

<b>SUMMARY SHEET</b>		
Agenda Nr. 1.05-6.0	Subject	<b>Towards a "Global Strategy to Stop TB"</b>
For Information	For Discussion	<b><u>For Decision</u></b>
<p><b>Introduction</b></p> <p>Based on the successful testing and scaling-up of proven cost-effective approaches to TB control in several countries in the 1980s, WHO worked with several partners, including the IUATLD and KNCV, to frame an essential policy package launched as the DOTS strategy in 1995. Although the "Expanded DOTS Framework" in 2002 gave new emphasis to TB/HIV, MDR-TB, public-private mix, community involvement and health sector reform, this document is not well known. In order to benefit from more effective marketing with consequently increased funding and better programme results, WHO now proposes re-packaging this framework as "The Global Strategy to Stop TB". This explicitly builds on achievements using the "DOTS" brand, while incorporating innovations to expand TB care access, quality and impact, and harness the power of research to develop and use new tools. Board review of, and contribution to, the formulation and promotion of the "Global Strategy to Stop TB" is requested.</p>		
<p><b>Summary</b></p> <p>The proposed "Global Strategy to Stop TB" aims to reach the 2015 targets for global TB control, and is linked to the MDGs for poverty alleviation, the Global Plan to Stop TB (2006-2015), the 2005 World Health Assembly Resolution on Sustainable Financing for TB Control, the mission of the Stop TB Partnership, health system strengthening objectives, as well as with human rights imperatives.</p> <p><b>The six elements are:</b></p> <ol style="list-style-type: none"> <li>1. <b>Reinforcing DOTS</b> to improve case-finding and cure through an effective patient-centered approach to reach all patients, and especially the poor.</li> <li>2. <b>Adapting DOTS</b> to respond to TB-HIV, MDR-TB, and other special challenges.</li> <li>3. <b>Contributing to health system strengthening</b> by building capacity and mobilizing additional human and financial resources for implementation and evaluation.</li> <li>4. <b>Engaging all care providers</b>, public, non-governmental and private, to provide the International Standard of TB Care.</li> <li>5. <b>Empowering patients and communities</b> to demand, and contribute to, effective care.</li> <li>6. <b>Enabling and promoting research and development</b> for new drugs, diagnostics and vaccines.</li> </ol>		
<p><b>Decisions requested from the Stop TB Coordinating Board</b></p> <ul style="list-style-type: none"> <li>• Endorsement of the objectives and overall content of strategy.</li> <li>• Recommendations on any improvements.</li> <li>• Endorsement of the plan for broad stakeholder engagement in discussion on the proposed strategy, in its launch and implementation.</li> <li>• Recommendations on best launch option(s).</li> <li>• Recommendation to report back on progress at October CB meeting.</li> </ul>		
<b>Next steps and time frame</b>		

# Stop TB Partnership

WHAT	WHO	WHEN	FOCAL POINT
1) Seek informal feedback during World Health Assembly 2) Seek WHO Strategic and Technical Advisory Group (STAG) endorsement 3) Obtain feedback and build ownership of national and global stakeholders through surveys/ interviews 4) Seek endorsement of Stop TB implementation Working Groups at the "mega" implementation working group meeting, ACSM and R&D meetings 5) Publish strategy and its justification in a peer-review journal 6) Launch strategy	1) WHO 2) WHO 3) WHO and Stop TB Partnership Secretariat & consulting firm, with DFID funds 3) WG Secretariats 4) WHO and Partnership 5) WHO and Partnership	1) May 17-20 2) June 20-22 3) June-August 4) October, ACSM, and R&D meeting dates 5) end '05/early '06 6) Discuss options	1) M. Raviglione 2) D. Weil 3) G. Thomas and L. Baker 4) All WG Secretariat chiefs 5) M. Uplekar, WHO & Partnership team 6) TBD