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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;

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Introduction from Dr. Ishikawa, Board Member from JATA



Dear readers,

Joining TB CAP is the newest endeavor for the Japanese Anti-Tuberculosis Association (JATA). Since 1939, when more than one in 300 youths died of TB, JATA has made a leading contribution to reducing TB in Japan. JATA's role has expanded to international activities since the 1960s. We have assisted national TB programs in more than 20 developing countries through field projects, including Afghanistan, Cambodia, Nepal, Pakistan, the

Philippines, Yemen, and Zambia. Moreover, 2,060 experts from 96 countries have been trained at our international training courses at the Research Institute of Tuberculosis (RIT)/JATA over the last 45 years. We continue to give our support to strengthen the network of trainees after they return home. Most of these activities have been supported by the Japan International Cooperation Agency (JICA), partially in collaboration with the World Health Organization (WHO) and the International Union Against Tuberculosis and Lung Disease (UNION). The Royal Netherlands Tuberculosis Association (KNCV) and the US Centers for Disease Control and Prevention (CDC) have been also our good old friends.

Joining TB CAP has been a new and exciting experience for us. It is our pleasure to work together globally with such wonderful partners under the umbrella of TB CAP. Sometimes we feel like we're getting aboard a space shuttle, learning how

- 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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we work together in a limited space in good harmony, and looking down or up the earth from a far distance. Global peace through TB control could be our final goal. Endeavor and discovery are key words for us in the TB CAP shuttle.

Dr. Nobukatsu Ishikawa

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What's New in the TB CAP Toolbox?

The TB CAP Toolbox contains key TB CAP materials, country specific products and general TB documents. Many of the tools and guidelines can be applied at the country level. The full contents of the TB CAP Toolbox can be found on the [TBCTA Website](#). If you are interested in receiving the TB CAP Toolbox in CD-ROM format, please send an email to pmu@kncvtbc.nl.

Each TB CAP newsletter will highlight new products from the TB CAP Toolbox. Here are some of our new products:

[The Uses of Mapping in Improving Management and Outcomes of Tuberculosis Control Programs: an Overview of Available Tools.](#)

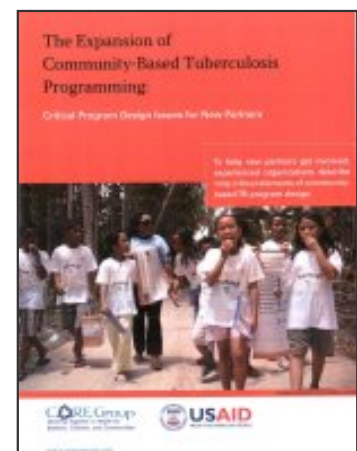
This TB CAP report, published in April 2008, is intended to help national TB programs understand the benefits of mapping and the options that exist for creating maps, particularly using computer-based applications. The report gathers relevant information from a variety of sources to give decision-makers information so they can make informed choices about the use of mapping.

One of the software packages mentioned in the report is [WHO's Public Health Mapping and GIS Programme](#). Developed by the World Health Organization, "Health Mapper" is widely used in health programs. It aims to address critical surveillance information needs across infectious disease programs at the national and global levels. It is a user-friendly software package customized specifically for public health users. The system facilitates data standardization and collection, updating of data on epidemiology and interventions, and immediate visualization of data in the form of maps, tables, and charts.

[The Expansion of Community-Based Tuberculosis Programming: Critical Program Design Issues for New Partners.](#)

TB CAP supports the Child Survival Collaborations and Resources Group (CORE), a membership association of international nongovernmental organizations (NGOs) that promotes and improves the health and well-being of children and women in developing countries through collaborative NGO action and learning.

In response to the increasing burden of TB on the developing world and the call for NGO involvement in combating the problem, CORE's TB Working Group published *The Expansion of Community-Based Tuberculosis Programming: Critical Program Design Issues for New Partners*. The publication outlines nine "hot topics" in community-based TB care, such as safety and prevention of infection of staff, the creation of behavior change and mobilization campaigns to increase case finding and treatment rates, and taking out the sting out of stigma.



The National Situation Analysis (NSA) Tool

The aim of the NSA is to collect and collate information on all aspects of a public and private mix (PPM) approach for TB care and control in country, and to facilitate the use of this information to assist the systematic implementation of PPM. After completing the steps outlined in the NSA, an NTP should be able to answer the questions of when and where PPM should be implemented and what inputs are needed to do so.

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Country Spotlight: Mozambique

Mozambique is one of 22 countries identified with a high burden of TB. The country participated in the piloting of what was later dubbed the DOTS strategy, starting in the early 1980s. The Government of Mozambique has made a concerted effort to address some of the challenges facing the TB control program, namely to increase the case-detection rate, estimated by WHO (in a 2005 report) at 33% and 45% (all and new sputum smear-positive cases, respectively), and the availability of anti-TB medicines.

TB CAP partner Family Health International (FHI) coordinates the Mozambique project in collaboration with Management Sciences for Health (MSH) and the CDC.



TB CAP started its support to the NTP in 2005. This year, TB CAP will support particularly the expansion of community-based (CB) TB care activities, scaling up of provider-initiated HIV counseling and testing for TB patients and referral to AIDS care services, and strengthening of the laboratory network.

Percent of laboratories performing TB microscopy with over 95% correct microscopy results in Mozambique:

	2005	2006	2007
TB CAP Average	43%	45%	62%
Mozambique	50%	60%	62%

In addition, TB CAP will support the implementation of TB infection-control measures and strategies and the decentralization of management of multidrug-resistant (MDR)-TB patients to the provincial level.

Project Highlights:

- NTP has appointed the TB CAP Project Director as its leading counterpart at the national level. In less than a year, the Ministry of Health (MOH) has approved the TB (international consultant) IC approach for Mozambique, one of the main areas for TB CAP technical support under TB/HIV collaborative activities.

- Access to quality-assured laboratory diagnosis of TB has improved. Renovation of the Beira Regional Laboratory is under way to decentralize Mycobacterium tuberculosis culture testing. This initiative has resulted from the intense work of a diverse team of technical professionals, including medical and engineering staff as well as laboratory equipment and procurement experts, who achieved consensus on a plan that will allow the Beira Laboratory to perform TB culture testing.
- TB CAP purchased and distributed 25 binocular microscopes to support DOTS expansion. These microscopes will facilitate access to sputum smear diagnosis.



- The MOH has requested the development of a National Strategic Plan that would embrace different partners using a common approach in order to compare accomplishments in different geographic areas. In addition, the CB-DOTS Strategic Plan was intended to serve as a point of reference for monitoring and evaluation (M&E) purposes. TB CAP has developed the CB-DOTS Strategic Plan based on the recommendations of WHO and taking into consideration the Mozambican context.
- TB CAP conducted Provider-Initiated Counseling and Testing (PICT) workshops. Provincial Supervisors and clinical staff have been trained to provide counseling and testing for HIV to all TB patients. A total of 80 health workers from Zambézia, Gaza, and Sofala Provinces have been trained. These provinces are ready to scale up TB/HIV activities as well as expand DOTS and begin CB-DOTS with the support of TB CAP.
- TB CAP successfully partnered with the MOH in its TB application to the Global Fund (GF) Round 7 Call for Proposals as a subrecipient. Resources received from the GF will be used to implement TB/HIV collaborative activities in Zambézia and Niassa Provinces.
- TB CAP developed leaflets on TB/HIV for TB patients, people living with HIV/AIDS (PLWHA), TB Provincial Supervisors, and other health workers, including counselors, and these have been disseminated by the MOH. The final version of the leaflets incorporated new illustrations and revised text to improve the quality of the materials and to better reach different target groups.



This leaflet for patients, "Why Should I Get Tested for HIV?," explains that TB and HIV should be treated together.

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Who's Who at TB CAP

Julia Masterson, Director of Public Health Programs, FHI

This section introduces the people involved in TB CAP. It gives the face and the story behind what would otherwise be just an e-mail address. In this issue, we introduce Julia Masterson. She is Director for Public Health Programs at FHI, one of the TB CAP coalition partners.

Julia Masterson has a BA in English and a MA in International Education from American University in Washington, DC. Following graduate school, she accepted an internship with a US-based NGO called the Center for Development and Population Activities (CEDPA). Her internship stretched into eight years of employment, during which she was involved primarily in reproductive health and gender work in developing countries.

Julia has been working with TB CAP since 2007. Here is her story:



"I came to this business through a series of accidents and inspirations. Following undergraduate study, I enrolled in law school, only to defer and accept a Rotary International scholarship for a year of study in France. (I never made it back to law school.)

In graduate school, I was initially studying to manage international exchange programs, but was quickly seduced by the challenges and rewards of education in developing-country settings. I changed my focus to development. My career has taken a management track, since I strongly believe that technical expertise needs to be buttressed by strong management support (and vice versa) for programs to ultimately have impact.

It is hard to describe a 'regular' day since situations in our field are very fluid and can change from day to day. A typical day begins with e-mail 'triage.' Given the time difference, most requests for assistance from our TB CAP country offices lie in the e-mail in-box, awaiting the start of our day in Washington. After urgent issues are dealt with, the day-to-day management of programs begins. This might include reporting, budget analysis, or a general review of progress/challenges and next steps. In addition to TB CAP, I have several other responsibilities. Most notably, I manage FHI's subcontract on the AIDSTAR Project, USAID's multimillion-dollar contract for HIV technical support services.

Outside of work, I stay extremely busy raising my two toddler sons, ages two and a half years and 18 months. They are my second full-time job."

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Highlights from the Field

HRD/TB Platform Meeting

A two day HRD/TB platform meeting with the theme "Together we can achieve" was held in The Netherlands 28 and 29 May. Fifty people from more than 30 countries attended the meeting in the Hague, which focused on providing an update on HRD activities at the country level, discussing the major challenges, as well as potential solutions to these challenges, and exchanging information on best practices, tools, and materials. A full report of the platform meeting will soon be available at www.tbcta.org.



Country Updates

To read about our recent work in the following countries, please visit the country pages on the TBCTA website: [Botswana](#) | [Cambodia](#) | [Ghana](#) | [Indonesia](#) | [Malawi](#) | [Namibia](#) | [Nigeria](#) | [South Sudan](#) | [Uganda](#) | [Zambia](#)

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Upcoming Events

- **16-20 October: Union World Conference on Lung Health**
The International Union Against Tuberculosis and Lung Disease (the UNION) has announced the 39th UNION World Conference on Lung Health, which will be held at the Palais des Congrès in Paris, France, from 16 to 20 October 2008. The theme of the conference is "Global Threats to Lung Health: The Importance of Health System Responses." For online registration and hotel booking, please visit www.worldlunghealth.org.
- **27-31 October: TB Control Training**
In collaboration with TB CAP, the Faculty of Medicine of the University of Gadjah Mada in Indonesia has announced its first regional training on Tuberculosis Control Program Planning, Budgeting, and Management, which will take place from 27 to 31 October 2008 in Yogyakarta. For more information please visit <http://tbcta.med-gmu.org>.
- **19-22 November: APSR Congress Meeting**
The 13th Asian Pacific Society of Respiriology Congress (APSR 2008) will be held from 19 to 22 November 2008 at Queen Sirikit National Convention Center, Bangkok, Thailand. For more information, please visit the [APSR Website](#) or send an email to the **Congress Secretariat** at secretariat@apsr2008.org.



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Announcements

Mentored Field Visits for Senior Consultants and Newly Trained Consultants

General TB consultants and specialized consultants in the field of laboratory services, MDR, PPM, TB/HIV, HRD, and TB-IC are important resources to assist country programs in the development and implementation of quality-assured TB control. Expanding the pool of consultants is one of TB CAP's key strategies. For consultants to be able to provide high-quality technical assistance and maintain up-to-date knowledge and expertise, training is necessary. Besides providing formal training courses, the Program Management Unit of the KNCV Tuberculosis Foundation is matching newly trained consultants to senior consultants for mentored field visits. During these visits, both mentor and trainee have training and learning objectives, obligations, and responsibilities.

If you are interested to be either a mentor for a newly trained consultant during a field visit or you are a newly trained consultant, please email pmu@kncvtbc.nl.

Vacancies

TB CAP is regularly looking for staff for its country programs. For vacancies, please see the TB CAP website or our partners' websites.

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Contact

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