REPORT OF THE 14th MEETING

16-18 June 2014

WHO Headquarters
Geneva, Switzerland
Report of the 14th Meeting

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

16-18 June 2014

The World Health Organization (WHO) recognizes its critical role in supporting national efforts to enable universal access to TB prevention and care, guiding the global response to threats, and promoting innovation. The WHO Secretariat requires regular scientific, technical and strategic advice from its Strategic and Technical Advisory Group for Tuberculosis (STAG-TB), to help WHO guide national implementation of the Stop TB Strategy and achievement the Millennium Development Goal 6 target of reversing TB incidence and the Stop TB 2015 targets of halving TB prevalence and mortality. It also seeks advice on WHO support for the implementation of the World Health Assembly-approved post-2015 Global TB Strategy which aims to end the global TB epidemic by 2035.

The fourteenth meeting of the WHO Strategic and Technical Advisory Group for Tuberculosis (STAG-TB) took place at WHO Headquarters on 16-18 June, 2014. The meeting was organized by the WHO Global TB Programme (HTM/GTB) which provides the Secretariat for STAG-TB.

Overall objectives of STAG-TB:

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

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

3. To review and make recommendations on committees, working groups etc.; and
4. To advise on priorities between possible areas of WHO activities.

**Fourteenth meeting objectives:**

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

1. The Post-2015 Global TB Strategy and WHO roles in supporting its adoption, adaptation and implementation, and a proposed adaptation to low-incidence countries
2. Joint TB and HIV programming and related WHO strategy
3. WHO’s role in response the global MDR-TB crisis, including burden indicators, support for diagnostics and treatment scale-up, and surveillance

Twenty one of twenty two STAG-TB members participated in the meeting. They were joined by invited technical experts, partners from technical agencies, development and financing organizations and civil society, as well as WHO staff from Headquarters, all six Regional Offices and 22 Country Offices.

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

The meeting report will be posted on the WHO website: [http://www.who.int/tb/advisory_bodies/stag_tb_report_2014.pdf](http://www.who.int/tb/advisory_bodies/stag_tb_report_2014.pdf), and circulated to WHO Senior Management and offices of the Organization, and to all meeting participants. The report’s publication will be noted on relevant TB list serves.

**SESSION 1: INTRODUCTION**

On behalf of the WHO Director-General, Dr Hiro Nakatani, Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases Cluster, welcomed STAG-TB members and all other participants in the meeting. He reported on the approval by the World Health Assembly in May 2014 of the WHO Post-2015 Global TB Strategy and targets, which had been endorsed by the WHO STAG-TB at its 13th meeting. He also noted the ongoing discussions on health priorities within the development of post-2015 sustainable development goals by the United Nations.

Dr Nakatani announced that the Director-General has approved the appointment of Dr Charles Daley as Chair of the STAG-TB for 2014-2015, and welcomed Dr Daley to preside over the meeting. He asked all STAG-TB members to introduce themselves.
Ms Diana Weil, Coordinator of the Policy, Strategy and Innovations Unit of the WHO Global TB Programme and focal point for the STAG-TB, presented the Terms of Reference of STAG-TB, its history and meeting procedures. Ms Weil also presented all participants’ declarations of interests. No interests were deemed significant to warrant any modification in participation in open sessions of the STAG-TB. For closed sessions not summarized here which involved peer review of two WHO guidance documents under development, separate declaration of interests were reviewed and recorded as part of those specific guidelines processes.

A short introductory video was shown on the status of the TB epidemic, global response and highlights of WHO’s 2013-2014 products and TB activities.

Dr Daley then introduced Dr Mario Raviglione, Director of the WHO Global TB Programme who presented an overview of actions taken on the STAG-TB recommendations of 2013, and the priorities for WHO moving towards 2015 and beyond.

**STAG-TB CONCLUSIONS AND RECOMMENDATIONS**

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

**SESSION 2: POST-2015 GLOBAL TB STRATEGY: ROLES OF WHO MOVING FORWARD**

**Guidance and support for adaptation and operationalization of the strategy**

**STAG-TB:**

- Congratulates the World Health Organization on the adoption of the post-2015 global TB strategy at the Sixty-seventh World Health Assembly;
- Welcomes the initiative to prepare guidance to countries for adaptation of the strategy and targets and implementation;
• Supports the overall outline of the operational document with focus on country-specific context and on “how” to adapt targets and indicators and implement the pillars and components, with practical illustrations from country experience;
• Notes the challenges and opportunities ahead for countries to sustain the gains made in TB care and control while expanding substantially the scope of work;
• Acknowledges WHO is facilitating adoption, adaptation and planning through its respective regional and country offices, and WHO is working with the Stop TB Partnership on the global investment plan 2016-2020.

STAG-TB recommends that WHO:

1. Consider the following in preparing the operational guidance document on adaptation and implementation of the strategy:

   a) Elaborate further on approach to adaptation of targets and indicators at country level;
   b) Define a range of approaches to garner high-level political commitment, such as through special commissions for TB, for diseases of poverty or within other existing high-level bodies;
   c) Advise on prioritization of interventions and mid-course corrections;
   d) Suggest specific ways that Governments can address TB within broader agendas such as poverty alleviation, Universal Health Coverage planning, social protection and social determinants as well as how to reflect this engagement within specific national TB strategic plans;
   e) Propose means to collaborate across the health system, including integrating TB into existing programs;
   f) Prepare national research plans as a part of implementing pillar 3, including roles where appropriate in basic science, clinical research, implementation science, modelling and impact measurement.

2. On implementation support: With the transition to the post 2015 global TB strategy in mind, continue intensive work with countries and partners on updating TB strategic plans, support the preparation of concept notes needed for Global Fund financing and other domestic and international resource mobilization for implementation;

3. On advocacy and promotion of the post-2015 global TB strategy:

   a) Consider special attention to key groups of countries such as BRICS, countries with very high burdens of TB, MDR-TB and/or of TB/HIV, as well as potential
pathfinder countries that are swiftly introducing innovations envisaged in the new strategy;

b) Explore organization of a global high-level ministerial meeting to advocate and sustain support and mobilize resources for effective implementation;

c) Promote consideration of TB as a sentinel indicator for measurement of equity in Universal Health Coverage, given its link to urbanization, poverty and vulnerability, and industrial growth;

d) In building awareness of the need for the strategy, caution the risks posed to TB care and control by unregulated procurement and sale of TB drugs in private sector;

e) Make effective use of powerful messaging with appealing “sound bites” to communicate key principles and actions proposed in the strategy.

**Strategy adaptation: draft framework towards TB elimination in low-incidence countries**

**STAG-TB:**

- Welcomes the development of the draft framework towards TB elimination in low-incidence countries, adapted from the Global TB Strategy;
- Endorses the definitions and the identified eight priority actions of the Framework towards TB elimination in low-incidence countries.

**STAG-TB recommends that WHO:**

1. Incorporate within the framework further guidance on:
   a) The interventions required to address TB in migrants and cross-border issues;
   b) Essential steps for making health, social, and regulatory systems sensitive and responsive to TB-specific needs;
   c) Actions required to address social determinants of TB.
2. Promote the framework and monitor its implementation;
3. Include in WHO’s technical support a special focus on TB in migration and cross-border collaboration;
4. Together with partners, pursue political advocacy and communications with appropriate messages highlighting:
a) Progress towards pre-elimination and elimination in low-incidence countries is an integral part of the vision of global TB elimination, alongside efforts in high and moderate-incidence settings;

b) Criteria should be weighted when assessing cost-effectiveness of TB care and prevention in process of moving towards elimination and reaching the hardest-to-reach groups;

c) Need to improve rights-enabling measures and help eliminate associated stigma for targeted risk groups;

d) Need for a multi-sectoral approach including the active engagement of all relevant government and non-governmental sectors, communities and civil society, in line with the principles and components of the post-2015 Global TB Strategy.

SESSION 3: JOINT TB AND HIV PROGRAMMING AND STRATEGY: WHAT NEXT FOR WHO

STAG-TB:

- Recognises WHO’s leadership in galvanizing the TB/HIV response and in providing evidence-based policy and guidance that has led to the encouraging uptake of key interventions particularly HIV testing of TB patients in Africa;

- Acknowledges the crucial role of national governments and funding agencies, in particular, PEPFAR and the Global Fund in supporting the scale up of collaborative TB/HIV activities;

- Notes the opportunities that lie ahead for renewed interest and intensification of efforts with the encouraging scaling up of TB and HIV response in high HIV epidemic settings, and the new post-2015 Global TB Strategy.

However, STAG-TB:

- Recognises with serious concern the continuing toll of TB morbidity and mortality for people living with HIV and the sub-optimal attention paid to nationwide scale-up of collaborative TB/HIV activities particularly TB screening, case finding and prevention among PLHIV, as well as access to ART for TB patients;

- Notes with concern the potential risk posed by the financial and political imbalance between TB and HIV stakeholders, particularly at national level in priority countries, which requires attention while promoting joint TB and HIV planning and response.
STAG-TB recommends that WHO:

1. Intensify its efforts through work on innovative TB/HIV strategies, including the formation of a WHO **task force** to revitalize and rethink WHO’s approaches, focusing on priority TB/HIV countries with the highest burden of TB and HIV and in concentrated HIV settings;

2. Focus WHO’s approaches and response on intensifying implementation efforts and designing:
   a) Appropriate integrated service delivery packages, including with primary health care, maternal and child health and community-based services with due emphasis to TB infection control;
   b) Tailored approaches for nationwide scale-up among countries with the highest burden of TB among PLHIV including impact assessment.

3. Support priority TB/HIV countries to identify specific barriers and bottlenecks across the care delivery pathway to ensure nationwide implementation of quality collaborative TB/HIV activities in countries with the highest burden TB and HIV.

**SESSION 4: RESPONSE TO THE GLOBAL MDR-TB CRISIS**

**MDR-TB burden indicators and recommended application**

**STAG-TB:**

Recognising the broad consultation process, undertaken since June 2013, and the resulting consensus recommendations:

- Endorses the proposed use of MDR-TB disease burden indicators for different purposes, audiences, and levels (country/region/global) as outlined in the Consensus Document (Background Document: *Burden of disease and indicators for MDR-TB scale-up*);

- Endorses the proposed next steps by WHO to:
  a) Finalise and publish a consensus statement supported by peer-review publication;
  b) Implement recommendations for reporting on MDR-TB burden and monitoring programmatic response starting with the 2014 Global TB Report.
STAG-TB recommends that WHO:

1. In its annual Global TB Report, publish global estimates of incidence, prevalence, mortality; However, in the Executive Summary only one measure of the burden of cases should be featured and for this purpose it is suggested that incidence rather than prevalence be used;

2. Explore the feasibility of disease burden disaggregation (e.g. by age, HIV status).

MDR-TB diagnostics, treatment scale-up and surveillance

STAG-TB acknowledges:

- The impressive roll out of Xpert MTB/RIF and, the achievements of the EXPAND-TB Project, with the resultant increase in diagnostic capacity for MDR-TB;
- The increase in the number of patients detected with Rifampicin Resistance (RR)/MDR-TB in 2013;
- That global MDR-TB treatment success remains low at around 50%, although about one third of countries reporting to WHO have achieved success rates of ≥75%;
- The improved situation in relation to accessibility to second-line drugs (SLDs), with an increase in suppliers, available SLDs accessible through the Global Drug Facility (GDF), and a significant decrease in price;
- The important innovative work done under the Drug Resistance Surveillance project on pyrazinamide and fluoroquinolones.

However, STAG-TB notes with concern:

- The low coverage of drug susceptibility testing (DST) in new and especially in previously treated patients, which lags far behind the targets laid out in the Global Plan to Stop TB 2011–15;
- The apparently further-widening gap over time between detected RR/MDR-TB cases and those enrolled on treatment, as suggested in the preliminary 2013 data;
- The continued poor treatment outcomes for MDR-TB and XDR-TB cases noted in the preliminary 2013 data, due to low effectiveness of the regimen and unacceptably high levels of loss to follow-up, or no data. The management of children with MDR-TB is further complicated by the lack of evidence-based guidance and paediatric formulations;
• Lack of DRS data from about one third of member states, particularly in central and Francophone Africa, and in lack of data in children and from the private sector.

• The extremely slow introduction of bedaquiline at country level one year after the release of the WHO interim guidance document

• The lack of practical guidance on treatment of XDR-TB, the use of Group 5 drugs (such as linezolid and clofazimine), and the introduction of new drugs (mode of administration and monitoring)

• The lack of evidence and little attention given to the management of mono and poly-drug resistant forms of TB.

STAG-TB supports:

1. WHO’s identification of alignment of diagnostic and management capacity for MDR-TB as a critical issue to be addressed;


STAG-TB recommends that WHO:

1. Document country experiences and best practices of RR/MDR−TB prevention, detection and quality of care, and disseminates the findings widely;

2. Highlight the importance and need to collaborate with the Ministries of Health and other sectors for social protection measures and nutritional support to improve adherence and improve outcomes of MDR−TB treatment, especially in marginalized groups (e.g. patients with substance abuse);

3. Intensify work on key regulatory issues (e.g. rational use of anti−TB drugs, barriers to registration of anti−TB drugs at country level, compassionate use) through action with other WHO departments and relevant country-based authorities;

4. Pursue the development of a strategy to improve the quality of care whilst accelerating service scale up and reducing overall PMDT services cost, through reforms in health financing, decentralization of services and care, pro-active engagement of the community and private health care providers, and scaling up of appropriate, effective and sustainable models of care with a focus away from hospital-based treatment;

5. Proceed with the M/XDR-TB response plan in collaboration with GDI and GLI, based on the best available information on the burden of drug-resistant TB, drivers and
pathways to drug-resistant TB, evidence-based recommendations and strategic plans for TB being elaborated by countries, including preventive measures (e.g. infection control), palliative and end-of-life care;

6. Ensure that evidence from research on new diagnostics, new treatment and preventive measures is rapidly translated into new actionable policy in programmatic management of drug-resistant TB (PMDT); and, include in the scope of future policy guidance for PMDT, the management of forms of resistance other than RR/M-/XDR-TB (e.g. mono-resistance and poly-drug resistance), and practical guidance for the introduction of new and repurposed drugs;

7. Review guidance on the methodology of drug-resistance surveillance (DRS), including the introduction of new molecular technologies and methods to monitor time trends; and, encourage DRS to be conducted in countries, especially in central and Francophone Africa, which currently lack data, and that children and the private sector be included in all future DRS work.

SESSION 5: UPDATE ON TB IMPACT MEASUREMENT PROGRESS
This was an annual update provided to STAG-TB by Dr Katherine Floyd, Coordinator of the TB Monitoring & Evaluation Unit of the WHO Global TB Programme.

SESSION 6: PROGRESS REPORT ON GUIDANCE ON MANAGEMENT OF LATENT TB INFECTION
SESSION 7: PROGRESS REPORT ON GUIDANCE ON USE OF DELAMANID IN TREATMENT OF MDR-TB

In these two closed sessions (for STAG-TB members and WHO Secretariat), STAG-TB members confidentially advised WHO on two guidance documents in process of development, as part of the guidance peer review process and prior to finalization for WHO Guidelines Review Committee review.

CLOSING SESSION: PLANNING OF 2015 MEETING

The WHO Secretariat has proposed the following dates for the 15th annual STAG-TB meeting: 15-16 June 2015 at WHO Headquarters in Geneva.
STAG-TB members proposed the following topics for consideration in formulating the agenda for the 2015 STAG-TB meeting. Topics are noted in order of mention by STAG-TB members – no prioritization was done at the meeting. Some topics were identified by multiple members and consolidated.

1. Prevalence survey analysis & lessons learnt
2. TB delivery systems and TB transmission analysis
3. Progress on adaptation and preparation for operationalization of the post-2015 TB strategy
4. Progress on Childhood TB Roadmap; TB services linked with adolescent health/maternal and child health efforts; paediatric reference standard development
5. Progress on early TB detection in broadest form, including operationalization of the recent TB screening guidance; links to HIV diagnosis and MDR-TB; and progress on finding the missed 3 million new cases per year
6. Operationalization of the 3rd pillar on research of the new strategy
7. Update on clinical interpretation of mutations for therapy guidance based mainly but not only on data from molecular surveillance
8. Implementation of guidance on treatment of latent infection, including for children, and of latent infection with MDR-TB strains
9. Roll-out of new drugs and related implementation support status; new drugs quality control; status on new drug/drug regimen trials and planning for policy review
10. Update on private sector and community involvement in case-finding and treatment
11. Monitoring of TB/HIV activities; progress on WHO TB/HIV strategy
12. TB among healthcare workers
13. Lessons learnt in application of guidance and use of Xpert
14. Changing model of care for MDR-TB, including focus on shifting from hospitalization to ambulatory care, and pilot project experience, and improving linkages with social services (e.g. alcohol abuse services)
15. Models for TB-related social protection

16. Update on MDR-TB response plan, and on management of XDR and polyresistant TB

17. Progress on management of NTPs and addressing related challenges

18. Investigation of MDR-TB programmes that have been successful and modelling on what has the biggest impact; ethical review of management of patients with no treatment

19. Progress on implementation of the International Standards of TB Care (ISTC) and national adaptation

20. Guidance for the global and national estimation for the three 2035 TB targets, related indicators and monitoring and evaluation strategy and planning

The meeting was closed with final remarks and appreciation to all participants offered by Drs Nakatani and Raviglione on behalf of the WHO Secretariat, and by Dr Chuck Daley, on behalf of the Strategic and Technical Advisory Group for Tuberculosis.
## PROVISIONAL AGENDA

### MONDAY, 16 JUNE 2014

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<tr>
<th>Time</th>
<th>Session</th>
<th>Remarks</th>
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<tr>
<td>09:00 – 10:00</td>
<td><strong>1. OPENING</strong>&lt;br&gt;• Welcome&lt;br&gt;• Introduction: Aims of STAG-TB, introduction of Chair and participants, meeting agenda and declaration of interests&lt;br&gt;• Opening Video&lt;br&gt;• WHO Actions 2013-2014: Getting ready for the post-2015 era</td>
<td>Dr H. Nakatani, ADG/HTM&lt;br&gt;Ms. D. Weil&lt;br&gt;Dr M. Raviglione</td>
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<td>10:00 – 10:30</td>
<td><strong>2. POST-2015 GLOBAL TB STRATEGY</strong>&lt;br&gt;2. Post-2015 Global TB Strategy: Roles of WHO moving forward:&lt;br&gt;a. Guidance on adaptation &amp; operationalization of strategy&lt;br&gt;b. Examples of next steps by regions</td>
<td>Dr M. Uplekar&lt;br&gt;Dr N. Nishikiori&lt;br&gt;Dr M. del Granado</td>
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<td>10:30 – 10:55</td>
<td><strong>Coffee</strong></td>
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<td>10:55 – 11:50</td>
<td><strong>Discussant</strong>&lt;br&gt;Discussion and STAG recommendations</td>
<td>Dr A. Prakash</td>
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<td>11:50 – 13:00</td>
<td><strong>2.c Strategy adaptation: Draft framework towards TB elimination in low-incidence countries</strong>&lt;br&gt;Discussant&lt;br&gt;Discussion</td>
<td>Dr K. Lonnroth&lt;br&gt;Dr A. Bloom</td>
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<tr>
<td>13:00 – 14:30</td>
<td><strong>Lunch</strong></td>
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<td>14:30 – 16:00</td>
<td><strong>3. JOINT TB AND HIV PROGRAMMING AND STRATEGY</strong>&lt;br&gt;Joint TB and HIV programming and strategy: what next for WHO</td>
<td>Dr H. Getahun &amp; Dr M. Doherty</td>
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**Discussion and STAG-TB recommendations**

**Discussants:**
- Amb. E. Goosby,
- Dr J. Sitinei

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<td>16:00 – 16:30</td>
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**4. RESPONSE TO THE GLOBAL MDR-TB CRISIS**

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<tr>
<td>16:30 – 17:45</td>
<td>4.a MDR-TB burden indicators and recommended application</td>
<td>Dr. B. Sismanidis</td>
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<td>Discussant</td>
<td>Dr. F. Cobelens</td>
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<td>Discussion, &amp; STAG recommendations</td>
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<td>(4.b begins on 17 June)</td>
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<tr>
<td>17:45 – 19:00</td>
<td><strong>RECEPTION - Japanese Garden</strong></td>
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**TUESDAY, 17 JUNE 2014**

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<th>Time</th>
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<tr>
<td>9:00 – 9:15</td>
<td><strong>Summary of Day 1</strong></td>
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<td>9:15 – 10:30</td>
<td>4.b MDR-TB diagnostics, treatment scale-up and surveillance</td>
<td>Dr K. Weyer, Dr M. Zignol, Dr C. Daley</td>
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<td>Discussion</td>
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<td>11:00 – 11:50</td>
<td>4.b Discussion and STAG recommendations (cont.)</td>
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<td>11:50 – 12:45</td>
<td>5. UPDATE ON TB IMPACT MEASUREMENT PROGRESS</td>
<td>Dr K. Floyd</td>
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<td>12:45 – 14:00</td>
<td>Lunch</td>
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<td>14:00 – 15:45</td>
<td>6. <strong>Closed session for STAG-TB Members:</strong> PROGRESS REPORT ON GUIDANCE ON MANAGEMENT OF LATENT TB INFECTION</td>
<td>Dr H. Getahun, Dr D. Cirillo</td>
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<td>Overview</td>
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<td>Discussant</td>
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<td>Discussion and STAG recommendations</td>
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<td>15:45 – 16:15</td>
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7. **Closed session for STAG-TB Members:**
PROGRESS REPORT ON GUIDANCE ON USE OF DELAMANID IN TREATMENT OF MDR-TB

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<th>Time</th>
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| 16:15 – 17:45 | Overview  
Discussant  
Discussion and STAG recommendations                                              | Dr C. Lienhardt  
Dr E. Corbett (tbc) |

**WEDNESDAY, 18 JUNE 2014**

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<th>Time</th>
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<tr>
<td>9:00 – 10:30</td>
<td>STAG-TB recommendations review &amp; finalization</td>
<td>Dr C. Daley, Chair</td>
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<td>10:30 -11:00</td>
<td>Coffee</td>
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<td>11:00 – 11:30</td>
<td>STAG-TB recommendations review &amp; finalization (cont.)</td>
<td>Dr C. Daley</td>
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<td>11:30 – 11:45</td>
<td>Planning for 15th STAG-TB Meeting, 2015</td>
<td>D. Weil</td>
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<tr>
<td>11:45 – 12:00</td>
<td>CLOSING REMARKS</td>
<td>Dr C. Daley, Dr H. Nakatani &amp; Dr M. Raviglione</td>
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ANNEX 2: LIST OF PARTICIPANTS

**STAG-TB Members 2014**

**Dr Draurio Barreira**
Head
National TB Control Program
Ministry of Health
Brasilia-DF
Brazil

**Dr Amy Bloom**
Senior Technical Advisor
US Agency for International Development (USAID)
Washington, D.C.
USA

**Prof. Gavin Churchyard**
Chief Executive Officer
The Aurum Institute NPC
Parktown, Johannesburg
South Africa

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

**Prof. Frank Cobelens**
Professor
Amsterdam Institute for Global Health and Development (AIGHD)
Amsterdam
The Netherlands

**Prof. Elizabeth Corbett**
Profession Tropical Epidemiology
London School of Hygiene & Tropical Medicine and Malawi Liverpool Wellcome Trust Clinical Research Programme
Blantyre
Malawi

**Dr Charles L. Daley**
Chief
Division of Mycobacterial and Respiratory Infections
National Jewish Health
Denver, CO
USA

**Dr Michel Gasana**
Director
National TB Programme
Ministry of Health
Kigali
Rwanda

**Prof. Stephen Graham**
Professor of International Child Health
University of Melbourne
Department of Paediatrics
Royal Childrens Hospital
Parkville, Melbourne
Australia

**Dr Akramul Islam**
Associate Director
Health Nutrition & Population Program
Bangladesh Rural Advancement Committee (BRAC) Centre
Dhaka
Bangladesh
Dr Michael Kimerling
Senior Program Officer, Tuberculosis
Global Health Program
Bill & Melinda Gates Foundation
Seattle, WA
USA

Dr Wang Lixia
Director
National Center for TB Control and Prevention
Centre for Disease Control & Prevention
Beijing
People’s Republic of China

Dr Ziad A Memish – unable to attend
Office of the Deputy Minister for Preventive Medicine
Ministry of Health
Riyadh
Saudi Arabia

Dr A. Prakash
Joint Secretary
Disease Control
Ministry of Health and Family Welfare
New Delhi
India

Dr Ejaz Qadeer
Manager
National TB Control Programme
Federal Ministry of Health
Islamabad
Pakistan

Dr Joseph Sitienei
National TB Programme Manager
Division of Leprosy Tuberculosis and Lung Disease
Ministry of Health
Nairobi
Kenya

Dr Alena Skrahina
Scientific Director
Republican Research and Practical Centre for Pulmonology and Tuberculosis
Minsk
Belarus

Dr Soumya Swaminathan
Director
National Institute for Research in Tuberculosis
Indian Council for Medical Research
Chennai
India

Dr Maarten van Cleeoff
Program Director
TB Care I
KNCV Tuberculosis Foundation
The Hague
The Netherlands

Dr Francis Varaine
Coordinator of MSF Working Group on Tuberculosis
Médecins Sans Frontières
Paris
France

Professor Irina Vasilyeva
Chief TB specialist of the Ministry of Health of Russian Federation
Head of the TB Department, Central TB Research Institute of the Russian Academy of Medical Sciences (CTRI RAMS)
Moscow
Russian Federation

Dr Dalene von Delft
TB PROOF
Somerset West
Capetown
South Africa
**Other Participants**

**Dr Sevim Ahmedov**  
Senior TB Technical Advisor  
Bureau of Global Health  
USAID  
Washington DC  
USA

**Dr Catharina Boehme**  
Chief Executive Officer  
Foundation for Innovative New Diagnostics (FIND)  
Geneva  
Switzerland

**Dr Jaap Broekmans**  
*Chair, WHO Global Task Force on TB Impact Measurement*  
The Hague  
The Netherlands

**Dr Jaime F. Calderon Jr.**  
Regional Migration Health Adviser for Asia and the Pacific  
International Organization for Migration (IOM)  
Bangkok  
Thailand

**Dr José Luis Castro**  
Executive Director  
International Union Against Tuberculosis and Lung Disease (The Union)  
Paris  
France

**Dr Chakaya J. Muhwa**  
Chief Research Officer  
Centre for Respiratory Diseases Research  
Kenya Medical Research Institute  
Nairobi  
Kenya

**Dr Jennifer Cohn**  
Medical Coordinator  
Treatment Access Campaign Médecins Sans Frontières  
Geneva  
Switzerland

**Ms Colleen Daniels**  
Director, TB/HIV Treatment Action Group  
New York, NY  
USA

**Ms Fran Du Melle**  
Sr. Director  
International Activities  
American Thoracic Society  
Washington, DC  
USA

**Ms Fran Du Melle**  
Director  
Department of HIV and Senior Advisor  
International Union Against Tuberculosis and Lung Disease (The Union)  
San Francisco, CA  
USA

**Ms Janet Ginnard**  
Technical Market Dynamics Officer  
UNITAID  
Geneva  
Switzerland

**Ambassador Eric Goosby**  
*Chair, TB/HIV Working Group*  
Professor of Medicine and Director Center for Implementation Sciences  
Global Health Sciences  
University of California  
San Francisco, CA  
USA
Dr Philip Hopewell  
Professor of Medicine  
Div. of Pulmonary and Critical Care  
University of California  
San Francisco General Hospital  
San Francisco  
USA

Dr Shayla Islam  
Senior Program Specialist, TB  
Health Nutrition & Population Program  
Bangladesh Rural Advancement Committee (BRAC) Centre  
Dhaka  
Bangladesh

Dr Michael Johnson  
Head  
Technical Advice and Partnerships Department  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Geneva  
Switzerland

Dr S.S. Lal  
TB Technical Director  
PATH  
Washington, DC  
USA

Dr Evan Lee  
Vice President  
Global Health Programs & Access  
Eli Lilly  
Geneva  
Switzerland

Ms Maria Paola Lia  
Program Manager  
Global Health Programs & Access  
Eli Lilly  
Geneva  
Switzerland

Dr Ethel Leonor Noia Maciel  
Associate Professor of Epidemiology  
Laboratório de Epidemiologia  
Universidade Federal do Espírito Santo  
Vitória  
Brazil

Dr Susan Maloney  
Global TB Coordinator  
Center for Global Health Centers for Disease Control and Prevention  
Atlanta, GA  
USA

Lisa Leenhouts-Martin  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Geneva  
Switzerland

Dr Refiloe Matji  
TBCARE II Director  
University Research Corporation  
Pretoria  
South Africa

Dr Eugene McCray  
Chief, International Research & Programs Branch  
Division of TB Elimination Centers for Disease Control and Prevention  
Atlanta, GA  
USA

Dr Giovanni Migliori  
Director  
WHO Collaborating Centre for Tuberculosis and Lung Diseases  
Fondazione Salvatore Maugeri  
Tradate  
Italy
Dr Maria Nenette Motus  
Senior Migration Health Policy Adviser  
International Organization for Migration (IOM)  
Geneva  
Switzerland

Dr Ya Diul Mukadi  
Senior Technical Adviser  
Global Health Bureau  
US Agency for International Development  
Washington, DC  
USA

Dr Yamuna Mundade  
Technical Operations Officer (TB)  
UNITAID  
Geneva  
Switzerland

Dr Kosuke Okada  
Director  
International Programmes  
Japan Anti-Tuberculosis Association (JATA)  
Tokyo  
Japan

Dr Regina B. Osih  
TB/HIV Advisor  
Clinical Support Team  
Clinton Health Access Initiative  
South Africa

Dr Narendra Saini  
Honorary Secretary General  
Indian Medical Association (IMA)  
New Delhi  
India

Ms Anna Scardigli  
TB Advisor  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Geneva  
Switzerland

Dr Tom Shinnick  
Chair, Global Laboratory Initiative  
Global Laboratory Activities  
Division of TB Elimination  
Centers for Disease Control and Prevention  
Atlanta, GA  
USA

Dr Mariam Sianozova  
Regional Director for Europe/Eurasia  
Project HOPE  
The People-to-People Health Foundation Inc.  
Yerevan  
Armenia

Ms Kari Stoever  
Vice President  
External Affairs  
Aeras  
Bethesda, MD  
USA

Dr Marieke van der Werf  
Senior Expert, Head  
Tuberculosis Programme  
European Centre for Disease Prevention and Control (ECDC)  
Stockholm  
Sweden

Dr Catharina Lambregts-van Weezenbeek  
Executive Director  
KNCV Tuberculosis Foundation  
The Hague  
Netherlands

Ms Cheri Vincent  
Chief, Infectious Diseases Division  
Bureau of Global Health  
US Agency for International Development (USAID)  
Washington DC  
USA
Dr Wanda Walton
Chief
Communications, Education and Behavioural Studies Branch - Division of Tuberculosis Elimination Centers for Disease Control and Prevention (CDC)
Atlanta, GA
USA

Dr Eliud Wandwalo
Senior Advisor Tuberculosis
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Geneva
Switzerland

Dr Christine Whalen
Senior Advisor Infectious Diseases
Project Hope
Millwood, VA
USA

Ms Gini Williams
TB Project Director
International Council of Nurses (ICN)
Geneva
Switzerland

Dr Mohammed Yassin
Technical Advisor, Tuberculosis
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Geneva
Switzerland

Ms Lyudmila Yurastova
Central TB Research Institute
Russian Academy of Medical Sciences
Moscow
Russia

WHO Headquarters

HIV/AIDS, TB and Neglected Tropical Diseases (HTM)
Dr Hiroki Nakatani, Assistant Director-General

Global TB Programme (GTB)
Dr Mario Raviglione, Director

Policy, Strategy and Innovations (GTB/PSI)
Ms Diana Weil, Coordinator
Ms Monica Dias
Dr Christian Lienhardt
Dr Knut Lonnroth
Dr Mukund Uplekar

TB/HIV and Community Engagement (GTB/THC)
Dr Haileyesus Getahun, Coordinator
Ms Annabel Baddeley
Dr Avinash Kanchar
Dr Alberto Matteelli
Ms Nathalie Likhite
Ms Georgia Sulis

Laboratories Diagnostics and Drug Resistance (GTB/LDR)
Dr Karin Weyer, Coordinator
Dr V. Bhatia
Dr Dennis Falzon
Dr Christopher Gilpin
Ms D. Pohancanikova
Mr Jean Iragena
Dr Ernesto Jaramillo
Dr Linh Nhat Nguyen
Dr Fuad Mirzayev
Mr Wayne Van Gemert
Dr Fraser Wares

Technical Support Coordination (GTB/TSC)
Dr Malgorzata Grzemska, Coordinator
Ms Annemieke Brands
Mrs Andrea Braza
Dr Giuliano Gargioni
Dr Christian Günneberg
Ms Karina Halle
Mrs Soleil Labelle

TB Monitoring and Evaluation (GTB/TME)
Dr Katherine Floyd, Coordinator
Ms Ines Garcia Baena
Dr Anna Dean
Dr Philippe Glaziou
Dr Ikushi Onozaki
Dr Charalampos Sismanidis
Mr Hazim Timimi
Dr Matteo Zignol

Programme Management Unit (GTB/PMU)
Dr Wieslaw Jakubowiak, Programme Manager
Ms Melina Abrahan

Stop TB Partnership Secretariat (GTB/TBP)
Dr Lucica Ditiu, Executive Secretary
Mr Jon Liden
Mr Pankaj Bhawnani
Mr Jacob Creswell
Dr Joel Keravec
Dr Kaspars Lunte
Dr Suvanand Sahu

HIV/AIDS Department (HIV)
Dr Gottfried Hirnschall, Director
Meg Doherty, Coordinator

WHO Regional & Country Offices

AFRO
Dr Daniel Kibuga, TB Programme Manager
Dr Ayodele Awe, NPT/TB, WHO CO Nigeria

Dr Joel Kangangi, NPO/TB, WHO CO Kenya
Dr Abera Bekele Leta, NPO/TB, WHO CO Ethiopia
Dr Andre Ndongosiem, MO/TB, WHO CO Burkina Faso
Dr Wilfred Nkholu, MO/TB, WHO CO Zimbabwe
Richard Ngimbi Mbumba, Expert TB, WHO CO Democratic Republic of Congo
Mr Ishmael Nyasulu, NPO-TUB/HIV, WHO CO Malawi
Dr Richard Rehan, NPO/TB, WHO South Sudan
Dr Kefas Samson, MO/TB, WHO CO Zimbabwe
Dr Babatunde Sanni, NPO-TUB, WHO CO South Africa
Dr Henriette Wembanyama, WHO CO Gabon
Dr Mwendaweli Maboshe, WHO CO Zambia

AMRO
Dr Mirtha del Granado, TB Regional Adviser

EMRO
Dr Mohamed Abdel Aziz, TB Regional Adviser
Dr Ghulam Nabi Kazi, NPO/TB, WHO CO Pakistan
Dr Ireneaus Sindani, MO/TB, WHO CO Somalia
Dr Ayyed Al-Dulaimi, MO/TB, WHO CO Sudan
Dr Mohammad Reza Aloudal, NPO, WHO CO Afghanistan

EURO
Dr Masoud Dara, TB and M/XDR-TB Programme Manager
Dr Martin van den Boom, TBTEAM Focal Point, EURO
Dr Colleen Acosta,  
Epidemiologist, TB &  
M/XDR-TB, EURO  
Dr Andrej Skavuckij, MO/TB,  
WHO CO Ukraine  
Dr Ogtay Gozalov, MO/TB,  
WHO CO Ukraine  

SEARO  
Dr Muhammad Akhtar, MO/TB,  
WHO CO Indonesia  

WPRO  
Dr Nobuyuki Nishikiori, Team  
Leader, STB and Leprosy  
Elimination  
Dr Tauhid Islam, WPRO  
Mr Tom Hiatt, WPRO  
Dr Woojin Lew, WHO CO  
Philippines  
Dr Ridha Jebeinani, WHO CO  
Solomon Islands  
Dr Fabio Scano, WHO CO China  
Dr Sun Yanni, WHO CO China