Launched in October 2010 and currently in its second year of implementation, TB CARE I is one of USAID’s largest mechanisms striving to improve the diagnosis, treatment and care of TB worldwide. This document is a brief summary of the progress which was made during the quarterly period of January-March 2012, with country highlights, success stories from Afghanistan and The Dominican Republic, and a list of recent publications.

**TB CARE I Quarter 2 in brief:**

*GeneXpert* use continues to gain momentum. Eight TB CARE I countries have procured a total of 41 GeneXpert machines to date and 26 more machines are expected to be purchased in Year 2. Testing has begun in Cambodia, Indonesia, Kenya and Nigeria where a total of 933 GeneXpert tests were conducted by the end of March 2012.

**The Programmatic Management of Drug Resistant TB (PMDT) scale-up at country level continues to be a priority for TB CARE I. Therefore, national data on Multi-Drug Resistant TB (MDR-TB) cases that were diagnosed and put on treatment are collected each quarter. In 2011, 9,693 MDR-TB cases were diagnosed and 8,044 were started on treatment. There was a 3% increase in MDR-TB diagnosis and a 9% increase in treatment initiation between 2010 and 2011 for TB CARE I countries. 12 countries show an increase in the number of MDR-TB patients put on treatment from 2010 to 2011 (Afghanistan, Cambodia, Djibouti, Ethiopia, Indonesia, Kenya, Mozambique, Nigeria, Pakistan, Uganda, Vietnam, and Zimbabwe), while six countries show a decline in MDR-TB treatment (Botswana, Dominican Republic, Ghana, Kazakhstan, Kyrgyzstan and Namibia). Another positive trend is the proportion of diagnosed patients put on treatment. While the cohorts for ‘diagnosed’ and ‘put on treatment’ are not equal, a rough comparison shows treatment coverage improving from about 77% in 2010 to 83% in 2011 (89% for the first quarter 2012).

**The Ndola district TB-IC demonstration site project** was launched in January in Zambia. Baseline assessments of the 15 health facilities were completed and 13 of these facilities developed TB Infection Control (TB-IC) implementation plans using the Centers for Disease Control and Prevention (CDC) assessment and analysis tools.

**World TB Day (WTBD)** was commemorated with support from TB CARE I in numerous project countries. Highlights include celebrating WTBD in Afghanistan in 320 public and private health facilities, launching a TB CARE I-renovated prison health post in Cambodia and an MDR-TB ward in Nigeria, organizing radio programs in Ethiopia and supporting a walk-a-thon and funbike which was attended by over 8,000 people in Indonesia. A brief slideshow can be seen here: [http://www.tbcare1.org/wtbd/](http://www.tbcare1.org/wtbd/) a publication focussing on several events can be downloaded here: [http://www.tbcare1.org/wtbd/TB_CARE_I_WTBD_2012.pdf](http://www.tbcare1.org/wtbd/TB_CARE_I_WTBD_2012.pdf)

Four cured TB or MDR-TB patients from TB CARE I countries (Ethiopia, Kenya, Namibia and Vietnam) visited Washington DC to speak at an event for World TB Day called ‘Voices of TB on March 22nd 2012. Each participant told their emotional story of fighting and beating TB.

The full story including photos and videos of the event can be found here: [http://www.tbcare1.org/wtbd_story/](http://www.tbcare1.org/wtbd_story/)

**Forward-looking**

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 in the past few decades is being fueled by decreasing investments in public health systems, emerging drug resistance, and the increasing prevalence of HIV/AIDS. New challenges, such as TB/HIV and multi-drug resistant TB, call for innovative and strategic approaches and for more efficient and cost-effective TB programs.
Selected Achievements in TB CARE I Countries

**South India:** TB CARE I supported the NTP to implement the Strategic Plan 2011-2012, which was launched in March with the support of state governments. This will ensure that TB control is maintained as a priority in all states. Furthermore, TB CARE I has been working closely with country-owned civil society organizations, fostering and engaging partnerships.

**Zimbabwe:** TB CARE I successfully piloted a new approach in regional TB Quarterly Review Meetings by conducting register swaps and sending teams to identify problems and support visits to identified districts and regions. Each of the five provinces conducted supportive supervision visits to their TB/HIV collaborative activities.

**Kenya:** TB CARE I sponsored a satellite session where national TB experts, MDR-TB program managers and other stakeholders discussed the implementation of the Global Fund Supportive Supervision Protocol. Attended by more than 70 participants, the session covered all aspects of the protocol.

**Uganda:** TB CARE I supported the Uganda STOP TB Partnership to implement new TB control strategies, including the development of new TB control plans and the submission of new TB control proposals to the Global Fund. The partnership also supported the implementation of new TB control strategies in the district of Karamoja, which is one of the most affected regions.

**Bulgaria:** TB CARE I continues to support the development of childhood TB control. In 2011, over 25,000 children were referred by health centers and primary health care facilities to the local TB control program. Of these, 2,800 were diagnosed as childhood TB.

**Pakistan:** The TB prevalence survey was completed. Preliminary results have been presented, which indicate that the prevalence of active pulmonary TB is 2.9% in adults aged 15-69 years.

**Tajikistan:** TB CARE I provided technical assistance with the implementation of the national TB program strategic plan for 2011-2015, as well as with the Global Fund Strategic Plan.

**Kyrgyzstan:** TB CARE I provided technical assistance with the implementation of the national TB program strategic plan for 2011-2015, as well as with the Global Fund Strategic Plan.

**Vietnam:** TB CARE I is supporting the national TB program to develop and implement new TB control strategies, including the development of new TB control plans and the submission of new TB control proposals to the Global Fund. The partnership also supported the implementation of new TB control strategies in the district of Karamoja, which is one of the most affected regions.

**Indonesia:** TB CARE I is supporting new TB treatment regimens in line with national TB program strategic plan. The project supported the NTP to select pilot sites for the implementation of new TB treatment regimens, and to conduct clinical trials to assess the effectiveness of these regimens.

**Kazakhstan:** In preparation for the four GeneXpert machines being procured by TB CARE I, the project supported the NTP to select pilot sites for the implementation of new TB treatment regimens, and to conduct clinical trials to assess the effectiveness of these regimens.

**Kenya:** Three GeneXpert machines were installed in the Coast Region. The partnership also supported the implementation of new TB control strategies in the district of Karamoja, which is one of the most affected regions.

**Indonesia:** Four GeneXpert machines started full operations in March 2012. As of May, 171 samples have been tested using GeneXpert, 60 were confirmed as TB-positive and 111 as non-TB-positive. The partnership also supported the implementation of new TB control strategies in the district of Karamoja, which is one of the most affected regions.

**Uganda:** TB CARE I supported the Uganda STOP TB Partnership to implement new TB control strategies, including the development of new TB control plans and the submission of new TB control proposals to the Global Fund. The partnership also supported the implementation of new TB control strategies in the district of Karamoja, which is one of the most affected regions.

**Bulgaria:** Each of the five provinces conducted supportive supervision visits to their TB/HIV collaborative activities. Of these, 2,800 were diagnosed as childhood TB.

**Vietnam:** Ten of these cases were rifampicin resistant, all of which were started on second-line TB treatment.

**Pakistan:** As of February, out of 531 samples tested, 223 cases were TB positive. The partnership also supported the implementation of new TB control strategies in the district of Karamoja, which is one of the most affected regions.

**Kenya:** Three GeneXpert machines were installed in the Coast Region. As of May, 171 samples have been tested using GeneXpert, 60 were confirmed as TB-positive and 111 as non-TB-positive. The partnership also supported the implementation of new TB control strategies in the district of Karamoja, which is one of the most affected regions.

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Access to TB Diagnostic Services in Kabul - Afghanistan

Kabul has five million inhabitants and suffers from chronic overcrowding, a high population density and poor sanitary facilities, all of which have contributed to poor TB statistics. In 2009, there were 106 public and private health facilities in Kabul but only 22 of them implemented DOTS. The Case-notification rate was an appalling 26%, the conversion-rate was 43% and treatment success-rate was 46%. Despite the situation, private laboratories and health facilities were not being trained on the TB case detection, diagnosis and treatment.

TB CARE I trained 56 private health workers in Kabul on TB suspect identification, referral to DOTS centers and Laboratories for sputum smear collection, examination, treatment initiation and counseling.

Mohammad Idress Karimi has been working as a Laboratory Technician for a private Laboratory in Khair Khana of Kabul city for five years. He was trained by TB CARE I and gained a high level of knowledge on TB diagnosis which he now applies in his laboratory on a daily basis.

Since his engagement in TB Service delivery he has identified 362 TB suspect cases and examined all of them. Among them 77 had active lung disease, a positivity rate of 21%.

He said: “I am happy with TB CARE I project, as it has enabled me to diagnose TB, and for me to help people. Through TB CARE I training, I acquired new knowledge which I put into practice during my day-to-day interaction with TB suspects and identifying cases”.

TB Day, Every Day - Dominican Republic

When you walk through the neighborhoods of Santo Domingo your eye is often caught by the many colorful hand painted commercials and murals which cover the walls.

Therefore, when TB CARE I program started working in the poor neighborhoods of the city and whilst mobilizing young people and their teachers in the fight to TB, it is not surprising that it was suggested to use mural paintings on the walls of schools to inform the local population on TB.

What started at only one secondary school (with beautiful TB pictures and messaging) soon spread, and was not only confined to the walls of schools. Health centers and hospitals in these neighborhoods were also eager to have this form of original TB messaging on their walls as well.

Even mobile street vendors set up their stalls in front of them which protects the paintings from being spoiled. From the small beginning in 2010, the process has grown and is still ongoing with students of both primary and secondary schools being involved. There are currently 31 mural paintings in 3 different health areas of Santo Domingo, and by the end of this year that number will have risen to 70.

For the mobilized schools, painting TB murals is now a common activity in the municipalities where the Stop TB Committees and all parties are working towards the same goal: To stop TB in our lifetime.

It is TB day every day in Santo Domingo!
TB CARE I - New Tools

**Electronic Recording and Reporting for TB Care and Control**

This guide provides practical advice for countries planning to introduce electronic recording and reporting systems, or to enhance existing systems. It is intended for people likely to be involved in the design and implementation of electronic recording and reporting systems for TB care and control such as NTP Managers, Procurement Officers, Legal Officers, Project Managers, Software Developers, Health Information System Managers, Consultants and Technical Agencies.

It can be downloaded here:  

**TB-IC at Community Level Training Handbook**

The 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/HIV are prevalent has now been translated in two new languages (Portuguese and French):

Controle de Infeccao por TB no Nível Comunitario Um Manual de Treinamento (Portuguese)  

Lutte contre la tuberculose au niveau communautaire manuel de formation (French)  

**TB CARE I Newsletter - 2nd Edition**

TB CARE I issued it’s second newsletter which details recent highlights, stories and more. It can be downloaded here:


The full Year 1 TB CARE I Annual Report is available to download from the TB CARE I website:

http://www.tbcare1.org/reports/

**What is TB CARE I?**

TB CARE I is a USAID five year cooperative agreement (2010-2015) that has been awarded to TBCTA (Tuberculosis Coalition for Technical Assistance) 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) and the World Health Organization (WHO).

**TB CARE 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 MDR-TB

**By focusing on eight priority technical areas:**

- Universal and Early Access
- Laboratories
- Infection Control (IC)
- Programmatic Management of Drug Resistant TB (PM&DT)
- 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