Welcome to the second edition of the TB CARE I newsletter, this issue comes at the end of a busy first year and brings you news from across the spectrum of TB CARE I work worldwide.

TB CARE I has a new Deputy Director for Technical Services, introducing Jeroen van Gorkom:

On the 1st of January 2012 I joined the Program Management Unit (PMU) of TB CARE I as Deputy Director Technical Services. I previously worked as the deputy director of the PMU in the Tuberculosis Control Assistance Program (TB CAP) until 1 June 2009. In between headed the unit Central Asia Region/Asia/Latin America at KNCV Tuberculosis Foundation (KNCV) in the Netherlands where the PMU is also housed, and I also represented KNCV on both the TB CAP and TB CARE I board.

This was a very satisfying and rewarding period for me as it gave me the experience of a mid-level manager in KNCV, where I learned much more about general and team management, and also about the implementation of both the TB CAP and TB CARE programs from the perspective of a coalition partner.

I am very pleased to be back and part of the excellent PMU team again, and my job means I will be focusing on the quality of the technical aspects, the strategic direction, and the quality of implementation of the TB CARE I program. I am looking forward to working with all the colleagues, from this other perspective.
Indonesia - The First MDR-TB Patient is Cured

TB is stigmatized in Indonesia and in this story it is not the usual sort of TB, but MDR-TB. The patient is M. Nur, (39) who resides in Kramatdjati, East Jakarta. There is nothing particularly special about him, although he looks older than his actually is. His body is thin much like any other TB sufferer; no one would guess he was the first MDR-TB patient to be declared cured at Persahabatan Hospital in East Jakarta, as part of the PMDT program.

Considering the fact that recovery is possible following treatment for MDR-TB, you may think it is an exaggeration to say it is an achievement to be cured. However, closer examination shows how hard it is to follow the treatment, and therefore M. Nur’s achievement is indeed impressive.

It has been a tough road, one which lasted almost 10 years. The symptoms, such as: coughing, along with interrupted treatment and a lack of information made the concept of being cured a distant prospect.

His feelings of hopelessness had become stronger, he had tried everything from general medicines to alternative and traditional cures, but he was no better. He also felt a sense of despair and even considered suicide, but his strong faith and the support of his family gave him the strength to go on.

When he was finally referred to the Persahabatan Hospital and diagnosed with MDR-TB, he was shocked and not surprisingly worried. He was signed up to a treatment program by the PMDT Team funded by TB CARE I and in August 2009, M. Nur and one other patient became the first patients in the PMDT program and within two weeks both were hospitalized in Persahabatan Hospital. The effect of MDR-TB drugs was hard on him, both in the clinical and psychological senses. 18 months is a very long time to take multiple forms of medication and to receive injections, and it is not short if you have painful side effects from the drugs and you have to cope with both the psychological pressures and support a family.

Thursday, February 3, 2011, was an historical moment for him. As it was on that date, that he was declared recovered and hence became the first patient to be cured by the PMDT program. As he knows firsthand how hard it is to go through MDR-TB treatment, he now supports other MDR patients in Persahabatan Hospital, he knows that treatment is not limited to drugs, but also to the power of positive thinking. He frequently talks to the new MDR-TB Patients and gives them the benefit of his experience, with both encouragement and advice. The unassuming M. Nur has in fact become a bit of a celebrity among the MDR-TB patients at the Persahabatan Hospital.

By November 2009, the number of MDR-TB patients had increased to six patients and now the number is approximately 137 patients (a 15 fold increase) of which four are already cured.

Botswana - Lab Accreditation

TB CARE I has been supporting two in-country advisors to build capacity with the National Tuberculosis Reference Laboratory (NTRL). The Chief Medical Laboratory Technician has supported the national TB external quality assurance (EQA) program, training and the implementation of the NTRL quality management system and the Senior Technical Advisor has been supporting Culture and Drug Susceptibility Testing (Culture & DST). The EQA program consisting of on-site support visits, panel testing and blinded rechecking is being implemented to support the whole of Botswana.

On-site support visits to all 52 peripheral laboratories have been conducted each year since 2009. A blinded rechecking program has also been rolled out to all laboratories and has seen a reduction in average number of errors identified for the laboratories from 3.7 in 2009 to 2.0 in 2010. A one week microscopy training aimed at improving AFB smear microscopy in the country has trained 278 Laboratory technicians from 2009 to date (113 females and 165 males). A quality management system including writing of SOPs and manuals has been put in place at the NTRL aimed at improving the quality of results produced in the laboratory. The laboratory has recently received ISO 15189 accreditation through technical support from TB CARE I and partners. The NTRL is the only center providing TB Culture and Drug Susceptibility testing in the whole of Botswana, which means any improvements in diagnosis will impact the whole population especially MDR patients. The NTRL has also been short listed as a Regional Supranational Lab for the Southern Africa Development Community (SADC) region.

TB CARE I has also been involved in the development of protocols for the validation of MGIT 960 drug susceptibility testing which are now in place and the testing process is in progress. This activity is aimed at introducing second line drug susceptibility testing at the NRL and reducing the turnaround time of second line tests currently referred to South Africa from 86 days to 14 days.
From Data to Decision Making: Building Connections and Skills in Monitoring & Evaluation

Monitoring and evaluation (M&E) skills and practices vary greatly across and within countries. Improving the capacity of NTPs to analyze and use quality data for the management of the TB program is a major priority for TB CARE I. As the launch of a global core-funded project aimed at improving M&E capacity, TB CARE I organized and led a 4-day workshop in September 2011 on “Using TB Information for Decision Making” in The Hague, Netherlands. Facilitated by MSH, KNCV, the TB CARE I PMU and MEASURE Evaluation, the workshop was attended by 30 representatives from 16 different countries, made up of National TB Control Program (NTP) M&E Officers and TB CARE I/II and TB Task Order 2015 M&E Officers.

The interactive workshop was designed to strengthen the participants’ knowledge and skills, along with connecting them to M&E officers from other countries. Workshop sessions included identifying the top three M&E challenges across all countries, case studies on data for decision making, a group study on feedback mechanisms and skill-building sessions on the fundamentals of M&E, basic qualitative data analysis and the M&E of TB/HIV mortality.

The workshop culminated with project M&E officers teaming up with NTP M&E staff to develop mini-M&E improvement workplans designed to address key M&E challenges in their country over the next nine months. Participants finalized their mini-M&E plans after the workshop and many have begun implementation. A virtual Community of Practice (CoP) has also been developed, bringing together NTP and TB CARE M&E officers for remote training and to exchange knowledge, ideas, questions and new experiences with each other.

Country Directors Meeting

From the 22-24 September 2011, TB CARE I held a three-day Country Directors meeting in The Netherlands with the main purpose of strengthening their leadership and management skills in supporting NTP and leading the TB CARE in-country coalition. The meeting was attended by 17 TB CARE I Country Directors and representatives of USAID. It was organized by PMU of TB CARE I in The Hague with facilitation done partially by staff from KNCV Tuberculosis Foundation, WHO and the Global Drug Facility (GDF).

The participants were introduced to the leadership and management framework and discussed in subgroups their major leadership and management roles and the challenges they encountered in these. Other central technical topics covered were Pediatric TB, Laboratories and Infection Control. Also the Country Directors were familiarized with TB CARE M&E framework including understanding of reporting requirements and the importance of communicating results and performance monitoring.

An extensive session was given on PMDT and Second Line Drugs, facilitated by WHO and GDF. The discussion focused on the bottlenecks of MDR-TB management. Besides financial barriers to patients or engaging care providers also advanced planning and forecasting is still a big challenge for many countries. In additional a rational was provided by WHO on the revision of the Green Light Committee strategy which will change in the near future into a larger supporting role.

Overall the meeting was considered to be interactive and a lot of input was provided by the participants themselves via group work, presentations and plenary discussions. Also some good suggestions were made by the participants for next year’s meeting, such as involving more stakeholders e.g. the NTP and USAID Missions in the strategic discussion and decisions of TB CARE I in the future.
MDR-TB Unit Inaugurated at ALERT Center Ethiopia.

At the end of 2011 a MDR-TB unit was inaugurated on the premises of ALERT Center in Addis Ababa, Ethiopia. The renovated MDR-TB unit is a state of art design for TB infection control and it can treat 29 patients in separate wards which can address three different levels of clinical conditions. Every room has maximum ventilation which is key in controlling the spread of TB and also properly regulated room temperature.

The building is designed to be as self-contained as possible with its own recreation, laundry, pantry and operation theater. Several entertainment and outdoor arrangements are designed to encourage patients to spend most of their time relaxing outside their rooms.

At the inauguration ceremony, Dr. Abrahim Endeshaw, Medical Service Directorate director of the Federal Ministry of Health, said that the MDR treatment has been given at St. Peter Hospital since 2009 and nearly 200 patients are currently accessing the medication. Service for MDR-TB patients is also available at Gondar University Hospital. The renovated site will have great contribution towards mitigating the spread of MDR-TB in Ethiopia. At the launching ceremony, Mr. Jason Fraser, Deputy Mission director, USAID called attention to the serious threat of MDR-TB in Ethiopia and expressed USAID’s commitment to continue supporting the government of Ethiopia’s effort to stop TB by 2015 through ongoing and new projects which will increase prevention efforts and access to treatment. The other guests of honor including Dr. Rene L’Herminez (KNCV), Dr. Negussu Mekonnen (MSH-Ethiopia), CEO of ALERT also expressed their appreciation of the achievements and affirmed their commitment for continuing support.

During the handover ceremony of the renovated MDR-TB unit, Dr. Ezra Shimeles, Country Director of KNCV officially launched the project TB CARE I in Ethiopia and highlighted the activities planned for the coming five years of project in the country. The event was attended by 200 guests.

Increased TB Detection in the Dominican Republic

TB CARE I’s Dominican Republic Project has teamed up with Dr. Ana Lucia Morobel of the Santo Domingo Health Department and Dr. Eddie Perez, Director of CENISMI, a leading research institute, to evaluate the number of new TB cases detected as a result of educational outreach to 167 pharmacies and 87 grocery stores. After six months, 33 percent of pharmacies and 22 percent of grocery stores reported referral of TB suspects. TB investigations increased by 8.4 percent and TB cases by 4.1 percent.

Based on these results, the National TB Program and TB CARE I decided to expand this inexpensive project to one rural province and to two cities.

GeneXpert Nigeria

TB CARE I selected Nigeria as a country in which to rapidly expand GeneXpert/MTB RIF. In August 2011, the first 9 machines procured through TB CARE I arrived in the country. Soon after, local facilitators were trained at the National TB and Leprosy Training Centre in Zaria with support from TB CARE I consultants. At first 10 Xpert MTB/RIF tests were performed for training purposes and now Nigeria has installed all 9 machines across the country - from Lagos to Kano - and trained their laboratory staff on-site. We are pleased to announce that the Nigeria Institute of Medical Research in Lagos has tested their first 60 suspects with Xpert MTB/RIF. Nigeria is using the first Xpert MTB/RIF tests supplied by TB CARE I to test individuals suspected of being resistant to first-line TB medication. Compared to conventional methods, GeneXpert can dramatically accelerate their diagnosis and these patients can start appropriate second-line treatment as soon as possible.
The new TB CARE I website was officially launched on the 7th of November 2011. Since that launch just over two months ago we have had more than 2700 visitors who collectively viewed over 11,000 pages and came from 367 cities in 100 countries. The site contains up to date information on TB CARE I, country details, program plans, news and events, as well as hosting all the TB related publications from both TB CARE I and the previous TB CAP program.

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Meeting the People

1. What is your full name and function?
   My full name is Obert Kachuwaire, and I am TB CARE I Botswana Country Director

2. What is your background?
   I was born in Zimbabwe (Bulawayo) and graduated from the University of Zimbabwe in 2004 with an Honors degree in Laboratory sciences. My current work is in laboratory strengthening with a special focus on Quality Assurance (QA)/External Quality Assurance (EQA) and laboratory accreditation in Botswana.

3. Why are you in this business?
   I enjoy capacity building and project implementation, seeing a project from infancy to fruition gives me a sense of satisfaction.

4. Since when are you working with the TB CARE I?
   I started working for TB CARE I in January 2011 after my two years with TB CAP.

5. What does a regular day look like for you?
   Lots of meetings, office work and some time spent with the lab team working on the QA/EQA systems.

6. What is it that you like most to do besides/outside work?
   I like spending time with my family and reading a lot.
New TB CARE I Tools

Rapid Implementation of the Xpert MTB/RIF diagnostic test - Technical and Operational ‘How-to’ Practical considerations

For the first time, a molecular test is simple and robust enough to be introduced outside conventional laboratory settings. Xpert MTB/RIF detects M. tuberculosis as well as rifampicin resistance-conferring mutations using three specific primers and five unique molecular probes to ensure a high degree of specificity. This new publication is designed to assist in the implementation and scale-up of Xpert MTB/RIF systems.

TB Infection Control at the Community Level: A Training Handbook

This handbook is designed to facilitate the understanding and use of the ‘Simplified Checklist for TB Infection Control’, with a particular emphasis on settings where TB, HIV and TB with HIV are prevalent.

TB Occupational Safety Framework

This guide is meant for trainers and facilitators involved in the “Refresher Advanced Training Course and Workshop on Tuberculosis Infection Control for Consultants”. It is accompanied by reading materials, tools, reference articles and slides. It aims facilitate the training of up to 20 (inter)national TB infection Control consultants a number of which will be available to perform TB infection control missions with limited scope or independent missions within one year.

All these tools are many more can be downloaded at: http://www.tbcare1.org/publications/

New Staff Members

TB CARE I welcomes several new members of staff:

Manuela Rehr
Technical Officer Laboratory Services
Manuela is a natural scientist with a strong background in laboratory management and the improvement of TB diagnostics in resource-limited settings. After completing her PhD on chronic HIV-1 infection, she worked for Médecins Sans Frontières.

Claire Moodie
Monitoring & Evaluation Officer
Claire works with MSH in Boston, where she was previously a project officer for TB CAP before providing technical assistance to TB CAP, TB CARE I and TB IQC projects on M&E, surveillance, management information systems and TB/HIV Collaboration.

Sanne van Kampen
Technical Officer Laboratory Services
Sanne is trained in laboratory and public health sciences. Before joining the PMU in 2011, she worked for the WHO in Geneva where she coordinated activities of the Stop TB Partnership’s Working Group on New Diagnostics.

Luis Alberto Rodríguez
Director Dominican Republic
Luis Alberto has a background in HIV/AIDS programs, reproductive health projects and their management. He has worked with projects funded by the Global Fund, the World Bank and DORDAID, at different levels and in different communities.

Contact Details

E-mail pmu@tbcare1.org
Phone +31-70-7508447
Website www.tbcare1.org

What is TB CARE I?

TB CARE I is a USAID five year cooperative agreement (2010-2015) that has been awarded to the Tuberculosis Coalition for Technical Assistance (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), 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).

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 multi-drug resistant TB (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