A group of ninety-three TB experts and representatives of member states participated in the meeting, and reviewed the progress in implementing the recommendations of the previous XDR-TB Task Force Meeting (Geneva, 10-11 October 2006), assessed the progress of the implementation of the Global MDR-TB and XDR-TB Response Plan 2007-2008 and, drawing on the eight objectives of this plan, agreed on the following recommendations to accelerate its implementation:

**Recommendations**

1. **Strengthen basic TB and HIV/AIDS control, to avoid creation of MDR-TB and XDR-TB**

   a. WHO and Stop TB Partnership (STP) to convene a meeting with the 27 high priority MDR-TB countries to increase political commitment at the highest country level, assess progress achieved in these priority countries, and agree on actions to tackle the main factors hampering progress

   b. Countries to incorporate prisons in all TB programme reviews and WHO to promote high level engagement of both Ministry of Health and Ministry of Justice

   c. WHO to develop clear policies and usable recommendations in the following areas:
      
      i. screening tools for TB in PLHIV
      ii. interaction between SLDs and ARVs,
      iii. diagnosis and management of IRIS
      iv. Infection control

2. **Scale-up programmatic management**

   a. Countries to strengthen the response to MDR-TB and XDR-TB in prisons

   b. Stop TB Partnership DOTS Expansion Working Group (WG) to include MDR-TB in the scope of work of its subgroup "TB in children" and to assist countries to address the needs of this specific population

   c. WHO, Stop TB Partnership and countries to engage all health care providers in the MDR-TB and XDR-TB response

      i. setting up a task force on "all health care providers" addressing MDR-TB
      ii. assessing the magnitude of the unregulated market of SLD
      iii. addressing perverse incentives in private sector
iv. ensuring that all health care providers manage MDR-TB according to the WHO Guidelines for the programmatic management of DR-TB

d. Global Fund to support proposals to involve all health care providers in the response to MDR-TB and XDR-TB

e. WHO to have a new full revision of Guidelines for the programmatic management of DR-TB by 2010

f. WHO to produce and disseminate practical guidance ethical and legal issues to support patient-centred TB care, including community-based MDR-TB care, strongly recommended in the updated WHO Guidelines.

g. Countries to ensure that training on MDR-TB and XDR-TB management is delivered at all levels, in all areas and levels of key importance (laboratory, infection control, health care providers, community-based MDR-TB care).

h. WHO to produce training modules and make them available as quickly as possible;

i. Stop TB Partnership MDR-TB WG to develop further the framework of Centers of Excellence and the concept of "country scale-up teams", with clear participation of civil society

j. Global Drug Facility to continue strengthening leadership in the management of second-line anti-TB drugs and pursue in the increase of staff assigned to this matter

k. WHO, Stop TB Partnership and countries to prioritize the documentation of, and improvement of, the quality of anti-TB drugs

3. Strengthen laboratory services

a. WHO and Stop TB Partnership to consider integration of its laboratory activities with other initiatives (HIV, PCR-based), and to involve private laboratories in the plan of the Global Laboratory Initiative

b. WHO to provide guidance on implementation of line probe assays for MDR-TB within specific country settings

c. GLI to provide clear recommendations on biosafety, including proper safeguards for HIV infected laboratory workers, with subsequent training

d. WHO to give guidance for External Quality Assurance (EQA) of culture and document scale up of EQA for drug susceptibility testing in at least all high MDR-TB burden countries

e. Countries to ensure active participation of TB laboratories in TB clinical trials as a partner
f. Countries to address human resource crisis in laboratories with measures including training both for laboratory staff and consultants.

4. Expand MDR-TB and XDR-TB surveillance

   a. WHO to revise drug resistance survey (DRS) tools and methods to facilitate expansion and determination of trends

   b. WHO and countries to strengthen surveillance systems to determine more clearly the link between HIV and DR-TB epidemiology

   c. African countries to increase efforts to conduct DRS

5. Introduce infection control, especially in high HIV prevalence settings

   a. WHO, STP and countries to promote research in infection control, UV evaluation and evaluation of pilots on home isolation, with the support of donors

   b. WHO to integrate TB infection control into other disease infection control efforts and other initiatives (i.e. natural ventilation)

   c. Countries to promote community education on TB infection control and step up measures to prevent nosocomial transmission of TB, especially DR-TB

6. Strengthen advocacy, communication and social mobilization (e.g., Response Plan)

   a. WHO to develop guidelines/tools to address human and ethical issues in MDR-TB and XDR-TB care and treatment

   b. WHO and STP to strengthen work with the media to frame and address community concerns of DR-TB

   c. Stop TB Partnership to strengthen national partnerships to promote more comprehensive TB plans, boost national mobilization and strengthen ownership of Global Plan to Stop TB 2006-2015

   d. Stop TB Partnership to promote further engagement of civil society to create more demand for country policy changes and research for MDR and XDR-TB

7. Pursue resource mobilization at global, regional and country levels

   a. High priority MDR-TB countries to integrate the DR-TB prevention and control into revised NTP strategic plans (with clearly identified costs and action plans for objectives of the Global MDR-TB and XDR-TB response plan) with the support of WHO and STP

8. Promote research and development into new diagnostics, drugs and vaccines

   a. Stop TB Partnership and key partners such as FIND and TB Alliance to accelerate efforts for research and development of effective tools to prevent and treat MDR- and XDR-TB
b. WHO and countries to include operational research components in routine DR surveys