

# TB CARE I

Year 2 Highlights | January 2013



Welcome to the 2nd edition of the TB CARE I summary report which brings you a snapshot of TB CARE I results two years into the five-year program.



Above - CB-DOTS Community Volunteers, Nigeria (Photo: Obatunde Oladapo)  
Below - Prisoner Health Check, Cambodia (Photo: Ly Mena)

# RESULTS

## Summary of the Year 2 TB CARE I Annual Report

Two years into a five-year cooperative agreement with USAID (2010-2015), TB CARE I has achieved important results at global, regional, national and local levels. The program continues to expand with 42 new core projects, four regional projects and three new country projects in Tajikistan, Uganda and Uzbekistan, bringing the total number of country projects to 22 (see map). Through these many projects, TB CARE I contributes 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)

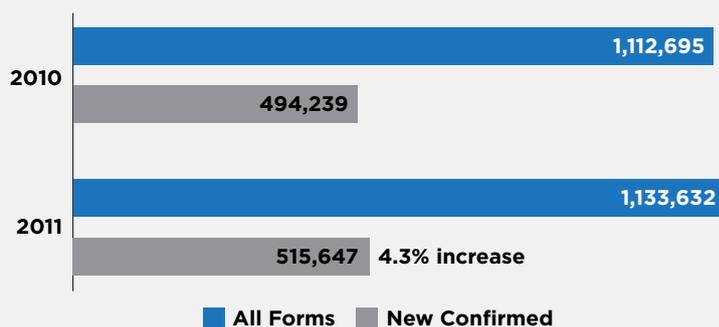


## TB CARE I's Current Contribution to USAID Targets

### Case Notification and Case Detection:

In 2011, over 1 million TB cases (all forms) and 515,647 new confirmed cases of TB were reported to the WHO across all TB CARE I countries. Eleven TB CARE I countries saw an increase in case notification from 2010 to 2011. This demonstrates a 4.3% increase in new confirmed cases over the previous year (21,409 more cases). Twelve countries have case detection rates (CDRs) which have improved since 2010 and eight are currently above the 70% STOP TB CDR target.

Number of cases notified (all forms and new confirmed)  
TB CARE I Countries 2010-2011

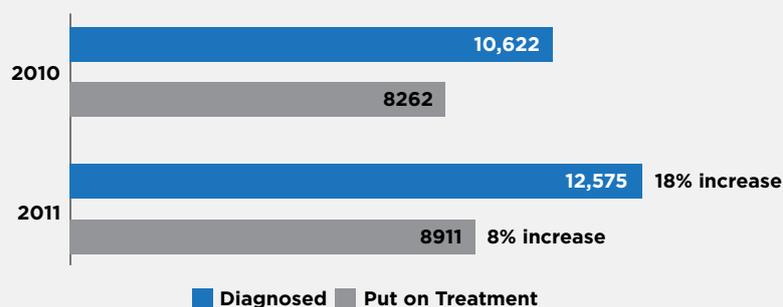


### Number of New MDR-TB Cases Diagnosed and put on Treatment

An 18% increase in the diagnosis of MDR-TB cases was seen from 2010 to 2011 (12,575 total in 2011) (see below). Although 8% more MDR-TB patients were put on treatment in 2011 (8,911) compared to 2010 (8,262), this is not keeping pace with the increase in case detection or the backlog of MDR-TB patients that were previously diagnosed. Acceleration of MDR-TB diagnosis and treatment is necessary and expected in the coming

years as several countries are scaling up programmatic management of drug-resistant TB (PMDT) and using GeneXpert to help detect more drug resistant cases. The cumulative number of MDR-TB patients started on treatment between 2010 and 2011 (17,173) equates to 30% of the USAID target (57,200 patients by 2014) being achieved. With continued rapid scale up, TB CARE I will help USAID reach this target by 2014.

Number of new MDR-TB Cases diagnosed and put on treatment in TB CARE I Countries 2010-2011



### Treatment Success:

Compared to 2009, 45,072 more patients were cured or completed treatment in 2010, representing an 11% increase in treatment success. The treatment of 460,751 sputum smear positive patients in 2010 translates to achieving 18% of the 2014 USAID target (2.55 million over five years). Five countries exceed the USAID treatment success rate (TSR) target of 87% with Afghanistan and Kenya reaching or surpassing the target in 2010. Seven countries have TSRs which improved from 2009.

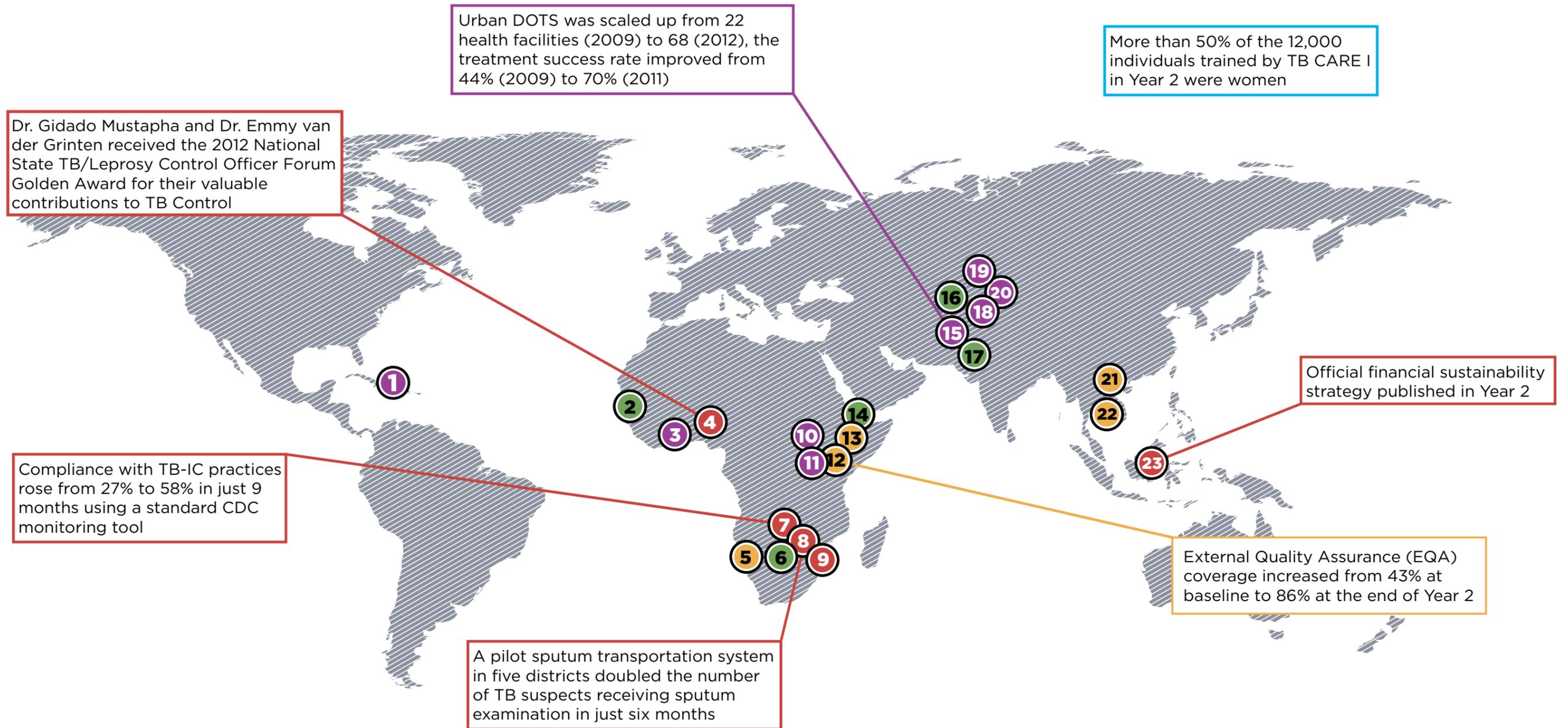
# TB CARE I COUNTRIES

**Large Investment**

**Medium/Large Investment**

**Medium Investment**

**Small Investment**



- |                        |                   |                      |                      |                     |                    |
|------------------------|-------------------|----------------------|----------------------|---------------------|--------------------|
| ① <b>Dom. Republic</b> | ⑤ <b>Namibia</b>  | ⑨ <b>Mozambique</b>  | ⑬ <b>Ethiopia</b>    | ⑰ <b>Pakistan</b>   | ⑳ <b>Vietnam</b>   |
| ② <b>Senegal</b>       | ⑥ <b>Botswana</b> | ⑩ <b>South Sudan</b> | ⑭ <b>Djibouti</b>    | ⑱ <b>Tajikistan</b> | ㉒ <b>Cambodia</b>  |
| ③ <b>Ghana</b>         | ⑦ <b>Zambia</b>   | ⑪ <b>Uganda</b>      | ⑮ <b>Afghanistan</b> | ㉑ <b>Kazakhstan</b> | ㉓ <b>Indonesia</b> |
| ④ <b>Nigeria</b>       | ⑧ <b>Zimbabwe</b> | ⑫ <b>Kenya</b>       | ⑯ <b>Uzbekistan</b>  | ㉔ <b>Kyrgyzstan</b> |                    |

# RESULTS

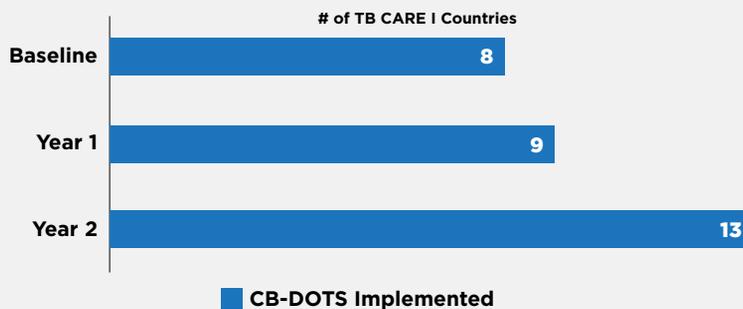
## Results by Technical Area

TB CARE I works across eight technical areas, the program achievements from these areas are highlighted on pages 5-8.

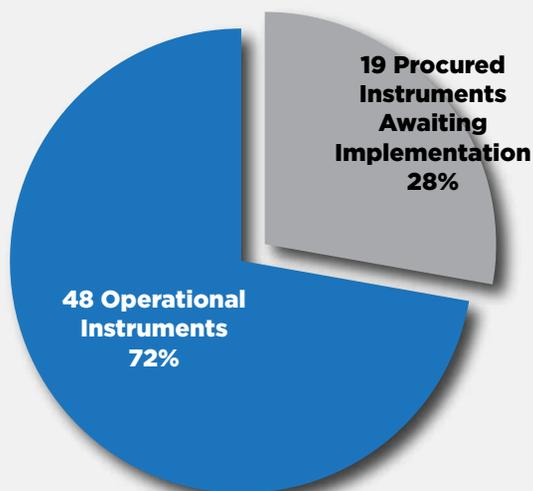
### Universal and Early Access:

Universal and Early Access is a priority for TB CARE I given the range of technical issues that it covers from a patient-centered approach to service quality, whether in the public or private sector, in the community or in prisons. Six TB CARE I countries invested in Community-based DOTS (CB-DOTS) activities in Year 2, and steady progress from the baseline (2010) can be seen. CB-DOTS is now being implemented in 13 TB CARE I countries, up from eight countries at baseline and nine countries in Year 1 (see right). More than eight countries are applying a patient-centered approach to TB care and three countries are currently using mobile phone technology to connect with patients.

TB CARE I Countries where CB-DOTS is Implemented



Use of TB CARE I-supported GeneXpert instruments (Total=67) as of September 2012

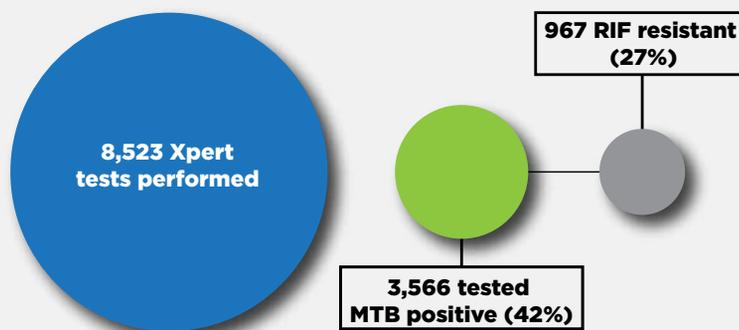


### Laboratories:

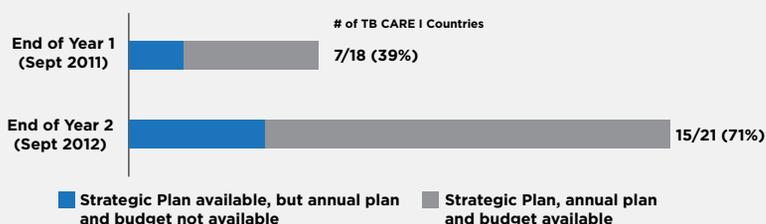
TB CARE I is playing a key role in helping countries scale-up the implementation of GeneXpert MTB/RIF (Xpert). Since the beginning of the program, Xpert implementation has been supported in 14 out of 21 countries (67%) with either procurement of instruments and cartridges and/or technical assistance. At the end of Year 2, 48 Xpert instruments were operational due to TB CARE I support, 19 procured machines were ready for implementation and 36 instruments are planned for Year 3.

In the countries in which Xpert has been successfully implemented with TB CARE I support, 8,523 Xpert MTB/RIF tests were performed during Year 2. From those tested, 3,566 were MTB positive (42%) of which 967 were MTB/RIF resistant (27%).

GeneXpert test results for TB CARE I-supported instruments - Year 2



Level of Laboratory Strategic Plan Implementation in TB CARE I-supported countries, Year 1-2



TB CARE I is also helping to strengthen laboratory management and planning. At the end of Year 1 only 39% (7/18 countries) of the TB CARE I-supported countries had developed a National TB Laboratory Strategic Plan, this percentage increased to 71% by the end of Year 2.

# RESULTS

## Infection Control (TB-IC):

TB CARE I is making strides to improve TB-IC measures in 16/21 countries. More countries have national TB-IC guidelines and/or include TB-IC in their national Infection Prevention & Control policy (see below). In Year 3 and beyond, TB CARE I will be helping more countries monitor TB among healthcare workers (HCWs) through the national surveillance system. In addition, the number of health facilities where TB-IC has been supported by the program has increased from 74 in Year 1 to 662 in Year 2.

TB Infection Control Progress in TB CARE I Countries, Baseline-Year 2



- National Surveillance System Monitors TB among HCWs
- TB-IC is included in national Infection Prevention Control (IPC)
- Approved National TB-IC Guidelines



Renovated Waiting Area - Ethiopia

## Programmatic Management of Drug-Resistant TB (PMDT):

PMDT scale-up is a high priority for TB CARE I. Year 2 showed slight but gradual improvements, with PMDT activities being implemented in 16 TB CARE I countries as well as through one regional and six core PMDT projects. Country activities are mainly focused on improving access to diagnosis (Xpert MTB/RIF implementation, diagnostic algorithms, risk group selection, patient referral) and improved access to treatment (policies, guidelines, protocols, treatment support, trainings and technical assistance). TB CARE I also provides social support for MDR-TB patients in four countries.

In line with TB CARE I's strategy to scale up PMDT, 19 TB CARE I countries have an established, functioning National PMDT coordinating body. TB CARE I has supported the establishment and capacity building of national coordinating bodies and will continue to support them to ensure country ownership, sustainability and the quality of MDR-TB programs.

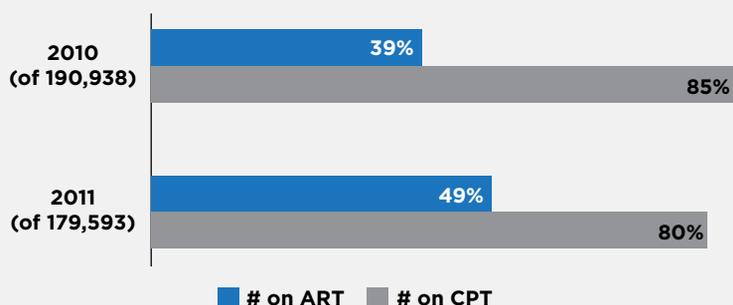


GeneXpert Training - Indonesia

## TB/HIV:

The program implements TB/HIV-related activities in 13 country projects, ten of which have PEPFAR-supported activities or workplans. The average percentage of co-infected patients on Antiretroviral Treatment (ART) rose from 39% to 49% between 2010 and 2011. In general, cotrimoxazole preventive therapy (CPT) use did not expand over this period (85% to 80% coverage), although modest improvements were seen in particular countries.

Percentage of Reported HIV-Positive TB Patients Started or Continued on ART and CPT (2010-2011)



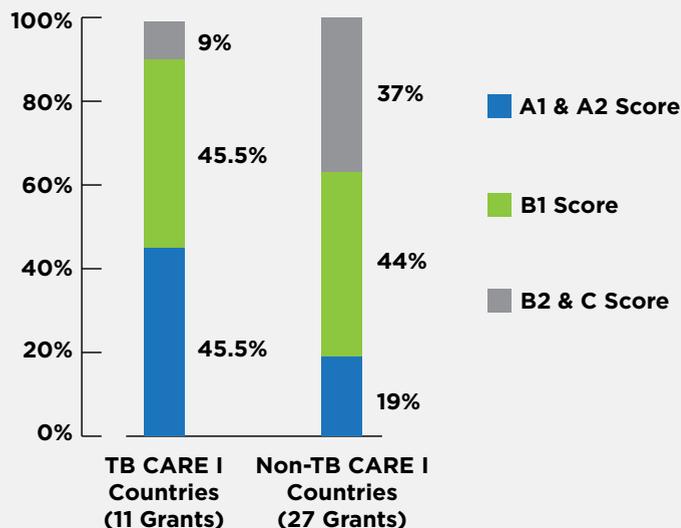
- # on ART
- # on CPT

## Health Systems Strengthening (HSS):

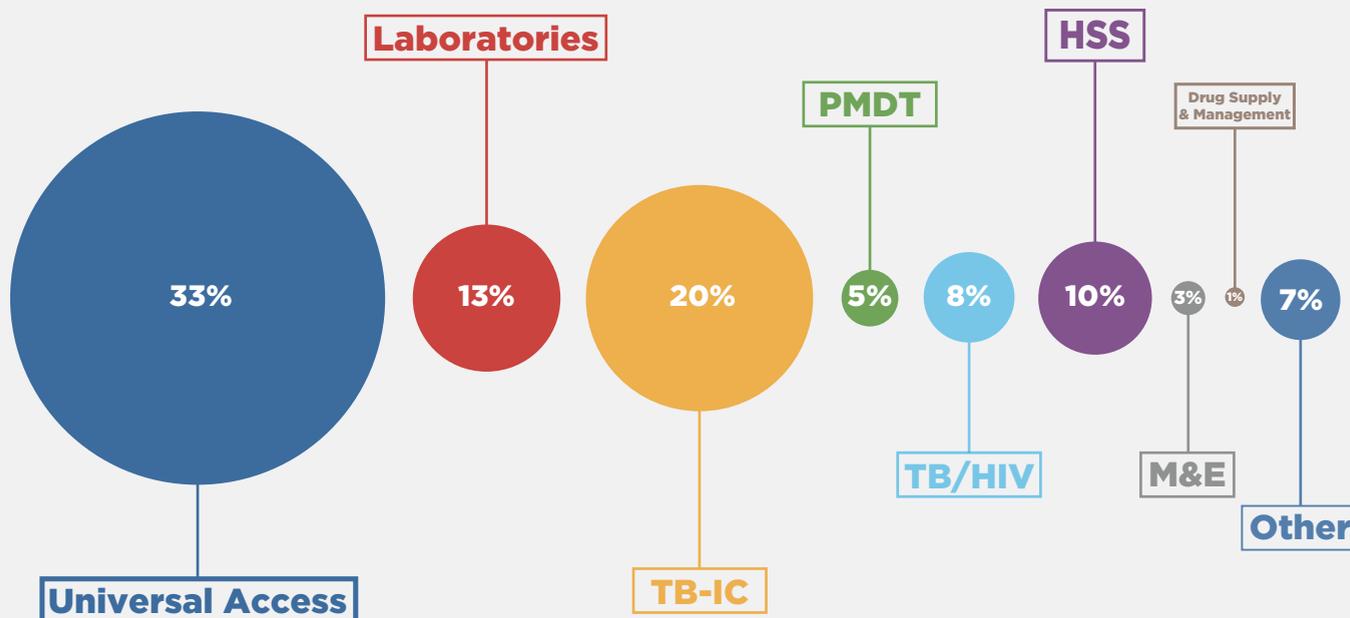
Health system strengthening is a component of nearly every country workplan (20) with activities ranging from supportive supervision (11 countries) to technical assistance of Global Fund planning and implementation (5 countries) and developing sustainable funding mechanisms. In the most recent scoring of Global Fund grants, TB CARE I countries scored considerably higher than non-TB CARE I countries, in part due to TB CARE I's support (see right).

TB CARE I trained 12,000 individuals (health care workers, community volunteers, consultants, NTP staff, laboratory technicians, etc.) (see below), 50% of which were female, in Year 2 across all technical areas at the country level, which is almost one thousand more than what was planned (11,063). This is also a considerable increase compared to Year 1 (4,354 trained).

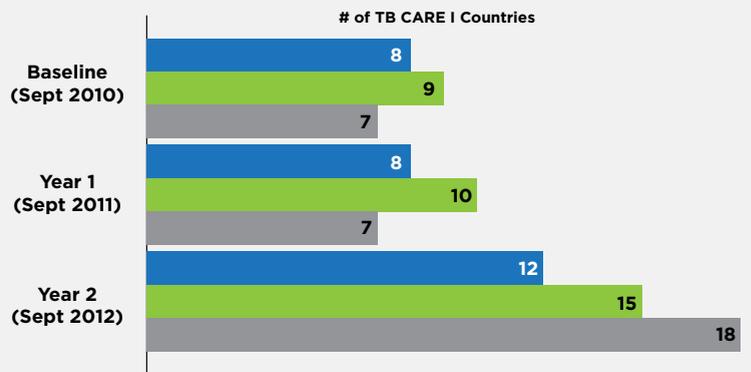
African Region Global Fund Grant Scores (38 Grants)



Percentage of TB CARE I-Trained Individuals by Technical Area, Year 2 (12,000 Trained)



Progress in M&E Indicators in TB CARE I Countries, Baseline-Year 2



## Monitoring & Evaluation, Operations Research and Surveillance:

TB CARE I countries are recognizing the importance of monitoring and evaluation (M&E) and the program is helping to meet their needs. In Year 2, 71% of countries reported measuring some aspect of data quality compared to only 55% of countries in Year 1 and 50% at baseline (see left).

Advances in electronic recording and reporting systems and the provision of feedback were also seen in Year 2 and results from numerous TB CARE I-supported operations research studies are expected in Year 3.

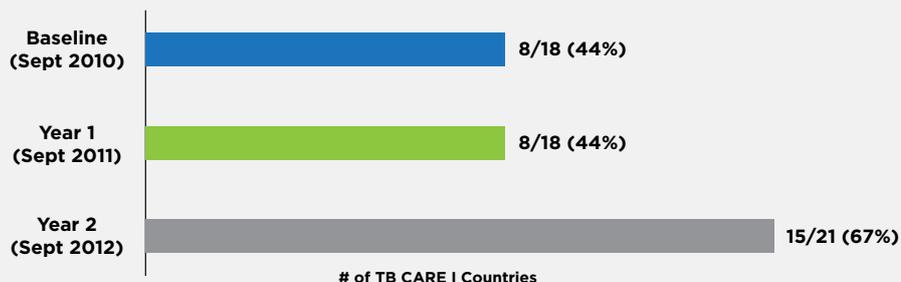
- An Electronic Recording and Reporting System Exists at National and/or Sub-National Level
- Data Quality Monitored by NTP
- NTP Provides Regular Feedback from Central to Intermediate Level

# RESULTS

## Drug Supply & Management:

TB CARE I provides technical assistance to National TB Programs in six countries to ensure there are nationwide systems for a sustainable supply of drugs. Compared to baseline and Year 1 (8 countries), drug management Standard Operating Procedures (SOPs) are now available in 14 TB CARE I countries (see below).

Availability of Updated SOPs for selection, quantification, procurement and management of TB Medicines in TB CARE I - supported countries, Baseline-Year 2



## 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:

- **C**ollaboration and Coordination
- **A**ccess to TB services for all people
- **R**esponsible and Responsive Management Practices
- **E**vidence based M&E



CB-DOTS Point - Namibia

### Want to find out more?

The full TB CARE I Year 2 Annual Report is available on the TB CARE I website (see below), along with all the tools and publications published so far.

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