



Newsletter: July 2009, Issue 5

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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;

Table of Contents

1. [Introduction from I.D. Rusen, TB CAP Board Member and Director, Tuberculosis Control and Prevention Department of the International Union Against Tuberculosis and Lung Disease](#)
2. [News](#)
 - a. [TB CAP Evaluation](#)
 - b. [World TB Day](#)
 - c. [New TB CAP Countries](#)
 - i. [TB CAP began to support Zimbabwe after a request from USAID. TB CAP has now successfully launched the project and...](#)
 - ii. [TB CAP has just started to support Dominican Republic in order to strengthen the implementation of DOTS including...](#)
 - d. [PMU adds two new staff...](#)
3. [What's New in the TB CAP Toolbox?](#)
 - a. [Guiding Principles and Practical Steps for Engaging Hospitals in TB Care and Control](#)
 - b. [Guidelines for the Control of TB in Prisons](#)
4. [Highlights from the field](#)
 - a. [Afghanistan](#)
 - b. [Bangladesh](#)
 - c. [Ethiopia](#)
 - d. [Ghana](#)
 - e. [Indonesia](#)
 - f. [Infection Control](#)
5. [Country Spotlight: The DR Congo: supervision visits for better management](#)
6. [Who is who at TB CAP: Rhehab Chimzizi, Country Representative in Ghana](#)
7. [Upcoming Events](#)
8. [VACANCIES](#)

1. Introduction from I.D. Rusen, TB CAP Board Member and Director, Tuberculosis Control and Prevention Department of the Union

- 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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✉ For questions/comments please contact pmu@kncvtbc.nl

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Dear reader,

The International Union Against Tuberculosis and Lung Disease (The Union) is an original member of the Tuberculosis Coalition for Technical Assistance

(TBCTA) with a long-standing history of support to National Tuberculosis Programs (NTPs) in low-income countries. Two of The Union's three pillars - technical assistance and education - are closely aligned with the goals of TB CAP. The Union places great emphasis on reaching vulnerable and hard-to-reach populations in all our efforts - and our involvement in TB CAP is no exception.

In addition to our contribution to many core-supported and regional TB CAP projects, The Union is leading TB CAP efforts in several countries - including some challenging and complex environments. In both Democratic Republic of Congo (DRC) and Zimbabwe, The Union is demonstrating that progress towards the TB CAP goals can be made even when faced with significant obstacles. The Union looks forward to continued success with TB CAP support and in collaboration with our partners globally and in country.

-I.D. Rusen

Director of the Tuberculosis Control and Prevention Department of The Union

- [Return to top](#) -

2. News

2a. TB CAP Evaluation

In 2009, USAID commissioned an external evaluation of the TB CAP project. The evaluation was conducted over a two-month period by a four-person team (Stephen Joseph, Stanley Scheyer, Fabio Luelmo, and Timothy Ryan) of independent consultants through the Global Health Technical Assistance Project (GH Tech).

Over the course of the evaluation period, past and present TB CAP activities and management were assessed and analyzed through a desk review of TB CAP documents and materials (such as workplaces, trip reports, monitoring reports, and tools). Additionally, field visits were made to four countries (Indonesia, Uganda, Mozambique, and Nigeria), meetings with technical agencies and donors were held, and interviews were conducted with key stakeholders in sixteen other TB CAP countries (including Missions, TB CAP partners and national TB program staff).

A first draft of the TB CAP evaluation has been submitted and the final report should be ready for distribution in the near future. In general, the report was very positive and will be posted on the [TB CAP Web](#) site once it is released.

- [Return to top](#) -

2b. World TB Day

World TB Day, 24 March 2009, celebrated the lives and stories of people touched 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. It also marked the second year in the WHO's two-year campaign titled "I am stopping TB," aimed at encouraging people everywhere to do their part.

Zambia, one of the TB CAP focus countries, held a national commemoration in Mongu, Western Province. The Guest of Honour, the Deputy Minister of Health, representing the Minister of Health, officiated at the ceremony that was attended by, among others, dignitaries from the provincial and district administration, traditional leadership, MoH staff and Mongu residents.

The event included a march down the main street of Mongu and a main event at Mongu stadium that featured a play and other sketches put on by groups from the communities and schools depicting this year's theme of 'I am Stopping TB', traditional songs and dances by a variety of local groups, songs (conveying messages on TB such as how TB is transmitted, treated, prevented and its relationship with HIV), exhibits of anti-TB drugs, microscopes (used in diagnosis) and X-rays, on site voluntary counselling and HIV testing, radio programmes by the local radio station, and sports activities such as football and netball.

For more information about Zambia's World TB Day activities, please see the attached report.



Other World TB celebrations in Afghanistan

- [Return to top](#) -

2c. New TB CAP Countries

Zimbabwe

TB CAP began to support Zimbabwe after a request from USAID. The Union is the coordinating partner and the WHO and KNCV are collaborating partners. TB CAP has now successfully launched the project and the country team is now functional. The Senior Administrator, as the latest team member, commenced duty in February 2009, bringing the number of The Union personnel to six people. Additionally, a Union consultant visited the region in February to provide technical support to the NTP.

Overall, TB CAP will contribute to establishing new and functional NTP Management structures, developing quality-assured laboratory network for microscopy, increasing NTP coordination and collaboration with public and private sectors, ensuring a political framework, and improving the availability of all categories of staff involved in comprehensive TB control.

Currently, at the national level, the team has supported preparations for the

development of a national TB strategic plan, the revision of M&E tools and the creation of training materials.

Dominican Republic



TB CAP has just started to support Dominican Republic in strengthening the implementation of DOTS including all components of the Stop TB Strategy. The coordinating partner of the project is KNCV. The implementation of the plan has begun with the international recruitment of the country coordinator.

A final agreement has been reached with ProFamilia about their responsibilities in the project. ProFamilia will provide KNCV with office space and all the logistic support needed while assuming the financial management of the project.

- [Return to top](#) -

2d. Introduction of new PMU staff!

The TB CAP Project Management Office (PMU) welcomed two new colleagues this spring: Dr. Sharat Verma and Rosanne van Halm.



Dr. Verma, as MDR-TB Officer, takes responsibility for all MDR-TB activities and projects undertaken by PMU – specifically the development of country-specific Programmatic Management of Drug Resistant TB strategies (PMDT) and assisting countries in scaling-up their nationwide plans. He will also facilitate the development of a Centre of Excellence on the Management of Patients with Drug Resistant TB in the East African region. Dr. Verma has a post graduate specialization in Tuberculosis and Chest Diseases in addition to a MPH in Epidemiology from University of California at Berkeley, USA. Previously, he worked for Nepal's National Tuberculosis Control Program (NTP) for nearly 15 years, including over five years experience in Programmatic Management of MDR-TB.



Rosanne van Halm has joined the PMU as Financial Controller, taking over from Inge Sasburg. Rosanne's Bachelor of Economics degree and four years experience as a Planning & Control Assistant at KNCV gives her a strong background to lead the financial team in TB CAP reporting and audits. Currently the financial team currently includes Rosanne, Pim Heijseelaar (Financial Officer), and with Hiramani Kanhaisingh's departure, the team is looking to fill one more position.



Longstanding Deputy Director of the PMU, Jeroen van Gorkom, has left his post and taken up the previously vacant position of Head of KNCV's International Unit. Jeroen will remain part of the TB CAP family in his new functions as he now represents KNCV on the TBTC Board. We wish him all the best in his new role.

[- Return to top -](#)

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

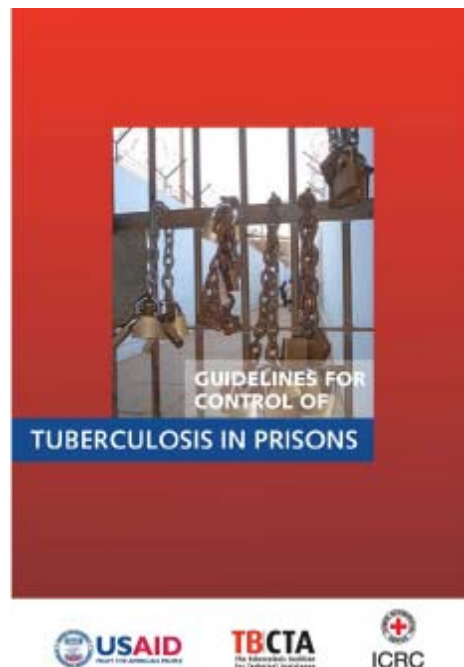
The TB CAP Toolbox (CD Rom) contains key TB CAP materials. To receive a copy of the TB CAP Toolbox, please send an e-mail to pmu@kncvtbc.nl or visit our Web site at www.tbcta.org. Below are two of our new products:

3a. Guiding Principles and Practical Steps for Engaging Hospitals in TB Care and Control

Many high-burdened countries (mainly Asian HBCs) have a large public and private hospital sector that has never been fully engaged in DOTS expansion, despite the fact that large numbers of TB patients seek care at hospitals. These countries share a similar set of challenges related to involvement of hospitals in TB control. This document describes the strategies, steps and tools that facilitate involvement and linking of hospitals into the national DOTS program.

3b. Guidelines for the Control of TB in Prisons

This third edition provides general guiding principles for the implementation of the six elements of the internationally recommended Stop TB strategy. The primary audience is health and administrative staff working in prisons who need to be educated on the magnitude and implications of the TB problem and on the need for effective intervention. It is also intended for national TB program (NTP) managers who collaborate with prison health services in the implementation of the Stop TB Strategy. The document expands on the problems of TB-HIV co-infection and multidrug-resistant TB (MDR-TB) in prisons and contains updated information on diagnostic and treatment approaches. It replaces the first guidelines published in 1997. The second edition of the guidelines, published in 2000, is still a valid and complementary document. Recommendations based on field experiences of prison sector NTPs and their partners in various regions have been incorporated into this third edition.



[- Return to top -](#)

4. Highlights from the Field

Afghanistan

For the first time in several years, a National Evaluation Workshop was conducted in February 2009, thanks to TB CAP's programming. In total, 160 individuals from central and provincial NTP, MOPH, partners and BPHS implementers attended. TB CAP also conducted World TB Day celebrations in 13 USAID supported provinces. Approximately 85,000 school children were mobilized and 60,000 TB IEC materials for Health Facilities and Community Health Workers were developed and distributed.



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.

[- Return to top -](#)

Bangladesh

TB CAP conducted an assessment of laboratory services in reference laboratories in 2 districts and microscopy laboratories in additional 8 districts. The results will be used to procure necessary equipment and supplies. TB CAP supported further technological support by renovating an MDR-TB control room in the central hospital including procuring computers, developing software; creating a library and undertaking logistics for MDR patients.

Additionally, TB CAP's NTP completed a geographical survey and developed guidelines to establish an additional 50 sputum collection centers in Damien Foundation areas.

[- Return to top -](#)

Ethiopia

TB CAP supported improved diagnostic capacity by conducting a national Training of Trainers (TOT) on AFB microscopy and EQA for a total of 30 participants. The reach and sustainability can already be seen as the recently taught trainers have trained 87 laboratory staff from 44 health centers and 7 hospitals. This programme also ensured that 75 health centers, 6 governmental and 1

missionary hospitals are now providing uninterrupted AFB microscopy services.

Another national TOT on TB manual and TB drug supply management was conducted with 32 staff from the Ministry of Health, regional health bureaus and referral hospitals so TB CAP could support improving the TB drug management system. TB CAP is also introducing other USG partners an integrated TB drug logistic MIS.

Moreover, the TB CAP project has supported the finalization and printing the national guideline on TB-IC.

[- Return to top -](#)

Ghana

TB CAP completed the development of the NTP Strategic Plan (2009-2013) which has been submitted for GF Financing. This is the "first learning wave" for getting resources from the GF.

In 2008, Ghana notified the highest number of TB patients (14,022) ever registered in a single year since the NTP was established in 1994. This increase is partly attributable to the TB CAP support since 2008 to the NTP in expanding and enhancing quality DOTS.

[- Return to top -](#)

Indonesia

The TB CAP programme has increased capacity in Indonesia by conducting training on the HAIN test for 7 laboratory technicians and HRD training for 20 Participants (NTP and TB CAP Technical Officers) from seven Provinces. As well, TB/IV training for counselors and case managers was conducted for 120 participants from NGOs, health centers, hospitals, and prisons.

Internal linkages with 104 hospitals have been forged thanks to TB CAP and 77 Hospital DOTS teams have also been developed. Moreover, seven new hospitals have established referral networks with health centers.



The NTP was also assisted on drug management issues and developed procurement planning for 2010-2011 which will be funded by Global Fund Round 8 phase one. Through this, they will receive 100.000 kits FDC Cat I and 3750 FDC Cat II and donation paediatric drugs from GDF.

[- Return to top -](#)

Infection Control

TB CAP, through the TB-Infection Control (IC) Officer at the PMU, Dr. Max Meis, has started a desk review of country project activities on TB-IC. He also drafted a

TB-IC M&E framework in line with the revised draft WHO IC policy. This work is done on behalf of the TB-IC sub-working group. The TB-IC Officer has also provided distant advisory support to Namibia regarding procurement of fit testing equipment and Ethiopia and Zambia regarding the development of the national TB-IC policy. He was the lead facilitator of a first national TB-IC training in Zambia; co-facilitator in a TB-IC workshop in Almaty; attended the first course on TB-IC organized by the WHO Collaborative Centre in Sondalo, Italy.

- [Return to top](#) -

5. Country Spotlight: The DR Congo and...supervision visits for better management



In DR Congo, the NTP and Leprosy programs are combined at the intermediate (provincial) level and are supported by different international NGOs such as Action Damien and The Leprosy Mission International (TLMI).

South Kivu is one of the provinces where TB/Leprosy activities are supported by TLMI. Year ago, South Kivu had no detailed TB action plan. It only had a few TB activities diluted in many and diversified leprosy activities.

When TB CAP financial and equipment support started, communication (e-mail and telephone) between South Kivu province and the NTP central unit improved and frequent supervisory visits were conducted. Those visits were conducted for several purposes as outlined below:

- Discuss issues regarding low performance of TB indicators: detection rate (36%) and success treatment rate (80%) in 2007;
- Emphasize the high risk of the general population continuing to spread TB and the potential development of MDR TB as it is insufficiently detected and inadequately treated;
- Find out possible ways to improve the situation;
- Train TB/Leprosy staff to set up a combined action plan for both TB and Leprosy; and
- Create, on a quarterly basis, a calendar of TB activities for better monitoring.

The final result is the incorporation of TB activities by the South Kivu TB/Leprosy team which has now been translated into an action work play for TB – including the main problems with their causes, and indication of which health districts are concerned, the strategies and activities to put in place to solve the problems, the indicators and the budget to accomplish these activities.

The big challenge is now to integrate TB activities in four health districts (Minembwe, Itombwe, Hauts Plateaux and Mulungu) where there are problems related to insecurity, high staff turnover, inaccessibility due to environmental

constraints (bad roads, high mountains) and insufficient or lack of training of health workers.

To reduce inaccessibility, TB CAP is in talks with the provincial MOH and NTP to create two sub-coordination centres in the southern (Uvira) and the western parts (Shabunda) of South Kivu. Each sub-coordination centre will be under the responsibility of a supervising nursing officer and a laboratory technician whose activities will be to regularly supervise three or four health districts around them and to procure drugs and laboratory reagents.

As a result of the Minembwe district's integration of TB activities, 12 cases of TB were detected.

- [Return to top](#) -

6. Who is who at TB CAP: Rhehab Chimzizi, Country Representative in Ghana



I am a Malawian trained clinician and hold a Masters Degree in Community Health from the University of Liverpool, United Kingdom.

Following my graduation in 1992, I worked for seven years primarily in Obstetrics and Gynecology. I joined the TB world in 1999 and my first responsibility was to coordinate the TB/HIV (ProTEST) pilot project under the auspices of the WHO.

My main function is to provide strategic technical assistance to the NTP primarily on expanding quality DOTS and TB/HIV management. Ghana has two major challenges: low TB case detection and high case fatality rate. Most of my time is spent working with the NTP to address these challenges, among others.

I joined TBCAP in March 2008. For few months I was the only staff member, but was eventually joined by a Project Officer and, shortly, a Project Driver will also be part of the team.

My regular day starts with checking my e-mail, followed by a discussion with the project officer about activities to be undertaken that day. In the evening, I spend my time responding to e-mails, writing technical documents and reading published research papers. I rarely sleep before 11 pm.

Besides my official duties, I enjoy watching football in the company of my wife and son.

- [Return to top](#) -

7. Upcoming Events

TB IC Course in Latvia

The WHO, KNCV, and CDC will collaboratively give a TB IC Course from 31 August - 5 September 2009 in Latvia. The Riga centre has begun developing the training curriculum for which the intended output is increased technical capacity for TB-IC in the 18 high priority countries of the WHO European Region. The facilitators for the course have been selected from WHO, KNCV, CDC and

Russia/Vladimir Oblast.

2nd Union Conference, Asia Pacific Region, September 2009

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, December 2009

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. The early-bird registration deadline is August 28, 2009. More information, visit the Web site: www.worldlunghealth.org or e-mail: cancun2009@theunion.org

- [Return to top](#) -

8. VACANCIES

TB CAP is regularly recruiting staff. For vacancy listings, please see the TB CAP Web site (www.tbcta.org) or the Web sites of TB CAP partners.

- [Return to top](#) -

Contact

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