First Strategy and Technical Advisory Group (STAG) Meeting
Stop Tuberculosis Department (STB), CDS/WHO
4-6 July 2001

Report

Background

The first meeting of the Strategy and Technical Advisory Group for Tuberculosis (STAG-TB) was held in Geneva on 4-6 July 2001, at the World Health Organization (WHO) headquarters. STAG-TB comprises 18 members serving in their personal capacities, representing the range of disciplines needed to advise on all aspects of the work of the WHO Communicable Diseases cluster (CDS) in the areas of public policy development for tuberculosis (TB) control, operational research, and research and development.

The mission of STAG-TB is to contribute to global TB control by providing state-of-the-art scientific and technical guidance to WHO. Its functions are:

(a) to provide the Executive Director responsible for the WHO programme on communicable diseases (EXD/CDS) with an independent evaluation of the scientific and technical aspects of work on TB in CDS as a whole;
(b) to review, from a scientific and technical point of view, the collaboration of CDS with countries and its support to their efforts to control TB, including the provision of guidance on policies and strategies, and of technical support;
(c) to review, from a scientific and technical point of view, the content, scope and dimensions of the research activities of CDS, their relevance to the efforts of countries to control TB, and approaches to be adopted;
(d) to review and make recommendations on the establishment of committees, working groups and other means through which scientific and technical matters are addressed; and
(e) to advise on priorities between areas of possible activity.

Objectives of the Meeting

1. To brief STAG-TB members on the global situation of TB epidemiology and control, and to discuss targets for TB control.
2. To present and discuss the revised framework for TB control.
3. To present and discuss the development of a new strategic framework for TB in populations where HIV prevalence is high.
4. To present, and agree on, the main areas that need to be revised in the WHO treatment guidelines.
5. To give a progress report on the DOTS-Plus Initiative for multidrug-resistant (MDR) TB.
6. To present the current TB research strategy, its rationale and activity areas, and to outline the workplan for 2002-2003.
Recommendations

1. **Objective 1 – To brief STAG-TB members on the global situation of TB epidemiology and control, and to discuss targets for TB control**

Based on a review of the current global TB situation and the status of control efforts, STAG-TB noted that there will be significant challenges in both measuring progress towards, and in achieving, global targets for 2005 and 2010.

To further address these challenges, STAG-TB recommended:

1.1 a revised assessment of progress towards case detection and of the targets for cure rates, based on current TB epidemiological evidence and the status of DOTS expansion;
1.2 an assessment of the national TB monitoring systems; and
1.3 the use of rational methods for estimating TB prevalence and mortality.

STAG-TB also noted with concern the lack of acceleration of DOTS coverage at the global level, with some notable exceptions (e.g. India). In order to accelerate DOTS expansion and monitor its progress, STAG-TB:

1.4 endorsed the Stop TB surveillance and monitoring systems and encouraged additional epidemiological analysis;
1.5 supported the establishment of a mechanism to monitor the use of funds for TB control globally, from all sources;
1.6 endorsed efforts to assist countries in completing national 5-year expansion plans and, together with partners, the global plan to Stop TB;
1.7 emphasized the need for a special effort to address human resource development and allocation; and
1.8 encouraged the development of strategies and plans for smaller countries with high TB incidence rates, especially those that are resource-poor and where the prevalence of HIV infection is high.

2. **Objective 2 – To present and discuss the revised framework for TB control**

There was a discussion concerning the use of the appellation “DOTS” (which refers to the strategy) and the possibility of confusion with “DOT” (a component of the strategy). Based on the findings of a survey of programme managers, scientists and WHO staff conducted by WHO, STAG-TB recommended:

2.1 keeping the appellation “DOTS” (but not as an acronym) as the best representation of a cost-effective and adaptable public health strategy to control TB;
2.2 using communications experts to help select the most effective explanatory phrase that should be used in conjunction with the appellation in the context of advocacy; and
2.3 exploring the best way for STAG-TB to support this recommendation.
The revised framework for effective TB control was discussed in detail by STAG-TB, which:

2.4 supported the revised framework development process;
2.5 agreed to keep 5 key elements as well as a list of key operations;
2.6 noted that appropriate attention should be given to: challenges in scaling up DOTS; the need for patient-centred care; adapting the DOT approach to local conditions; quality assurance; responses to HIV-associated TB and MDR-TB; and partnerships with key stakeholders.

STAG-TB further recommended the following changes before the revised framework is published:

2.7 Add a preface and expanded introduction to explain the reasons for the new version and the new orientations (public health, human rights and poverty/equity), and to note the changing primary care and reform environment in which actions are taken, as well as the importance of the "demand side" (factors affecting patient access and utilization).
2.8 Add key operations of human resource development and operational research.
2.9 Add concepts in the drug supply section, including quality assurance of drugs, use of bioavailable fixed-dose combinations (FDCs), GNP-certified suppliers, efficient procurement methods, and blister packs.
2.10 Add recommendations for financial analysis and monitoring, and for drug-resistance surveillance.
2.11 Add an explicit discussion of the role of private providers.
2.12 Form a committee to assist in the final revision.
2.13 Complete the revised framework before the Stop TB Partners Forum to be held in October 2001.
2.14 Seek publication in a peer-reviewed journal, e.g. IJTLID, after official WHO publication.

3. **Objective 3 – To present and discuss the development of a new strategic framework for TB in populations where HIV prevalence is high**

STAG-TB discussed in detail the new strategic framework to decrease the burden of TB/HIV, as part of the range of STB activities on TB/HIV. STAG-TB endorsed the framework with some modifications, and made the following recommendations:

3.1 the framework should be finalized in collaboration between STB and the HIV/AIDS Department (Family and Community Health cluster);
3.2 speedy finalization, approval and dissemination should be ensured;
3.3 the document should provide the evidence-base supporting the technical basis for action;
3.4 the framework should guide the development of the operational guidelines for phased implementation of collaborative TB and HIV programme activities, to be developed by the Scientific Panel of the Global Working Group on TB/HIV;
3.5 the recommendations of the Global Working Group on TB/HIV to urgently operationalize joint TB and HIV programme activities and scale up effective interventions should be widely supported;

3.6 ongoing experience in these collaborative activities should inform the development of national TB/HIV implementation strategies with partners, particularly the Global Working Group on TB/HIV;

3.7 ongoing work on policy analysis should be continued to define barriers to collaboration between TB and HIV programmes and possible mechanisms to promote improved collaboration;

3.8 partners should be encouraged to endorse the document when completed;

3.9 EXD/CDS should pursue the submission of a resolution on responding to the challenge of TB among HIV-infected people to be submitted to the WHO Executive Board and World Health Assembly in 2002, with the support of UNAIDS and the HIV/AIDS Department;

3.10 WHO should collect and disseminate information on field experiences;

3.11 all partners should help mobilize resources for this process from multiple new resource pools for HIV/AIDS and communicable diseases at the global level; and

3.12 partners of the Global Working Group on TB/HIV should be encouraged to contribute to the development of its workplan, defining operational strategies, setting out activities, budget, timelines and sources of support.

STAG-TB also recommended the following changes in the text of the document:

3.13 Operational research is necessary to establish the feasibility, effectiveness, affordability and cost-effectiveness of provision of highly active antiretroviral (HAART) treatment should be as part of the essential package of TB/HIV interventions recommended in low- and middle-income countries.

3.14 The section on financing of interventions should be improved by noting the evidence base (or lack thereof) on costs and cost-effectiveness, and by referring to documents proposing a means to plan for adequate resource mobilization and resource flows.

3.15 The section on operational research should be expanded to specify likely priority operational research on collaboration between TB and HIV programmes and on scaling up.

3.16 Intensified case-finding and infection control should be highlighted among the recommended interventions.

3.17 The potential role of the community in case detection, treatment supervision and patient support should be highlighted.

4. **Objective 4 – To present, and agree on, the main areas that need to be revised in the WHO treatment guidelines**

STAG-TB endorsed the justification and plan of STB for revising the WHO TB treatment guidelines. It recommended:

that a small group of experts should be convened to assist WHO staff in pursuing the revision of the WHO TB treatment guidelines.
5. **Objective 5 – To give a progress report on the DOTS-Plus Initiative for MDR-TB**

STAG-TB noted progress in the DOTS-Plus Initiative and the emphasis on prevention of emergence of first-line and second-line drug resistance, and well as the successful launch of the Green Light Committee. It recommended:

continued consultation and data-gathering on the best way to evaluate best practice (appropriate to local epidemiological and programme conditions) in MDR-TB treatment delivery.

6. **Objective 6 – To present the current TB research strategy, its rationale and activity areas, and to outline the workplan for 2002-2003**

The WHO Special Programme for Research and Training in Tropical Diseases (TDR) presented its strategic agenda for TB control. STAG-TB:

6.1 supported TDR’s new role in TB research, in mobilizing resources and in exploring the best way to prioritize the research agenda;
6.2 supported the TB research framework with a role for basic science, applied research and tools development, and research capacity development;
6.3 noted the efforts to form and finance the Diagnostics Initiative;
6.4 encouraged ongoing collaboration with STB on balancing respective roles (and those beyond WHO) in addressing top operational research issues:
   - for TDR: research capacity building, with an operational research focus;
   - for STB: addressing priority problems through operational research;
6.5 recommended further consultation with WHO regional staff and national TB programme managers in expanding the agenda for operational research, and its orientation towards problem-solving; and
6.6 encouraged review of the operational research priority list prepared in February 2000.

**Priority topics to be considered at STAG-TB 2002**

1) Updates on the operational strategy for TB among HIV-infected people  
2) WHO TB research strategy  
3) WHO response to health sector reform opportunities

**Other issues**

STAG-TB noted the effective creation and restructuring of the STB department, the formal structuring of the Stop TB partnership, the development of Stop TB working groups and the coordinating role of WHO, the launch of the Global Drug Facility (GDF), and ongoing social and political mobilization.

1) Dr Jaap Broekmans, Director of the Royal Netherlands Tuberculosis Association (KNCV), was selected unanimously to continue as Chair of STAG-TB.
2) STAG-TB encouraged the inclusion of HIV/AIDS managers in the next meeting and perhaps additional social science experts.
3) STB will ensure ongoing email-based communication with STAG-TB members during 2001-2002.
Strategic and Technical Advisory Group – TB (STAG-TB)

Chair ad-interim: Dr J. Broekmans, Director KNCV, The Netherlands

Categories

1) Control and Country Operations

Dr M. Mantala, Director, TB Control Service, Department of Health, The Philippines
Dr D. Enarson, IUATLD, Paris, France
Dr R. Matji, Director, South Africa NTP
Dr S.J. Kim, Director, Korean Institute of Tuberculosis, Republic of Korea
Dr Francis Adatu-Engwau, Programme Manager, TB and Leprosy Programme, Uganda (ot TANZ?)

2) Health Systems, Services and Policy Research

Dr C. Guerra de Macedo, Brazil
Dr A. Harries, DFID Malawi TB Project Adviser, Malawi
Dr J. Kim, Department of Social Medicine, Harvard Medical School, USA
Dr S. Rengan, Project Coordinator, Mchccins Sans Fronticrca, Mumbai, India
Dr P. Hopewell, University of California, USA

3) Epidemiological and Basic Research

Dr R. O’Brien, Division of Tuberculosis Elimination, CDC, USA
Dr M. Borgdorff, Epidemiologist, KNCV, The Netherlands
Dr P. Small, Division of Infectious Diseases and Geographic Medicine, Stanford University, USA
Dr P. Godfrey-Faussett, Infectious and Tropical Diseases Dept., London School of Hygiene and Tropical Medicine, UK
Dr P.R. Narayan, Director, TB Research Centre, Indian Council of Medical Research, India
Dr A. Pablos-Mendez, Associate Director, Rockefeller Foundation, USA

Total 17