Facilitate - Introduce (Refresher) Training Course in a Workshop on How to Set up Rapid Diagnostic Tests

The guide is used at partner and facilities involved in the "introduction advanced training course and workshop on tuberculosis infection control guidelines". It is accompanied by testing materials, tools, reference articles and an e-learning version of the training. The workshop on rapid diagnostics (OD) in February 2011 is a course of which will be available to perform OD in addition to National Guideline of rapid diagnostic test (OD) in a limited number of TB laboratories with limited scope or independent missions within one year.

What follows is a summary of the baseline data for this year report on TB CARE I which are intended to assist in the assessment of TB CARE I contributions to TB targets.

5) Number (and percent) of Health Care Workers (HCWs) involved in TB CARE I activities.

From January 2010 to February 2011, the absolute number of TB cases (300,659) and Dominican TB cases (1,986) were registered in 50 provinces, tuberculosis prevalence was highest in the rural areas of Central District and 15 provinces. The prevalence of the rate has never been more urgent. The global tuberculosis index at a critical juncture. The need for new tools to accelerate the rate of drug-resistant TB is being fueled by continued progress in case finding of TB among TB contact children. Collaboration with TB/HIV and multi-drug the majority of cases of tuberculosis in the world are being treated. This study has aimed to assess community-based TB case finding and to evaluate the role of TB care within households with drug-resistant TB (MDR-TB) and drug-susceptible TB (DS-TB).

By focusing on eight priority technical areas.

1) Number of cases launched (full forms and variations of services) with the implementation of diagnostic tests.

2) Case Detection Rate (all forms) and the number of TB-IC missions with the implementation of diagnostic tests.

3) Treatment success rate of confirmed cases of TB (all forms) and the number of TB-IC missions with the implementation of diagnostic tests.

6) Strengthening health systems to ensure sustainability.

TB CARE I - Year 1 Summary

TB CARE I continues to be a significant public health issue worldwide. Although the absolute number of cases has been declining since 2006, there are still roughly 8.8 million new cases of TB each year, a global crisis that is currently being faced by the global tuberculosis community. TB CARE I is the global response to this global crisis, is the TB CARE program which is implemented by two coalitions, TB CARE I and TB CARE II. The strategy is implemented by three regional projects and 20 countries.

In the first year of the project (October 2010 to February 2011), the expected outcomes, as well as results achieved towards USAID's targets and contributions towards USAID's targets and contributions towards USAID in the first year of the project (October 2010 to February 2011) through two projects, three regions and two countries.

The Global Laboratory Initiative (GLI) has developed a Stepwise Laboratory Improvement and Proficiency Testing (S-LIAP) guide system which meets international standards. This guide system is designed to assist in the implementation and scale-up of rapid diagnostic test (OD) systems.

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The development of the rapid OD/OD assay for the first form of the assay was completed in 1996 and is designed as a diagnostic test and as a vaccine for TB. This new publication is designed to assist in the implementation and scale-up of rapid diagnostic test (OD) systems.
Selected Achievements in TB CARE I Countries

South India: TB CARE I supported the NTP in the development of an integrated model for the delivery of Coordinated TB Care for TB/HIV patients. The model was tested in 10 districts in southern states of India and will be rolled out to all districts within the state. In addition, tele-diagnosis was introduced into the management of extra-pulmonary TB to improve access to care among HIV-positive patients.

Nigeria: The use of In Forte Diagnostic Programmes and rapid diagnosis (痰) was introduced. The NTP worked closely with National Experts to ensure the coordinated strengthening of diagnostic services. A total of 40,000 patients were treated under the programme.

Botswana: TB CARE I supported the development of action plans for the implementation of the National PEPFAR+ Strategic Plan for TB, Malaria, HIV and Other Communicable Diseases. The plans included an action plan for the implementation of the National Strategic Plan to combat TB, Community Base DOTS and TB/HIV, which were followed by the development of a sub-National Action Plan for 2013-2016.

Zambia: TB CARE I provided technical and financial support for the implementation of the National TB Strategic Plan. Technical support and expert guidance were provided, including on budgeting, monitoring, evaluation and strategic planning activities that will reinforce the implementation of these activities at the local level.

Rwanda: The project worked closely with the NTP to develop, implement and evaluate a national TB control strategy. The project focused on TB care and treatment services and treatment outcomes, and the NTP is now implementing the Rwanda TB Strategic Plan.

Zimbabwe: TB CARE I piloted the use of a simplified TB case notification and reporting system. The pilot was conducted in 20 districts and the results showed that data completeness and timeliness improved, with a significant reduction in the number of incorrect data entries.

Pakistan: A joint assessment mission on different aspects of the national TB control program in Pakistan was conducted. Results are providing guidance to the NTP and informing TB CARE I Year 2 activities.

Uzbekistan: A total of 1,040,000 MDR-TB suspects were screened, and 42 additional clusters of MDR-TB were identified, leaving only 16 more clusters needing to be completed. The Prevalence TB Prevalence Survey have been done (76 in total), leaving only 66 clusters needing to be completed.

Kampala: Treatment guidelines for retreatment and MDR-TB cases have been developed along with a diagnostic algorithm for PA-MDR cases.

Vietnam: TB CARE I provided technical support for the development of the Vietnam National TB Control Plan (VNTCP) and the National TB Control Strategy. The plan includes an action plan for the implementation of the VNTCP and the National TB Control Strategy.

Botswana: TB CARE I supported the NTP in the development of an action plan for the implementation of the National TB Strategic Plan. The plan includes an action plan for the implementation of the NTP's National TB Control Plan.

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