

TB CARE I

Expected Results

Universal and Early Access

- Increased demand for and use of high quality TB services, and improved satisfaction with the services provided
- Increased quality of TB services delivered by all care providers
- Reduced patient and service delivery delays

Laboratories

- Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients
- Ensured availability and quality of technical assistance and services
- Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans

Infection Control

- Increased TB-IC political commitment
- Scaled-up implementation of TB-IC strategies
- Strengthened TB-IC monitoring & measurement
- Improved TB-IC human resources

PMDT

- Improved treatment success of MDR-TB

TB/HIV

- Strengthened prevention of TB/HIV co-infection
- Improved diagnosis/treatment of TB/HIV co-infection

Health Systems Strengthening

- TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners
- TB control components (e.g. drug supply and management, laboratories, community care and M&E) form an integral part of national plans, strategies and service delivery

M&E, OR & Surveillance

- Strengthened TB surveillance
- Improved capacity of NTPs to analyze and use quality data for the management of the TB program
- Improved capacity of NTPs to perform operations research

Drug Supply & Management

- Ensured nationwide systems for a sustainable supply of drugs

TB CARE I is a cost-effective and efficient mechanism. The individual organizations have offices in most of the USAID TB and PEPFAR priority countries, allowing for a rapid response to requests. In addition, TB CARE I will leverage resources from other donor support, in particular the Global Fund.

With a particular emphasis on reaching out to vulnerable communities, TB CARE I assists countries to move toward universal access. This is achieved through a patient-centered approach that identifies and addresses the needs of all patients including women and children.

The internationally recognized strategy for TB control (DOTS) has proven to be a highly effective and affordable strategy for controlling TB and is especially valuable in resource-poor settings. Many of the TB CARE I member organizations have been part of the development and expansion of DOTS from the beginning.

How to obtain support through TB CARE I

The TB CARE I mechanism can be used through USAID country missions and regional bureaus.

For more information on our program and also to access tools, guidelines and other relevant materials developed by TB CARE I please visit our website.

www.tbcare1.org

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FROM THE AMERICAN PEOPLE

TB CARE I

TB CARE I is housed at KNCV Tuberculosis Foundation

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The global tuberculosis situation

Global Tuberculosis control is at a critical juncture. The need for a joint and dynamic approach has never been more urgent. The disease threatens the poorest and most marginalized groups, disrupts the social fabric of society, and undermines gains in economic development. The global resurgence of TB of the past few decades is being fueled by decreasing investments in public health systems, emerging drug resistance, and increasing HIV/AIDS prevalence. New challenges, such as TB/HIV and multi-drug resistant TB (MDR-TB), call for innovative and strategic approaches and for more efficient and cost-effective TB programs.

The United States Agency for International Development's (USAID) Response

USAID Bureau for Global Health awarded two (TB CARE I and TB CARE II) mechanisms to build and expand upon previous successful TB control programs over the last eleven years, particularly its Tuberculosis Control Assistance Program (TB CAP).

TB CARE is one of the main global mechanisms for implementing USAID's TB strategy as well as contributing to TB/HIV activities under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

TB CARE collaborates with other national and international initiatives in providing global leadership and support to National TB control efforts.

What are the targets and technical areas?

TB CARE will contribute to three USAID target areas

- 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 MDR-TB

By focusing on eight priority Technical Areas

- Universal and Early Access
- Laboratories
- Infection Control (IC)
- Programmatic Management of Drug Resistant TB (PMDT)
- TB/HIV
- Health Systems Strengthening
- Monitoring & Evaluation (M&E), Operations Research (OR) and Surveillance
- Drug Supply and Management

And four over-arching Elements

- Collaboration and Coordination
- Access to TB services for all people
- Responsible and Responsive Management Practices
- Evidence-based M&E

Who is implementing TB CARE I?

TB CARE I follows on from TBCTA (2000-2005) and TB CAP (2005-2010) and is implemented by a unique coalition of seven international organizations in TB control.

The coalition was created in 2000 with KNCV as prime partner. It has been the USAID Bureau for Global Health's **lead technical assistance partner** in developing and implementing TB control strategies.

TB CARE I consists of 7 organizations working in TB Control

- American Thoracic Society (ATS)
- FHI 360
- International Union Against Tuberculosis and Lung Disease (The Union)
- Japan Anti-Tuberculosis Association (JATA)
- KNCV Tuberculosis Foundation
- Management Sciences for Health (MSH)
- World Health Organization (WHO)

