The World Health Organization recognizes its critical role in supporting urgent national efforts over the coming decade to meet the Millennium Development Goal 6 target of reversing TB incidence and meeting Stop TB targets for 2015 of halving TB prevalence and mortality rates, as well as the target of universal access to HIV treatment and care by 2010. WHO requires ongoing scientific, technical and strategic advice in TB care and control as it further prioritizes its work programme this biennium (2006-2007) and sets its Strategic Objectives from 2008-2013. Therefore, it relies on the ongoing engagement of its Strategic and Technical Advisory Group for Tuberculosis (STAG-TB, hereafter referred to as STAG), which was established in 2001.

**Overall objectives of the STAG:**

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.

Seventeen of the eighteen members of STAG met at WHO Headquarters from 19-21 June, 2006. They were joined by five chairs of WHO Regional Tuberculosis Technical Advisory Groups, the seven chairs of the Stop TB Partnership Working Groups,¹ other partners from collaborating organizations and agencies and WHO Secretariat staff from Headquarters and regions. The agenda and list of participants are attached. The meeting was organized by the WHO Stop TB Department. Dr. R. Tapia serves as Chair of STAG, and Dr. Wang X.X. served as Vice-Chair for the meeting.

Sixth meeting objectives:

WHO asked the STAG to review and advise on eleven themes all relating to the recently launched WHO-recommended Stop TB Strategy which underpins the Stop TB Partnership's Global Plan to Stop TB, 2006-2015. The aim of these documents is to support countries and partners to expand access to, and quality of, TB prevention, control, care and research needed to the TB-related Millennium Development Goals (MDGs) and Stop TB Partnership targets for 2015, and to move towards TB elimination.

Both the Strategy and Plan were reviewed and endorsed in draft by STAG in 2005, with substantive additions and revisions made based on STAG recommendations.

STAG members expressed their commitment to help WHO act with urgency to advance the norms, policies, technical support to countries, advocacy and monitoring and evaluation all needed to implement the Stop TB Strategy and Global Plan.

Presentations and summary documents used to inform STAG discussions and recommendations are not included here but are available on [http://sharepoint.who.int/sites/stb/stag06](http://sharepoint.who.int/sites/stb/stag06); username: ads\hqstb; password: hqstbhqstb

The issues addressed in this meeting were:

1. Roll-out of the Stop TB Strategy at national level
2. Regional priorities and challenges in supporting the Stop TB Strategy and Global Plan implementation
3. Response to the African TB emergency
4. Laboratory strengthening and smear-positive case definitions
5. Smear-negative TB diagnosis in HIV prevalence settings
6. Measuring progress towards the MDGs and Stop TB targets
7. Health system strengthening and TB control
8. Implementation of the International Standards for TB Care (ISTC)
9. Advocacy, communications and social mobilization at country level
10. Mechanism for coordinating technical support to countries
11. Enabling and promoting TB research

This report provides the recommendations made by STAG to the World Health Organization based on presentations and discussions on each of these themes.

Session 1: Development and launch of the Stop TB Strategy - what have we learned to date?

1. STAG notes the progress achieved in launching and initiating technical and financial support for national implementation of the Stop TB Strategy. It acknowledges that
phasing of implementation is required while recognizing the urgent need for scale up, national adaptation and consideration of all components across countries.

2. STAG recommends strengthening ongoing work within the health sector while also working to build multisectoral collaboration in taking forward the Strategy, and learning lessons from the HIV/AIDS and other communities.

3. STAG recommends that WHO report back in 2007 on roll-out of the Strategy, particularly on how all of the elements facilitate the adequate scale-up of response to TB-HIV, MDR-TB and explicit attention to using all elements of the Strategy to extend access and effective care to poor persons and communities.

4. STAG urges WHO, in pursuing Stop TB Strategy promotion and implementation, to build further on the larger political agendas around health system strengthening promotion, universal access to HIV treatment and care objectives for 2010, and overall poverty alleviation and MDG aims for 2015.

**Session 2: Report from Regional TB Technical Advisory Groups (TAGs) on key issues of global relevance and views on Stop TB Strategy and Global Plan Implementation**

1. STAG acknowledges relatively high DOTS coverage and progress towards 2005 targets (except in Europe and case detection in the Eastern Mediterranean) as discussed by the TAGs\(^2\). It commends regional efforts to promote the Stop TB Strategy, acknowledges the importance of TAGs, and affirms that regional TAGS add value by focusing on regional priorities and developing regional strategies.

2. STAG recognizes the importance of political commitment to take forward new elements, such as the high-level political meeting held in China in December 2004, and the Ministerial Forum on the TB emergency being planned in the European Region.

3. STAG recommends that WHO and TAGs promote means to increase accelerated reporting and analysis of TB data to inform problem-solving, impact reporting and advocacy.

4. STAG recommends that WHO and TAGs enable countries to document and share best practices in roll-out of the Stop TB Strategy and scale-up plans, as well as pursue impact analysis, and to challenge countries through country-by-country analysis and comparison.

\(^2\) a TAG meeting was not held in the Africa region in the last year.
Session 3: WHO's Response to the African TB Emergency

1. STAG notes that the crisis of HIV continues to drive the TB epidemic in Africa. Despite progress in TB control and initiating the WHO policy on collaborative TB/HIV activities, coverage within countries with the interventions in the Stop TB Strategy, including specific TB/HIV activities, is still low.

2. In response, STAG recommends that WHO, in conjunction with partners (ranging from Heads of State and their Ministers and governments, donors, technical agencies and civil society) should support the implementation of the WHO/AFRO TB strategic plan through:
   a. Technical and financial support for the development and implementation of national action plans for universal access to TB and HIV/TB services, incorporating measurable milestones and timelines;
   b. Accelerated implementation of the Integrated Management of Adolescent and Adult Illness (IMAI) to advance integrated service delivery within primary care;
   c. Promotion of scale up of initiatives for involvement of private and other providers including representatives from relevant communities, with focus on implementation of services at district level;
   d. Ensuring that national TB plans incorporate a patient-centred approach, and serve to empower patients, communities and civil societies and empower the use of ex-TB patients to promote and support TB control;
   e. Holding of an African TB summit (as recommended by the G8 in 2005) in early 2007 at which the economic benefits of the Stop TB strategy should be unambiguously presented;

3. STAG notes that TB is not fully incorporated into HIV control thinking and recommends that WHO take all necessary steps to ensure that TB/HIV is properly addressed in the Universal Access efforts of the WHO HIV Department and UNAIDS, and that practical action plans are laid out with timelines and milestones, within national HIV plans to be finalized by the end of 2006 following the UNGASS resolutions, specifically:
   a. to ensure HIV and TB collaboration in persuading large international funding agencies to include TB control as an element in their HIV support;
   b. by undertaking joint missions in at least 5 African countries in the next year, to monitor the progress of the action plans; and
   c. to consider having the STAC-HIV and STAG-TB meetings overlap by one day in 2007.

4. STAG notes that many WHO country offices are insufficiently engaged in supporting TB control and recommends that WHO ensure all three levels of the Organization are aligned, and country offices engaged more in supporting TB control, especially through building relations with decision makers and encouraging national partnerships for TB control.
5. STAG is concerned that TB control in Africa is threatened by anti-TB drug resistance and WHO, in collaboration with governments and other partners, is urged to rapidly:

a. continue to survey and disseminate information about the spread of drug resistance in Africa, and in particular the interaction between HIV and MDR/XDR-TB\(^3\),
b. develop and implement an action plan to address prevention and management of MDR/XDR -TB in the African Region.
c. Support all countries to develop infection control plans including district monitoring and service level delivery components.
d. Facilitate incorporation of these approaches as routine elements of program monitoring and review.

6. STAG notes its concern that Isoniazid preventive therapy (IPT) has not been widely implemented despite ample evidence of its effectiveness and inclusion as part of the TB/HIV control package. Therefore it recommends that WHO:

a. undertake an analysis of the extent of use of IPT in countries and document reasons for its failure to be used;
b. organize a consultation to review WHO recommendations on the use and scale-up of IPT in the light of the results of the analysis;
c. develop a detailed strategy for the expansion of implementation of IPT, and take the necessary steps to promote the use of wide-scale IPT.

7. Given the urgent need for scaled-up action in Africa, STAG asks that WHO report back on progress made on all these points at the 2007 STAG meeting.

**Session 4: TB laboratory strengthening actions and review of case definitions**

1. STAG recognizes the urgent need to upgrade and expand quality-assured TB laboratory services, especially to address the problems of HIV-Associated TB and MDR-TB. It endorses the 2006-2009 Strategic Approach to improve performance of TB laboratories. Furthermore, STAG urges WHO in collaboration with other partners to provide the modest funding required to carry out this plan.

2. Given current weaknesses in the evidence base, STAG recommends that WHO promote and support further intervention research to assess the feasibility, cost-effectiveness and programmatic implications of the potential adoption of:

a. a one-positive smear rule definition of a sputum positive TB case;

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\(^3\) XDR-TB: Extensive drug-resistant TB, which is defined as resistance to 3 or more of the six classes of second line anti-TB drugs
b. the reduction of the three-smear-exam rule to a two smear exam policy.

WHO should then provide policy recommendations for STAG review based on this work.

3. STAG recognizes the importance of private and non-public health laboratories especially in service delivery of culture and DST. It urges WHO to develop a plan of action of engagement of these laboratories in National TB control programme based on the experience gained from Public-Private Mix (PPM) DOTS.

4. STAG acknowledges the importance of Supranational Reference Laboratories (SRL), especially in supporting culture and DST services and recommends to increase the number and support to these laboratories.

5. STAG recommends to strengthen collaboration with other disease control programmes, especially HIV/AIDS and malaria, to integrate efforts for laboratory improvements.

6. STAG requests that next year the current status of TB laboratory services and plans for improvements should be presented by WHO regional staff.

7. STAG recommends that WHO explore the possibility of pooled procurement of laboratory equipment following the GDF experience.

Session 5: Recommendations to improve the diagnosis of smear negative pulmonary and extrapulmonary TB among adults in HIV prevalent and resource-constrained settings

1. STAG recognizes that the recommendations and the revised algorithms provide a framework for the management of TB in HIV prevalent settings by removing barriers and expediting the process to respond to the emergency posed by the dual TB and HIV epidemic.

2. The associated challenges in the implementation of the recommendations are also recognized. HIV testing of TB suspects, human and financial resource implications of the recommendations, and rapid generation of evidence for rolling policy changes will be among the key challenges.

3. STAG acknowledges the endorsement of the recommendations and the revised algorithms by the Strategic and Advisory Committee for HIV (STAC-HIV).

4. STAG endorses the recommendations and the revised algorithms for implementation in Africa and other high HIV settings as defined by National TB and HIV Control Programmes, to guide the expedited diagnosis and management of TB.
5. STAG recommends that in addition the following steps be taken:

   a) The level of evidence that helped in the formulation of the recommendations and revision of the algorithms should be ranked and included in the document;

   b) In those settings where the revised diagnostic algorithm is being implemented, concomitant monitoring and evaluation of implementation is required;

   c) Operational research should be carried out in all settings to generate further evidence;

   d) A sub-group of STAG members and other partners should help WHO to monitor the implementation and evaluate the initial effectiveness of the recommendations and report back to STAG and STAC-HIV in 2007.

6. STAG emphasized the importance of expediting the development of new, simple and rapid tools for the diagnosis of TB particularly in people living with HIV.

Session 6: Measuring progress towards the MDGs: Technical Working Group recommendations and next steps

STAG endorses the recommendations of the Task Force and reinforces these as follows:

1. Modus operandi: Given the broad scope of the work required to measure progress in TB control, the work of the Task Force should continue, coordinated by WHO. This work must be carried forward as a matter of urgency.

2. Technical issues: The Task Force should develop, update or refine standard methods to measure, monitor and evaluate TB infection, disease and death using routine surveillance, surveys and operational research. It should identify priority countries in which surveys should be carried out.

3. Transfer of information: The Task Force should develop guidelines on the essential elements of routine systems for M&E, and on the methodology for doing population-based surveys. The need for M&E staff at global, regional, national and sub-national levels should be established and suitable training courses developed.

4. Costing and fund raising: The Task Force should establish and apply methods to determine the current and likely future costs of M&E including equipment, staff and technical assistance. The Task Force should also pursue fundraising opportunities
with major donors, including the Global Fund to fight AIDS, TB and Malaria, and the Bill & Melinda Gates Foundation.

**Session 7: Progress and products of the Task Force on Health Systems Strengthening and TB Control and next steps for WHO and partners**

1. STAG endorses the general direction and areas of work of the Task Force, and endorses the Terms of Reference for the extension of the Task Force.

2. STAG recommends that Task Force continues until end of June 2007, to further guide prioritization, advance products and catalyse action of the Stop TB Department, regional counterparts and partners.

3. STAG proposes that the TF highlights the following as they take the work forward:

   a. Fully develop and enable use of the proposed Do's and Don'ts Checklist and framework on "non-negotiables" (core functions and outputs required for safe and effective TB control) in order to meet urgent need to sensitize and empower National TB Program Managers to engage in health system strengthening, health sector-wide policy and planning processes;

   b. Assist in ensuring increased availability and capacity of technical assistance in health system strengthening to respond to demands of NTP and other national counterparts and to help align work with outside partners on disease initiatives within national frameworks;

   c. Further highlight innovations of TB programmes and practical examples of how TB can contribute to HSS: Practical Approach to Lung Health (PAL), Public-Private Mix models, Community TB care, monitoring and evaluation systems, and chronic care models, etc.

   d. TB/HIV collaborative activities are the most obvious place to start action to demonstrate harmonization and integration, especially within weak health systems. TB/HIV collaboration at global level will facilitate country-level progress;

   e. Involve civil society, non-health sector partners and patient activists in proposed HSS activities;

   f. In pursuing country-level assessments, operational research and evaluation, put emphasis on identifying means to overcome country-specific bottlenecks or advance innovations for improved TB control and health systems;

   g. Link with Stop TB new tools development working groups, and other interested partners beyond TB community, to ensure that issues related to health systems preparedness to deliver new tools are addressed.

4. STAG asks that the Task Force report back on its actions at the 2007 STAG Meeting.
**Session 8: Rolling out the International Standards of TB Care (ISTC):**
**private and public care providers, National TB Programmes and WHO**

1. STAG commends the actions taken to date in finalizing, launching and initiating collaboration with partners in high-burden countries to use the ISTC.

2. STAG recommends that the American Thoracic Society and WHO and all other partners engaged:
   
a. Seek broad endorsements of the ISTC and mobilize professional societies in support of TB control globally;
b. Pursue country consultations and collaboration with initial focus countries for roll-out, with special focus on engagement of professional societies and academic institutions;
c. Assess and facilitate National TB Program preparedness to support these activities;
d. Engage patients and communities, by building awareness of the ISTC and its fundamental links with the Patients' Charter and thereby also build demand for adoption of the Standards;
e. Collect and synthesize information on approaches to develop an implementation guide, modeled on the Public-Private Mix guide;
f. Further integrate implementation efforts with, and catalyze, Public-Private Mix activities;
g. Draw on lessons learnt on optimum implementation of guidelines by incorporating existing evidence into approaches;
h. Link to larger health system strengthening approaches, such as monitoring, supportive supervision and feedback, as well as evaluation of training and implementation strategies.

3. STAG recommends that WHO at global, regional and country levels, can best support these efforts through several priority actions, including:

   a. Respond to country and partner demand for technical assistance in pursuing use of the ISTC, and incorporate ISTC support within PPM technical assistance;
b. Coordinate with the Stop TB Public-Private Sub-group of the DOTS Expansion Working Group;
c. Promote and pursue monitoring of ISTC adoption and use in country technical assistance; in global TB monitoring, evaluation and reporting; as well as help develop appropriate measurement tools;
d. Continue to promote the ISTC and related resource mobilization for activities proposed.
Session 9: Advocacy and Social Mobilization at Country Level: Adopting Indicators and ensuring technical assistance

1. STAG recognizes advocacy, communications and social mobilization (ACSM) at country level as a critical area of work for the advancement of all elements of the Stop TB Strategy and the full implementation of the Global Plan to Stop TB, 2006-2015.

2. STAG also notes that the organization of the Stop TB ACSM Working Groups (country and global level groups) and increased resources, particularly from the Global Fund to fight AIDS, TB and Malaria is enabling further work in this field, but this effort needs to be further mainstreamed within overall scale-up plans at national and regional levels.

3. STAG recommends that WHO, at all levels, and the Stop TB Partnership Secretariat and ACSM Working Group, collaborate closely to move forward on priority actions in scaling-up effective ACSM activities:

   a. Move rapidly to document and share innovative and effective ACSM actions taken already by National TB Programmes, affected communities and patients, non-governmental organizations and other partners, and ensure that these experiences lead in informing future strategies. Also draw on lessons learnt from failed efforts in the past;

   b. Place particular emphasis on promoting political commitment, documenting and measuring this commitment in order to help hold stakeholders accountable for engagement;

   c. Continue to increase the capacity of National TB Programme staff and partners to pursue evidence-based ACSM activities, and expand the availability of experts available to support the actions of national programs, and to integrate such support within general technical assistance missions to national programmes;

   d. Refine the draft ACSM monitoring and evaluation indicators, with emphasis on examining feasibility, reliability and validity of indicators; at this stage consider reducing the number of indicators proposed for widespread consideration. In this process, balance quantitative and qualitative approaches in monitoring and evaluation. To advance this work, ACSM indicators and M&E processes should be considered within the work program of the Technical Working Group on measuring progress towards TB targets, and within global monitoring of program performance;

   e. Provide policy guidance to National TB Programmes, and incorporate ACSM and scale up community involvement and patient empowerment elements
within national programme review guidelines, national programme guidelines and other tools used by countries and partners.

4. STAG requests that the ACSM Working Group at Country Level, in collaboration with WHO, report back to STAG on progress in these areas in 2007.

Session 10: (a) A Stop TB Mechanism for Coordination of Technical Support to Countries to Advance the Global Plan (b) Support for country planning and budgeting in line with the Global Plan

1. STAG emphasized the need for country-level coordination and the central coordinating role of the National TB Programme, within existing health sector and/or disease control Country Coordinating Mechanism (CCM), fully understanding the difficulties in achieving such coordination. There is a need to determine the effectiveness of TB-specific Interagency Coordination Committees (ICC) at country level to support National TB Programmes and respond to needs.

2. STAG recommends that WHO help to develop effective coordination of technical support at the country level by:
   a. Increasing collaboration: South-to-South; between UN agencies; between multilateral and bilateral partners; and with civil society;
   b. Ensuring a selection of high quality consultants, especially broadening the sector of consultants that have traditionally not been included;
   c. Enabling increased coordination of technical support missions with other areas of work within the health sector to support a joint response to problems, and reduce burdens on hosting governments, facilities and service providers visited.

3. Given the critical importance of technical assistance to countries, there is a need to further specify the roles of WHO and technical partners at global and regional level on how to improve collaboration and expand funding.

4. STAG notes the high quality of work done in developing the TB control planning and budgeting tool.

5. STAG endorses steps to be taken to rapidly finalize tools and accompanying guidelines, promote and support their use, along with other partners, at country level and incorporation into larger health sector plans and resource mobilization.
Session 11: WHO's roles in promoting and enabling TB research

1. STAG recognizes the urgency and importance of promoting TB research, including the applied research necessary to reach the global targets for 2015 and the basic research necessary to achieve the goal of TB elimination by 2050.

2. STAG therefore fully supports the Stop TB Partnership Coordinating Board's decision to establish a Global Stop TB Research Movement with the following objectives:
   a. to advocate for increased support for TB research across the whole research spectrum;
   b. to facilitate the research activities of partners in ways that reflect the relative advantages of different partners;
   c. to contribute to research capacity-building at country level in countries badly affected by TB (especially the high-burden countries).

3. STAG recommends that in developing the Global Stop TB Research Movement, WHO and the Stop TB Partnership should:
   a. Carefully define their relative advantages regarding TB research to ensure that they add value, with an emphasis on the Partnership's relative advantage in catalysing global change and in partner coordination and WHO's relative advantage in technical support and capacity-building;
   b. Prioritize their activities in line with their relative advantages to make best use of their resources available for this work;
   c. Take into account the institutional developments in WHO's overall strategic role in health research (as set out in the position paper discussed at the 2006 World Health Assembly) and as reflected in the development of WHO's overall research strategy (to be presented to the 2008 World Health Assembly);
   d. Take into careful consideration the lessons learned from successes and failures of previous efforts to promote research in TB (funding, collaboration, and capacity-building) and in other fields (especially HIV);
   e. Lead by example by ensuring that policies are based on the best possible evidence;
   f. Work with partners to develop and promote the strongest possible case for increased investment in basic research, as part of overall efforts to increase the total amount of funding for TB research across the spectrum;
   g. Build on the experience gained in promoting research through the activities of the Partnership's Research and Development Working Groups;
h. Continue to work with a subgroup of STAG members to further develop the ways of working of the Global Stop TB Research Movement and to clarify the institutional arrangements regarding WHO, the Stop TB Partnership and TDR.

**Session 12: Next STAG meeting**

**Themes for 2007 meeting:** STAG members and other participants proposed topics for consideration for the next meeting, and recognized that many of the themes addressed this year would require follow-up reports in 2007, but with some prioritization among the themes to ensure space for additional issues to be addressed.

Additional topics suggested by STAG members and other participants for potential discussion in 2007 were:

1) Achievements at country and regional level in relation to the World Health Assembly 2005 TB case detection and treatment targets. WHO will be reporting to the World Health Assembly in May 2007 on results.

2) Strategies for maintaining and going beyond the 2005 targets of at least 70% case detection and 85% treatment success for infectious TB cases. This would include discussion on next steps at country and regional level. The session could also address approaches applied and needed in countries that are still far from reaching the 2005 targets.

3) Reporting and recording system revision and roll-out. The session could also address progress in adoption of electronic information systems. Note: by October 2006, STAG will receive a report on the recommendations of a working group led by WHO and with other technical agencies, on revision of recommended TB control recording and reporting forms. The revisions are in response to program needs for information related to TB/HIV, MDR-TB and some other components of the Stop TB Strategy. STAG will be asked to review and consider endorsement of these recommendations.

4) Status on development of new tools, with special focus drugs and diagnostics at this time, and related "retooling" needed at country level to prepare for the use of new tools. The STAG also recommended that WHO continue to make use of ad hoc and time-limited STAG subgroups to review technical developments including, for example, recommendations emerging as a result of study on liquid culture medium pursued by FIND and others.

5) MDR-TB treatment scale-up was reviewed at the STAG 2005 meeting and should be addressed again at the STAG 2007 meeting.
6) Status on implementation of the Practical Approach to Lung Health (PAL) and its relation to implementation of the Integrated Management of Adult Illness (IMAI) approach, led by the HIV/AIDS Department at WHO.

7) A session, similar to the Africa-focused session in 2006, on the TB emergency and MDR-TB situation in Eastern Europe.

8) WHO's role and progress in resource mobilization for the Global Plan and status of planning and/or results of proposed Ministerial Conferences on TB in the African and European regions.

9) Attention, within an update session on implementation of the Stop TB Strategy, on how countries and partners are helping in mainstreaming an integrated approach to addressing multiple components, e.g., MDR-TB, TB/HIV etc.

**STAG composition:**
Several STAG members recommended that the future membership of STAG include at least a total of two patient and/or affected community representatives given the current range of strategic and social mobilization issues being addressed by STAG for effective TB control and care scale up. Furthermore, it was suggested that representatives of one or more of the organized communities working on social mobilization in this field be invited as additional participants in the STAG meeting. The Director of the WHO Stop TB Department will take this recommendation forward to the Director-General's office and in planning for next year's STAG.

**Timing of next STAG meeting:**
As noted in Session 3, it was proposed that STAG-TB and STAC-HIV (the WHO Strategic and Technical Advisory Committee on HIV/AIDS) plan an overlapping meeting in 2007 to allow for a joint session(s) related to TB-HIV intervention scale-up.

Tentative dates for STAG-TB are 11-13 June, 2007.
PROVISIONAL PROGRAMME

Monday 20th June

9:00 - 9:30 Opening of the meeting and introduction of new STAG Members  M. Raviglione
Review of meeting objectives and selection of Vice-Chair  R. Tapia
STAG Report 2004 and WHA Resolution 2005

9:30 - 9:50 1. Towards 2005 and 2015 targets: Where are we now?  C. Dye
9:50 - 10:10 2. WHO-recommended Global Strategy to Stop TB: Can this further improve clarity, scope and impact of global efforts?  M. Raviglione

10:10 - 10:30 Coffee

10:30 - 11:30 Discussion

11:30 - 12:00 3. The Global Plan to Stop TB 2006-2015: WHO's role  D. Maher
GPSTB 2006-2015: Provisional estimates  C. Dye, K. Floyd

12:00 - 12:30 Discussion

12:30 - 12:45 4. Overview of Stop TB Department strategy, structure, financing - are we well-aligned and enabled?  D. Weil

12:45 - 13:00 Discussion

13:00 - 14:00 Lunch

14:00 - 14:20 5. Proposed International Standards of TB Care. Can this help expand quality care via a wider range of providers?  P. Hopewell

14:20 - 15:00 Discussion

15:00 - 15:20 Coffee

15:20 - 15:40 6. Action on TB and TB/HIV in Africa: How can WHO provide the most effective support for the proposed Roadmap for TB Control (2006-2007) and progress towards the MDGS?  W. Nkhoma, H. Getahun & T. Guerma

15:40 - 16:30 Discussion

16:30 - 17:00 7. Regional WHO action & results of regional Technical Advisory Groups: Issues relevant for global action and response to STAG recommendations  L. Blanc, TAG Chairs, Regional Advisers

17:00 - 17:45 Discussion and wrap-up  R. Tapia

17:45 - 19:00 Reception
Tuesday 21 June

9:00 - 9:30  Review of STAG recommendations (Day 1) & discussion  R. Tapia

9:30 - 9:50  8. DOTS-Plus and the Green Light Committee: Is WHO effectively supporting scale-up and sustainability?  K. Lambregts

9:50 - 10:30  Discussion

10:30 - 10:50  Coffee

10:50 - 11:10  9. Measuring TB control impact and progress towards the MDGs: What methods should countries pursue and how can WHO improve its ability to assist them?  C. Dye

11:10 - 12:00  Discussion

12:00 - 13:30  Lunch  (STAG members to have lunch with Director, Stop TB)

13:30 - 14:00  10. STB engagement in health system strengthening: Are we on the right track?  Views from STB and the Evidence for Information and Policy Cluster (EIP)  PANEL  L. Blanc, K. Bergstrom, M. Uplekar, P. Travis

14:00 - 15:15  Discussion and further STB response on key areas of work

15:15 - 15:40  Coffee

15:40 - 16:10  11. Community-based Care, Patient empowerment and social mobilization: is WHO's role expanding in the right directions, with the Stop TB Partnership, to have impact?  PANEL  G. Gargioni, H. Getahun, T. Torfoss, T. Pennas

16:10 - 17:00  Discussion

17:00  Close

Wednesday 22 June

9:00 - 9:30  Review of Recommendations (Day 2) & Discussion  Vice-chair

9:30 - 9:45  12. Ensuring that countries access and effectively manage GFATM resources: Is WHO enabled and evolving to meet demands?  G. Gargioni

9:45 - 10:30  Discussion

10:30 - 10:50  Coffee

10:50 - 12:00  Summary of recommendations (Day 3)  R. Tapia

13. Wrap up discussion on strategic direction for WHO, key themes for priority attention and 2006 STAG review, wrap up  R. Tapia  M. Raviglione  J. Chow

12 noon  Close
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