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The Tuberculosis Control Assistance Program (TB CAP) is a USAID five year cooperative agreement (2005-2010) that has been awarded to TBCTA with KNCV Tuberculosis Foundation as the lead partner. TBCTA is a unique coalition of the major international organizations in TB control:

- American Thoracic Society (ATS)
- Centers for Disease Control and Prevention (CDC)
- Family Health International (FHI)
- International Union Against Tuberculosis and Lung Disease (The Union)
- Japanese Anti-Tuberculosis Association (JATA)
- KNCV Tuberculosis Foundation
- Management Sciences for Health (MSH)
- World Health Organization (WHO)

The aim of TB CAP is to reach the following specific goals in the TB CAP countries with significant investment:

- 90% of public clinics implementing DOTS
- At least 70% case detection rate
- At least 85% treatment success rate and/or cure rate
- 75% of countries meeting MDR TB quality standards defined by TB CAP
- 100% of countries where nationwide TB and HIV programs effectively coordinated

TB CAP focuses on five priority areas:

- Increasing political commitment for DOTS;
- Strengthening and expanding DOTS Programs;
- Increasing public and private sector partnerships;
- Strengthening TB and HIV/AIDS collaboration;
- Improving human and institutional capacity.



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FROM THE AMERICAN PEOPLE

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## Table of Contents

1. [Introduction from Dr. Maarten van Cleeff: Director TB CAP](#)
2. [What's in the TB CAP Toolbox?](#)
3. [Country Spotlight: Zambia](#)
4. [Who's Who at TB CAP](#)
5. [Highlights from the Field](#)
6. [Success Story: X-TB Patients from Malawi](#)
7. [Upcoming Events](#)

## Introduction from Dr. Maarten van Cleeff: Director TB CAP



Dear reader,

To commemorate World TB Day 2008, I am proud to present to you the first electronic edition of the TB CAP Newsletter. With this newsletter we would like to share with you the latest TB CAP news, highlights from the field, new TB CAP products or tools and upcoming events.

TB CAP (Tuberculosis Control Assistance Program), the five-year program for international TB Control that started in 2005 is completely funded by USAID. TB CAP is presently working in around 20 countries in Africa, Asia and Latin America and has over 28 core projects this year.

With its objective to decrease morbidity and mortality by increasing case detection and treatment success of pulmonary TB patients in USAID priority countries, and in collaboration with NTPs and other partners, TB CAP contributes to the Global Stop TB plan. We do this through supporting advocacy & political commitment, public private partnerships, TB/HIV collaboration and strengthening the human resource capacity. Special emphasis is given to infection control, laboratory strengthening and MDR-TB.

Each newsletter will give a brief overview of some program highlights and also introduce you to the people who contribute to TB CAP. For more information please visit our website: [www.tbcta.org](http://www.tbcta.org).

We hope you enjoy the newsletter and of course feel free to send us any comments or suggestions for the next edition.

- [Return to top](#) -

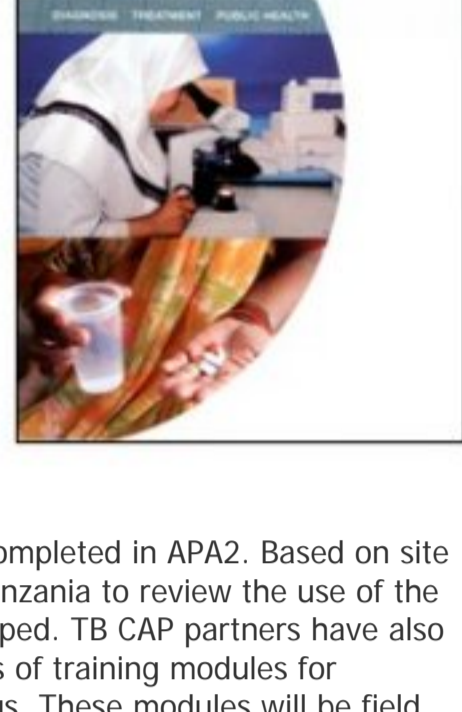
## What's in the TB CAP Toolbox?

Many of tools and guidelines developed by TB CAP can be applied at country level. These products can be found in the TB CAP Toolbox.

The **TB CAP Toolbox** is a CD Rom that contains TB CAP key materials, (country) specific products and general TB documents. This CD Rom is regularly updated. Each TB CAP newsletter will highlight a (new) product from the TB CAP Toolbox. Click [here](#) to see the full contents of the TB CAP Toolbox. If you are interested in receiving a hardcopy of the TB CAP Toolbox please send an email to [pmu@kncvtbc.nl](mailto:pmu@kncvtbc.nl).

## International Standards for Tuberculosis Care (ISTC)

The purpose of the *ISTC* is to describe a widely accepted level of care that all practitioners, public and private, should seek to achieve in managing patients who have, or are suspected of having, tuberculosis. The *Standards* are intended to facilitate the effective engagement of all care providers in delivering high-quality care for patients of all ages, including those with sputum smear-positive, sputum smear-negative, and extra pulmonary tuberculosis, tuberculosis caused by drug-resistant *Mycobacterium tuberculosis* complex (*M. tuberculosis*) organisms, and tuberculosis combined with human immunodeficiency virus (HIV) infection.



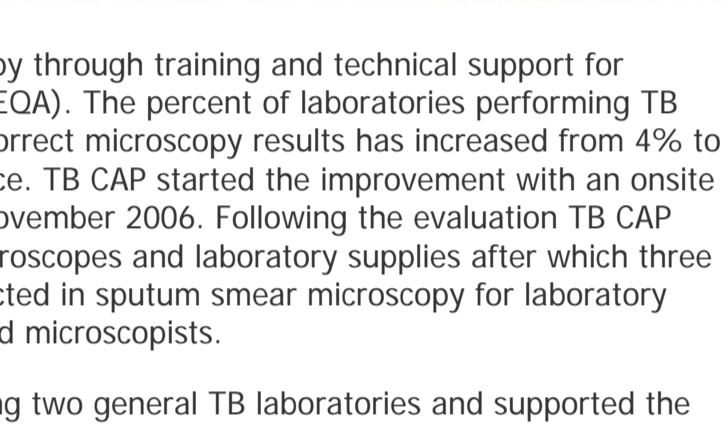
The "Handbook for Using the ISTC" has been completed in APA2. Based on site visits in Indonesia, India, Kenya, Mexico and Tanzania to review the use of the ISTC, the content for the Handbook was developed. TB CAP partners have also developed a flexible and locally adaptable series of training modules for continuing education using the ISTC as the focus. These modules will be field tested and finalized during APA3.

*ISTC* is part of the TB CAP Toolbox and is also available here. For hardcopies please contact [pmu@kncvtbc.nl](mailto:pmu@kncvtbc.nl).

- [Return to top](#) -

## Country Spotlight: Zambia

TB CAP has been working in Zambia since 2006 and supports the Central, Copperbelt, Luapula, Northern and North Western provinces. One of the major program areas is assisting the MOH to achieve a 70% or greater case detection rate and successfully treat 85% of the cases in those provinces. TB CAP has made remarkable achievements in improving the performance of TB microscopy through training and technical support for External Quality Assurance (EOA). The percent of laboratories performing TB microscopy with over 95% correct microscopy results has increased from 4% to 64% in Northwestern Province. TB CAP started the improvement with an onsite evaluation in the region in November 2006. Following the evaluation TB CAP procured and distributed microscopes and laboratory supplies after which three training courses were conducted in sputum smear microscopy for laboratory technologists, technicians and microscopists.

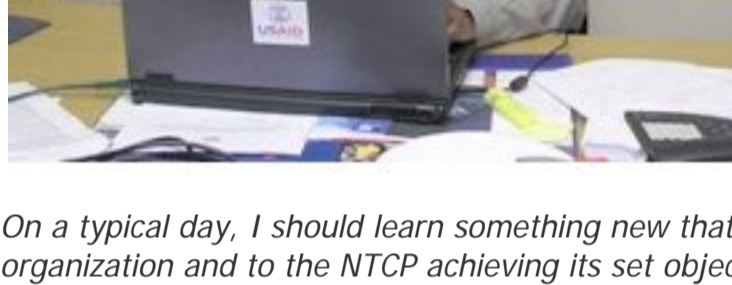


TB CAP is also fully renovating two general TB laboratories and supported the revision of the National TB Manual which will help strengthen timely detection and treatment of TB cases.

- [Return to top](#) -

## Who's Who at TB CAP

*Panganai Dhlwayo* - Senior Program manager of TB CAP's Namibia program. Dr. Dhlwayo completed training as a medical doctor at the University of Zimbabwe in 1992 and worked at various government posts. In 2005 he completed a special TBCTA fellowship for TB consultants. In March 2007 he became the senior TB CAP Manager for Namibia. Dr. Dhlwayo expressed his task as follows:



*"I believe we can empower programs to diagnose and successfully treat tuberculosis. I believe our job is to prevent the development of multi-drug resistant tuberculosis and ensure the politicians should ensure general development to stop tuberculosis in its tracks. We provide the technical know how for the establishment of an efficient TB program."*

*On a typical day, I should learn something new that contributes to our organization and to the NTCP achieving its set objectives and my workmates. I see the legacy of TB CAP empowering the health workers at all levels of the system. The end result of my work is that tuberculosis is diagnosed early and that patients' complete treatment, MDR TB is prevented and ultimately the suffering caused by tuberculosis is prevented.*

*My day begins by a workout after gym and keep my heart pumping. I however enjoy being with my family after work and during weekends. I like to bring other families together with mine and have braais (barbecues) around the many beautiful spots in Windhoek."*

- [Return to top](#) -

## Highlights from the Field

**TB CAP conducted a regional training course on the programmatic management of Drug Resistant TB for Francophone countries.** The Workshop was conducted in Abidjan on 22-26 October, 2007 and attended by 21 participants from Benin, Burkina Faso, Cameroon, DR Congo, Rwanda, Mali, Ivory Coast and Togo. This course helped build regional capacity for developing MDR-TB control strategies and surveillance models.

**TB CAP in Cambodia** is playing an essential role for the NTP to achieve the MDGs in TB control. Increased and strengthened TB and HIV/AIDS coordinated activities is one of the major program areas. In November 2007 TB CAP assisted the country with conducting a National HIV Seroprevalence Survey among TB patients. Preliminary results estimate the prevalence of HIV among TB patients around 8%.

**TB CAP in Indonesia** – A major accomplishment of TB CAP in various fields is the creation of Indonesia local technical capacity in TB control, being linked to specific external expertise. Recruitment of 18 new local technical officers has had the most positive impact on accomplishments. The addition of this young professional staff leads to increased Hospital DOTS activities in teaching - and Voluntary Counseling and Testing (VCT) hospitals and boosting DOTS expansion to 10 clusters of districts in Jakarta, West, Central and East Java. Posting of a senior technical officer at the Central KNCV office in Jakarta is relieving the workload considerably. Recent posting of a Senior Technical Officer in Surabaya will expectedly boost activities in the Eastern parts of Indonesia, and Hospital Dots Linkage activities in East Java.

**TB CAP and Global Fund** - TB CAP supported Cambodia, Senegal, Malawi and Mozambique for Global Fund Round 7 proposal development. TB CAP is pleased to announce that Malawi, Mozambique and Senegal proposals have been approved. The Cambodia proposal has been rated Category 3-4 (not approved) but is eligible to appeal.

**TB CAP's Institutional capacity building efforts has gained momentum** - Zaria Training Center in Nigeria and Gadjah Mada University in Indonesia were selected as candidate institutions for institutional capacity building. TB CAP will assist these two institutes to become centers of excellence as Regional Training Schools for TB Control. The target is to have the first Regional Training in both institutes in September 2008.

**TB CAPs Planning and Budgeting Tool** was introduced to 15 African and four Asian countries. Through this tool, TB CAP assisted countries to prepare Medium Term Development Plans where these did not exist before, fine tune and revise existing work plans and medium term plans according to the Stop-TB Strategy and targets of the Global Plan to Stop TB. So far, Malawi and South Africa have fully used the tool to prepare their country work plans and budgets.

**TB CAP in Mozambique** – In order to improve DOTS Coverage TB CAP has developed the Strategic Community Based (CB) DOTS plan and expanded CB DOTS activities to four districts. TB CAP successfully conducted four simultaneous trainings on CB-DOTS. In total, 114 participants, including 69 health workers and 45 officials actively participated in the trainings. TB CAP also supports the maintenance of all laboratory equipment at the National Reference Laboratory to ensure quality of culture and Drug Sensitivity (DST) results performed.

- [Return to top](#) -

## Success Story: X-TB Patients from Malawi

TB CAP has introduced the concept of 'X-TB patients'. X-TB patients are individuals who previously suffered from TB and deliver health talks at health centers and during other community gatherings. They are usually well known in the community and provide a good example of someone who had TB before and has been cured. These individuals normally give testimony of their experience as a TB patient and discuss signs and symptoms of TB, how they were diagnosed, their experience with the long TB treatment and what had motivated them to complete the treatment. They give advice to other community members about TB diagnosis, treatment and outcome. X-TB patients' contributions during community sensitization meetings had a positive impact on the audience.

**"I personally have suffered from TB, I was diagnosed, put on treatment and I am fine now. I would like to urge more people to go to the health facility to be diagnosed and get treated. Most of the deaths taking place are due to not getting the right treatment timely."**  
A TB patient's testimony during community sensitization meetings

- [Return to top](#) -

## Upcoming Events

- **24 March: World TB day**  
The World TB Day 2008 web site is now live, at [www.stoptb.org/events/world\\_tb\\_day/2008/](http://www.stoptb.org/events/world_tb_day/2008/). The slogan for World TB Day 2008 is I am Stopping TB. "I am Stopping TB" is more than a slogan. It is the start of a two-year campaign that belongs to people everywhere who are doing their part to Stop TB. This year's World TB Day is about celebrating the lives and stories of people affected by TB: women, men and children who have taken TB treatment; nurses; doctors; researchers; community workers--anyone who has contributed towards the global fight against TB.
- **2-4 April: TSRU Conference**  
The 34th meeting of the Tuberculosis Surveillance and Research Unit will take place in Helsinki, Finland. This meeting is open for other researchers from your organization or country. It is expected that 60 delegates will participate. For more information please contact Elly van Leeuwen ([vanleeuwene@kncvtbc.nl](mailto:vanleeuwene@kncvtbc.nl)) and Suzanne Verver ([ververs@kncvtbc.nl](mailto:ververs@kncvtbc.nl)) at KNCV Tuberculosis Foundation.
- **14 – 19 April: Training Workshop on Public-Private Mix for TB Control**  
Public-Private Mix (PPM) for TB Control, WHO Collaborating Centre for TB and Lung Diseases, S. Maugeri Foundation and Stop TB Department of WHO.  
  
The WHO Collaborating Centre for Tuberculosis and Lung Diseases, S. Maugeri Foundation in Tradate, Italy, in collaboration with the Stop TB Department and WHO, are organizing a training workshop on Public-Private Mix for TB control. This course is designed to provide TB experts with the knowledge and skills to plan, implement and monitor interventions to effectively engage diverse private and public sector health care providers in TB control. For further information, and registration, please contact: [rosella.centis@fsm.it](mailto:rosella.centis@fsm.it)
- **May 16-21: ATS International Conference in Toronto, Canada**  
ATS 2008 Toronto will offer more than 400 sessions and 800 speakers on important scientific and clinical advances in pulmonary, critical care, and sleep medicine. Among the many topics in adult and pediatric respiratory medicine to be covered are asthma, COPD, lung cancer, obstructive sleep apnea, pulmonary hypertension, cystic fibrosis, ARDS, and sarcoidosis. For more information about registering for the conference, please contact the American Thoracic Society at [ats2008@thoracic.org](mailto:ats2008@thoracic.org).
- **28, 29 May: TB CAP's Human Resource Development HRD/TB Platform Meeting**  
This year the second HRD/TB platform meeting will be held on 28th and 29th May 2008 in The Hague, The Netherlands. The platform meeting is open for everybody interested in HRD in TB. TB CAP is targeting to have a broad audience in human resources for health to attend the meeting. The agenda will address building knowledge, sharing of experiences in HRD/TB as well as topics on scaling-up and solutions to the major problems, advocacy and discussing the way forwards in HRD issues in TB control programs. If you are interested to attend you can request for the application form and further details from Carry Kremer [kremerc@kncvtbc.nl](mailto:kremerc@kncvtbc.nl)
- **3- 7 June: The HIV/AIDS Implementers' Meeting in Kampala, Uganda**  
This year's theme is "Scaling Up through Partnerships: Overcoming Obstacles to Implementation." The meeting theme recognizes the rapid expansion of HIV/AIDS programs worldwide. Together, implementers will exchange best practices and lessons learned during the implementation of HIV/AIDS programs, with a focus on building the capacity of local prevention, treatment, and care programs; maintaining quality control; and coordination among partners.

The deadline to submit applications is March 28, 2008. Space is limited so please submit your application early. For more information visit the website: <http://www.hivimplementers.org>

- [Return to top](#) -

## Contact

For any questions, comments or suggestions please send an email to: [pmu@kncvtbc.nl](mailto:pmu@kncvtbc.nl)

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