3. Stimulate research to further inform the development of the framework, as well as any required future revision of the Stop TB Strategy, including:
a. Assessment of the impact of lab strengthening, public-private mix (PPM) approaches, TB/HIV joint interventions, the Practical Approach to Lung Health (PAL), health communication strategies and community involvement on case notification and diagnostic delay;
b. Re-assessment of the "TB symptomatic" definition and indication for TB screening through analyses of the sensitivity, specificity of different constellations of symptoms, signs, and risk factors;
c. Systematic review of previous experiences of active case finding strategies in countries, e.g. in the European region;
d. Analysis of the effectiveness and cost-effectiveness of different approaches, including active case finding in different risk groups.

4. Apply and assess the suitability of the draft framework to selected priority countries.

Session 13: This was an information-only session on the coordination and support tools and actions of the TB Technical Assistance Mechanism (TBTEAM), including its recent work with Global Fund Round 8 applicants. TBTEAM has its secretariat in the WHO Stop TB Department.

See http://www.stoptb.org/wg/tbteam/

Session 14: STAG-TB Meeting 2009: Dates and proposed themes

The proposed dates for the 9th meeting of STAG-TB are Wednesday to Friday, 24-26 June 2009.

It was proposed by STAG-TB Members that an additional meeting of the STAG-TB be considered during 2009, given the large number of STAG-TB agenda items that are now requiring attention at each meeting. If funds would preclude a second in-person meeting, it was suggested that a conference call or web-based meeting format be considered, and that the agenda cover items requiring follow-up after the 8th meeting, and for which delaying a whole year might impede effective policy or technical support to countries. The WHO Secretariat will explore this and confirm by September 2008 whether an audio or web-based interim meeting would be planned for early in 2009.

STAG-TB Members offered a number of themes for consideration as agenda items for the June 2009 meeting. Some of the points below consolidate similar ideas offered by multiple STAG-TB Members. Topics are presented in the order they were first raised, and have not been prioritized. Understanding that the themes are too numerous for consideration at one meeting, the WHO Secretariat
will make clear how it has worked from this draft list in devising the final proposed agenda for 2009.

1. TB prevention, care and control in the human rights context -- working with many other interested agencies, such as UNAIDS

2. The impact of TB on health care workers; the role of National TB Programmes in helping overcome the human resources crisis, including approaches to capacity development

3. Financing trends for HIV/TB joint interventions, for TB research and development, and for increasing national-level commitments to TB control

4. Reporting on follow-up on major areas of recommendations from the 8th meeting, and presentation from WHO Regional TB Adviser(s) on the application of recommendations at regional/country level

5. Progress on implementation of rapid drug susceptibility tests and related "retooling", second-line drug susceptibility testing, lab strengthening and quality assurance

6. National TB Programme management capacity and approaches to overcoming limitations, as well as capacity of civil society partners.

7. Measures to improve overall TB drug supply system capacity at country-level

8. Improving local and international technical assistance capacity, and the impact of Global Fund processes on technical assistance

9. Progress on developing an alternative ("category two") retreatment regimen

10. Methods to reduce the burden on patients of service visits

11. Progress on surveillance systems certification and improvements

12. Follow-up at country level on the HIV/TB Global Leaders' Forum and the planned MDR-TB high-level meeting


14. Experiences in linking national government action with NGO efforts in TB prevention, care and control

15. Progress in measuring effectiveness of public-private mix models of TB care
16. How to improve earlier diagnosis of smear-negative and extrapulmonary TB?

17. What are the synergies in response to the three diseases by the Global Fund?

18. Intensified TB case finding approaches -- results of proposed analyses

Before the conclusion of the meeting by the Director of the Stop TB Department and the Assistant Director-General for HTM, an informal briefing was given on the International Health Partnership Plus (IHP+) by Dr R. Fryatt of the WHO/World Bank IHP+ Core Team. For more information on the work of IHP+, its focus countries and partners, and its Core Team at WHO and the World Bank: http://www.internationalhealthpartnership.net/
PROGRAMME

Monday 23 June

9:00  1. Meeting Introduction
      Opening of the meeting and role of STAG-TB  H. Nakatani
      Introduction of STAG-TB Members and Chair  M. Raviglione
      - STAG-TB meeting objectives  Chair
      - Approval of programme
      - Selection of Meeting Vice Chair

9:25  2. Global TB situation and WHO priorities to accelerate impact  M. Raviglione
      Discussant: Chair
      Discussion

10:10 Coffee

10:30 3. WHO Global Task Force on TB Impact Measurement:
      Progress and strategy  A. Bierrenbach
      Discussant: M. van der Werf
      Discussion

11:30 4. The global MDR/XDR response: Implementing the recommendations of the XDR-TB Task Force  E. Jaramillo
      Discussants: Wang Longde, M. Murray
      Discussion
Annex 1

13:00  Lunch

14:00  5. The Global Laboratory Initiative  K. Weyer
      Discussant: J. Chakaya
      Discussion

15:00  6. Evidence and policy on use of line-probe assays  C. Gilpin
      Discussant: F. Drobniewski

15:20  Coffee

15:40  Discussion on session 6 cont.

16:15  7. "Retooling" for rapid application of policies supporting new tools - lessons being learnt and next steps  C. Hanson
      Discussant: L. Vianzon
      Discussion

17:00  First-day summary  Chair

17:30  Close

17:45  Reception, WHO Cafeteria

Tuesday 24 June

9:00  Review of STAG-TB recommendations (Day One)  Chair/Rapporteurs

9:30  8. Three I's for HIV/TB: next steps for accelerated implementation  K. DeCock
      Discussant: W. El-Sadr
      Discussion

10:40  Coffee
11:00  **9. Revision of the International Standards for TB Care**  P. Hopewell
       Discussant: **R.V. Asokan**
       Discussion

12:15 **Lunch** (STAG-TB Members with STB Director and Coordinators)

       Discussion

14:00 **11. Systematic reviews for the revision of the TB treatment guidelines**  R. Menzies
       Discussion

15:00 **12. Next steps for analysis and action to expand early and full case detection**  L. Blanc
       Discussants: **P. Suarez, S. Al Awaidy**
       Discussion

15:30 Coffee

15:50 Discussion on session 10 continued

16:15 **13. Update on TBTEAM coordination, Global Fund Round 8 support and beyond**  P.Y. Norval
       Discussion

17:00 **Second-day summary**  Chair

17:30 Close
Wednesday 25 June

9:00  14. Overall review of STAG-TB recommendations  Chair

10:20  Coffee

10:40  Review continues

11:15  Informal briefing on the International Health Partnership+  R. Fryatt

11:30  15. a. Proposed date for 2009 STAG-TB meeting  Chair
       b. Proposals for priority agenda items for 2009

11:40  Final remarks  J. Chakaya, M. Raviglione, H. Nakatani

12:00  Close of meeting
Annex 2: Strategic and Technical Advisory Group on Tuberculosis (STAG-TB)  
Eighth Meeting  
23-25 June 2008, WHO Headquarters, Geneva, Switzerland

LIST OF PARTICIPANTS

**STAG-TB Members**

1. **Mr Faruque Ahmed**  
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7. **Dr Lakhbir Singh Chauhan (unable to attend)**  
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8. **Professor Francis Drobniewski**  
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<td>15.</td>
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<td>16.</td>
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<td>17.</td>
<td>Dr Roberto Tapia-Conyer</td>
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<td>Cerrada de Presa Escolta #44</td>
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<td>Professor Wang Longde</td>
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<td>21.</td>
<td>Dr. Kenneth Castro</td>
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<td>22.</td>
<td>Dr Jeremiah Muhwa Chakaya</td>
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<td>23.</td>
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Vice Chair: P. Fujiwara, Senior Technical Advisor, International Union Against Tuberculosis and Lung Disease (The Union)

STAG-TB meeting coordinator and overall rapporteur: D. Weil, HTM/STB

Session rapporteurs:

Session 3: A. Bierrenbach, K. Floyd, HTM/STB
Session 4: M. Zignol, E. Jaramillo, P. Nunn, HTM/STB
Session 5: K. Weyer, HTM/STB
Session 6: K. Weyer, V. Vincent, HTM/STB
Session 7: R. Bauquerez, HTM/STB
Session 8: R. Granich, HTM/HIV; H. Getahun, HTM/STB
Session 9: M. Yesudian, M. Uplekar, HTM/STB
Sessions 10/11: M. Grzemska, HTM/STB
Session 12: K. Lonnroth, M. Uplekar, L. Blanc, HTM/STB
