

REPORT

Third Meeting of the Strategy and Technical Advisory Group for Tuberculosis

Stop TB Department World Health Organization 23–25 June 2003

BACKGROUND

The third meeting of the Strategy and Technical Advisory Group for Tuberculosis (STAG-TB) was held at WHO Headquarters (WHO/HQ) in Geneva from 23 to 25 June 2003. 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, within the 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 Communicable Diseases cluster 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.

Objectives of the 3rd Meeting

1. To present the progress of the WHO Regional Offices' 5 year plans of action.
2. To review the main strategic directions for global DOTS expansion towards the 2005 targets and beyond.
3. (a) To present an overview of global case detection under DOTS, and the rate of progress towards the 70% target, (b) to suggest a broader approach to the evaluation of case detection (and of control program performance), based on further analyses of routine surveillance data.

4. To inform on progress of initiatives aiming at increasing case finding.
5. To present and discuss the report on current status and future needs for human resource development for TB control in high-burden countries.
6. To discuss and obtain approval on the global TB/HIV policy document.
7. To present WHO's co-ordination of, and contribution to, the global TB/HIV working group.
8. To discuss the "Cochrane Review" on the effectiveness of DOT versus self-administered treatment.
9. To discuss the results of the 2002 financial monitoring project and present the 2003 data collection form; to review data limitations and reasons for the unavailability of data; and to present plans for intensified activities on financial monitoring in the 22 high-burden countries.

All WHO presentations, as well as relevant documentation and reports, are available in the WHO Stop TB Department.

Dr. Jaap Broekmans, Chairman of STAG, served as Chair of the meeting. Dr. Myrna Cabotaje served as Vice Chair for the meeting. Ms. Diana Weil and Ms. Eva Nathanson served as Rapporteurs.

RECOMMENDATIONS

I. Regional/global responses to STAG 2002 recommendations

STAG acknowledges the considerable efforts at global and regional levels to follow up on the explicit recommendations of STAG in 2002.

STAG recommends:

1. As there was no follow-up presentation from the WHO/World Bank/United Nations Development Program Special Program for Research and Training in Tropical Diseases (TDR), a joint presentation or paper should be prepared which reviews the tuberculosis research program of WHO and TDR, in recognition of the important role of research in developing policy and tools for TB control.
2. WHO and collaborators should present the results of the latest round of drug resistance surveillance surveys prior to publication in 2004 and STAG welcomes the opportunities for presentation that may be possible at the IUATLD meeting in Paris, 2003.

II. Common issues in regional work programs

STAG acknowledges regional actions to define work programs, assist countries, address new initiatives and challenges, and build partnerships.

STAG recommends all WHO regions to further:

1. Define comparative advantages and roles of regional programs vis a vis WHO/HQ, other partners and countries and elaborating their role in facilitating partnerships.
2. Prioritize activities within work programs, in light of needs, capacities and comparative advantage.
3. Articulate, with WHO/HQ, of means to pilot and scale-up new strategies relevant to specific challenges or country needs; human resources improvement opportunities; efforts to build on larger health system initiatives within regions.
4. Define steps to measure case detection and strategies to increase detection.

II.A. EURO work program

STAG acknowledges increased take-up of the DOTS policy region-wide and the progress over the last year in Russia, but notes overall concern regarding prospects for reaching targets in the Region, especially given the challenging policy environment and complexity of health systems.

STAG recommends WHO should:

1. Pro-actively seek increased European bilateral and multilateral commitments for TB control in the Region.
2. Work with counterparts who use culture-confirmed diagnosis, to ensure the use of the appropriate denominator when calculating the case detection rate (i.e., the incidence of culture-positive TB instead of smear-positive TB).
3. As a majority of European countries has agreed to a consensus policy on TB surveillance in Europe, which includes a mandate for laboratories to report bacteriologically-confirmed cases of TB, encourage governments to take action on the recommendations to improve notification of detected cases.

II.B. WPRO work program

STAG acknowledges excellent prioritization of planned actions; significant advances in building financial and technical partnerships for rapid scale-up of DOTS in the Region; identification of new regionally-adapted strategies to overcome constraints; and a good start in identifying regional, national and sub-national human resource constraints.

STAG recommends that WHO should:

1. Continue to foster overall improvements in public health infrastructure, stimulated in response to the SARS epidemic, and foster their utilization in advancing TB control objectives.
2. Continue support for research on the impact of TB control interventions on the TB epidemiological situation.
3. Collaborate with partners beyond TB in examining regionally-specific opportunities to overcome human resource constraints.

II.C SEARO work program

STAG acknowledges ongoing scale-up of DOTS in India, intensive planning in Indonesia and overall regional efforts to reinforce DOTS quality and coverage.

STAG recommends WHO/SEARO to:

1. Further document the evidence in support of the optimistic SEARO projection of rapid DOTS expansion based on a short historical trend, 1999-2001.
2. Give special attention to facilitating efficient use and sustainability of resources for DOTS performance in the Region.
3. Address “public-to-public” collaboration to advance TB case detection and notification in Indonesia, India etc.
4. Assist countries in addressing absorption capacity challenges in face of the influx of considerable new external support (e.g., the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)).

II.D. EMRO work program

STAG acknowledges EMRO’s actions to address slow progress towards targets, and its attention to the challenges, advances and opportunities for Pakistan and Afghanistan, given their large contribution to the overall TB situation in the Region; its innovation with WHO/HQ in pursuing analyses of epidemiological trends and intervention impact using routine data, in stimulating operational research and strategy development, especially on public-private and public-public coordination in TB control.

STAG recommends WHO/EMRO to:

1. Continue efforts in areas noted above.
2. Increase identification of demand-side constraints and action on social mobilization.
3. Further examine, as proposed by EMRO, how to build on successes of polio eradication campaigns.

II.E. PAHO/AMRO work program

STAG acknowledges ongoing expansion of DOTS coverage in the Region; success in obtaining further international support for DOTS programs; particular focus on reversing the downward trend of performance in Peru; ongoing federal weaknesses and local advances in Brazil; and, the special needs of Haiti with its high TB and HIV burden.

STAG recommends WHO/PAHO/AMRO to continue to:

1. Explore the relationship between HIV interventions and treatment in Brazil and the TB situation in Brazil.
2. Stimulate increased political commitment at federal level in Brazil and Peru.

II.F. AFRO work program

STAG acknowledges increased staffing and response to regional needs within the regional work program, but also expresses concern regarding the substantial challenges associated with the large scope of the proposed work program and the profundity of health system and TB control challenges in the Region. STAG calls on WHO/HQ to place Africa among its priorities in its TB work program in the coming year.

STAG recommends that WHO/AFRO:

1. Urgently prioritize its work program, particularly in light of capacity constraints, range of problems to be addressed, and partners present in the region.
2. Stimulate high-level missions and other activities to foster political commitment to, and implementation of, TB/HIV linked programs and interventions. These missions should involve HIV/AIDS experts/advocates as well as those focused on TB control or TB/HIV interventions.
3. Ensure that action is taken to reduce high TB case fatality rates in high HIV/TB burden settings, given that deaths are attributable not only to HIV but also likely in part to late help-seeking, problems in access and/or service quality.

III. Second *ad hoc* Committee on the TB epidemic (final report to be endorsed by the DOTS Expansion Working Group in The Hague, October 2003)

STAG endorses this committee's work program, which aims to review the status of the TB epidemic and TB control implementation, to assess follow-up of the recommendations of the London 1st *ad hoc* Committee (1998), to identify key constraints within TB control and the larger health system, and thereby to further develop the strategic mid-term (five years) direction for DOTS expansion to meet global TB control targets.

STAG endorses the "out of the box" thinking explicit in this work program, the emphasis on health system constraints to achieving TB control targets, and the approach to identifying solutions within and beyond traditional TB thinking in resolving these constraints.

STAG endorses the process for carrying out the work program and the draft report presented. Specifically, it acknowledges the relevance of major themes selected for special consultations: human resources, primary health care capacity, social mobilization, broadening partnerships and increasing integration and synergies with health reforms and poverty reduction processes.

STAG recommends that the report should:

1. Highlight proposed solutions as well as constraints and recognize solutions at global and region/country levels.
2. Highlight the 1st *ad hoc* Committee recommendations which were not addressed, and whether these may still add value (e.g., a global charter), as well as crises that

have worsened (e.g., TB/HIV and health system infrastructure in sub-Saharan Africa).

3. Call for TB control stakeholders to foster and contribute to overall health system improvements, and take care not to attempt solve all problems via TB-specific solutions, except where they add demonstrated value.
4. Call for increased national commitments to TB control and reinforced health systems, which are additional to growing international support for disease control interventions.
5. Reinforce the messages on the importance of research (basic research and new tools, epidemiology and operations research) to advancing towards 2005 and 2015 targets.
6. Explore the theme that TB control efforts can be among the pathfinders in finding solutions that are relevant to all priority health programs and other Millennium Development Goals (MDGs), while also learning from successes in other fields.
7. Recognize demand factors that inhibit National TB Program (NTP) performance and measures to enhance demand and utilization of services.
8. Recognize the need for increased South-South collaboration and problem-solving.
9. Consider the role of technical strategies which are of increasingly recognized importance (e.g., public-public collaborations and new case finding strategies).

STAG recommends that WHO and the Stop TB Partnership formulate a plan for effective dissemination of the report, and follow-up actions, to promote impact.

IV. Improving measurement and analysis: the Millennium Development Goals and 2005 global TB control targets

STAG appreciates the depth and clarity of WHO analysis and reporting on progress towards 2005 targets, especially case detection, at global and national level, as well as consideration of options for measuring the impact of TB control interventions.

STAG endorses WHO's initiative in defining, stimulating and testing new ways to utilize available routine TB reporting and surveillance data to assess progress and impact of interventions.

STAG endorses WHO's planned efforts to collaborate with regions, countries and other partners in developing approaches to enhance analysis of routine data to measure progress and impact.

STAG recommends:

1. WHO and the Stop TB Partnership should formally adopt the MDGs as the framework for evaluating implementation and impact of TB control, and use progress towards 2005 targets as interim indicators.
2. WHO should move to clarify and document the options for measuring progress on reduction in incidence, prevalence and mortality, as feasible in different settings.
3. WHO should continue to deepen its analysis of the relative contributions of various interventions to improving case detection.

4. As a result of its analytic efforts, WHO should provide countries and partners with guidance on best practices and tools in analyzing routine and survey data and using results to form policy.
5. This work should include clarification on how to adapt approaches to meet varying analytic needs and capabilities in high burden, moderate burden and lower-burden TB settings.

STAG acknowledges that there is very far to go to reach the global case detection target and recognizes that new and much more intensive actions will have to happen in 2004-2005.

STAG recognizes that:

- Some countries will reach targets and the challenge will be maintaining performance and impact.
- Other countries will come close to reaching the targets but there are problems with measurement and validity of estimated case burden, with the gap between real case detection and notification, or real barriers due to HIV-related death rates driving down cure rates.
- Another group of countries will be far from reaching targets, but many of those face overwhelming barriers to rapid advance across the health-related MDGs due to epidemiological, political, economic or institutional problems.

STAG recommends that WHO:

1. Work with Stop TB partners, and new partners, to harmonize work with countries to urgently trigger action and scale up their efforts in the next two years, beginning with clear plans on the added efforts that will shape their 2004-2005 programs.
2. Work with partners to assist countries in addressing the combined challenge of continuing action in documenting 2005 process targets, while initiating measurement of progress on MDG impact targets for 2015.
3. Consider a task force to address the special challenges in pursuing 2005 and 2015 targets of the very high HIV-TB burden countries.

V. Initiatives to improve TB case finding

STAG acknowledges WHO's and partners' urgent efforts to develop new strategies and interventions to improve TB case detection. This includes sub-objectives to overcome barriers to timely help-seeking behavior for TB symptomatics, health system identification of these patients, diagnosis and laboratory confirmation, case notification and initiation of effective treatment.

STAG expresses some concern regarding the variable level of documentation of the evidence base across the initiatives, including feasibility, replicability, incremental cost-effectiveness, and modes of scale-up and integration with overall DOTS efforts.

STAG appreciates the overviews provided, but requests more consistency in presentation in future meetings (i.e., concise synthesis of objectives, findings and

implications, current efforts and future direction, as well as more focused questions to STAG).

STAG endorses further development of each of these approaches to enhance case finding.

STAG recommends WHO to:

1. Continue to support efforts to improve the evidence base on the respective contribution of these approaches and their cost-effectiveness in different settings.
2. Move urgently to develop a combined assessment of the status of the development, piloting, results and applicability of these initiatives.
3. Based on this assessment and review, develop a cohesive package or packages to help countries define, prioritize, implement, monitor and evaluate their interventions in these areas.
4. With partners, pursue new approaches to increase “public-public” collaboration to enhance reporting and/or referral of detected TB patients.
5. Further document the impact of improving laboratory capacity and quality on enhanced case detection.

On each of the initiatives STAG recommends:

1. **Public-private mix:** Given limited scale of pilots to date, it is still premature to estimate generalized effectiveness and impact, and therefore STAG cannot yet recommend comprehensive policies for integration of these approaches in DOTS programs. Yet, STAG is pleased with the rapid development of the work in this area.
2. **Community-based care:** Given the importance of this approach worldwide and varied uptake, a plan should be prepared with clarity on further evidence needs, linkages with TB programs and other public health structures, key activities, responsibilities and financing required.
3. **Social mobilization:** WHO and Stop TB should further partner with specialists to develop interventions and evaluation. It is difficult to endorse COMBI (Communication-for-behavioural-impact) or other approaches without an improved evidence base on feasibility and cost-effectiveness on these approaches.
4. **PAL (Practical Approach to Lung Health):** The approach is highly appropriate for lower TB burden countries and where strong health system infrastructure exists, but further evidence should be collected on the impact of this approach on case finding.
5. **TB and Poverty:** WHO and partners should improve the evidence base on the nature of inequities in TB care, on which problems can be addressed through improving DOTS or only via added interventions or strategies. Policies and plans to improve pro-poor DOTS expansion plans will depend on this evidence.

VI. Human resources development: analysis and strategic approach

STAG recognizes human resources (HR) as a top constraint to DOTS expansion and meeting targets.

STAG acknowledges WHO's leadership and well-constructed efforts to map current efforts, assess tasks by category of staff, and plan of future strategy for human resources development in TB control, and its links to the broader challenge of human resources for health in low and middle-income countries.

STAG welcomes WHO's collaboration with others in consultations on overcoming overall human resource constraints.

STAG recommends that WHO:

1. Foster a balance between investment in improving policies and supporting tangible implementation on the ground. It is critical that governments and programs take ownership and are empowered to develop their own policies and programs for HR development.
2. Work with Governments to ensure that there are defined TB HR plans and focal points on human resources development within NTPs, and that they are linked to health-system wide HR development teams.
3. Consider compilation of a library of training materials to reduce potential duplication of effort.
4. Foster HR strategies that increase cross-national training opportunities, experiences and use of centers of excellence as training sites.
5. Given the high level of staff turnover, consider approaches that enable training through in-service coaching and supervision.
6. Foster appropriate levels of integration of training efforts with other priority programs for service-level staff.
7. Document and share best practices from India, and/or Indonesia and other settings where innovations have begun to overcoming training and HR constraints (e.g. contracting of staff).
8. With partners within and beyond TB, compare the balance (or imbalance) of human resources available across priority public health programs in different settings.

VII. TB/HIV policy guidelines

STAG endorses the guidelines document with minor recommendations for clarification of language and categorization of interventions.

STAG expressed concern about the relatively slow progress in advancing field implementation of TB/HIV joint interventions until recently.

STAG welcomes the increasing joint ownership across TB and HIV/AIDS programs of coordinated policies and interventions, which should enable scale up of care and preventions services.

STAG recommends the WHO should:

1. Give highest priority to helping countries in implementing these guidelines.
2. Use the interim policy document as a basis for preparation of a resolution to be considered by the 2004 World Health Assembly.

3. Continue expanding collaboration within and beyond WHO on TB/HIV joint policy development, country support, resource mobilization and political advocacy.
4. Consider intensified TB case-finding in people living with HIV/AIDS and HIV testing and counselling among TB patients as basic interventions, but also WHO should facilitate research to establish the best models for delivery of these interventions.
5. Assist countries in establishing national TB/HIV coordinating committees.
6. With partners, consider development of regional adaptations of guidelines.
7. Move urgently to assist countries, who are ready, in defining means to scale up joint TB/HIV activities.
8. Assist countries to urgently seek out commitment to implementing the recommended interventions with resources made available through new financing sources (e.g. the GFATM, the US AIDS initiative etc.)

VIII. Discussion on the Cochrane review on DOT versus self-administered TB treatment

STAG appreciated the opportunity to hear a summary of this review and the open discussion and debate that followed the presentation.

STAG is supportive of further studies on the effectiveness of DOT, as a component of the DOTS strategy, on adherence to treatment and also its effect in preventing the development of drug resistance.

STAG recommends that WHO provide similar opportunities for open discussion on a selected theme at future STAG meetings.

IX. Report on progress in Financial Monitoring of TB programs and DOTS expansion at national level

STAG acknowledges the importance of monitoring of financial investment in TB control programs and interventions at country level, as well as in-country resource flows of budgeted resources.

STAG noted the substantial challenge posed in collecting and validating financing data, particularly in large and/or decentralized health system settings.

STAG endorses WHO's efforts to provide national counterparts with standardized tools to collecting financing information and in working with international technical assistance partners and users in applying these tools.

STAG recommends that WHO:

1. Continue to review incoming data from the first round of responses based on the tools provided to selected National TB Programs, and further adapt tools accordingly; special attention is needed to ensure that the process is not onerous to national counterparts and that there is feedback to respondents on resulting analysis, and that results are made available to technical partners to assist national

counterparts in seeking solutions to any problems uncovered and/or in promoting positive findings.

2. Share results of the initial analysis from national responses, as well as modified tools, with the STAG.

NEXT STAG MEETING

It was agreed that the 4th meeting of the STAG would be held in late June 2004, with specific dates to be proposed by WHO at a later date.