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About TB CARE I

TB CARE I is a USAID five year cooperative agreement (2010-2015) which was awarded to TBCTA with KNCV Tuberculosis Foundation as the lead partner. TB CARE I is a unique coalition of the major international organizations in TB control:

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

The aim of TB CARE I is to contribute to reaching the following specific USAID goals in the TB CARE countries with significant investment:

- Sustain or exceed 84% case detection rate and 87% treatment success rate
- Treat successfully 2,55 million new sputum-positive TB cases
- Diagnose and treat 57,200 new cases of multi-drug resistant (MDR) TB



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Welcome



Dear Reader,

Welcome to the first Newsletter for TB CARE I, firstly allow me to introduce myself to those of you who don't already know me, I'm Jan Voskens and late last year I was appointed as the new Deputy Project Director for TB CARE I.

I studied medicine in Amsterdam and after finishing my training in tropical medicine in 1984 I moved to Africa where I worked for 4 years as medical superintendant at St James Mission, in a remote mountain area of Lesotho. I helped the mission hospital starting a comprehensive primary health care program, setting up community health clinics and a wide range of prevention programs in the remote valleys of the mountains. Whilst in Lesotho (which has one of the highest TB prevalence's in the world) I became interested in the disease and later went to work as a leprosy doctor in Sulawesi, a large island in the Indonesian archipelago.

In Sulawesi not only is there leprosy, but also a high level of TB as well. Unfortunately an effective TB control program did not exist at that time, therefore it was decided to combine TB with Leprosy control and it worked well: After 4 years all 4 provinces of Sulawesi island, an area as big as Western Europe, had a well running DOTS program. After some hesitation the Ministry of Health of RI Indonesia decided to follow the example but it took several years before all 30 provinces of the Indonesia archipelago were covered by DOTS programs.

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The last 10 years of my main job, was primarily to assist the National TB Control Program in Indonesia with the establishment of a large USAID project, setting up local KNCV offices and training local staff. My work in Indonesia is now handed over to local staff and the project is still expanding and continuing to do excellent work.

I also provided technical assistance to a number of High Burden Countries in Africa and Asia, including Nigeria, Kenya, Botswana, the Philippines, China, and Cambodia. My special fields of interest are amongst others, health system strengthening and establishment of public-private partnerships.

Implementation of TB CARE I is a major challenge for me: not only to meet the ambitious objectives and targets of this USAID supported project, but also to ensure optimal coordination and synergy within the partner coalition, consisting of 7 international organizations including WHO, KNCV, The Union, FHI, MSH, JATA and ATS. However, I believe that through this project we can have a major impact on the global TB problem, the spread of Multiple Drug Resistant TB and TB/HIV co-infection.

I am optimistic that we will be successful, since the program management unit of TBCARE I is a fantastic team, with an excellent spirit and a lot of enthusiasm. I hope that through our work we can incite others to achieve the success we are aiming at. Together we can do that!

Warm Regards,

Jan Voskens
Project Deputy Director, TB CARE I

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New Laboratory in Hanoi



A specially designed and highly bio-secure TB laboratory funded by the U.S. Government to improve case detection of multidrug-resistant tuberculosis (MDR-TB) in Vietnam was formally opened at the Hanoi Hospital of Lung Disease. The facility is one of five TB laboratories which have been strengthened with U.S. \$1.4 million in funding from USAID through the TB CAP project.

Contagious diseases such as TB be be handled in specially designed laboratories to keep workers and the community safe. Since TB can be dangerous to work with, several laboratories in Vietnam, including the one at the Hanoi Hospital of Lung Disease, have recently been upgraded to bio-safety level 2, commonly referred to as BSL2.

In the future, more labs will be constructed in Vietnam as part of an ongoing effort to increase TB case detection and improve treatment outcomes.

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Prevalence Survey - Pakistan



Pakistan ranks 8th among the high burden TB countries and 4th among high burden MDR-TB countries. TB is responsible for 5.1 percent of the total national disease burden in Pakistan. The country reports an estimated 300,000 new TB cases every year. In light of this, Pakistan's NTP and the Pakistan MoH have launched a country-wide TB prevalence survey which is being conducted with the support of the TB CAP.

The survey will be conducted in 95 clusters throughout the country. It is one of the largest TB prevalence surveys in the world with 133,000 adults included in the sampling frame. In addition, a National Tuberculin survey will also be conducted which will include 33,250 children country-wide. The survey field work required will take at least one year to be completed.

The main objectives of the prevalence survey are to estimate the prevalence of TB among the adult population in Pakistan during 2010-2011, and to assess the Annual Risk of Tuberculosis Infection (ARTI) among children age 5-9. The last prevalence survey in the country was conducted between 1987-1989.

The launching ceremony was attended by Pakistan's Federal Minister for Health Makhdoom Shahabuddin, Deputy Chief of Mission of the United States Embassy in Pakistan Stephen C. Engelken, the National Manager of the TB Control Program Dr. Noor Ahmed Baloch and officials of the Ministry of Health and civil society representatives.

Minister Shahabuddin expressed confidence that a lot can be achieved if partners work together to fight disease, "Our endeavour for TB control today is actually an investment in the future so that the coming generations can breathe in air free of TB."

Dr. Noor Baloch said the survey will help the MoH to determine the number of TB patients in the country so that they could be provided the necessary treatment. "This survey will help us achieve our target of making Pakistan a TB free country". He said this could only be realized if government, health authorities, healthcare workers and hospital managements are committed and work together.

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World TB Day - Ethiopia

ON THE MOVE AGAINST TUBERCULOSIS

Transforming
the fight towards
elimination

WORLD TB DAY 24 MARCH 2011

Last Thursday 24th March it was World TB Day (WTBD).

The Ethiopian Federal Ministry of Health commemorated WTBD in Bora, East Shoa Zone, a TB CAP-supported zone in Oromiya Region. East Shoa was recognized for its high performance in community-based TB care and was encouraged to share best practices and lessons learned with other zones in the country. East Shoa was one of

seven zones which TB CAP has supported in areas such as strengthening TB laboratory services at the health facility and Regional level, expanding community-DOTS services, improving TB case detection, drug supply management, and recording and reporting.

TB CAP-Ethiopia was active on the 2011 World TB Day commemoration steering committee and printed six thousand t-shirts for the FMoH with World TB Day slogans on them in three languages.

TB CAP has also worked to educate the media about TB and the commemoration. Last September, TB CAP trained journalists and public relations professionals on the basics of TB, TB-Infection Control, MDR-TB and the role of the media in TB control activities. Those trained formed their own media forum called the TB Media Forum.

In preparation for World TB Day, TB CAP conducted a one-day refresher workshop last week for these media forum members. An update was given on TB, MDR-TB and new drug treatment regimens that are currently being introduced in Ethiopia. The session emphasized the importance of drug adherence and the role which the media can play in creating awareness about TB. The media forum members attended the World TB Day commemoration, not only to report on the World TB Day activities, but also to learn about the best practices of East Shoa, which they can use as a reference in future communications.

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Memorandum of Understanding (MOU) signed between Federal MoH Ethiopia and TB CARE I Ethiopia



TB CAP - Ethiopia and the Federal Ministry of Health of Ethiopia have had a very successful and impacting partnership, combined with a smooth working relationship in the national effort to curb the TB epidemic in the country.

Ms Mihret Hiluf, Director of Agrarian health promotion and disease prevention Directorate in the Federal Ministry of Health, explained that TB CAP has been both a dependable and a reliable partner to work with. She said: "We (the Ministry) are happy by TB CAP's excellent expertise and reputation in the field of TB prevention and control in the country", adding "I hope the same commitment, professionalism and

partnership will continue by the new TB CARE I - Ethiopia project for the coming five years.”

Also present at the ceremony was, Dr Ismael Hassan, NTP manager and coordinator for GF-TB Leprosy (FMOH) who also appreciated the exemplary commitment and support of TB CAP in the prevention and control of TB in Ethiopia.

The MOU has been signed by Ms Mihret on behalf of the Federal Ministry of Health of Ethiopia and Dr Ezra Shimeles, Country Director of TB CARE I-Ethiopia Project. The signing ceremony was attended by TB experts of MOH and management members of TB CARE-I Ethiopia.

A series of consultative meetings were held prior to the date of the signature, which was chaired by His Excellency the State Minister of Health and attended by the NTP manager, experts and USAID as well as TB CARE-I Ethiopia.

It was agreed that TB CARE I-Ethiopia will focus on four technical areas for the coming five years:

1. TB Care and Treatment (DOTS expansion and strengthening)
2. Programmatic Management for Drug Resistant TB (PMDT)
3. TB/HIV Care and Treatment.
- 4: Health System Strengthening.

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Mass Design Group



The MASS Design Group (MASS), architects affiliated with PIH, worked together with the CDC and the WHO to establish a website (<http://www.massdesigngroup.org/framework.html>) with examples of architectural and engineering case studies which can be adapted to create a well-ventilated health facility.

A decision tree leads the user through the relevant building design issues and options. The project demonstrated both the utility of such a resource and also the vast amount of relevant information.

MASS focuses on the creation of innovative architecture, infrastructure, and planning in resource limited settings, seeing design as a missing link in aid, without which projects can suffer from inappropriate and detrimental infrastructure that fails those most in need. MASS combines design and construction, accompaniment, and research to affect change, construct agency, and develop innovative solutions ranging from unique buildings to the development of national standards and policies.

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Union Conference Nigeria



TB CARE I attended the 18th African Region Conference which took place from the 3rd to the 5th of March 2011 in Abuja, Nigeria. The theme was TB, TB/HIV and other lung diseases and TB CARE I shared tools and TB information with visitors from all over Africa and beyond.

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New Office in Abuja



TB CARE I has a new office in Abuja, Nigeria.

The office is in the same building as MSH (our in-country TB CARE I partner): MSH occupies the ground floor up to the third floor and KNCV occupies the last floor.

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What's New in the TB CAP Toolbox



'The Platform' - this publication brings into focus seven main lessons learned from the five years of TB CAP global HRD platform experience. [Download Book](#)

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Vacancies

Technical Officer Laboratory Services - The Technical Officer Laboratory Services is responsible for strengthening of laboratory services and contributes to achieve TB CARE I's targets at Global, Regional and Country level.

The candidate will be responsible for optimizing collaboration with coalition partners, as a member of the TB CARE Laboratory Technical Working Group and other global initiatives and for supporting and facilitating the scale-up of specific (novel) interventions such as ZN and LED Fluorescence microscopy, TB Culture and DST, Xpert MTB/Rif in line with the Global Plan to Stop TB. The laboratory technical office will actively participate in the identification, development and dissemination of key laboratory related core project activities.

For more information please download this [pdf](#).

Monitoring and Evaluation Officer - The position is aimed at supporting the Team Leader of Monitoring and Evaluation and Knowledge Management (MEK) in managing the monitoring and evaluation (M&E) cycle of the TB CARE projects at all levels (core, region and country).

The M&E Officer develops and manages systems for the monitoring of the TB CARE project and ensures timely and quality reporting at all levels.

For more information please download this [pdf](#).

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New Staff

The TB CARE I project management unit (PMU) has the pleasure of welcoming 4 new team members, Shahrukh Hamdani (see below), Ann Mbugua - PMU Finance Officer and also two members of the KNCV who have moved into the PMU, Agnes Gebhard who will provide technical assistance on PMDT and Jan Voskens who you have met above is the new deputy director of the PMU.



This time we asked Shahrukh to tell us a little more about himself:

1. What is your full name and function? My full name is Shahrukh Hamdani and I am a financial officer for the PMU.
2. What is your background? I was born in Pakistan (Karachi) and have lived in the Netherlands for more than 20 years. I completed my bachelors in Economics in 2001 and then I started working at the tax office, after that I worked for an accountant in Delft. Most interesting was working as interim financial for Dutch Ministries.
3. Why are you in this business? My part of the job is financial and it's interesting because of the challenging aspects and I want/have to learn more about the business.
4. When did you start working with the PMU? I started on 1st January this year.
5. What does a regular day look like for you? I think we still have to find a routine for a regular day. Until now every day has been different and even more challenging. Most of the routine tasks are processing the monthly expense reports, requests for advance, and finding out the difference between budgets and actual figures. Most of the time we are preparing the financial information for the partners and our management.

6. What is it that you like most to do besides/outside work? I like to drive, listen to the music and read literature which can help me increase my knowledge.

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Upcoming Events

- April 4-15, 2011 - Implementing Quality Management in Diagnostic Laboratories
- A course for laboratory managers is being organized for the first time by the Royal Tropical Institute (KIT) in Amsterdam. For more information click [here](#).

- April 25–30, 2011 - Influencing, Networking and Partnership, The Union, Bangkok, Thailand www.union-imdp.org/

- July 8-11, 2011 - Third Asia Pacific Region Conference of the International Union Against Tuberculosis and Lung Disease; Hong Kong, China, www.2011apr-unionc.org.hk

- July 18-29th, 2011 - Leadership and Management training for TB & HIV Managers, National Tuberculosis and Leprosy Training Centre, Zaria, Nigeria. www.ntbltc.org

- August 1–12, 2011 - Building Design and Engineering Approaches to Airborne Infection Control - Boston, USA, for more information click [here](#).

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