Report of the 18th Meeting of the
STRATEGIC AND TECHNICAL
ADVISORY GROUP
FOR TUBERCULOSIS

6-7 June 2018
New York, USA
In its work on tuberculosis (TB), the World Health Organization (WHO) aims for a world free of TB and, as part of the Sustainable Development Goals, to end the global TB epidemic by 2030. It seeks to enable universal access to TB prevention and care, guide the global response to threats, and promote innovation. The WHO Secretariat, at all its levels, requires regular scientific, technical and strategic advice from its Strategic and Technical Advisory Group for Tuberculosis (STAG-TB).

Mission and functions of STAG-TB:

The mission of the STAG-TB is to contribute to ending the TB epidemic, and eventually eliminating the disease, by providing state-of-the-art scientific and technical guidance to WHO. The STAG-TB reports to the Director-General of WHO, and members are appointed by the Director-General. The Terms of Reference for STAG-TB are provided at http://who.int/tb/advisory_bodies/stag/en/

It has the following functions:

1.1 To provide to the Director-General independent evaluation of the strategic, scientific and technical aspects of WHO's Tuberculosis work;

1.2 To review, from a scientific and technical viewpoint, progress and challenges in WHO's TB-related core functions, including:
   1.2.1 The content, scope and dimension of WHO's development of TB policies, strategies and standards in TB prevention, care and control;
   1.2.2 The content, scope and dimension of WHO's collaboration, and support of, countries’ efforts to control TB, including the provision of guidance and capacity-building on policies, strategies, standards and technical assistance;
   1.2.3 The content, scope and dimensions of WHO's TB epidemiological surveillance, monitoring, evaluation and operational research activities, their relevance to countries’ efforts to end the TB epidemic and approaches to be adopted;
1.2.4 The content, scope and dimensions of WHO's promotion and support of partnerships, and of advocacy and communications for TB prevention, care and control worldwide;

1.3 To review and make recommendations on the establishment of committees, working groups, and other means through which scientific and technical matters are addressed; and

1.4 To advise on priorities between possible areas of WHO activities related to tuberculosis prevention, care and control.

The 18th meeting of the STAG-TB took place from 6-7 June 2018 in New York, USA. The meeting was organized by the WHO Global TB Programme (GTB), which provides the Secretariat for the advisory body. At the time of the STAG-TB meeting, the United Nations General Assembly (UNGA) was in the process of preparing for its first-ever high-level-meeting (HLM) on TB, held on 26 September 2018. The WHO Secretariat for STAG-TB was supporting UN Member States, with the WHO Office to the UN, the Office of the President of the General Assembly, in overall preparations for the UN HLM, including towards negotiations of the meeting’s political declaration. STAG-TB members had an opportunity to participate in the Interactive Civil Society Hearing on 4 June 2018 at UN Headquarters, as called for by the UNGA in its preparations for the HLM. The Hearing brought together civil society representatives and other stakeholders in panel and open discussion on priorities for TB and ending the epidemic. The Hearing was organized and conducted by the President of the UNGA, with the support of WHO and the Stop TB Partnership.

Dr Ibrahim Abubakar, Director of the Institute for Global Health, University College London, was appointed by the WHO Director-General as STAG-TB Chair for the period of 2016-2018 and was requested by the Assistant Director-General, Dr Ren Minghui, to extend his term through 2019, which he accepted. He worked with the Director of the WHO Global TB Programme and the STAG-TB Secretariat in the development of the 2018 meeting agenda. See Annex 1 for the agenda of the 18th Meeting.

For 2018, there were twenty-two members of STAG-TB with attention to gender, geographical and expertise balance. Eighteen members, including the Chair, were in attendance for the meeting. See Annex 2 for the list of participants.

The STAG-TB members were joined by over 70 partners including representatives of civil society and affected communities, member states, development agencies and technical, implementation and research partners, WHO staff from Headquarters and representatives from its six Regional Offices.
This report provides a summary of the 18th meeting of STAG-TB, with a focus on the conclusions and recommendations provided by STAG-TB to WHO for the topics addressed.

Each STAG-TB meeting session began with an introductory presentation(s) by WHO staff and, in some cases, partners. Comments and suggested recommendations were provided by one or two STAG-TB members serving as session discussants, followed by comments and recommendations offered by other STAG-TB members, and additional comments by other participants.

The STAG-TB members serving as session discussants developed draft written recommendations, with the assistance of WHO rapporteurs. The recommendations were consolidated by the WHO Secretariat in this report. The consolidated report was reviewed by the STAG-TB Chair and by STAG-TB Members. The report is submitted by the Chair of the STAG-TB Chair and the Director of the WHO Global TB Programme to the Assistant-Director General, the Deputy Director-General and the Director-General of WHO.

The report is posted on the WHO website:

Eighteenth meeting objectives:

At this 18th meeting, WHO requested STAG-TB to review and advise on a number of areas of WHO global TB work. The WHO STAG-TB Secretariat and the Chair of STAG-TB developed the agenda for the 18th meeting based on priorities of the WHO in its TB work in 2018 and suggested issues proposed by the STAG-TB members at their 17th meeting, including follow-up to the first global Ministerial Conference on Ending TB and its Moscow Declaration in 2018, and planning for the United Nations High-Level Meeting on TB.

The agenda items are summarized below:

Day 1:
- Introduction and follow-up to the recommendations of the 17th STAG-TB meeting
- WHO 13th General Programme of Work (GPW13) and transformation process
- Regional and country focus on reaching the End TB targets
- TB impact measurement update
- Find.Treat. All. #ENDTB Joint Initiative and the Global Fund Strategic Initiative to Find the Missing People with TB
- Landscape of private sector engagement in TB care and prevention and draft roadmap for scaling up engagement
Day 2:
- Preparations for the UN High-Level Meeting on TB and beyond
- Draft Multisectoral Accountability Framework to accelerate progress to end TB
- Civil Society engagement for action to end TB
- Building political momentum to accelerate TB research and innovation to end TB

SESSION 1: INTRODUCTION

On behalf of the WHO Director-General, Dr Ren Minghui, Assistant Director-General, Communicable Diseases Cluster, welcomed STAG-TB members and all other participants to the meeting. He noted the location change of the 2018 STAG-TB meeting to New York given the civil society and stakeholder hearing in New York and the close linkage between themes addressed by STAG-TB and preparation of the UN High-Level meeting to be held in September 2018. Dr Ren also requested Dr Ibrahim Abubakar, STAG-TB Chair to accept a request to extend his role as Chair through 2019. Dr Abubakar accepted. Dr Ren also introduced Dr Tereza Kasaeva, the new Director of the WHO Global TB Programme (GTB), appointed in December 2017.

Dr Abubakar welcomed all members and introduced the provisional agenda for the meeting for adoption. Ms Diana Weil, Coordinator, Policy, Strategy & Innovations Unit (PSI), and STAG-TB Secretariat lead, presented the Terms of Reference of STAG-TB, meeting processes, and summarized actions taken on recommendations from the 2017 meeting. She emphasized that these actions would be addressed in each relevant session of the 2018 meeting, given numerous follow-up issues being addressed.

Dr Kasaeva provided an overview presentation on “Strategic Priorities in reaching the SDG and End TB Targets” addressing the need to accelerate action to end TB and reach the End TB Strategy milestones and targets within the context of the Sustainable Development Goals. She reflected on the past year including the Ministerial Conference, and the opportunities ahead in terms of transformational scientific innovations within and beyond TB, new WHO guidance, and multisectoral action.

WHO Regional Advisers for TB or representatives, from the six WHO regions - Dr Andre Ndongosieme (AFRO), Dr Rafael Lopez Olarte (PAHO), Dr Mohammad Akhtar (EMRO), Dr Masoud Dara (EURO), Ms Mukta Sharma (SEARO), and Dr Kalpesh Rahevar (WPRO) - presented on their efforts to support countries in pursuing the End TB Strategy and related targets, in alignment with regional plans of action and other regional strategies focused on advancing universal health coverage and health- associated SDGs, including migration and health security.
STAG-TB CONCLUSIONS AND RECOMMENDATIONS BY SESSION

SESSION 1: WHO 13th GENERAL PROGRAMME OF WORK (GPW13) AND TRANSFORMATION PROCESS: VISION AND PERSPECTIVES

Dr Ren presented on the development of the 13th General Programme of Work, with its triple billion goals and impact framework under development, as well as the process underway for transforming the structure of WHO aligned with the new GPW13.

Dr Ibrahim Abubakar was the STAG-TB Discussant for the session.

STAG-TB:

- Strongly endorses the principles and contents of the 13th General Work Programme (GWP) adopted at the 71st World Health Assembly including, in particular, the ethos of “health as a human right” and its integration with the Sustainable Development Goals (SDGs) which will enhance access to diagnosis, treatment and prevention of TB.

- Acknowledges and welcomes the three interconnected strategic priorities (universal health coverage, protection from health emergencies and better health and wellbeing) and the goal of reaching a billion people in each area, all of which supports the END TB targets. As the world strives to achieve universal health coverage, it will be essential for WHO to develop and continue to lead a strong TB response that will contribute to achieving these targets. The world cannot achieve universal health coverage without achieving End TB targets.

- Supports the multisectoral approach to working with international and national partners, state and non-state actors to achieve better financing, greater equity and measurable impact and accountability.

- Supports appropriate harmonization and prioritization of initiatives including technical support and guidelines, and the GPW13 plan to continue to strengthen WHO’s normative functions including the prompt updating of comprehensive TB guidelines based on new evidence.

- Supports the strategic shift articulated in the proposed operating model plan including impact and outcome focus; the need to foster collaboration to prevent silos; the important role of strengthened country presence and leadership; as well as providing
expertise closer to the place where impact matters; and finally the equality agenda in leadership roles.

- Recognizes that, in keeping with the principles outlined in GWP13, high quality, evidence-supported, sustained action on TB requires specific action and that WHO Headquarters, regional and country offices will need to strengthen roles in providing a diverse range of TB expertise to collaborate and coordinate across all the relevant technical areas.

**STAG-TB therefore recommends that WHO:**

1. Support and take action in the transformation to ensure that WHO can pursue the key tasks and functions required by WHO Headquarters to serve the global TB community in the effort to implement the End TB Strategy and achieve its targets, and to support the 13th Global Programme of Work (GPW13).

2. Strengthen WHO TB functions leading to coherent and integrated support for countries to ensure that: TB is a core part of universal health services, mandatory notification of TB is implemented to inform a localized response, success in finding missing TB cases including in the private sector, urban TB control and training.

3. Give consideration, while implementing the second priority of GPW13 on emergencies, to chronic “emergencies” such as TB, as acute emergencies/disasters can exacerbate the ill effects of tuberculosis and other health conditions.

4. Ensure the GPW13 includes a more comprehensive approach to working with partners in addressing poverty, considering its critical role in achieving health and well-being and universal health coverage.

**SESSION 2: TB IMPACT MEASUREMENT, 2016-2017 PROGRESS**

Dr Katherine Floyd presented an information update on the work of WHO and the WHO Impact Measurement Task Force. As an information session, there were no STAG-TB recommendations, but members welcomed the update. The issues addressed were covered in the WHO Global TB Report 2018, which was released in September 2018 in advance of the UN High-Level Meeting.
SESSION 3: Find.Treat.All #ENDTB Joint Initiative and The Global Fund Strategic Initiative to Find the Missing People with TB

Dr Tereza Kasaeva presented on the Joint Initiative and WHO roles in supporting the Global Fund Strategic Initiative, and Dr Lucica Ditiu, Executive Director of the Stop TB Partnership and Dr Eliud Wandwalo, Senior TB Adviser at The Global Fund, provided additional supportive remarks on joint efforts.

Dr Beatrice Mutayoba and Dr Christy Hanson were the STAG-TB discussants for this session.

STAG-TB:

- Welcomes the Find.Treat.All#ENDTB Joint Initiative of WHO, Stop TB Partnership, the Global Fund, along with countries and partners, to scale up the End TB response towards universal access to TB prevention and care with the aims to support countries diagnose, treat and report 40 million people with TB, including 3.5 million children and 1.5 million people with DR-TB, between 2018 and 2022.

- Acknowledges the progress made by WHO and Stop TB Partnership under the Global Fund Strategic Initiative to find missing people with TB, to help countries accelerate efforts to find and reach an additional 1.5 million people with TB who are missing out on care by 2019.

- Reiterates the principle of countries being in the drivers’ seat when involved in such initiatives.

- Acknowledges the expressions of National TB Programmes of being overwhelmed by the myriad of initiatives and the large number of technical assistance missions. The global initiatives cannot and should not replace country ownership of their programs and plans.

- Acknowledges the important progress that has been made toward the availability of evidence at the national and sub-national levels. WHO has a comparative advantage to work with Member States to mount country-specific responses that build on the emerging evidence.

- Recognizes that, globally, the under-detection and under-treatment of men with TB makes a large contribution to transmission to other vulnerable populations (including women and children), and that the under-detection and undertreatment of adolescents and children with TB make a contribution to missing cases,
STAG-TB recommends that WHO:

1. Capitalize on the Global Fund Strategic Initiative and the Find.Treat.All.#ENDTB Joint Initiative to boldly lead the consolidation of lessons learned from past initiatives and innovations, and their incorporation into evidence-based, patient-centered and holistic national strategic plans that prioritize action by taking into account local contexts and capacities. To achieve this, WHO should:

2. Continue to play a pivotal role in the coordination of stakeholders including Stop TB Partnership, the Global Fund and other partners at the global and regional levels.

3. Support NTPs in the prioritization, harmonization and coordination of technical support taking into context local needs and ensuring alignment with national priorities.

4. Update and consolidate overarching technical guidance focusing on strategy to find missing people with TB, building on the improved availability of data, and evidence on the impact of innovative approaches.

5. Further develop the guidance (known as the People-Centred Framework for TB programme planning & prioritization) for countries to:
   a. Review available evidence (epidemiological, people-centred and system-related evidence), including on major barriers to reaching all people with TB;
   b. Identify priority interventions for finding missing people with TB according to the local setting.

6. Seek the inclusion of quality metrics and improvement strategies in their guidance to countries.

7. Consider pursuing a comprehensive review of the gender dimensions of TB, that combines epidemiology with clinical considerations and critical social science and gender frameworks; and, work with countries to address specific issues for men and for women, as well as for adolescents and children, and other vulnerable groups, as an explicit priority.

SESSION 4: LANDSCAPE OF PRIVATE SECTOR ENGAGEMENT IN TB CARE AND PREVENTION AND ROADMAP FOR SCALING UP ENGAGEMENT

Dr Sunil Khaparde and Dr Unyeong Go were the STAG-TB discussants for this session.

STAG-TB:

- Acknowledges the initiative by WHO and the PPM Working Group, in developing a
Landscape Analysis of private sector engagement in TB care and prevention and a Roadmap for scaling up engagement.

- Recognizes that private sector engagement is critical in reaching the millions of missing people with TB who miss out on quality care, and that it should be prioritized in efforts to close gaps in care, including the Find.Treat.All. #EndTB Initiative and the Global Fund Catalytic funding.
- Recognizes the health systems challenges in undertaking PPM efforts and proposed that it should be addressed in the broader context of access to primary care and Universal Health Coverage.
- Commends the progress made in countries like Korea, Bangladesh and Pakistan, and the recent progress made in India, and emphasizes the need for other countries to learn from these experiences.
- Agrees with the 10 key priorities for action proposed in the roadmap and encourages review and input by relevant stakeholders in refining the document.

**STAG-TB endorses the development of the roadmap and recommends that WHO:**

1. Prioritize private sector engagement and identify focus countries for action and progress where a large proportion of people seek care in the private sector, working within the context of overall efforts to achieve universal health coverage.

2. For these countries, support countries in conducting an inclusive process for setting country-specific private sector engagement targets that are ambitious but realistic, as required. This should be informed by an analysis of existing country data and inventory studies on private sector care seeking and treatment.

3. Collate data on notifications, quality of care and treatment outcomes from private providers through the national systems that report to the Global TB report data collection system, including disaggregated data on private for-profit providers, funding flows and proportion of TB financing for PPM.

4. Advocate with countries, where the private sector is a leading provider, and partners to invest more in PPM, by including strong PPM components in their National Strategic Plans, defining policy pathways for domestic financing of PPM, and undertaking a cost-benefit analysis.
5. Ensure that an equity lens is applied in the Roadmap to ensure the poorest benefit with no catastrophic costs, and that regulatory approaches are included especially on management of anti-TB drugs.

SESSION 5A: JOINTLY TOWARDS THE UN HIGH-LEVEL MEETING AND BEYOND

Dr Farhana Amanullah and Ms Cheri Vincent were the STAG-TB discussants for this session.

STAG-TB:

• Acknowledges the joint work done by WHO and the Stop TB Partnership in the lead up to the UN high-level meeting (UNHLM), and asks that they continue to ensure all partners are included in consultations and advocacy for the highest-level TB HLM participation continues.

• Offers thanks for the actions of the co-facilitators, Japan and Antigua and Barbuda.

• Appreciates the success of the Interactive Civil Society Hearing led by the UN General Assembly President and development of the zero-draft document with key asks to help support a strong political declaration.

• Welcomes the development of the Multisectoral Accountability Framework following the commitment made in the 2017 Moscow Declaration.

STAG-TB recommends that WHO:

1. Provide data, information and support to member states, in order that the countries can formulate specific targets with time-bound reporting and ensure accountability at the highest level including reporting back to the United Nations General Assembly in 2023.

2. Assist member states in determining and achieving R&D deliverables along with financial commitments.

3. Develop a roadmap for how the deliverables will be followed up and reported back on at the highest level, in the interim, and in 2023.
SESSION 5B: DRAFT MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCCELERATE PROGRESS TO END TB: OVERVIEW AND NEXT STEPS

Dr Ibrahim Abubakar, Dr Anna Vassall, and Dr Seiya Kato were the STAG-TB discussants for this session.

STAG-TB:

- Welcomes the development of the multi-sectoral accountability framework (MAF) and the plan to discuss the MAF at the UNHLM.

- Recognizes the usefulness of providing a comprehensive framework for accountability for TB, and the development of the function of review at the national and global levels.

STAG-TB recommends that WHO:

1. Together with other multisectoral partners including civil society, further elaborate the definition and functioning of the review process such that:
   a) Review is objective and independent at both global and national levels;
   b) Appropriate support by WHO and partners is provided to the country level;
   c) Supports regional involvement in monitoring of the delivery of the accountability framework;
   d) Allows for a differentiated arrangement by country to take in all relevant partners in delivering the framework (including state and non-state actors, national and development partners) and epidemiological profile;
   e) Review processes fully encourage the participation of Heads of States and other high-level persons;
   f) Ensures the accountability of the delivery of UHLM to civil society and communities affected by TB.

2. Facilitate the quick determination of the concrete measures/actions needed to ensure MAF is effective globally, for example:
   - World Health Assembly (WHA) report-back next year should be used as an opportunity;
   - WHA 3-yearly report back on progress;
   - UNHLM reporting (e.g., 3 or 5 year cycle).

3. Together with other multisectoral partners, further develop evidence that will prepare for the implementation of the framework:
a) Compile and categorize examples of review processes to support adaptation at country level;

b) Using the financial reporting in the Global TB Report as a basis; develop a proposal to track and interpret financial commitments and flows to TB;

c) Produce succinct information materials on the Multisectoral Accountability Framework.

**SESSION 6: CIVIL SOCIETY ENGAGEMENT FOR ACTION TO END TB AS ONE OF THE KEY PRIORITIES FOR ALL**

Ms Lana Syed presented on the progress and plans moving forward for civil society engagement.

Dr Thato Mosidi and Ms Jamila Ismoilova were the STAG-TB discussants for this session.

**STAG-TB:**

- Commends WHO’s efforts on strengthening civil society and affected community engagement in TB response;

- Stresses the importance of functional mechanism to ensure knowledge and experiences at different levels are systematically shared and used to correct course and improve strategies and programmes.

**STAG-TB recommends that WHO:**

1. Consider establishing systems to track the extent of participatory civil society and community engagement to be able to assess the quality of civil society engagement and its impact.

2. Continue to link with and build on existing partner initiatives such as Stop TB Partnership, the Global Fund and HIV-related groups to establish and/or strengthen civil society networks at different levels and to ensure sustainability and yield of the Civil Society Task Force (CSTF).

3. Support the CSTF in the coordination and development of good practices and communication material as powerful tools to boost quality engagement at all levels.

4. Continue to strengthen meaningful participation of civil society in development of policies and guidelines and their implementation.
5. Continue to stress the importance of strong monitoring and evaluation at country level and document community contributions beyond current core WHO indicators.

6. Support the development of comprehensive proposals for funding of strong community and civil society engagement.

7. Address the role of academic institutions in their engagement with civil society on capacity building, evidence generation and resource mobilization.

SESSION 7: FROM MOSCOW TO NEW YORK: BUILDING ON POLITICAL MOMENTUM TO ACCELERATE TB RESEARCH AND INNOVATION TO END TB

Dr Nguyen Viet Nhung, Dr Daniel Chin, Ms Erica Lessem and Dr Bertie Squire were the STAG-TB discussants for this session.

STAG-TB:

- Welcomes the development of a "Global Strategy on TB Research and Innovation" as requested by Member States, together with relevant stakeholders aligning, to the extent possible, with national health and research strategies to enable country ownership and embedded in the context of overarching guiding principles, such as universal health coverage and supportive initiatives such as the Global Framework for Development and Stewardship to Combat Antimicrobial Resistance and other initiatives that are closely linked such as the Secretary-General’s High-Level Panel on Access to Medicines, the G20’s AMR R&D hub, etc., with a view to deliver concrete outcomes;

- Welcomes the activities undertaken by GTB to promote research at country level through the development of national TB research networks and plans, and encourages their wider adoption to assist countries in their efforts to End TB;

- Supports WHO’s initiative to support collaborative research networks to facilitate knowledge sharing, reinforce global TB research priorities, improve quality of research and facilitate collaborations;

- Strongly advocates the need to conduct research along the full spectrum and ensures that basic and translational research for development of new tools be linked with applied health research on the use and scale-up of current and new tools and highlights the need to conduct multi-disciplinary and multi-sectoral research.
STAG-TB recommends that WHO:

1. Reinforces its work with low- and medium-income high TB burden countries in identification of national TB research priorities, including the facilitation of applied health research studies for the scale up of evidence driven interventions, with a view to maximize access to and impact of existing tools, to close the existing gaps in the TB care continuum.

2. Finalizes a Global Strategy for TB Research and Innovation, within a year, in the context of its comparative advantage and building upon previous plans, roadmaps, and policy papers on R&D and TB R&D. The strategy should, deliver concrete outcomes to accelerate progress towards ending TB over the next five years. This should be done together with partners, civil society, researchers, countries, Stop TB working groups on new tools and other relevant stakeholders. It should include a plan to close the funding deficit in global research needs building on WHO’s convening power, the Global TB Research Task Force and Global TB Research Funders Forum.

3. Continues to advocate for the need to fund and conduct research along the full spectrum, including basic, translational research, product development, applied health research, and aligned to pertinent research priorities and knowledge gaps.

PLANNING OF THE 2019 STAG-TB MEETING

The WHO Secretariat announced that the 19th annual meeting of STAG-TB will be held at WHO Headquarters in Geneva Switzerland from 11-13 June 2019. Proposed agenda items for the 2019 session will be discussed with STAG-TB members in advance.

CLOSING

The meeting was closed with final remarks and appreciation to all participants offered by Dr Ren and Dr Kasaeva on behalf of the World Health Organization, and by Dr Abubakar on behalf of the Strategic and Technical Advisory Group for Tuberculosis.
# Annex 1

## Strategic and Technical Advisory Group for Tuberculosis 2018

### 18th Meeting Agenda

#### 3 West Club, 3 West 51st Street, New York, NY

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<td>I. Abubakar, Chair, STAG-TB</td>
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<td>D. Weil, Coordinator, Policy, Strategy and Innovations (PSI), GTB</td>
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<td><strong>Lunch</strong></td>
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<td><strong>SESSION 3: Find.Treat.All.#ENDTB and The Global Fund Strategic Initiative to</strong></td>
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<td>14:45 – 15:45</td>
<td><strong>SESSION 4: Landscape of private sector engagement in TB care and prevention and Roadmap for scaling up engagement</strong>&lt;br&gt;Landscape analysis&lt;br&gt;Roadmap outline and key priorities for action&lt;br&gt;Discussants&lt;br&gt;Discussion and STAG recommendations</td>
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**Day 2: 7 June 2018**

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<td>8:00 – 8:30</td>
<td><strong>Day 1 Draft recommendations</strong></td>
<td>I. Abubakar &amp; STAG-TB Discussants for Sessions 1, 3, 4</td>
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<td>8:30 – 9:30</td>
<td><strong>SESSION 5 (A): Jointly towards the UN High Level Meeting on TB and beyond</strong>&lt;br&gt;Introduction&lt;br&gt;From Moscow to New York – opportunities, challenges and perspectives&lt;br&gt;Lessons learned from other UNGA high-level meetings and resolutions on global health&lt;br&gt;Discussants&lt;br&gt;Discussion and STAG-TB Recommendations</td>
<td>Ren Minghui&lt;br&gt;T. Kasaeva&lt;br&gt;L. Ditiu, Stop TB&lt;br&gt;W. Obermeyer, WHO/UN&lt;br&gt;F. Amanullah&lt;br&gt;C. Vincent</td>
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<td>Time</td>
<td>Session Title</td>
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<td>9:30 – 10:30</td>
<td>SESSION 5 (B): Draft Multisectoral Accountability Framework to Accelerate Progress to End TB: Overview &amp; next steps</td>
<td>K. Floyd and D. Weil</td>
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<td>I. Abubakar</td>
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<td>A. Vassall</td>
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<td>S. Kato</td>
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<td>10:30 – 10:45</td>
<td>Coffee</td>
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<td>10:45 – 11:45</td>
<td>SESSION 6: Civil society engagement for action to end TB as one of the key priorities for all</td>
<td>T. Kasaeva</td>
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<td>Lana Syed, Technical Officer, TB/HIV and Community Engagement, THC/GTB</td>
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<td>Blessi Kumar, Director, GCTA</td>
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<td>J. Ismoilova</td>
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<td>11:45 – 12:45</td>
<td>SESSION 7: From Moscow to New York: building on political momentum to accelerate TB research and innovation to End TB</td>
<td>M. Zignol, Team Leader, Research for TB Elimination, RTE/GTB</td>
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<td>12:45 – 13:30</td>
<td>Lunch</td>
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<td>15:45 – 16:00</td>
<td>Conclusions &amp; planning for 2019 meeting Closing</td>
<td>I. Abubakar</td>
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<td>T. Kasaeva</td>
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<td>Ren Minghui</td>
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Annex 2

Strategic and Technical Advisory Group for Tuberculosis
(STAG-TB)

18th Meeting
3 West Club, 3 West 51st Street, New York, USA
6 to 7 June 2018

List of Participants

**STAG-TB Members 2018**

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**WHO Office at the United Nations**

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