Fourth Strategic and Technical Advisory Group for Tuberculosis
Meeting
Stop TB Department
World Health Organization
7–9 June 2004

Report

Background

The fourth meeting of the Strategy and Technical Advisory Group for Tuberculosis (STAG-TB) was held at WHO Headquarters (WHO/HQ) in Geneva from 7 to 9 June 2004. 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 Stop TB Department (STB), within the HIV/AIDS, Tuberculosis and Malaria cluster (HTM), in the areas of public policy development for TB control, operational research, and research and development.

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

a) to provide independent evaluation of the scientific and technical aspects of WHO's TB work;

b) to review WHO's collaboration with, and support of, countries’ efforts to control TB, including the provision of guidance on policies, strategies and technical support assistance;

c) to review the content, scope and dimensions of TB research activities, their relevance to countries’ efforts 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;

e) to advise on priorities between areas of possible activities.

WHO is the process of amending STAG's Terms of Reference developed in 2001 to reflect the implications of WHO's organizational changes since then. The new TORs will be distributed prior to the STAG meeting in 2005.

12 members rotated off of STAG in 2004 and 12 others replaced them. The new members are: Dr. Rifat Atun, Dr. Richard Chaisson, Prof. Gilles Dussault, Dr. Saidi Egwaga, Dr. Asma El Sony, Mr. Mark Harrington, Prof. Michel Kazatchkine, Dr. Jintana Ngamvithayapong-Yanai, Dr. Alberto Romualdez, Dr. Lakhbir Singh Chauhan, Dr. Roberto Tapia-Conyer, and Dr. Karin Weyer. In addition, 5 of 6 co-opted STAG members were able to attend. They, represent the Stop TB Partnership Working Groups.
Please see Annex 1 for the list of participants, which includes titles and full contact information on all members and other participants.

Objectives of the fourth meeting

1. To brief the STAG-TB members on the global tuberculosis epidemiological and control situation, and on WHO's activities and direction

2. To report on the progress made on the STAG-TB 2003 recommendations

3. To present the Regional Offices' achievements, constraints and progress on their 5 year plans

4. To report on progress towards the 2005 global TB control targets for case detection and successful treatment

5. To discuss the strategic directions for overcoming the health system constraints to faster progress in achieving the global TB control targets

6. To present WHO's co-ordination of, and contribution to, the global TB/HIV working group, DOTS-Plus working group and DOTS expansion working group.

The meeting agenda is attached as Annex 2. This report, all presentations, as well as relevant documentation and reports, are available on the WHO Stop TB Department website (http://www.who.int/gtb).

Dr Roberto Tapia served as Chair of the meeting, on account of the indisposition of Dr Jaap Broekmans, 2004 Chairperson of STAG. Dr PR Narayanan served as Vice-Chair of the meeting. Ms Diana Weil served as rapporteur. Dr. Dermot Maher coordinated STB preparation and management of the meeting.

Recommendations

The following are the consensus recommendations made by STAG members on each of the areas of work presented, or in response to questions posed by the Stop TB Department. Other detailed suggestions and recommendations made by individual members have been noted by the staff responsible for areas of work presented.

1 Follow-up on STAG 2003

STAG appreciates the thorough response of STB and the regions to the 2003 STAG recommendations.
STAG recommends that STB develop a report on highlights in global TB control over the last decade to accompany the resolution on sustainable financing and TB control approved by the 2004 Executive Board for the World Health Assembly in May 2005.

2.1 STB/WHO's role in a changing environment

STAG endorses STB/WHO's strategic approach, and its main emphases on a universal standard of care, engagement of all providers, training institutes and professional associations, promotion of patient demand for quality, and linkage with other movements to improve quality of care, especially for the poor and underserved.

STAG endorses STB/WHO's approach to further strengthen the integration of the DOTS strategy within health systems.

STAG recommends clarification of: the links between implementation of the DOTS strategy as a public health approach and promotion of the concept of individual patient care; the implications of failure by providers to meet the universal standard of care.

STAG encourages approaches to better provider performance in ensuring a universal standard of care through positive reinforcement and removal of barriers.

2.2 Report of the 2nd Ad hoc Committee on the TB Epidemic

STAG endorses the report and the mainstreaming by WHO and the Stop TB Partnership of its recommendations within their programmes of work.

2.3 Second Global Plan to Stop TB

STAG endorses the proposed development of the second Global Plan to Stop TB (2006-2015).

STAG recommends: clarification of audience and objectives; full partner engagement; linkage of global and national plans, with underpinning of regional plans by national plans; means to improve costing of plan elements; targets for dissemination, advocacy and social mobilization.

STAG encourages the integration of the theme of TB and poverty in the plan.

STAG endorses the broad consultation process necessary to ensure buy-in, quality and effectiveness of the product.

3 Regional work programmes

STAG recommends clarification of the respective and complementary roles of STAG and the regional TAGs, e.g. with STAG providing strategic and technical guidance on global issues and the regional TAGs providing mainly operational guidance to regions.
STAG recommends that all regions present their projections on Member State timeframe to achieve the 2005 targets at STAG 2005.

STAG recommends that the regions foster collaboration between national TB/HIV/Malaria Country Coordinating Mechanisms (CCMs) and national Stop TB Partnerships or TB technical guidance committees, where they exist.

3.1 AMRO

On account of concern about progress in overcoming challenges to DOTS expansion in Brazil, STAG endorsed AMRO's plans for intensified support to Brazil, and requests AMRO to present an interim report to STAG by end September 2004 and a second report for STAG at its 2005 meeting.

STAG encourages AMRO and STB to collaborate in selecting additional countries where it is possible to assess progress on achieving prevalence, incidence and mortality reductions, including consideration of population-based surveys and other methods. STAG also supports STB and AMRO follow-up on the regional TB epidemiology and surveillance workshop.

3.2 SEARO

STAG recommends that SEARO report to STAG 2005 on India's progress generally in reaching the 2005 targets and specifically in addressing TB/HIV and MDR/TB.

STAG recommends that SEARO share lessons learned on actions taken by countries undergoing health reforms to strengthen NTP stewardship and functions.

3.3 EMRO

STAG recommends that EMRO should report to STAG 2005 on progress in implementing the substantial NTP work programme under way in Pakistan.

3.4 AFRO

STAG expresses concern that, even excluding deaths, the rates of adverse treatment outcomes (especially treatment interruption) are high in many countries and recommends that AFRO should intensify support to improve NTP performance through the achievement of lower rates of treatment interruption, and better case detection in settings that achieve low rates of treatment interruption.

STAG urges collaboration between NTPs and National HIV/AIDS Programmes in supporting general health service provision of prevention and care including TB services for PLWHA (see also recommendations under Topic 11 on TB/HIV).
STAG endorses increased attention to laboratory strengthening.

3.5 WPRO

STAG recommends that WPRO with STB take a lead in looking at implications of prevalence surveys results in the Region, including in China and Cambodia.

STAG recommends that WPRO and STB support further analysis on impact of achievement of 2005 targets on prevalence and incidence in Vietnam.

3.6 EURO

STAG recommends that EURO share lessons learned in the strengthening of laboratory network capacity, in prioritization of diagnostic techniques (i.e. sputum microscopy, culture and drug-susceptibility testing in that order) and in scale-up strategies for DOTS-Plus programmes.

4 ISAC (Intensified Support and Action Countries)

STAG endorses ISAC as a means of speeding up progress towards the WHA 2005 targets.

STAG endorses the principle of WHO collaboration with donors to ensure the mobilisation of sufficient funds for technical assistance to increase absorptive capacity, and recommends that STB reinforce the following in its strategy and plans:

- ISAC plans should be led by countries and respond to their expressed needs.
- ISAC should seek to urgently build capacity to absorb new resources and to build long-term in-country technical assistance capacity.
- ISAC should be complementary to new funding mechanisms.
- ISAC partners should work with funders including the GFATM to fill the current short-term gap in the financing of technical assistance in the expectation that funders will provide sufficient funds and facilitate their release to meet the long-term needs for technical assistance.

5 Monitoring and Evaluation

STAG recommends STB form a task force to:

- obtain consensus on choice, definitions and mix of targets and indicators used to measure implementation and impact of TB control;
- further evaluate the internal consistency of targets, including investigation of the expected relationship between implementation and impact, in areas both of low and high HIV prevalence;
- further evaluate the impact of DOTS programmes, making use of existing and emerging surveillance and survey data.
STAG endorses ongoing STB and regional efforts to strengthen analysis and TB information systems, including routine surveillance and death registration.

6 Advocacy, communications and social mobilization strategy

STAG supports further development of a comprehensive strategy for advocacy, communication and social mobilization, that includes better articulation of priority activities and partners in the following areas:

- Advocacy for political commitment and participation of main actors, partners and stakeholders beyond government at regional and national levels
- Mass and interpersonal communication strategy development to enhance community participation and better information about TB as a curable disease, what is effective care and how to access services.
- Social mobilization initiatives to increase case detection and treatment success rates, including linkages with ISAC. Social mobilization implies grassroots action and resources mobilization.
- Advocacy, communication and social mobilization to enhance government stewardship besides increasing capacity-building to aim for better health outcomes.
- Adapting lessons learned from success stories in grassroots HIV activism.

7.1 Health workforce crisis and human resources (HR) development

STAG recognizes the complex challenge posed by the health workforce crisis and the need for an urgent response and assistance to countries, since HR capacity underpins the successful implementation of all of the elements of the DOTS strategy.

STAG recommends that STB should actively contribute to global alliances for HR strengthening, without losing momentum and perspectives from TB control, and help lead work in the following areas:

- supporting integrated development and planning of national HR strategies, and capacity building;
- building the evidence base on needs and lessons learned from TB at country level;
- addressing special issues of groups of countries (e.g. high HIV prevalence, countries undergoing health sector reforms such as decentralization).

7.2 Engaging all providers

STAG notes the improved documentation on public-private mix (PPM) pilot results.

STAG supports efforts to diversify partnerships from those with private practitioners to also include those with non-profit partners and public institutions.
STAG recognizes that the balance and extent of public vs. private focused partnerships will depend on local service utilization patterns, openness to collaboration and NTP strength.

STAG endorses:
- plans to continue to build an evidence base on the feasibility, outcomes and cost-effectiveness of PPM approaches;
- preparation of guidelines for PPM approaches.

8 Improving policy development, transfer and implementation

STAG acknowledges the importance of ensuring the transfer of evidence-based policies to countries in ways which contribute effectively to implementation.

STAG advises the use of innovations in technology to complement the more traditional means of communication used in policy development, transfer and implementation.

STAG recommends that STB should:
- more explicitly plan and explain the process of policy development and transfer;
- enable NTP managers to lead bottom-up innovation, national adoption of policies, adaptation and timely implementation;
- engage professional societies, academia, public institutions and NTP managers in the process of policy transfer;
- develop a strategy to improve effective policy innovation, transfer and implementation, and develop a strategy to improve effective policy innovation, transfer and implementation;
- collaborate with the WHO Knowledge Management Department in these efforts.

9 Revision of "Treatment of tuberculosis: guidelines for national programmes" (3rd edition)

Regarding the continuation phase of treatment of Category I patients, STAG endorses the proposed revisions in Table 4.3 and Section 4.8 of the revised text to reinforce the preference for 4HR, with 6HE as an acceptable option.

STAG agrees with the wording on the use of DOT during rifampicin administration in table 4.3 and section 4.8 of the revised text.

STAG recommends that the wording in section 4.8 of the revised text on FDCs, should read: "The use of FDCs is highly recommended."

STAG advises the clarification that the 8th month regimen for Category I patients should be administered daily.
Regarding the treatment regimen for category II patients, STAG advises that daily administration is preferred, with thrice-weekly administration in the continuation phase or in both phases as an acceptable option.

Regarding regimens for category IV patients who fail the treatment regimen for Category I patients, in the absence of agreement on wording in Table 4.3 and section 4.9 in the revised text, STAG advises that STB should convene a small working group to propose wording which accurately reflects the STAG discussions. STAG will review this by email, with the aim to achieve consensus by end July 2004.

Note: Proposed language subsequently adopted by STAG, based on the proposal of the designated STB staff and STAG member: STAG recommends that a category 4 regimen should be the standard of care for patients with multi-drug resistant tuberculosis (MDR-TB). However, STAG recognizes that many low income countries do not yet meet the requirements to introduce category 4 regimens. Therefore STAG recommends that countries take appropriate action to i) collect representative drug-resistance surveillance information among patients at increased risk for MDR-TB such as retreatment cases and ii) to build capacity to introduce a category 4 regimen within the context of the regular DOTS program (a DOTS-Plus component). Tables 4.3 and Section 4.9 where then revised accordingly.

STAG requests STB to lead further discussions on how to disseminate up to date policy guidance on treatment taking into consideration the STAG recommendations on "Improving policy development, transfer and implementation" (see above Section 8 "Improving policy development, transfer and implementation").

10 Framework for a strategic plan for laboratory strengthening

STAG endorses the plan's development and the engagement of new partners in the process.

STAG recommends further attention to:
- the needs of categories of countries (including those undergoing DOTS expansion, those with full coverage but quality deficiencies, those with high MDR-TB prevalence);
- national needs for culture and DRS;
- the usefulness of lab performance indicators for quality assurance as part of routinely-collected NTP performance indicators;
- means to improve recognition and motivation of laboratory staff at global and national level;
- inclusion of operational research on the added value of newer technologies, technology transfer from developed countries, and means to scale up use;
- NTP management advocacy for lab networks and capacity-building;
- communication with NTPs and donors, including GFATM, to include lab strengthening in national plans and funding proposals for TB control.
11 TB/HIV strategy and work programme

STAG notes the opportunities afforded to TB control by the "3 by 5" Initiative and endorses STB and "3 by 5" commitments to strengthen institutional links at global and country level for effective and coordinated ARV delivery through a range of health providers.

STAG endorses ARV delivery among TB patients, as set out in the 2004 EB resolution, with evaluation of the potential role of NTPs in contributing to ARV delivery and with the condition that NTPs will need sufficient additional resources to enable them to fulfil this role.

STAG recommends that the STB and HIV departments should assess health system strengthening needs, including the improvement of laboratory capacity, that are common to TB and HIV.

STAG notes that effective TB/HIV delivery will depend on effective primary care and therefore encourages the STB and HIV departments to collaborate in strengthening NTP and National HIV Programme support to general health service providers.

STAG requests the STB and HIV departments to report on field implementation of collaborative TB/HIV interventions with adaptation and improvement of guidelines based on experience.

STAG endorses the proposal for the STB and HIV departments to develop operational research priorities and further costing estimates.

STAG advises further strengthening of TB/HIV surveillance, monitoring and evaluation.

STAG endorses advocacy and "TB/HIV and treatment" literacy at community level, but also encourages improved global advocacy.

STAG notes that high TB burden countries in lower HIV settings need TB/HIV guidance and STB support in this.

12 Guidelines on TB and poverty, and the proposed network

STAG endorses the preparation of the proposed document (either guidelines or a policy framework) and the development of the network.

STAG recommends that STB and partners should:
- clarify how the proposed guidance will help in resolving the principal problems for the poor in accessing TB services or achieving positive outcomes (case detection and treatment success);
• ensure other partners join in development of guidance and in the network, such as those that work beyond TB in health financing, poverty analysis, primary care, and social mobilization;
• consider some additional issues, including special concerns in complex situations, association between TB, poverty and health sector reform, and enabling TB patients to take more control of their care;
• recognize the limits of WHO guidance and network, without larger scale poverty reduction advances, to change the situation for those suffering from TB and contribute to these larger agendas.

13 STB and TDR collaboration

STAG notes that the institutional links between STB and TDR have not been strong enough to enable the development of a joint TB research agenda and that the Stop TB Partnership Working Groups have made variable progress in developing research agendas.

STAG recommends that STB and TDR should:
• continue to strengthen institutional links, e.g. by ensuring cross-representation between STAG-TB and STAC-TDR;
• collaborate in planning a joint 2005 TB scientific working group meeting that will develop a TB research agenda for TDR and STB, takes into consideration the research agendas of the Stop TB Partnership Working Groups and reflects the respective STB and TDR comparative advantages.

14 Suggestions to make STAG more effective

Preparation before next meeting

STB will make the questions to STAG explicit in the documentation sent to the STAG members in advance of the meeting.

In consultation with the STAG chairperson, STB will prioritise further among the topics for presentation in order to make more time available for the highest priority topics and to shorten the meeting to 2.5 days.

STB will obtain and circulate a brief description of each STAG member’s expertise.

STB will consider holding the STAG meeting in a country where STAG members may have the opportunity to see the NTP in action.

Process during the meeting

The secretariat will consider changes to the regional presentations, with each region addressing the biggest 2-3 challenges, in addition to standardised reporting on progress towards targets.
The secretariat will ensure sufficient time in discussing each topic for the secretariat to respond and for adequate formulation of recommendations.

STAG will review the main recommendations at the end of each day or beginning of the next day.

STAG will review all activities at the end of the meeting and indicate their priority.

Process between STAG meetings

STB to continue to seek STAG members' advice between STAG meetings.
4th Meeting of the Strategic and Technical Advisory Group - TB (STAG-TB)
7-9 June 2004, Executive Board Room, WHO/HQ
Geneva, Switzerland

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