

**Report on Stop TB Partnership Planning Workshop
for the Global Plan to Stop TB (2006-2015),
Montreux, Switzerland, 28 February - 4 March 2005**

1. Background and aims of the planning workshop

Background: the Global Plan to Stop TB (2005-2016)

1.1 The Stop TB Partnership secretariat is coordinating the development of the second Global Plan to Stop TB (2006-2015), under the guidance of a Steering Committee¹. The Plan provides a roadmap for TB control (implementation of interventions and the development of new tools) over the decade 2006-2015, in working towards the goal to eliminate TB as a global public health problem by 2050. The Plan will set out the actions needed to reach the 2015 global targets for TB control, which are part of the United Nations (UN) Millennium Development Goals (MDGs). The five MDG targets directly relevant to TB control are: by 2005, to detect at least 70% of new smear-positive cases and to treat successfully at least 85% of these cases; by 2015, to have halted and begun to reverse incidence; between 1990 and 2015, to halve TB prevalence and death rates. Sound planning based on rigorous epidemiological analysis and robust budget justifications will provide a powerful argument for resource mobilisation.

1.2 Development of the Global Plan started in May 2004 with building consensus in the Partnership on the Plan's purpose and outline. At its meeting in Beijing in October 2004, the Partnership Coordinating Board requested each of the Partnership's seven Working Groups (WGs)² to develop its own strategic plan (2006-2015) in contribution to the successful development and subsequent implementation of the overall Global Plan. The Board also agreed that regional and global epidemiological scenarios, with accompanying costings, should inform the WG strategic plans and the Global Plan. This planning process requires close interaction between the representatives of the WGs and the team assessing the epidemiological impact and costs of currently available and new tools (i.e. new diagnostics, drugs and vaccines) coordinated by WHO's Stop TB Department (Monitoring and Evaluation).

Aim of planning workshop, 28 February - 4 March 2005

1.3 The planning workshop in Montreux, Switzerland, from 28 February - 4 March 2005, brought together WG focal points (identified by each WG's chairperson and secretary) and the team assessing epidemiological impact and costs. The aim was to model the collective impact of proposed WG activities, assess whether the impact

¹ The members of the Steering Group for the 2006-2015 Global Plan are: Edugie Abebe (Nigeria), Olusoji Adeyi (World Bank), Faruque Ahmed (Bangladesh Rural Advancement Committee), Nils Billo (IUATLD), Jaap Broekmans (KNCV), Ken Castro (CDC), Marcos Espinal (Stop TB Partnership), Maria Freire (Global Alliance for TB Drug Development), Philip Hopewell (San Francisco General Hospital, USA), Irene Koek (USAID), PR Narayanan (TB Research Centre, Chennai, India), Francis Omaswa (Ministry of Health, Uganda), Mario Raviglione (WHO Stop TB Department), Karam Shah (National TB Programme, Pakistan) and Roberto Tapia, (Ministry of Health, Mexico).

² The Stop TB Partnership has seven Working Groups: DOTS Expansion, DOTS-Plus, TB/HIV, Vaccines, Diagnostics, and new drugs, and Advocacy, Communications and Social Mobilisation.

would be sufficient to meet the global TB targets for 2015, and estimate the costs involved. Participants collaborated in developing regional scenarios for the integrated contribution of all the WGs' activities to reaching the targets in 2015 and beyond. In addition, representatives of the WGs on new tools developed scenarios that modelled the expected impact and costs of research and development (R & D).

1.4 A list of participants is attached at Annex 1 and the agenda at Annex 2.

2. Workshop process

2.1 After an introduction to the workshop's objectives, each WG presented a summary of its preliminary work, based on a template (Annex 3) circulated in advance. Participants then considered the analytical framework for estimating the epidemiological impact and costs of activities. The TB Monitoring and Evaluation team in WHO's Stop TB Department has developed an Excel model with which to synthesize and analyze the inputs from the WGs and the likely impact of each contribution. The data that are needed are first of all the cost estimates for each of the activities and second the likely impact that each activity will have on indicators such as case detection and cure rates. These data are then linked to a dynamic model that can be used both to forecast the likely future course of the TB epidemic and also to determine the costs and cost-effectiveness of the interventions.

Participants discussed several issues including the following:

- the structure of the model;
- the activities and interventions expected to have an epidemiological impact, agreeing how to represent them in the model's Excel spreadsheet, and developing epidemiological scenarios based on the expected impact;
- the costing of activities and interventions expected to have an epidemiological impact, agreeing how to represent them in the model's Excel spreadsheet, and developing costing scenarios.

The final outcome, when completed, will be an overview of benefits and costs of planned activities for global TB control in the period 2006-2015.

2.2 Participants noted the need to work towards the longer-term target of eliminating TB as a global public health problem by 2050, in which the successive introduction of new tools would play a progressively more important part, particularly after 2015. For example, the impact of vaccines on TB prevalence and death by 2015 would be limited to improvements in the BCG vaccine, but the goal was licensure of a safe and effective new vaccine by 2015 with 80% coverage by 2020. For new drugs, the prospect of shortening treatment could be possible in the next decade. For example, an existing drug, moxifloxacin, has shown promise to shorten the treatment of TB from six months to three to four months, based on preclinical data, and could be introduced by 2010. The longer term goal is the introduction of new drugs used in new combinations to shorten the treatment regimen to less than two months and possibly simplify treatment delivery. The timescales for the introduction of new diagnostics are likely to be more immediate, but even so, scaling up of crucial "point of care" diagnostics could come late in the period, and go beyond it in relation to diagnosing latent TB. There was agreement that advocacy for funding and support in

the 2006-2015 period depends on the Global Plan capturing a vision of the potential contribution of the new tools beyond 2015.

2.3 Participants agreed that the Global Plan 2006-2015 should comprise two interdependent and consistent sets of plans:

- i) integrated regional scenarios representing the activities necessary to attain the 2015 global targets (including the use of the new tools likely to be available by 2015), with scenarios for the impact and costs of R & D for new tools up to and beyond 2015;
- ii) WG (and Secretariat) strategic plans indicating how the Stop TB Partnership will ensure the implementation of the proposed activities.

There are nine TB epidemiologically distinct regions of the world: Africa (low HIV), Africa (high HIV), Central Europe, Eastern Mediterranean, Eastern Europe, Latin America, South-East Asia, Western Pacific, and the established market economies.³ Participants suggested that while there was no funding gap for TB control in the established market economies, it could nonetheless be helpful for advocacy purposes to produce costing estimates for this region.

2.4 Developing the scenarios built on preliminary work before the workshop and on the results of various modelling studies already undertaken by some WGs. The scenarios will inform the development of the WGs' strategic plans.

2.5 The main activity of the workshop was the preliminary development of a single "optimistic yet realistic" regional scenario for each of Africa (high HIV), Eastern Europe and South-East Asia regions, plus initial work on other regions. This involved an integrated approach, with representatives of all WGs contributing to the forecast of activities, cost and impact in a given region. The progress made in developing the three initial scenarios will enable rapid progress in finalising all the regional scenarios soon after the workshop. The development of the scenario for South-East Asia provides an example of the overall process of describing the activities and funding necessary to achieve the TB control target for 2015 in that region.

2.6 Further scenarios will be developed in future representing more and less optimistic scenarios than those initially developed in the workshop.

2.7 The cost analysis was designed to make sense in planning terms, use available unit cost data and match epidemiological and demographic data included in the model. Provisional total costs of TB control from 2006-2015 were estimated for 3 regions and global R&D for new vaccines.

2.8 Representatives of the WG on advocacy, communications and social mobilisation (ACSM) presented the key elements of its draft WG strategic plan which recommends incorporation of ACSM activities by national TB programmes (NTPs). Among other points, it cited a meta-analysis of 70 ACSM evaluations which suggested that strategic communications in other health areas could potentially have an effect of 9-10 percentage points improvement in the desired health behaviour (e.g. for TB, 10% more people demanding sputum tests or 10% more patients completing treatment).

³ Epidemiological regions as used in *Global Tuberculosis Control: surveillance, planning and finance. WHO Report 2005*. Geneva, World Health Organization (WHO/HTM/TB/2005.349)

On that basis, the WG proposed to gather evidence of the contribution of strategic communications to TB control from at least 5 HBCs by 2008, followed as appropriate by a progressive scaling up of national capacity to implement strategic communication. The WG's working assumption, based on evidence from other programmes, was that over a 10 year period at least 5% of the NTP budget should be devoted to strategic communications in "less complex" environments, and up to 15% in complex environments (e.g. high HIV countries). It noted that the GFATM encouraged applications with a strategic communications element.

2.9 In plenary on the final day, the Implementation WGs (DOTS Expansion, DOTS-Plus, TB/HIV) reported on progress in developing the regional scenarios for TB control, the WGs on new tools (vaccines, diagnostics, and drugs) reported on progress in developing their R & D scenarios, and all the WGs outlined the proposed next steps in developing their strategic plans.

3. Regional scenario issues

3.1 The following points were made in the course of discussion of the regional scenarios:

- Participants should work on the basis of broad assumptions which could be tested.
- Although some regions may struggle to achieve the targets, other regions may realistically be able to aim to exceed current targets (i.e. at least 70% case detection rate and 85% treatment success rate by 2005, and halving TB prevalence and deaths by 2015 in comparison with a 1990 baseline).
- The WGs on new tools should cost the development of new tools up to and including demonstration projects, but thereafter implementation costs should be included in the budgets of the implementation WGs.
- Epidemiological projections for HIV from UNAIDS/WHO are necessary to inform the modelling of projections for HIV-related TB.
- Unit costs should be calculated on a regional basis that reflects costs in the dominant countries in the region. For this exercise, they should be based on a provider cost perspective since there was no intention to raise financial resources to cover patient/household expenditures, unless subsidy of patient/household costs (e.g. food incentives and travel vouchers) was thought necessary to achieve TB control targets.
- The collaborative approach across WGs will help avoid overlap and double-counting of costs, (e.g. for unified training across DOTS Expansion and TB/HIV, or some health system strengthening activities).
- There was agreement that the Global Plan should include systematic monitoring and evaluation and operational research. The case of Viet Nam pointed up the need. Although there was agreement that certain activities (e.g. resource tracking and WG activities such as meetings) should be included in WG plans and budgets and not reflected in regional scenarios costs, the question whether activities such as technical assistance and operational research should appear as part of the regional plans or the WG plans needs further discussion.
- The WG strategic plans should specifically identify the critical small costs that, if unfunded, could compromise success.
- Further discussion is required on the allocation of costs to TB control programmes where health systems are insufficiently strong or, for example, where HIV programmes are not well-established.

4. Working Group and Secretariat strategic plans

4.1 In October 2004, the Coordinating Board asked each WG (plus the Partnership Secretariat) to provide by the end of April 2005 its draft strategic plan of activities and budgets necessary to contribute to achieving the 2015 global TB control targets. The Board stressed that the process for developing these plans should be inclusive, to secure the necessary engagement of key stakeholders and ensure effective implementation. Each WG is likely to benefit from developing such a plan in relation to both the process and the product.

4.2 Participants made a commitment to meeting the end of April 2005 deadline for developing draft strategic plans and agreed on a broad template (Annex 3). Each WG's strategic plan should set out its vision of its contribution to reaching the 2015 global TB targets, and standard planning elements (objectives, targets, indicators, activities, timelines, milestones, budget and monitoring and evaluation). The respective Chair and Secretary will present each WG's draft strategic plan to the Global Plan Steering Committee at its meeting in Addis Ababa, Ethiopia, on 2 May 2005.

Process benefits:

- engages stakeholders
- clarifies activities in line with strategic direction
- aids prioritisation
- identifies resource needs

Product benefits:

- provides a roadmap (activities, targets, timelines)
- enables monitoring of progress towards goal
- helps resource mobilisation.

5. The overall Global Plan

Global Plan format

5.1 The work currently in hand on regional scenarios and WG plans provides a sound technical and planning foundation for the Global Plan. The participants agreed on the likely key elements of the Global Plan, as set out in 5.5 below. The final format of the Plan and any related product(s) will be decided by the Stop TB Partnership Coordinating Board at its meeting in Addis Ababa, 3-4 May 2005.

5.2 The complete Global Plan (including the regional scenarios and WG and Secretariat strategic plans) will provide the basis for the development of advocacy and communication materials that should target specific audiences.

5.3 A suggestion was made that a 2-page "flier" may be useful in early May 2005 to feed into discussions regarding GFATM replenishment, the Commission on Africa, and the UK-hosted G8 meeting (6-8 July 2005). Such a flier would provide advance publicity for the Global Plan and give provisional key findings from the analytical work, including estimates of total costs to meet the 2015 targets. Consultation with bilaterals such as DFID will establish the utility of such a document.

5.4 Participants agreed on the importance of completing the analytical work and reflect on the findings, before fully framing the main messages likely to emerge from the Global Plan. Some messages had already been identified (e.g. the international standard of TB care for all), but others had not yet been developed (e.g. the total estimated cost of meeting the MDG targets at regional and global levels), and some possible messages were only beginning to emerge from the workshop's preliminary

work (e.g. painting an integrated vision beyond 2015 with the implementation of further new tools; and the comparison of estimated costs for vaccine development and those for TB control in Eastern Europe from 2006-2015).

5.5 Participants agreed on the key elements of the Global Plan shown in the box.

LIKELY KEY ELEMENTS IN GLOBAL PLAN TO STOP TB 2006-2015

Executive Summary

Part 1. Vision:

- the challenge now, 2015 and beyond to 2050
- brief overview of Partnership; links with other initiatives, e.g. GFATM
- approaches, current tools & new tools (R&D/implementation synergies)
- progress against Global Plan 2001-2005
- Partnership goal, mission, objectives and targets for 2006-15

Part 2. Achieving the targets for 2015

- Global and regional scenarios/plans, with estimated costs; R&D scenarios; key strategic messages

Part 3. Partnership action to achieve the goal

- Working Group and Secretariat strategic plans, with estimated costs

Part 4. Monitoring and evaluation

General points on the Global Plan

5.6 Partnership objectives for 2006-2015

The Partnership's objectives from the first Global Plan (2001-2005)⁴ should be reviewed and, if necessary, updated for the second Global Plan (2006-2015).

5.7 Strategic focus

It will be important for the Global Plan 2006-2015 to define the strategic focus for its activities, in the light of current and forecast circumstances. The first Global Plan (2000-2005) took the 22 high burden countries as its strategic focus. The report of the Millennium Project Working Group on TB targeted the 22 HBCs, sub-Saharan Africa and poor people.

5.8 Poverty

The Global Plan should cover a range of poverty-related issues, including the inter-relationship between socio-economic conditions and TB incidence, and the socio-

⁴ The objectives for Global Plan 2001-2005 are:

- To **expand** our current strategy – DOTS – so that all people with TB have access to effective diagnosis and treatment.
- To **adapt** this strategy to meet the emerging challenges of HIV and TB drug resistance.
- To **improve** existing tools by developing new diagnostics, new drugs and a new vaccine.
- To **strengthen** the Global Partnership to Stop TB so that proven TB-control strategies are effectively applied.

economic impact of TB and of TB control. In the light of the New Delhi Pledge and some donors' prioritization of the most poor and vulnerable people, the Plan should make explicit (a) the Partnership's policy in relation to poor and marginalized people; and (b), if appropriate in the light of the policy, strategic targets/planned activities/indicators. This work should be taken forward by the DEWG's TB and Poverty Core Group in consultation with WGs, and included in the strategic plans of the implementation WGs.

5.9 Health systems

The Global Plan will need to reflect critical health systems issues, covering both TB control's reliance on existing health systems and its actual and potential contribution to health system strengthening. For example, strengthening of laboratories would be a fundamental platform for achieving the 2015 targets. These issues would need to be considered in the context of capacity constraints at country level, and overload in some countries from multiple global health initiatives. The Partnership Secretariat is to explore the scope for a session on health systems issues at the Coordinating Board meeting in Addis Ababa, 3-4 May 2005.

6. Next Steps

Action to end of April 2005

6.1 At the suggestion of the Chairman and as agreed by the participants, each WG will provide to the Global Plan secretariat a 1-page note setting out WG action until completion of the draft WG strategic plan and regional and R&D scenarios by end April 2005.

6.2 Each WG to develop its strategic plan based on extensive consultation with the WG as a whole, other key stakeholders (e.g. HIV/AIDS and health systems constituencies), regions and countries.

6.3 Each WG to refine data and continue close collaboration across the WGs and their subgroups and with the modelling team in order to complete the work to produce regional scenarios for the epidemiological regions. The two processes (for developing the WG plans and the regional and R&D scenarios) should be interactive and mutually supportive. There was consensus among workshop participants that this integrated approach to Partnership planning and working was a significant step forward with potential to yield considerable benefits.

Timetable for action from end April 2005

6.4 The meeting endorsed the deadline of end of April 2005 for delivery of draft WG strategic plans 2006-2015 and of the global, regional and R&D scenarios. There was agreement to review the need for a further meeting involving all WGs, the Secretariat and the modelling team, after the Steering Committee and Coordinating Board meetings (2-4 May). One possible date might be after the WHO Strategic and Technical Advisory Group and Regional Advisers meetings (20-24 June). The Partnership Executive Secretary offered support for a meeting, if one were required.

6.5 It was agreed that the handling of the interface between the launch of (a) the Global Plan and (b) "DOTS 2" (the concept of an updated international strategy to stop TB), should ensure that both content and presentation were seamless. This might have implications for the timing of the launch of the Global Plan.

6.6 The box shows the timetable for action to the end of April 2005.

Timetable for action to end April 2005	
<u>Date</u>	<u>Milestone</u>
end April 2005	i) Completion of draft strategic plan 2006-2015 by each WG ii) Completion of analytical work in developing regional scenarios and R&D scenarios
2 May 2005	i) Presentation of each WG draft strategic plan to Steering Committee by WG Chair and Secretary, Addis Ababa ii) Presentation of regional scenarios to Steering Committee by WG representatives
4 May 2005	Coordinating Board consideration of Global Plan format and main points from scenarios/plans
<i>w/c 20 June 2005</i>	<i>Possible WG/Secretariat/ epidemiological team meeting (to be confirmed after May Steering Committee and Board meetings)</i>
end June 2005	Completion of draft Global Plan, incorporating WG strategic plans and regional scenarios
July-August 2005	Wide consultation and review of draft Global Plan
end August 2005	Finalisation of Global Plan after review
October 2005	Provisional timing of publication and launch of Global Plan.

Annexes

Annex 1: Workshop agenda

Annex 2: Planning Workshop Participants

Annex 3: Template for Stop TB Partnership Working Group and Secretariat strategic plans

**Planning workshop for the Global Plan to Stop TB (2006-15)
Montreux, Switzerland, 28 February - 4 March 2005**

List of Participants

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Agenda of planning workshop for Global Plan to Stop TB (2006-2015)**Convenors:** D Maher and C Dye**Chairpersons:** G Roscigno, P Sommerfeld and K Shah**Rapporteur:** K Caines**Monday 28 February****Opening session**

08.30-09.00	Registration	
09.00-09.30	Welcoming remarks	<i>G Roscigno</i>
	Introduction: contribution of Working Group strategic plans to the Global Plan to Stop TB	<i>D Maher</i>
	Review of workshop objectives and expected outcome	<i>C Dye</i>
	Approval of agenda	<i>G Roscigno</i>
	Brief review of background documentation	<i>B Bourdin</i>

Presentations by Working Groups of preliminary work

Representatives of each Working Group to present a summary of preliminary work, providing answers to the questions on the template provided in advance.

09.30-10.00	DOTS Expansion Working Group
10.00-10.30	TB/HIV Working Group
10.30-11.00	<i>Coffee break</i>
11.00-11.30	New Diagnostics Working Group
11.30-12.30	Discussion (implementation Working Groups)
12.30-13.30	<i>Lunch break</i>
13.30-15.00	DOTS-Plus Working Group New Drugs Working Group New Vaccines Working Group
15.00-15.30	Discussion (new tools Working Groups)
15.30-16.00	<i>Tea break</i>
16.00-16.30	Advocacy and Communications Working Group
16.30-16.45	Discussion (Advocacy and Communications Working Group)

Tuesday 1st March

Analytical framework (for calculating epidemiological impact and costs of activities)

09.00-09.30	Introduction	<i>C Dye</i>
09.30-10.30	Explanation of framework for model (incorporating activities and projections)	<i>B Bourdin</i>
10.30-11.00	<i>Coffee break</i>	
11.00-12.30	Worked examples of impact and costs of activities	<i>B Bourdin</i>
12.30-13.30	<i>Lunch break</i>	

Epidemiological scenarios

Break-out into each separate Working Group in order to develop and refine scenarios for evaluation of implementation of activities and epidemiological impact

13.30-15.30	Agree on the structure of the framework for the model: a) agree on activities and interventions that are expected to have an epidemiological impact;	
15.30-16.00	<i>Tea break</i>	
16.00-17.30	b) agree how to represent activities/interventions on Excel spread sheets.	

Wednesday 2nd March

Break-out into each separate Working Group in order to develop and refine scenarios for evaluation of implementation of activities and their impact (continued)

09.00-10.30	Review assumptions underpinning model; assemble and introduce these data	
10.30-11.00	<i>Coffee break</i>	
11.00-12.30	Develop epidemiological scenarios: expected impact of activities and interventions	
12.30-13.30	<i>Lunch break</i>	

Costing scenarios

Break-out into each separate Working Group in order to develop and refine scenarios for evaluation of costing of activities

13.30-15.30	Agree on the structure of the framework for the model: a) agree on costing of activities and interventions that are expected to have an epidemiological impact	
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- 15.30-16.00 *Tea break*
- 16.00-17.30 b) agree how to represent costings on Excel spread sheets

Thursday 3rd March

Break-out into each separate Working Group in order to develop and refine scenarios for evaluation of costings (continued)

- 09.00-10.30 Review assumptions underpinning model; assemble and introduce costing data
- 10.30-11.00 *Coffee break*
- 11.00-12.30 Develop costing scenarios
- 12.30-13.30 *Lunch break*

Prepare final presentations

Break-out into each separate Working Group in order to prepare presentations on Friday 4 March

- 13.30-15.30 Prepare presentations
- 15.30-16.00 *Tea break*
- 16.00-17.30 Prepare presentations

Friday 4th March

- | | | |
|---------------|--|---|
| 09.00 - 09.05 | Introduction | G Roscigno |
| 09.05 - 09.15 | Overview of week: TB control activities and implications for planning | C Dye |
| 09.15 - 10.15 | Implementation WGs: overview
SEAR
Eastern Europe
AFR
Costs | <i>L Blanc
K Lonnroth
E Haldal
A Reid
K Floyd</i> |
| 10.15 - 10.45 | Discussion: next steps in finalising regional scenarios | <i>G Roscigno</i> |
| 10.45 - 11.15 | <i>Coffee break</i> | |
| 11.15 - 11.30 | Diagnostics and drugs | <i>J
Cunningham</i> |
| 11.30 - 11.45 | Vaccines | <i>U Fruth</i> |

11.45 - 12.15	Discussion: next steps in finalising scenarios for impact of new tools	<i>G Roscigno</i>
12.15 - 13.45	<i>Lunch</i>	
13.45 - 14.00	ACSM	<i>W Parks</i>
14.00 - 14.15	Discussion: next steps in finalising ACSM plan	<i>G Roscigno</i>
14.15 - 14.30	Global Plan: overall format; template for WG strategic plans	<i>K Caines</i>
14.30 - 14.45	Discussion	<i>G Roscigno</i>
14.45 - 16.00	Next steps: planning with WG members and regions/countries	<i>G Roscigno</i>
16.00	Meeting closes	

Proposed template for summary of each Working Group Strategic Plan

Approx length: 5-6 pages

1 page: achievements against the first Global Plan (2000-2005)

3 pages max:

- a) strategic vision (consistent with the WG's contribution to achievement of the 2015 global targets and 2050 goal)
- b) objectives, targets and indicators
- c) activities (including who does what), timelines and milestones
- d) summary text on resource needs
- e) monitoring and evaluation
- f) key risk factors

1-2 pages: summary tabulation of activities, budget, funding and financial gap (year by year breakdown for 2006-2010; 5-year breakdown for 2011-2015).

Note 1: As in the GPI Progress Report, distinguish between activity costs (e.g. research and development for new tools WGs and country needs for implementation WGs and (b) WG running costs.

Note 2: Funding and financing gap important for 2006-2010, but more conjectural for 2011-2015.

WORKING GROUP: <i>e.g. DOTS Expansion</i>			
Activities	Financial needs		
	Budget	Funding	Financial gap
Objective 1 ▪ ▪ etc			
Objective 2 ▪ ▪			
Objective 3 etc ▪ ▪			
[Total country needs] or [Total research needs] Total Working Group running costs			
TOTAL 2006 or 2007 or 2008 or 2009 or 2010 or 2011-15			