Newsletter: March 2009, Issue 4

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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1. Introduction from Dr. Ya Diul Mukadi, TB CAP Board Member and Director Care and Treatment at Family Health

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

Disclaimer: This media product is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of TB CAP and do not necessarily reflect the views of USAID or the United States Government.

For questions/comments please contact pmu@kncvtbc.nl

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International

Dear reader,

Family Health International (FHI) is uniquely positioned to support the goals of the TB CAP coalition because of our extensive partnerships and field offices throughout the world and our expertise in providing technical assistance in HIV/AIDS, reproductive health, and family planning.

FHI has long recognized the need to target TB in settings where TB and HIV are prevalent. We are scaling up collaborative TB/HIV activities by using our networks of HIV healthcare providers and program implementers as well as our expertise in strengthening health systems, scaling up programs, and involving communities.

In Cambodia, Malawi, Mozambique and Zambia, we are expanding collaborative TB/HIV activities, developing literacy and education tools to reduce stigma and improve health-seeking behaviors, improving the access of TB patients to treatment and supporting them on treatment, and encouraging HIV community-based groups to identify TB cases. In Indonesia, our network of HIV services is introducing TB/HIV activities within prisons.

Dr. Ya Diul Mukadi

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2. News

New TB CAP Countries!

Afghanistan

Late 2008 TB CAP started working in Afghanistan. Despite the successes, particularly in improving DOTS coverage, case detection, and treatment, the NTP in Afghanistan is faced with numerous challenges in the management of TB control activities and delivery of effective TB control services. TB CAP will focus on improvement of the technical capacity of the NTP and strengthening the management and technical systems for the delivery of quality DOTS in Afghanistan. Other key challenges include strengthening the TB laboratory network, providing technical assistance and training for TB IC activities and helping develop a human resource development policy for TB control.

Coordinating partner of the project is MSH and collaborating partners are KNCV and WHO. BRAC, a local ngo is contracted to implement CB-DOTS in the provinces Baghlan, Badakhshan, Jawzjan and Herat.

Pakistan

In autumn 2008 TB CAP support was requested by the USAID country mission

and the NTP because of the increasing complexity of the program with increased funding and new demands for collaboration of technical assistance provided by multiple partners.

TB CAP will contribute to the adaptation of the current National Strategic Plan 2005-2010, to the development of the new Strategic Plan for 2010-2015 including a comprehensive strategy for the laboratory network for culture and DST, diagnosis and treatment of drug resistant TB, infection control, drug management, development of an HRD strategy for TB control and strengthened M&E. A very important project will be the execution of a national TB prevalence survey. This will be done in collaboration with all partners and include strengthening of laboratory services.

Further activities include the continuation and expansion of the National Program Officer package implemented through WHO, strengthening drug management through continuation of the work previously done by MSH and JATA (development of drug management guidelines), through the development of training modules and training at district and facility level, and improvement of the laboratory network with support of IUALTD.

KNCV will also open a country office within the premises of the NTP central unit in Islamabad for management and administration of the TB CAP project.

Russia

TB CAP began to support the Russian Federation after a request from USAID/Moscow in July 2008. It has started with the implementation and strengthening of TB infection control measures in the civilian and penitentiary sectors. To start the work a feasibility study visit was conducted by KNCV and PMU in November 2008 to collect decisive information for the development of a workplan. The first year, the work on Infection control will be carried out in Adygeya Republic and Pskov Oblast and the Jewish autonomous Republic and Buryatia are planned for year two.

The project aims to have impact on improving TB infection control by catalyzing a national response to the threat of TB nosocomial infection, and thus prevent and reduce TB associated morbidity and mortality among both patients and (health) workers in health facilities and congregate settings.

The International Federation of Red Cross and Red Crescent Societies (IFRC) has been selected as main collaborating partner. The project will be implemented in close collaboration with CDC and WHO.

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Introduction of new PMU staff!

PMU has recently expanded with the addition of two new staff members:
Dr. Max Meis (meism@kncvtbc.nl) who has joined the PMU as TB-IC officer and Mr Pim Heijselaar (heijselaarp@kncvtbc.nl) who has been appointed as Financial Officer.

Dr. Max Meis will take responsibility for all TB-IC activities and projects undertaken by PMU, and support TB CAP and other USG supported countries in scaling-up TB-IC. He will also participate in some of the TB CAP supported TB-IC country training/workshops and work with Jeroen van Gorkom (KNCV / PMU) on

the international policy development in the TB-IC subgroup of Stop-TB TB/HIV working group.

Pim Heijselaar joined PMU per 1 January 2009. He has replaced Johan Verhoef, who has transferred to our TB CAP office in Nigeria as the Senior Finance and Admin Officer.

The Finance Team can now also be reached by using the following e-mail address: PMUFinance@kncvtbc.nl

Laboratory Meeting January 2009

During the TB CAP meeting in Paris (October 2008) attended by the TBCTA laboratory experts, it was observed that a range of important Laboratory tools (SOPs, MIS, EQA and training modules on DST, Guidelines Purchasing Lab Products) did not include a clear dissemination plan. Therefore a meeting was held in The Hague in January to elaborate on this issue. During the meeting a clear dissemination and implementation frame work was developed to ensure that these laboratory tools are distributed and used in countries in due time.

During the meeting also a draft work plan was developed for optimizing the functioning of the supra-national TB reference laboratories (SRL) network in African Region. This will result in an Africa regional platform on development of an SRL network and a multi-year costed action on the development of the SRL network in Africa.

The Third Annual Report TB CAP [PDF - 3.18 MB]

The Third Annual Report of TB CAP covers core, regional and country projects during the period October 1, 2007 till September 30, 2008. Over the last three years TB CAP has expanded both its technical and geographic portfolio. In 2005 TB CAP started with nine countries and with the newly added 8 countries for the fourth year TB CAP has now reached to 25 countries. The report is available online (www.tbcta.org).

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3. What's New in the TB CAP Toolbox?

The TB CAP Toolbox (cd rom) contains key TB CAP materials. To receive a copy of the TB CAP Toolbox please send an e-mail to pmu@kncvtbc.nl or visit our website at www.tbcta.org. Below are two of our new products:

Engaging Community-based Organizations in TB HIV Collaborative Activities

[PDF - 1.81 MB]

This TB CAP study addresses how communities can be engaged in meaningful and effective ways in TB/HIV collaborative activities. After describing the

characteristics, areas of practice, and core competencies of 12 selected community-based organizations engaged in HIV/AIDS prevention, care, and treatment in Nigeria, the study team examined whether and how they are engaged in TB/HIV collaborative activities and how this engagement can be expanded.

Lessons Learned in Scaling Up TB HIV Collaborative Activities
[PDF - 2.28 MB]

The scaling up of joint TB/ HIV collaborative activities is a high priority in countries and settings where the two diseases are prevalent, as these activities allow for reducing the impact of the HIV epidemic on TB control and the burden of TB on HIV infected individuals.

This document describes the scale-up of TB/HIV collaboration through case studies from Cambodia, Kenya, and Malawi. The Lessons Learned document encourages acceptance of the WHO Interim Policy on Collaborative TB/HIV Activities that emphasizes the need for creating collaborative mechanisms between national TB and AIDS programs, reducing the burden of TB among people with HIV, and reducing the burden of HIV among TB patients.

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4. Highlights from the Field

Cambodia
Coordinated by TB CAP, a joint C-DOTS and PPM evaluation was conducted from 2-15 December 2008 successfully – the first comprehensive evaluation of C-DOTS and PPM activities involving all projects irrespective of funding sources (Global Fund, USAID, JICA). The evaluation team consisted of members from USAID, JICA, WHO/HQ, CENAT, and members of TB CAP Cambodia (KNCV, JATA, WHO), and was conducted in collaboration with NTP staff and NGOs implementing these strategies. The team organized a debriefing session to discuss the main conclusions and recommendations resulting from the evaluation.

TB CAP also supported a refresher training course for TB culture techniques. 11 participants from the 3 culture centers attended the training conducted in October 2008 at CENAT laboratory in Phnom Penh.

Djibouti
Eight new DOT centers providing directly observed treatment and support to TB patients have been established in remote rural areas within the country's districts, bringing TB services closer to the population.

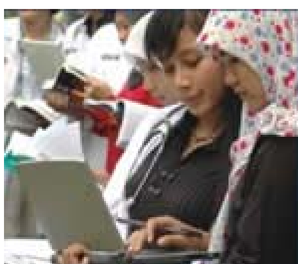
In addition the competence in TB control of the national staff from the Central Unit increased dramatically as a result of the technical assistance provided through TB CAP. This quarter witnessed that staff from the Central Unit are now mastering monitoring and evaluation techniques and are confident in making presentations during high level national meetings including CCM meetings. All elements of the DOTS strategy are well known by the NTP supervisors, who are carrying out supervisory visits on their own. This applies to areas such as IEC, recording and reporting, drug management, training, and documentation of activities.

Regional Training Institutes in Africa and Asia conduct their first

International training

Zaria Training Institute in Nigeria held its first 2 week International TB course on data management and supervision at the end of October 2008. The course, attended by 21 participants, was supported by TB CAP and is part of the Institutional Capacity Building Project. The project aims at improving and strengthening the capacity of Zaria to become a Regional Training Institute for providing training for mid- and high-level managers as well as technical staff in TB control in line with the Stop TB strategy. Zaria will continue organizing International courses on an annual basis.

In Asia TB CAP has a similar project at the Gadjah Mada University in Jogjakarta Indonesia. The first training was also held at the end of October 2008 and was attended by 13 participants. The training was on Tuberculosis Control Program Planning Budgeting and Management. Gadjah Mada will also continue with International training. More information can be found on their website http://tbcta.med-gmu.org/. Their next training will be on Public Private Mix.



Course for Culture and DST in the SRL Bangkok
Laboratory workers from South East Asia attended a 2-week hands-on training course in Bangkok on the standard for TB culture and DST. It was conducted with 12 participants from 7 South East Asian countries, using the WHO SRL modules. The course occurred during 24 November-5 December 2008.

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5. Country Spotlight: Malawi and ... using audits to reduce TB Deaths

Death in patients treated for TB have continued to be worrisome to the NTP and other stakeholders in Malawi.

Cause of death?
In the past, any death of a TB Patient was reported as resulting from TB despite the possibility of other causes such as anemia, other HIV/AIDS than TB etc, - as per WHO definition. With the high HIV prevalence of 70-80% in TB patients, the percentage of TB patients reported dying during treatment rose to 22%.

A death audit initiated by NTP...
NTP was worried about the quality of clinical care of admitted TB patients. Therefore NTP instituted death audits at hospital level, necessitating that each death of a TB Patient be scrutinized in detail. This exercise could80 also improve the management of TB patients at both treatment centers and facilities during the continuation phase. TB CAP has been supporting and documenting the death audits since the last quarter (October- December) of 2007 in two districts (Zomba and Mangochi).

TB Cap's contribution to the audit...
TB CAP assisted in auditing 80 TB deaths in Zomba and 32 in Mangochi since the implementation of the initiative. Since the initiative started, gaps in clinical management revealed during the audits have prompted deployment of more clinical and nursing staff into TB wards. Zomba Central Hospital has increased the number of nurses allocated to the TB ward from 2 to 4 while the number at Mangochi Hospital has increased from 2 to 3. The districts have also allocated full time clinical staff for the TB wards unlike before when no specific clinical officers were responsible for the TB ward. Both Mangochi and Zomba have one focal TB clinical officer each in addition to the support that they get from their colleagues in the other medical wards.

After the audit...
Subsequently, the two districts have seen an increase in number of ward rounds

in the TB wards per month. Zomba Central Hospital has increased the number of ward rounds to 13 per month from an average of 4 that used to take place. In Mangochi the number has increased to eight from four.

Recent supervision reports have also indicated an improvement by the nursing staff in taking vital signs among TB patients admitted in both hospitals. The death audits have acted as catalyst among health workers deployed in the TB wards ensuring that vital signs are checked and taken frequently, and action is taken as needed. All these factors are pointing towards an improved provision of clinical care among TB patients. An important reduction in the death rate among TB patients is being registered: from 16% to 4% in Zomba hospital and from 17% to 5% in Mangochi district hospital, over a period of 6 quarters. (see table below).

Table 15: Number of TB Patients Registered vs. Deaths at Zomba and Mangochi Central Hospitals

	2nd Quarter 2007	3rd Quarter 2007	4th Quarter 2007	1st Quarter 2008	2nd Quarter 2008	3rd Quarter 2008
Zomba Hospital						
Number of Deaths	65	72	n/a	18	33	26
Number TB patients	405	566	570	517	577	669
Percent deaths	16.0	12.7	n/a	3.5	5.7	3.8
Mangochi Hospital						
Number of Deaths	43	41	31	8	11	12
Number TB patients	253	266	204	210	224	239
Percent deaths	17.0	15.4	15.0	3.8	4.9	5.0

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6. Who's Who at TB CAP: Dr. Emmy van der Grinten, Country Representative in Nigeria

"I attended Medical School in Maastricht, the Netherlands and specialized in tropical medicine. I worked for 7 years as the TB and Leprosy Control Officer in Kaduna State Nigeria, for Netherlands Leropsy Relief, after which I did consultancies in the field of TB/HIV.

Since January 2008 I have been working with TB CAP. We started with two staff members and now we have a solid team on the ground which consists of a M&E Officer, a Financial Administrator, a receptionist and me.

What I like most about my job is the combination of management, organization and field work. Usually I start working in the office in the early morning. I have meetings to attend or field visits to make. A typical day ends at the NTBLCP to discuss technical support and local politics with the Program Manager.

During the week I am in Abuja in the office. However, each weekend I travel back to Kaduna to spend time with my five kids and my husband: play football, swim, do Dutch lessons and simply enjoy their amazing look at the world around them."

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7. Upcoming Events

World TB Day
World TB Day, 24 March, 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.

You are invited to upload news about upcoming events, photos, posters, stories and other materials you have prepared for World TB Day on the World TB Day Blog, www.worldtbday.org or visit http://www.stoptb.org/events/world_tb_day/2009/

STOP TB Partners' Forum
The Stop TB Partners' Forum will be held in Rio de Janeiro, Brazil, March 23–25, 2009. For more information please visit www.stoptb.org/events/partners_forum/2009.

Mid-Term Evaluation of TB CAP
USAID will execute an external evaluation of TB CAP which will commence in the beginning of March 2009. After the first interviews at PMU in The Hague the evaluation team members will visit European partners and a start will be made with visiting country projects; Indonesia, Nigeria, Uganda and Mozambique have been selected for field visits. It is expected that at the end of April a readable final draft of the report will be available.

Human Resource Platform meeting June
The HR/TB/HIV Platform will meet once during the year to discuss the issues related to Human Resources for Health (HRH) for comprehensive TB control. This year the meeting will be held in The Hague from 9-11 June. A publication on the proceedings of last years meeting will soon be available.

The 5th Congress of the International Union Against Tuberculosis and Lung Disease
The Union's Europe Region congress will be held May 27–29, 2009, in Dubrovnik,

Croatia. Please note that the abstraction submission deadline is December 31, 2008 (in English; online submissions only). For more information please visit www.depol.org/iuatld2009.

ATS 2009 International Conference
The 2009 International Conference will be held May 15-20 in San Diego, California. For more information, contact the American Thoracic Society, telephone: 212-315-8657; fax: 212-315-8653; email: ats2009@thoracic.org.

17th Union Africa Region Conference
The 17th Union Africa Region Conference "Lung Health and the strengthening of health systems in Africa" will be held June 24-26, 2009. The venue is the Conference Centre Ouaga 2000, Ouagadougou, Burkina Faso. Please submit abstracts before the deadline of April 15, 2009. For more information please contact ocarolineella@yahoo.fr.

2nd Union Conference, Asia Pacific Region
The 2nd Union Conference, Asia Pacific Region "Prevention and Control of Multi-resistant Tuberculosis" will be held September 9–12, 2009 at the Jinhua SPA & Resort, Beijing, China. For more information please contact mail@bjiuatld-apr.com.

40th Union World Conference on Lung Health
The 40th Union World Conference on Lung Health "Poverty and Lung Health" will be held December 3–7, 2009. The venue is the Cancun Center, Conventions & Exhibitions, Cancun, Mexico. Please submit abstracts before 15 March 2009. Early-bird registrations deadline is August 28, 2009. More information visit the website: www.worldlunghealth.org (available early February). e-mail: cancun2009@theunion.org

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8. VACANCIES

TB CAP is regularly recruiting staff. For vacancy listings and countries, please see the TB CAP website (www.tbcta.org) or websites of the TB CAP partners.

Mentored field visits for senior consultants and newly trained consultants
General TB consultants and specialized consultants in the fields of laboratory services, MDR TB, TB and HIV, human resources development, and TB infection control 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 formal training courses, PMU 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 have specific questions on this project please send a mail to pmu@kncvtbc.nl.

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Contact
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