STRAIGHTIC AND TECHNICAL ADVISORY GROUP FOR TUBERCULOSIS (STAG-TB)

REPORT OF THE 13th MEETING

11-12 June 2013

WHO Headquarters
Geneva, Switzerland
Report of the 13th Meeting

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

11-12 June 2013

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 the development of post-2015 TB goals, strategy and targets towards a world free of TB.

The thirteenth meeting of the WHO Strategic and Technical Advisory Group for Tuberculosis (STAG-TB) took place at WHO Headquarters on 11-12 June, 2013. 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.
Thirteenth 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. Xpert MTB/RIF roll-out and updated policy guidance preparation
2. Rational introduction of new drugs – progress in guidance, and in planning support for implementation of new guidance on the use of Bedaquiline in the treatment of Multidrug-resistant TB (MDR-TB)
3. Revision of the International Standards of TB Care (ISTC) and further promotion of use
4. Steps in support of scale up of MDR-TB response
5. Plans for scoping for guidance on treatment of latent TB infection
6. Development of proposed post-2015 TB Strategy and targets
7. WHO actions at all levels in responding to issues related to TB and migration

19 of 22 STAG-TB members participated in the meeting. They were joined by the Chair of the WHO Task Force on Impact Measurement and Chairs of some of the Stop TB Partnership’s Working Groups, invited technical experts, technical and development agency and civil society partners, as well as WHO staff from Headquarters, all six Regional Offices and 38 Country Offices.

The meeting report will be posted on the WHO website: http://www.who.int/tb/advisory_bodies/stag_tb_report_2012.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 listserves and in the WHO/GTB newsletter.

SESSION 1: INTRODUCTION

On behalf of the WHO Director-General, Dr H. Nakatani, Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases Cluster, welcomed all participants and provided a summary of key discussions at the World Health Assembly in May 2013, including on health in the post-2015 development agenda, and the WHO financing dialogue which has just begun.

In addition, Dr Nakatani announced the change of name, effective June 11 2013, of the WHO Stop TB Department to the WHO Global TB Programme (GTB).

Dr Nakatani introduced Dr Jeremiah Chakaya, STAG-TB member and STAG-TB Chair for the sixth year. Dr Chakaya led the introduction of all participants.
D. Weil, Coordinator for Policy, Strategy and Innovations in GTB and focal point for STAG-TB, presented the Terms of Reference of STAG-TB, its history and meeting procedures. The agenda for the meeting was accepted by the STAG-TB members. The agenda is attached as Annex 1. Annex 2 provides the list of participants. Ms Weil also presented all participants’ declarations of interests. No interests were deemed significant to warrant modification in participation.

A short introductory video was shown on the status of the TB epidemic, global response and some highlights of WHO’s 2012-2013 actions in TB prevention, care and control. Dr Chakaya then introduced the first substantive session of the meeting.

**SESSION 2: WHO ACTIONS AND PUSH TO 2015 AND BEYOND**

Dr M. Raviglione, Director of the Global TB Programme provided an overview of WHO core functions in tuberculosis and the main objectives and planned deliverables from the Global TB Programme during 2012-2013. He also summarized the actions taken by WHO as a whole in follow-up to STAG-TB 2012 recommendations, with many of the 2013 sessions addressing follow-up in depth. He then highlighted some of the major challenges ahead to achieve 2015 TB targets and how WHO’s actions can contribute, including cross-team product – the development of a proposed post-2015 TB strategy and targets as requested by the World Health Assembly (WHA) and due to be presented to the WHA in 2014 (see Session 8).

Seven sessions followed on substantive areas where WHO sought STAG-TB advice and guidance. A last session provided an update on WHO’s work on TB impact measurement.

**STAG-TB CONCLUSIONS AND RECOMMENDATIONS**

Each of the seven STAG-TB sessions began with an introductory presentation by WHO staff or other experts, followed by comments from STAG-TB members serving as discussants. Then there was open discussion for each session. Overall conclusions were drawn and recommendations to WHO were made. STAG-TB members serving as discussants were supported by WHO staff in serving as session rapporteurs. Draft written recommendations from all sessions were reviewed and revised by STAG-TB members at before the conclusion of the meeting.
SESSION 3: XPERT MTB/RIF ROLL-OUT AND UPDATED POLICY GUIDANCE

STAG-TB:

• Agrees with the recommendations of the Expert Group on the use of Xpert MTB/RIF for the diagnosis of TB and rifampicin resistance in pulmonary and extra-pulmonary TB in adults and children;

• Acknowledges the significant and multi-faceted contributions of WHO in facilitation of the global roll-out of Xpert MTB/RIF;

• Recognizes the inherent risks in reliance on a single-source manufacturer and the urgent need for alternative technologies and competition;

• Recognizes the risks in the growing gaps between rapid diagnosis (especially of rifampicin-resistant patients) and rapid access to appropriate treatment.

STAG-TB recommends that WHO:

1. Proceed with development and dissemination of updated policy guidance on use of Xpert MTB/RIF for the diagnosis of TB and rifampicin resistance in pulmonary and extra-pulmonary TB in adults and children;

2. Update accompanying practical “how-to” documentation to address specific technical and programmatic issues around the revised policy in varying country settings, including types and processing of extrapulmonary specimens, testing of children, interpretation of rifampicin resistance results, contact investigation, pre- and post-test patient counselling, algorithms for Xpert-negative individuals presumed to have TB, and the need to retain conventional methods for patient monitoring and additional drug susceptibility testing;

3. Actively engage implementers of Xpert MTB/RIF and technical partners in varying epidemiological, resource and health care settings, together with donors, in the development and collection of standardized indicators to assess impact, cost-effectiveness, and resource implications including affordability;

4. Provide guidance to countries and facilitate technical assistance, training and operational research in adopting Xpert MTB/RIF into diagnostic and clinical algorithms based on country-specific epidemiology, resources and existing technologies, within comprehensive nationwide laboratory strategic plans;

5. Continue coordination among implementers and partners, to ensure sustainability of Xpert MTB/RIF roll-out and provide unified robust forecasting to the manufacturer;
6. Promote alignment of diagnostic and treatment capacity, including by monitoring country-specific capacity to timely treat patients, especially those diagnosed with rifampicin resistance;

7. Continue to promote research and innovation for development and introduction of alternative technologies, which can also help mitigate the risks of dependence on one single manufacturer of a given technology;

8. Promote expanded access to Xpert MTB/RIF in settings outside of traditional TB services, including HIV care services, family health centres, and the private sector.

SESSION 4: REVISION OF THE INTERNATIONAL STANDARDS OF TB CARE (ISTC): PROGRESS REPORT

STAG-TB:

- Recognizes the importance of the International Standards for Tuberculosis Care (ISTC) as an important and useful tool to help clinical TB management and especially to engage private sector care providers;
- Acknowledges the process undertaken and planned for the preparation of the third edition of the ISTC;
- Notes the WHO Guidelines Review Committee’s approval of the planned third revision of the ISTC enabling its endorsement and use by WHO;
- Notes the limited documentation available on the use of ISTC for private sector engagement or its impact.

STAG-TB recommends that WHO:

1. Support and complete the process of the revision of ISTC;

2. In collaboration with partners, promote ISTC to public sector care providers and continue targeting professional associations for dissemination and monitoring use of ISTC in the private sector; explore innovative ways such as mobile applications or using ISTC in developing accreditation schemes, for example;

3. Consider making ISTC a truly living document by undertaking more frequent updates and incorporating any new guidance soon after it is available e.g. using online provisions;

4. Focus on selected high TB-burden countries with a large private sector, and undertake effective dissemination and use facilitating collaboration between TB programmes and professional societies.
SESSION 5A: RATIONAL INTRODUCTION OF NEW DRUGS

STAG-TB acknowledges and welcomes the progress made since last year in the preparation of policy guidance on the rational introduction of new TB drugs and regimens into countries, including the conduct of the early steps of the strategic plan prepared by the Task Force and WHO.

STAG-TB recommends that WHO:

1. Produce guidance and support to countries for the implementation of the WHO Policy Implementation Package;
2. Monitor progress on the country situation and needs, on results/impacts and that the Policy Implementation Package be evaluated and revised based on experience;
3. Actively support roll-out of new TB drugs/regimens with a focus on equitable access of affordable, safe and effective drugs including engagement of affected communities;
4. Encourage a wider dialogue and collaboration with all stakeholders, including drug developers, on development of new TB drugs/regimens, especially in situations where there is concern about R&D progress (e.g. if drugs do not advance from Phase II to Phase III trials), as well on means to enable compassionate use of new drugs before licensure.

SESSION 5B: INTERIM POLICY ON USE OF BEDAQUILINE IN MDR-TB TREATMENT, AND IMPLEMENTATION SUPPORT

STAG-TB

- Acknowledges and welcomes the Interim Policy Guidance on bedaquiline for the treatment of MDR-TB, and applauds WHO for the expedited process of review and guidance development;
- Shares the concerns raised in the interim policy on the safety aspects related to the use of the drug.

STAG-TB recommends that WHO:

1. Provide support and guidance to countries on how to adapt the interim policy guidance to country situation and on the process to follow for adoption, including elements of country preparedness, resources allocation, timelines, data for decision-
making, capacity to collect and analyze data on effectiveness and safety and pursue operational research;

2. Develop, with patient/community involvement, suitable documents for patients to be educated and empowered in order to make decisions and provide informed consent with clear understanding of the implications;

3. Promote the need to rapidly evaluate drug-drug interactions, particularly among patients co-infected with HIV;

4. Work with countries to facilitate the establishment of active pharmacovigilance cohorts;

5. Facilitate efforts by GLI and partners for accelerated development of tools to detect and monitor drug resistance.

SESSION 6: MDR-TB SCALE-UP: OLD QUESTIONS AND NEW INITIATIVES

STAG-TB acknowledges:

- Progress in the work on MDR-TB since the merger of WHO’s Laboratory and MDR-TB Units into the LDR Unit in 2012;
- The significant increase in detection of MDR-TB and Rifampicin-resistant cases reported by countries evident from the preliminary 2012 data; and
- The preparatory work done on the proposed new structure of the Stop TB Partnership Working Group on MDR-TB and the "Booster Initiative for MDR-TB".

STAG-TB supports:

- A unified approach to reporting estimates of MDR-TB burden and country progress;
- The proposed restructuring of the MDR-TB Working Group and the approach of intensified, focused technical assistance to rapidly increase country-level capacity for MDR-TB care delivery; and
- The need for additional, designated resources to accelerate MDR-TB scale-up, including a "Booster Initiative for MDR-TB ".

- **STAG-TB notes with concern:** The large proportion of estimated MDR-TB cases not diagnosed;
- The apparent widening gap between detected MDR-TB cases and those enrolled on treatment from the preliminary 2012 data; and
- The continued poor reported treatment outcomes for MDR-TB cases from the preliminary 2012 data, and the unacceptably high levels of patients reported lost from treatment or not evaluated.
STAG recommends that WHO:

1. Work with National TB Programmes (NTPs) and partners, including the private sector and professional associations:
   a) to prevent MDR-TB;
   b) to understand and improve access, including for vulnerable groups and children, to care for MDR-TB;
   c) to monitor the detection of MDR-TB cases and linkage to treatment, explore the reasons for the apparently growing gaps, and build country capacity to close these gaps.

2. Work with NTPs and partners to gain a better understanding of the reported high loss of MDR-TB patients from follow-up or not evaluated, and implement strategies to reduce these unfavourable outcomes;

3. Work with NTPs and partners to finalise a unified strategy for reporting MDR-TB burden estimates and progress indicators, meeting the needs of different stakeholders, and enabling robust yet realistic monitoring of global and country-level progress;

4. Organize a global consultation with countries and other stakeholders to discuss the implications of the unified strategy, especially at the country level;

5. As secretariat to the gGLC and MDR-TB Working Group, work in close co-ordination with the gGLC and Core Group of the MDR-TB Working Group, to prepare and finalise the process for the restructuring of the MDR-TB Working Group for presentation to and decision of the Stop TB Partnership Coordinating Board in July 2013;

6. Broaden the stakeholders group for the development of a more detailed concept note for the "Booster Initiative to accelerate the scale-up of MDR-TB services".

SESSION 7: TREATMENT OF LATENT TB INFECTION: HOW TO OVERCOME DILEMMA AND DESPAIR

STAG-TB:

- Recognizes the crucial importance of effective and safe strategies to minimize the risk of progression from latent TB infection (LTBI) in low and high TB settings regardless of HIV status, in order to accelerate progress towards TB elimination;
- Notes the important knowledge gaps in the natural history of TB, risk factors for progression, and in the ideal management of LTBI, including in contacts of both Drug-Sensitive and MDR-TB patients, children and people living with HIV;
• Notes that available tools to diagnose LTBI have limited accuracy and lack capacity to predict risk of progression or confirm cure and pose operational challenge in their implementation;

• Emphasise that LTBI treatment needs to be targeted to groups at high risk of progression to active disease to ensure that benefit outweighs risk at the individual level given the safety profile of current treatment regimens;

• Acknowledges that new short duration LTBI treatment regimens and adjuvant strategies may improve safety, efficacy and effectiveness including adherence for treatment.

STAG-TB recommends that WHO:

1. Pursue scoping of the evidence-base on LTBI and consider developing and updating guidelines on the management (diagnosis, treatment, management of side effects and underlying risk factors and adherence) of LTBI for risk groups at high risk of TB progression;

2. Collaborate with on-going global and regional research and implementation efforts (e.g. US Centers for Disease Control and Prevention (CDC) and the European Centre for Disease Prevention and Control (ECDC));

3. Draw lessons on the limited implementation of existing guidelines (e.g. for child contacts) and design strategies and tools to enhance uptake of policies;

4. Explore synergies for combining management of LTBI with identification and systematic screening for active TB in high risk groups and interventions that address the underlying risk factors for TB, placing emphasis on equity-oriented approaches;

5. Re-estimate the burden of LTBI, while recognising the need for better tools and methods for accurate estimation of both prevalence and incidence of LTBI, and use the opportunity to advocate for more research to address the knowledge gaps including its population level impact.

SESSIONS 8: POST-2015 TB STRATEGY

STAG-TB:

• Acknowledges the extensive work undertaken to formulate the strategic framework, targets and full strategy document, including the holding of stakeholder consultations;

• Endorses the overall framework, and its three pillars, ambitious targets and comprehensive strategy document and looks forward to the short strategy paper;
• Supports the plan for finalization with consideration of the specific STAG-TB and partner advice provided and plan for final review before submission to WHO Executive Board and World Health Assembly;

• Notes the challenges and opportunities ahead in:
  a) advocacy, global planning, further and indicator development
  b) national planning and adaption, target-setting, operationalization, measurement and evaluation of the strategy and its pillars.

STAG-TB recommendations on issues to consider in finalizing the text are summarized in Annex 3.

SESSION 9: HQ/REGIONAL SESSION: TB AND MIGRATION ISSUES

• Notes with concern the significance of challenges presented by the interplay of tuberculosis transmission and migration and the profound social, economic and legal vulnerability of migrants;

• Acknowledges the actions taken of all regions and WHO as whole on defining TB-specific challenges for migrants and TB control in the context of diverse streams of migration, including labor migrants and migration related to complex emergencies;

• Applauds the regional frameworks already developed and the approaches underway in all six regions, and plans for inter-regional and global collaboration;

• Notes the significance of special subregional initiatives, such as the Southern African Development Community’s declaration on TB and mining and next steps, as well as bi-national efforts and new funding streams to support action on migration and health.

STAG-TB recommends that WHO:

1. Continue its planned efforts at regional level and build on successful models to improve efficiency and impact;

2. Expand interregional collaboration and global collaboration & coordination with key partner agencies, including the International Organization for Migration and the Global Fund, and country/multicountry initiatives;

3. Ensure engagement of Non-Governmental Organizations and civil society in these efforts.
SESSION 10: PROGRESS UPDATE: WHO IMPACT MEASUREMENT EFFORTS INCLUDING COLLABORATION WITH THE GLOBAL FUND

CLOSING SESSION

2014 STAG-TB MEETING:

The WHO Secretariat has proposed the following dates for the 2014 annual STAG-TB meeting: 9-11 June 2014 at WHO Headquarters in Geneva.

STAG-TB members proposed the following topics for consideration in formulating the agenda for the 2014 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. Update on post-2015 TB strategy – outcomes of World Health Assembly deliberations and next steps, including operational indicators and impact measurement
2. TB/HIV – policy and implementation issues
3. Update on Xpert implementation and implications of further research results; impact of molecular diagnostics overall, and alternative diagnostics; sustainability plan (for transition at end of financing platforms like Expand TB)
4. New drugs policy and implementation process, including bedaquiline, pharmacovigilance support, as well as support for national frameworks for compassionate use of new drugs
5. Update on LBTI and preventive therapy guidelines process and related work
6. Follow up on work to disseminate and increase use of ISTC
7. Annual update on impact evaluation, including Global Fund collaboration, and update on childhood TB burden estimation
8. Update on childhood TB roadmap actions, and consideration of development of composite reference standard for paediatric TB
9. Tools for TB elimination and research on TB transmission
10. Universal Health Coverage-related work
11. Further update on MDR-TB response structure for collaboration, implementation progress, and indicators use; review of data available on use of the short-course regimen for MDR-TB treatment; means to improve treatment outcomes, further information on palliative care approaches, as well as monitoring overall of ethics and human rights issues for MDR and XDR-TB patients
12. Work on engaging civil society and affected communities, and their perspectives
13. Progress and strategy on private sector involvement
14. Work related to TB in prisons and how to intensify this effort
15. Role of surgery and radiology in TB diagnosis and care
16. TB and nutrition – follow-up to guidance
17. Update on implementation of new TB case and outcome definitions
18. Patient-centred approaches for access
19. Update on linkages of TB and non-communicable disease agendas
20. Update on operationalization of TB screening guidance
21. Overall process: further monitoring of follow-up of STAG-TB recommendations, using green-yellow-red approach to noting progress made

The meeting was closed with final remarks and appreciation to all participants offered by Drs Chakaya, Nakatani and Raviglione. Of special note was the appreciation expressed by the WHO Secretariat and by all meeting participants to Dr Chakaya for his six years of dedicated service as STAG-TB member and Chair. This meeting was his last in these roles.
## AGENDA

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

### 13th Meeting, 11-12 June 2013

**Executive Board Room, WHO Headquarters, Geneva, Switzerland**

**Tuesday, 11 June 2013**

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<th>Topic</th>
<th>Speakers</th>
<th>STAG-TB Discussants</th>
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<tr>
<td>9:00 - 9:20</td>
<td>Welcome Remarks and Introduction of Participants</td>
<td>H. Nakatani, Assistant Director-General, HIV, TB, Malaria &amp; Neglected Tropical Diseases Cluster</td>
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<td>J. Chakaya, Chair</td>
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<td>M. Raviglione, Director, Stop TB Department</td>
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<td>9:20 - 9:40</td>
<td>1.a Meeting Objectives</td>
<td>D. Weil</td>
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<td>1.b Agenda</td>
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<td>1.c Declaration of Interests Video</td>
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<td>9:40 - 10:20</td>
<td>2. Overview of 2012-2013 WHO actions and push to 2015+</td>
<td>M. Raviglione</td>
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<td>- Questions/ Open discussion</td>
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<td>10:20 - 10:40</td>
<td>Coffee</td>
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<td>12:30 – 13:45</td>
<td>LUNCH (Optional: Briefing on Bedaquiline Guidance)</td>
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<td>5.b Interim policy on use of Bedaquiline in MDR-TB treatment, and implementation support - Discussion/Recommendations</td>
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<td>15:50 – 16:10</td>
<td>Coffee</td>
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<td>17:15 – 17:30</td>
<td>Day 1 Recommendations Wrap-up</td>
<td>Chair</td>
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<td>17:30 – 18:30</td>
<td>Reception - WHO/UNAIDS Building Cafeteria (with side session reviews for first day rapporteurs and discussants)</td>
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### Wednesday, 12 June 2013

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<tr>
<td>8:30 - 9:15</td>
<td>Day 1 Review of Recommendations</td>
<td>Chair</td>
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                      |                                                                        |                            | A. Bloom  
                      |                                                                        |                            | D. Barreira  
                      |                                                                        |                            | S. Graham  
                      |                                                                        |                            | F. Varaine  
                      |                                                                        |                            | J. Lagahid  
                      |                                                                        |                            |                     |
| 10:30 - 10:50| Coffee                                                                 |                                                                         |                     |
| 10:50 - 12:00| 8. Post-2015 TB Strategy continued  
                          | Discussion / Recommendations                                             |                     |
| 12:00 - 13:00| Lunch  
                          | (Day 2 rapporteurs and discussants to meet)                             |                     |
| 13:00 - 14:00| 9. HQ/Regional Session: TB and migration issues  
                          | Discussion/Recommendations                                               | E. Qadeer  
                      |                                                                        |                            | G. Churchyard  
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|                                                                        |                            |                     |
| 15:00 - 15:20| Coffee                                                                 |                                                                         |                     |</p>
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<tr>
<td>15:20 - 17:30</td>
<td>Full review of final recommendations</td>
<td>J. Chakaya, Chair</td>
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<td>17:30 - 17:40</td>
<td>Recommended items for next STAG-TB Meeting</td>
<td>STAG-TB members</td>
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<td>17:40 - 18:00</td>
<td>Conclusions</td>
<td>J. Chakaya, H. Nakatani, M. Raviglione</td>
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STAG-TB Members 2013

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

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

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

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

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

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

7. **Dr Charles L. Daley**  
   Chief, Division of Mycobacterial and Respiratory Infections  
   National Jewish Medical and Research Center  
   Denver, CO  
   USA

8. **Prof. Stephen Graham**  
   Professor in International Child Health  
   University of Melbourne  
   Department of Paediatrics  
   Royal Childrens Hospital  
   Parkville, Melbourne  
   Australia
Strategic and Technical Advisory Group for Tuberculosis (STAG-TB)

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Geneva, Switzerland

Final List of Participants

8. **Dr Akramul Islam**
   Associate Director
   Health Nutrition & Population Program
   Bangladesh Rural Advancement Committee (BRAC) Centre
   Dhaka
   Bangladesh

9. **Dr Michael Kimerling**
   Senior Program Officer, TB
   Global Health Program
   Bill & Melinda Gates Foundation
   Seattle, WA
   USA

10. **Dr Jaime Lagahid**
    Director, Head Executive Assistant
    National Center for Disease, Prevention & Control
    Department of Health
    Manila
    Philippines

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

11. **Dr Chakaya J. Muhwa**
    (STAG-TB Chair)
    Chief Research Officer
    Centre for Respiratory Diseases Research
    Kenya Medical Research Institute
    Nairobi
    Kenya

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

13. **Dr Ejaz Qadeer**
    NTP Manager
    National TB Control Programme
    Federal Ministry of Health
    Islamabad
    Pakistan

14. **Dr Joseph Sitienei**
    National TB Programme Manager
    Division of Leprosy Tuberculosis and Lung Disease
    Ministry of Health
    Nairobi
    Kenya
Strategic and Technical Advisory Group for Tuberculosis (STAG-TB)

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Geneva, Switzerland

Final List of Participants

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

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

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

18. Dr Maarten van Cleeff
Programme Director TB Care I
KNCV Tuberculosis Foundation
The Hague

19. Dr Dalene von Delft
Medical Doctor
TB PROOF
Somerset West, Capetown
South Africa

Dr Yu Jingjin (unable to attend)
Director
General Department of Disease Control and Prevention
Ministry of Health
Beijing
People’s Republic of China

Stop TB Partnership Working Group Chairs

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

21. Dr Aamir J. Khan
Chair, MDR-TB Working Group
Interactive Research & Development (IRD)
Karachi
Pakistan
ANNEX 2

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

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Final List of Participants

22. Dr Tom Shinnick
Chair, Global Laboratory Initiative
Associate Director of DTBE for
Global Laboratory Activities
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# Strategic and Technical Advisory Group for Tuberculosis (STAG-TB)

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<tr>
<td>108</td>
<td>Dr Lucica Ditiu, Executive Secretary</td>
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<td>109</td>
<td>Mr Nejib Ababor</td>
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<td>Mr Vittorio Cammarota</td>
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<td>Ms Hélène Castel</td>
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<td>112</td>
<td>Dr Carlos Chirinos-Rojas</td>
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<td>113</td>
<td>Ms Young-Ae Chu</td>
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<td>114</td>
<td>Mr Thierry Cordier-Lassalle</td>
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<td>Mr Jacob Creswell</td>
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<td>116</td>
<td>Mrs Andrea de Lucia</td>
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<td>Ms Jenniffer Dietrich</td>
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<td>Mr Argimiro Garcia Montes</td>
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<td>Ms Julia Geer</td>
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<td>Dr Joel Keravec</td>
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ANNEX 3: Post-2015 TB Strategy document finalization – STAG-TB Meeting participants’ recommendations

Below are recommendations and suggestions made by individual STAG-TB members and other participants in the meeting for consideration in the finalization of the post-2015 TB strategy document that WHO is developing for WHO Executive Board and World Health Assembly consideration. STAG-TB members did not vet or prioritize these recommendations.

Background/achievements:
- Explicitly recognize that there are uncertainties on epidemiological estimates and in reported data (eg lack of vital registration data in most high burden countries and there have been changes in estimates over time) and in accuracy of reporting (eg do treatment success over 85% globally reflect reality?)

General approach, principles, targets, indicators:
- Consider provision for revisiting the strategy and targets at mid-term, based on progress and achievements on the ground
- Balance required in enlarging the scope of actions for TB control so as not to lose focus on TB specific priority concerns
- Clarify – “End TB” implies ending epidemic TB; need to better capture the unknown burden of people dying of undiagnosed TB
- Elaborate on how to prioritize investments with highest yield
- Retain the long-accepted TB elimination target of less than 1 case per million population
- Work further on specific, measurable indicators for Pillar 2 and 3 components
- Consider incorporating all care providers / private sector within the principle of engaging communities and civil society
- Further clarify how all countries will be able to apply global targets at country level
- Retain the case notification indicator as it helps motivate action
- Time to begin developing the global plan that underpins the end TB strategy; should cover a shorter period. (Stop TB Partnership Executive Secretary noted plans to prepare the document by mid-2015 with introduction of work at the 2013 Partnership Coordinating Board meeting in July 2013).
- Some concerns on “End TB” as a strategy name -- keep the name of the strategy as “post-2015 TB strategy” until a widely acceptable name is identified.

Pillar 1:
- Ensuring treatment for all is welcome, but deprioritizing smear-positive TB may carry risks
• Focus on TB “hotspots” and occupational TB especially among miners could be highlighted
• Give even greater emphasis to active case finding and focus on vulnerable populations
• Give greater visibility and importance to patient-centred approaches in the title of pillar 1 and component 1B

Pillar 2:
• Raise the level of political commitment to the highest level, much above TB programmes
• Explicit and unequivocal statement should be given to provide TB drugs free of any cost
• Highlight great potential for collaboration with MCH programmes/services; many are unaware of TB
• Rephrase component 2c - Too many elements are rolled into one within the component on policy and regulatory frameworks
• Address national legislation related to TB – including banning sale of anti-TB drugs and mandatory reporting/notification
• Need for a similar but parallel structure outside public sector to address private sector issues
• Underscore integration with NCD programmes especially diabetes and lung health
• Improving access to health services critical to enable impact of innovations
• Aggressive and appropriate regulation at country level is necessary
• Booster mechanisms required to expand public-private mix scale up
• Consider both TB specific and TB sensitive indicators and interventions

Pillar 3:
• Note the significance of having a whole strategy pillar now dedicated to research
• Address specific needs of childhood TB and MDR-TB
• Need to bring out the urgency and greater focus on research
• Need to prioritize the research agenda, including to improve MDR-TB treatment and need for new non-sputum based test for children.
• Need to mention resources mobilization required for research
• Pillar 2 concerns not well-reflected under research pillar, especially methods to engage communities
• Discuss prioritization of tools to develop, based on the best potential yield for the investment
• Incorporate multidisciplinary research, not just operational research under component 3B
• Make explicit the need to build research capacity within programmes
• Include private sector in promotion of research and collaboration
• Note need for advocacy to mobilise funds for research