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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. The Tuberculosis Coalition for Technical Assistance (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;

Table of Contents

1. [Introduction from Dr. Peter Gondrie, TB CAP Board Member and Director of KNCV's unit International](#)
2. [Announcements](#)
3. [What's New in the TB CAP Toolbox?](#)
 - a. [X-Ray Handbook](#)
 - b. [TB Handbook](#)
4. [Country Spotlight: Uganda](#)
5. [Who's Who at TB CAP: Dr. Yared Kebede Haile, TB/HIV Coordinator at PMU](#)
6. [Highlights from the Field](#)
7. [Upcoming Events](#)
8. [Vacancies](#)

Introduction from Dr. Peter Gondrie, TB CAP Board Member and Director of KNCV's unit International



Dear readers,

The KNCV Tuberculosis Foundation (KNCV), a nongovernmental organization founded in 1903 by the Dutch community, is an increasingly expanding organization, predominantly at the international level.

Over the last few years, we have established offices in Indonesia, Kazakhstan, Kenya, and Namibia, and since 2008, we are also working in Nigeria. As a result, our staff numbers are also increasing. Together with our international consultants, we provide technical assistance for national tuberculosis programs and local health organizations in more than 40 countries on four continents. Our international support is based on quality DOTS expansion, the first anchor of the new Stop TB Strategy. This includes program management, strategic planning, implementation, monitoring and evaluation, and policy development.

As lead partner of the Tuberculosis Control Assistance Program KNCV is also hosting the Project Management Unit.

Moreover, together with the Tuberculosis Coalition for Technical Assistance, KNCV is continuing its support to laboratory strengthening, a major component

- Strengthening TB and HIV/AIDS collaboration;
- Improving human and institutional capacity.



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of the Stop TB Strategy. Lab strengthening can be sustainably achieved only through health system strengthening with appropriate attention for laboratory services. Therefore, KNCV and the World Health Organization are in the process of establishing a Centre of Excellence for programmatic management of multidrug resistant TB in the African Region and setting up a Supra National Reference Laboratory, also in the African region.

KNCV thoroughly enjoys working with our coalition partners, the U.S. Agency for International Development (USAID) Washington, the USAID country missions, and our partners in the countries. We are convinced that together we can make a contribution toward global TB control and achieve the Millennium Development Goals for TB.

Peter Gondrie

- [Return to top](#) -

Announcements

New TB CAP Countries!

- **Bangladesh** - The USAID Bangladesh Mission decided to buy into the Tuberculosis Control Assistance Program (TB CAP) for 2.2 million U.S. dollars. As a result a Project Management Unit (PMU) team visited Dhaka August 18–22, 2008, and started the process of developing a work plan. The two expected outputs of the visit were the identification of a Coordinating Partner and Collaborating Partners and the forging of an agreement on the technical components to be supported by TB CAP. Family Health International was tapped to be coordinating partner, and the World Health Organization (WHO), The International Union Against TB and Lung Disease (The Union), and the Japanese Anti-Tuberculosis Association will serve as collaborating partners.



- **Zimbabwe** - TB CAP partners conducted an appraisal visit for starting up a TB CAP country support project to the Ministry of Health and Child Welfare's Zimbabwe National TB Program. They received a warm welcome from their Zimbabwean colleagues in the ministry, given the enormous challenges the health system in general and TB control in particular are facing as a result of many years of underfunding and the lack of human resource capacity. The Union will be the leading partner in TB CAP and will work with WHO and possibly the KNCV Tuberculosis Foundation (KNVC) in this project.
- **In 2008 and 2009 TB CAP will be active in five Central Asia countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan.** KNCV will lead this project together with Gorgas. The purpose is, first, to create a network among organizations that will provide social support for effective use of available resources and, second, to build a social support system to ensure proper multidrug resistant (MDR) TB case management, primarily by conducting

assessment visits in these five countries. Two additional areas for focused attention are the adherence to treatment (by providing social support to MDR TB patients) and the involvement of public society in TB control (by raising public awareness).

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 are interested in being a mentor for a newly trained consultant during a field visit or if you are a newly trained consultant, please send a mail to pmu@kncvtbc.nl.

- [Return to top](#) -

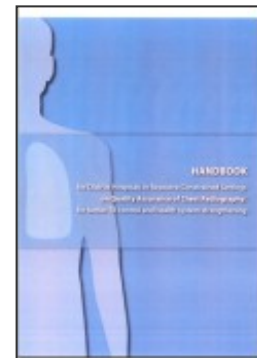
What's New in the TB CAP Toolbox?

The Tuberculosis Control Assistance Program (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 Tuberculosis Coalition for Technical Assistance website (www.tbcta.org). To receive the TB CAP Toolbox in CD ROM format, please send an e-mail to pmu@kncvtbc.nl.

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

[*The Handbook for District Hospitals in Resource Constrained Settings on Quality Assurance of Chest Radiography: for Better TB Control and Health System Strengthening*](#)

This handbook provides a simple way to assess the quality of a chest radiograph and the fundamentals of chest radiography. The handbook's target groups are TB supervisors at the district and intermediate levels who are not specialists in radiological technology, the use of X-ray equipment, or the clinical interpretation of chest radiographs.



Please click on the title to read more.

[*Handbook for National TB Control Programs*](#)

This new version of the handbook provides an overview of the broad range of approaches needed to implement all six components of the Stop TB Strategy and to achieve its goals.

Please click on the title to read more.

- [Return to top](#) -

Who's Who at TB CAP

Dr. Yared Kebede Haile, TB/HIV Coordinator at PMU



Yared Kebede Haile (MD, MPH) received his Medical Doctorate degree from Ethiopia's Addis Ababa University, Gondar College of Medical Sciences and his Master of Public Health degree in international health from the Johns Hopkins University School of Public Health, Baltimore, Maryland, USA.

After his graduation as a medical doctor, Yared started working as a general practitioner in a provincial hospital in Ethiopia for a couple of years. In 1994 he started his career in international health when he started working for the international medical and humanitarian organization Doctors Without Borders (Médecins Sans Frontières) as a field medical doctor and later as country medical director in Angola, Bangladesh, Ethiopia, Liberia, and Uganda. As of August 1, 2008, he works for the Project Management Unit (PMU) of TB CAP.

Yared continues his story: "A regular day in my new function for TB CAP starts with train travel from my home in Amsterdam to the office in The Hague. A typical day has all the components of an international public health worker: communicating with colleagues working on in-house and distant projects, holding formal and informal meetings, and discussions with team members. I have already started my travel to project countries, which I guess will be an important part of the work I will do in the time to come. I have started to like the social times during lunch and occasional coffee breaks.

With occasional spare time available, I like doing sports, especially tennis and golf. I also like nature and photography as well as attending to social and cultural events in my native Ethiopia."

- [Return to top](#) -

Highlights from the Field

A two-day field officers meeting was held in The Hague August 10 and 11.



The main purpose of the meeting was to strengthen the Tuberculosis Control Assistance Program (TB CAP) field officers leadership and provide them with significant technical assistance in scaling up the Stop TB Strategy, specifically for laboratory strengthening, multidrug resistant TB, TB infection control, TB/HIV, PPM, and crosscutting issues such as human resources development. Seventeen field officers attended the training.

During the meeting, TB CAP and the Tuberculosis Coalition for Technical Assistance partners agreed to work together with field officers to start collecting the lessons learned at country level. Because of the meeting's success, another meeting for next year may be organized.

Ghana. The KNCV Tuberculosis Foundation visited Ghana in May to provide technical assistance in data analysis, report writing, and dissemination to focus on the low rates of case detection. The national tuberculosis program surveillance data were analyzed for indications of missing cases. In addition, field visits were conducted to assess the accuracy of recording. From the discussions and available data, a list of potential reasons for the low rates was compiled.

Mozambique. TB CAP supports the Ministry of Health's strategy to expand and broaden current TB programs at the national level, first, to increase access to DOTS and strengthen linkages with HIV activities and, second, to improve the capacity of national reference laboratories. TB CAP partner Family Health International coordinates the project in collaboration with Management Sciences for Health and the U.S. Centers for Disease Control and Prevention. With regard to the improved diagnostics capacity, 250 slide storage boxes were distributed to selected laboratories, and 25 microscopes and other pieces of laboratory equipment were procured for facilitating external quality assurance of sputum smears and expanding the sputum laboratory network.

Namibia. Ongoing support is provided for building and maintaining community-based DOT, through training and technical support and funding of volunteers from the community who conduct DOT at the DOT centers in Walvis Bay. Because the Ministry of Health and Social Services is moving away from volunteerism for the provision of essential health care, TB CAP will now move toward employing these volunteers. TB patients visit the DOT centers in the community to take their medications; the DOT supporters follow up those patients who do not visit the center and also provide health education to TB patients. The Walvis Bay model has been successful in improving treatment success and lowering defaulter rates. It has led to decongestion at the one clinic where over 500 TB patients once received their TB medicines each day.



South Sudan. Management Sciences for Health has recruited two international laboratory consultants and conducted a field visit to southern Sudan this past summer. The consultants developed both the work plan and an equipment list for the expansion of the laboratory networks and for the National Central Laboratory (NCL) as National Referral Laboratory (NRL). They also monitored the process of renovating building of the NCL, gave technical comments, and convinced Ministry of Health authorities of the importance of the referral laboratory.

- [Return to top](#) -

Upcoming Events

- **STOP TB Partners' Forum, Rio de Janeiro, Brazil, in March**
The Stop TB Partners' Forum will be held in Rio de Janeiro, Brazil, March

23–25, 2009. This forum will be open and dynamic, a place where people engaged in the global fight against TB can share successes, identify barriers, and inspire each other to move to a new level in the global fight against TB. For more information please visit www.stoptb.org/events/partners_forum/2009.

- **The 5th Congress of the International Union Against Tuberculosis and Lung Disease, in May**

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/iatld2009.

- [Return to top](#) -

VACANCIES

TB CAP is regularly seeking staff. For vacancy listings and countries, please see the [TB CAP website](#) or websites of the partners.

- [Return to top](#) -

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