Second Strategy and Technical Advisory Group for Tuberculosis Meeting
Stop TB Department
World Health Organization
26–28 June 2002

Report

Background

The second meeting of the Strategy and Technical Advisory Group for Tuberculosis (STAG-TB) was held at WHO headquarters in Geneva on 26–28 June 2002. STAG-TB comprises 18 members, who serve in their personal capacity to represent 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 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 with an independent evaluation of the scientific and technical aspects of work on TB control in CDS as a whole;
(b) to review, from a scientific and technical point of view, CDS collaboration with Member States 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 CDS research activities, their relevance to the efforts of Member States 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 considered; and
(e) to advise on priorities between areas of possible activity.

The 2002 meeting of STAG-TB followed a year of extraordinary developments that should help advance TB control. These include consolidation of the global Stop TB partnership; finalization and endorsement of the Global Plan to Stop TB; development and endorsement of the Global DOTS Expansion Plan; operationalization of the Global Drug Facility and the Green Light Committee for access to first- and second-line anti-TB drugs; launch of the Report of the Commission on Macroeconomics and Health; promotion of the Millennium Development Goals and poverty reduction strategies; launch of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); expanded national as well as bilateral and multilateral donor commitments for TB control; and further development of partnerships and financing for anti-TB drugs, diagnostic tools, and research and development for vaccines.
Objectives

1. To consider the WHO regional plans for TB control.
2. To review progress towards 2005 (case detection and cure) and 2010 targets (prevalence and mortality) for TB control.
3. To report on progress in DOTS implementation, present the plan for expansion in 2002–2003, and seek guidance for acceleration.
4. To present and discuss the financial monitoring project.
5. To discuss WHO's coordination of, and contribution to, the Global Working Group on TB/HIV.
6. To present and discuss the guidelines for phased implementation of collaborative TB and HIV programme activities, and plans for country review and technical support jointly by TB and HIV departments.
7. To present the strategic directions for development of human resources for TB control, and the new and revised training modules and manuals.
8. To present the UNDP/World Bank/WHO Special Programme for Research & Training in Tropical Diseases (TDR) Strategic emphasis for TB research, and increase understanding of TDR's role and comparative advantage in TB research and capacity strengthening.
9. To present and discuss the document "Expanding DOTS in the context of a changing health system", present selected country profiles on delivery of TB control in changing health systems and lessons learned, and discuss plans for future activities on TB control and health system changes.
10. To present and discuss the revised guidelines for national programmes on the treatment of tuberculosis.
11. To present and discuss the guidelines for comprehensive programme monitoring during country visits.
12. To present the global strategy on the involvement of private practitioners in DOTS expansion and to report on the ongoing public–private mix (PPM) projects and a proposed package to facilitate PPM for DOTS expansion.
13. To provide an update on the coverage of surveillance for drug-resistant TB and scope of the third global report and to seek guidance on the exchange of strains for proficiency testing.

Recommendations

I. Objective 1 – To consider the WHO regional plans for TB control

STAG-TB recognized the success of all WHO regional TB and country teams in pursuing regional strategic plans for DOTS expansion. It noted in particular their assistance to Member States with a high burden of TB in assessing potential to reach targets, defining strategic plans, developing tools and mobilizing finances. Financing is improving dramatically, but absorption capacity remains a challenge linked to the high burden of TB/HIV in some Member States, limited political commitment, availability and capacity
of human resources, health system reforms, donor coordination, and response to new financing initiatives.

STAG-TB recommended:

1.1 further standardization of regional presentations on plans to enhance cross-regional comparisons and analysis.

For the African region STAG-TB recommended:

1.2 revision of the targets and sub-regional analysis performed, particularly on the relationship of HIV and TB transmission;
1.3 further prioritization of work with nine Member States with a high burden of TB and TB/HIV;
1.4 improvement in coordination of general efforts to strengthen health systems; and
1.5 attention to the potential for gains in case detection, despite the difficult underlying conditions, primarily where the national tuberculosis programme (NTP) is achieving satisfactory treatment outcomes.

For the American region STAG-TB recommended:

1.6 analysis of data on the association between use of antiretrovirals and incidence of TB in Brazil (with the Stop TB (STB) Tuberculosis Strategy and Operations unit (TBS)); and
1.7 further focus on Member States with a high burden of TB and on those with high rates of incidence and DOTS implementation challenges.

For the Eastern Mediterranean region STAG-TB recommended:

1.8 planned collaboration with WHO headquarters and regions to resolve human resource constraints (i.e. availability of qualified consultants); and
1.9 endorsement of a plan to prepare "toolkits" to improve practice on key operations.

For the European region STAG-TB recommended:

1.10 further focus on DOTS expansion in Eastern Europe and Central Asia;
1.11 endorsement of ongoing efforts to increase political commitment for DOTS policies and practices and reduce resistance to change; and
1.12 sustained efforts to resolve DOTS quality challenges, including case holding, and improvement of regional and national laboratory networks.

For the South-East Asia region STAG-TB recommended:
1.13 testing of various measures to improve case detection practices, focusing in particular on PPM–DOTS (as considered under separate discussion); and

1.14 pursuit of prevalence surveys, as feasible, in large Member States to estimate case-load and assess the impact of DOTS.

For the Western Pacific region STAG-TB recommended:

1.15 further experimentation with models for increasing efficient collaboration with partner agencies via interagency coordinating committees, joint monitoring missions, and monitoring based on the national strategic plan rather than on project focus; and

1.16 development of an NGO–government application to the Global Drug Facility to support financing of drug supply for private practitioner DOTS networks linked to national DOTS expansion plans.

2. Objective 2 – To review progress towards 2005 (case detection and cure) and 2010 targets (prevalence and mortality) for TB control

The STB Tuberculosis Monitoring & Evaluation (TME) unit was commended for its analysis of global, regional and local trends in DOTS treatment success, coverage and case detection. The analysis shows that, while coverage is increasing, there has been no intensification, suggesting that case detection may plateau in the next 3–4 years at about 40% of all smear-positive cases worldwide. The results of the analysis are sobering, with indications that the 2005 targets will be difficult to meet, although with some regional variation. STAG-TB agreed that reported case detection and surveillance must be improved to better measure full case detection within public and private health sectors.

STAG-TB recommended:

2.1 establishment of a task force to examine the underlying reasons for slow progress towards the global targets and to provide an opinion on when targets will be achievable, plus recommendations to WHO in 2003 on any needed reprioritization of activities;

2.2 STAG-TB chairman to work with TME/TBS to devise terms of reference for the task force and to plan cooperation with WHO staff in conducting task force review;

2.3 pursue further analysis by TME/TBS of the relationship between the impact of progress towards global targets and associated changes in prevalence, mortality and incidence;

2.4 documentation by TBS and partners of the related conditions, policies and practices of Member States performing better in case detection in a variety of environments;

2.5 analysis of challenges in case detection and the design and evaluation of strategies to overcome them (see suggestions that follow);
2.6 revision of regional and country strategic plans to better reflect response to the case detection challenge; and
2.7 support of the broader agendas to improve public health infrastructure and access to health services.

On the assessment and implementation of measures to overcome low rates of case detection STAG-TB further recommended:

2.8 acceleration of the PPM–DOTS piloting, scale-up and related tools development, given its likely impact on improving case detection where the private sector carries a large “market share”; and
2.9 stimulation of research on other potential levers, such as use of adjunct diagnostic methodologies, active case-finding approaches, enhancing community-based care, interventions that reduce the direct or indirect costs to patients and improve equity of access, as well as information/education/communication and social mobilization to overcome social barriers to use (e.g. ignorance, stigma and gender-related issues).

3. Objective 3 – To report on progress in DOTS implementation, present the plan for expansion in 2002–2003, and seek guidance for acceleration

STAG-TB endorsed WHO leadership in DOTS expansion, planning and coordination of partners, and its efforts to assist Member States in estimating financial needs for innovative interventions to rapidly increase the rate of progress towards targets. STAG-TB recommended:

3.1 review of global estimates of financing needs and avoidance of unduly conservative estimates.

4. Objective 4 – To present and discuss the financial monitoring project

STAG-TB endorsed the importance of developing TB financing models and tools, as well as the budgeting guidelines and plans to help build capacity in planning by national programmes. STAG-TB recommended:

4.1 careful consideration of the detailed comments on revision of the materials and planned processes, especially to recognize diverse environments for budgeting and local capacity to collect, validate and use data; and
4.2 further consideration of the needs for data at each level and decision on periodicity of collection of data and reporting on financing status.

5. Objective 5 – To discuss WHO's coordination of, and contribution to, the Global Working Group on TB/HIV
STAG-TB acknowledged the efforts of WHO in serving as Secretariat for the Stop TB Global Working Group on TB/HIV and supported its plan to continue to carry out this role.

WHO was further commended for the growing collaboration between TBS and the HIV/AIDS department, the results of which STAG-TB looks forward to seeing.

STAG-TB recommended:

5.1 preparation of a draft resolution on TB/HIV collaboration for presentation at the 2003 World Health Assembly; and
5.2 further building of the evidence base on models of coordinated care.

6. Objective 6 – To present and discuss the guidelines for phased implementation of collaborative TB and HIV programme activities, and plans for country review and technical support jointly by TB and HIV departments.

STAG-TB endorsed WHO’s plan to urgently finalize and disseminate the guidelines on the implementation of joint TB/HIV interventions.

STAG-TB recommended:

6.1 that the guidelines be published in two separate publications: one with guidelines, the second with background documentation and field examples;
6.2 further revision of the text of the guidelines based on detailed comments (noted in detailed minutes) and review of process with outside collaborators;
6.3 inclusion of an explicit need for testing the feasibility of highly active antiretroviral therapy in packages of care in high-HIV settings;
6.4 professional editing, formatting and graphic design of the document to enhance ease of use; and
6.5 addition of a note on use and adaptation of recommendations in non-African settings.

7. Objective 7 – To present the strategic directions for development of human resources for TB control, and the new and revised training modules and manuals

STAG-TB endorsed the document “Training for better TB control: human resource development for TB control – a strategic approach within country support.”

STAG-TB recommended:
7.1 working with the Tuberculosis Coalition for Technical Assistance partners and others in further developing a workplan based on this strategic approach;
7.2 seeking financing and additional partners to pursue the agenda on human resources development, including the need to attract, train and assess consultants to support technical assistance to Member States with a high burden of TB;
7.3 working with the broader public health community to resolve problems of human resource constraints in developing nations;
7.4 strategic planning to ensure the best use of shared public health human resources, resources in the community, and TB-specific needs; and
7.5 examination of success stories to determine whether quality programmes are associated with improved retention of staff or other human resource reforms that improve staff capacity, performance and retention.

8. **Objective 8 – To present the TDR Strategic emphasis for TB research, and increase understanding of TDR’s role and comparative advantage in TB research and capacity strengthening**

STAG-TB continues to support TDR’s increasing involvement in TB research, and encouraged an ongoing assessment of TDR’s comparative advantage in the evolving landscape of basic, applied and operational research. STAG-TB further commended progress in TDR’s new diagnostics initiative in assessing industry activities and soliciting partners from developing countries. The role of TDR in funding basic research in developed countries was questioned. Concern was also expressed at the lack of progress in establishing a TB research agenda and in balancing the respective roles of TDR and STB in operational research and research capacity strengthening.

STAG-TB recommended:

8.1 caution in TDR’s pursuit of a role in funding basic research in developed Member States; and
8.2 support of TDR’s role, in collaboration with STB, in developing a TB research agenda and in promoting the strengthening of TB research capacity.

9. **Objective 9 – To present and discuss the document "Expanding DOTS in the context of a changing health system", present selected country profiles on delivery of TB control in changing health systems and lessons learned, and discuss plan for future activities on TB and health system changes**

STAG-TB commended TBS on its successful response to STAG-TB requests for action on health reform and TB control. It also endorsed the high-quality guidelines produced on TB control within changing health systems, with only minor suggestions for revision. It recommended:
9.1 rapid dissemination of the guidelines on TB control within changing health systems to national programmes and partners;
9.2 expanded field application of the Practical Approach to Lung Health in Morocco and elsewhere;
9.3 that requirements for human resources be well defined but not quantified, given the need for further evidence-building and variation in country conditions;
9.4 TB control community to actively contribute to the design and evaluation of health system reform policies, implementation and evaluation;
9.5 addition of one or more case studies to reflect less successful experiences or those that remain unresolved; and
9.6 explicit input from the appropriate WHO departments in endorsing policy recommendations, given that the recommendations reflect expert opinion more accurately than a well-documented evidence base.

10. Objective 10 – To present and discuss the revised guidelines for national programmes on the treatment of tuberculosis

STAG-TB recommended:

10.1 completion of the technical content and circulation of the draft guidelines among 2–3 NTP managers or regions to elicit feedback on presentation, so as to ensure user-friendliness;

On the technical content STAG-TB recommended:

10.2 continuation phase regimens, i.e. 4 HR and 6 HE, be maintained in the recommendations of Chapter 4;
10.3 WHO Category I and III treatment regimens be maintained as distinct diagnostic groups but that each group utilize a Category I regimen and make a clear justification for this change;
10.4 policy recommendation on examination of drug resistance status in all failure cases, in areas where the prevalence of multidrug-resistant TB (MDR-TB) is high and/or where there is access to second-line anti-TB drugs; and
10.5 policy recommendation, in Chapter 5, on case management prerequisites and conditions for drug resistance testing and treatment of MDR-TB patients with second-line anti-TB drugs.

11. Objective 11 – To present and discuss the guidelines for comprehensive programme monitoring during country visits

STAG-TB supported the TBS initiative to develop guidelines for programme monitoring and development, in a consensus-building manner, with all stakeholders and within the Stop TB Working Group on DOTS Expansion. It also recognized the potential
significance of the guidelines in devising improved routine monitoring within programmes. STAG-TB recommended:

11.1 clarification of the objectives and further revision of indicators;
11.2 no modification of the five components of DOTS;
11.3 use of routinely collected data to reduce the burden on the NTP;
11.4 learning from innovations in indicator use in some Member States and in other fields at global level; and
11.5 assessment of the validity, robustness and reliability of indicators by conducting tests in good quality programmes.

I2. Objective 12 – To present the global strategy on the involvement of private practitioners in DOTS expansion and to report on the ongoing PPM–DOTS projects and proposed package to facilitate public-private mix for DOTS expansion

STAG-TB endorsed the PPM-DOTS strategy and plan for further pilot studies, scaling up of successful efforts, and financing. It recommended:

12.1 determining ways to estimate the “market share” of patients (via prevalence surveys);
12.2 improving documentation on the impact on cure rates of PPM models, not only case detection;
12.3 examining what works in motivating performance;
12.4 assessing models that require different types of engagement of private sector providers and best roles for different subgroups within the private sector; and
12.5 exercising care in developing specific guidelines to recognize risks in diminishing public responsibility, examine demand-side issues, timing of collaboration vis-à-vis DOTS expansion, and models for scaling up.

I3. Objective 13 – To provide an update on the coverage of surveillance for drug-resistant TB and scope of the third global report and to seek guidance on the exchange of strains for proficiency testing

STAG-TB supported the use of national programme standards as ethical in the management of patients identified as having drug-resistant TB through drug resistance surveillance. No scientific rationale exists for defining a threshold value of MDR-TB prevalence, which should be used to define an MDR-TB “hot spot”.

STAG-TB recommended:

13.1 conveying information on drug-resistant TB in terms of both absolute numbers and rates; and
13.2 following available rules for the international transport of strains of *Mycobacterium tuberculosis*. 
Priority topics to be considered at STAG-TB 2003

1) Global advocacy efforts  
2) Follow-up on TB/HIV and beyond Africa  
3) Quantitative evaluation of PPM efforts  
4) Human resources  
5) Surveillance and strategies for case-finding  
6) Contribution of community-based organizations to case-finding  
7) Operational research agenda and practice  
8) GFATM funding and results.

Other issues

The next meeting of STAG-TB will take place at approximately the same time next year (June or July 2003).

WHO will provide a plan for rotation of STAG-TB membership.
2nd Meeting of the Strategic and Technical Advisory Group - TB (STAG-TB)
26-28 June 2002, Geneva, Switzerland

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