

TB CAP

2005 - 2010

Fighting TB Worldwide and Improving Millions of Lives

TB CAP (Tuberculosis Control Assistance Program) was USAID's principal five-year mechanism contributing to global targets for TB control. It was implemented by the 'Tuberculosis Coalition for Technical Assistance' (TBCTA) from the year 2000 to 2005.

TB CAP delivered significant results at global, regional and country levels using funds made available by USAID. At the community level, many patients have benefited, resulting in an increase in the numbers of TB cases diagnosed and high treatment success rates. A range of interventions focused on increased access to diagnostic services, improved quality of patient care, health systems strengthening, improved political commitment, leadership and management, involving the private sector, strengthening human resource capacity, collaborating with the TB HIV/AIDS program, improving infection control, together with a patient oriented approach have all contributed to this success.

TB CAP's approach focused on building national capacity at all levels to ensure the sustainability of interventions. At the country level TB CAP never developed parallel service delivery systems, all work plans have been developed to support the National TB Program's strategic and annual implementation plans.

Partnership was at the heart of our work and central to achieving our goals. We strove to increase the impact of our work by working with and through others and by building their capacity to step up the fight against TB. During the lifetime of the program, we worked with hundreds of partners in the spirit of the Stop TB partnership, from small community organizations to major institutions and governments. We think the results speak for themselves.

The program aimed to achieve the following specific outcomes in those countries where there was significant USAID investment:

1. 90% of public clinics implementing DOTS
2. At least a 70% case detection rate
3. At least an 85% treatment success and/or cure rate
4. 75% of countries meeting MDR-TB quality standards
5. 100% of countries where nationwide TB and HIV programs were effectively coordinated

TB CAP achieved its outcomes by focusing on five key intermediate results (IRs), each having specific outputs:

- IR1: Increased Political Commitment for DOTS
- IR2: Strengthened and Expanded DOTS Programs
- IR3: Increased Public and Private Sector DOTS Participation and Collaboration
- IR4: Increased and Strengthened TB and HIV/AIDS Coordinated Activities
- IR5: Improved Human and Institutional Capacity

TBCTA consists of the following eight major organizations in TB Control:

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

Between 2005 and 2009 almost 2.8 million TB cases have been successfully treated.

TB CAP 2005 - 2010

Expected Outputs for each TB CAP Intermediate Result

IR 1:

- Sustained appropriate level of government funding
- Ensured political/legal framework

IR 2:

- Strengthened TB program leadership and management
- Strengthened integration of DOTS services in general health services
- Improved diagnostic capacity:
 - Strengthened culture and DST
 - Strengthened sputum smear microscopy
 - Improved quality of chest x-ray diagnosis
- Improved prevention and management of MDR-TB
- Improved equitable access to quality TB care for vulnerable populations
- Scaled-up TB-IC measures at country level
- Strengthened community-based DOTS

IR 3:

- Increased National TB Program coordination and collaboration with public and private sectors

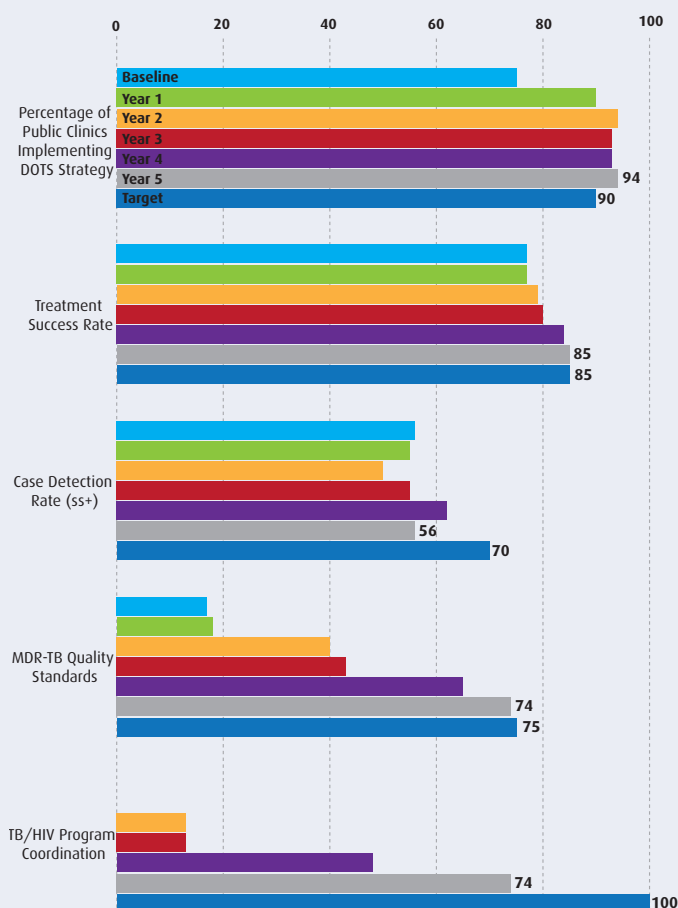
IR 4:

- Improved national policies and coordination between National TB and HIV Programs
- Improved access of HIV positive TB patients to HIV services
- Improved access of persons living with HIV to TB services

IR 5:

- Improved competence of staff at different levels of the health system
- Improved availability of staff of all categories involved in comprehensive TB control

TB CAP's Achievements at the Outcome Level



Main Achievements - 5 Years of making a difference

TB CAP has touched the lives of around 1 billion people, we were active in some of the world's most difficult environments, offering access to knowledge, technical assistance, drugs and treatment where they were most needed. Against the backdrop of difficult political situations, poverty and unrest, these results are something to be truly proud of.

TB CAP contributed to the notification of 4.2 million smear-positive cases in 23 countries during the period 2005-2010. During the last three years of implementation in the 23 project countries, TB CAP's contribution exceeded 900,000 cases per year. TB CAP's investments in laboratory strengthening through training, renovation and the provision of equipment and supplies contributed considerably to this increase.

TB CAP also contributed to the successful treatment of 2.8 million cases in 23 countries during 2005-2009, with a starting baseline Treatment Success Rate (TSR) of 77% in six countries, we reached 85% in 2008, and maintained this level in 2009 in 23 project countries. In 2005 only one out of six countries (17%) met the 85% TSR, whilst in 2009, 11 out of 23 countries (48%) reached or exceeded the 85% target rate.

TB CAP implemented 137 core-funded projects all of which were global in nature and contributed to changes in global policies, development of standards, guidelines (several of these have been adopted by the Global Fund for use in its applications), tools, international trainings, forums, conferences and meetings.

TB CAP also developed 57 tools, guidelines, handbooks, training curricula and global reports addressing seven technical areas:

- Universal and Early Access
- Health Systems Strengthening
- Infection Control
- Laboratories
- Monitoring and Evaluation
- Programmatic Management of Drug Resistant TB (PMDT)
- TB/HIV Collaborative Activities

All these products are available through: www.tbcare1.org

These investments have led to changes in countries far beyond the scope of TB CAP. Firstly, both TB CAP countries and other countries not benefiting from TB CAP's direct assistance have started to adapt, adopt and translate many of the tools and guidelines, thus aligning their National TB control programs with global policies.

Secondly, TB CAP has used both Core and Mission funding to test, revise, fine-tune and adapt the tools and guidelines to different geographic settings, which has led to further improvements in global policies and country implementation of TB control.

In its fifth year TB CAP reached and exceeded two of its five expected outcomes and made notable progress in reaching the other three.



64% of registered TB patients

Selected Highlights from TB CAP Countries

Nigeria: The percentage of TB patients tested and counseled for HIV increased from 10% in 2007 to 73% in 2009. 30% of TB patients were found to be co-infected, out of 20,429 TB patients counseled and tested.

Djibouti: TB cases detected increased from 3,804 in 2005 to 5,688 in 2009.

South Sudan: TB CAP trained clinicians on TB suspect identification, diagnosis, management and prevention. This contributed to an increase in case notification. The number of TB cases (all forms) notified increased from 2,701 in 2005 to 5,688 in 2009.

Ghana: TB CAP prepared and widely distributed SOPs for case detection resulting in an increase in the number of TB case notifications from 12,964 in 2007 to 15,286 in 2009, representing an increase of 18%.



Patients were tested for HIV

DR Congo: In the five TB CAP-supported areas, case notification contribution went from 8% in 2005 to 19% in 2009.

Zambia: The case notification rate in new smear-positive TB cases in TB CAP-supported areas increased from 43% in 2007 to 58% in 2009.

Namibia: TB CAP contributed greatly to the percentage of HIV patients being tested for TB, which rose from 16% in 2004 to 74% in 2009. The percentage of HIV positive TB patients put on cotrimoxazole rose from 0% to 78% during the same period.

Zimbabwe: In Midlands province there was a significant and sustained increase in the number of TB case notifications from 83 per 100,000 in 2008 to 195 per 100,000 in 2010.

Mozambique: In 25 TB CAP-supported districts, community volunteers referred 43,463 TB suspects to health facilities. 8,441 were diagnosed with TB over a three year period.

The number of TB cases (all forms) increased from 3,095 in 2006 to 3,809 in 2009, representing a 23% increase.

Afghanistan: Case notification in TB CAP provinces increased from 58 in 2007 to 95 per 100,000 in 2009.

Bangladesh: A total of 5,814 TB suspects were identified through TB CAP-supported sputum collection centers, of which 221 were diagnosed as smear-positive. 3,950 most at-risk people (MARPs) were screened and 3,066 were tested for TB, of which 280 tested positive.

Vietnam: The project developed SOPs and training curricula for laboratory practice (smear, culture, identification, DST, preparation of reagents, lab safety) and guidelines for laboratory maintenance which are being used in laboratory development throughout the country, making the work safer and more accurate.

Cambodia: HIV testing among TB patients increased from 13% in 2006 to 70% in 2009.

Indonesia: In TB CAP-supported hospitals in four Java provinces case notification of smear-positive patients increased from 2,000 in 2006 to 8,400 in 2009 whilst the treatment success rates for the 2006 and 2008 patient cohorts treated in those hospitals showed improvement from 58% to 72%. The default rate decreased from 28% in 2006 to 13% in 2009.

Ethiopia: In two TB CAP-supported areas case detection rates increased dramatically: In North Shoa from 23% in 2006 to 29% in 2009 and in East Shoa from 36% in 2006 to 52% in 2009.

Kenya: TB CAP-supported private clinics notified 3,156 cases in 2009 accounting for 3% of the national case finding.

Uganda: TB CAP's support to improve patient follow-up and recording led to an increase in the TSR from 17% in 2007 to 67% in 2009. Also, HIV testing for TB patients increased from 43% in 2007 to 87% in 2010, and use of cotrimoxazole preventive therapy (CPT) increased from 49% in 2007 to 95% in 2010.

Malawi: In TB CAP-supported districts of Zomba and Mangochi, the in-patient TB death rate dropped from 17% in 2006 to 5% by April 2010.



The millennium goals for 2015 have yet to be achieved in many countries and also require extra input. At the same time, there are new challenges such as low and delayed case notification, the emergence of MDR-TB and the introduction of novel technologies. These are all taking place in a world beset by financial crisis. To respond to the global emergence of TB, a US Government Global Tuberculosis Strategy, which is in line with the objectives of the Global Plan to STOP TB, was developed. To implement this strategy and to contribute to the overall US Government TB control targets USAID awarded the TB CARE I and TB CARE II programs to two separate coalitions.

In 2010 we began implementing TB CARE I.

TB CARE focuses on the following eight Technical Areas:

- Universal and Early Access
- Laboratories
- Infection Control
- PMDT
- TB/HIV
- Health Systems Strengthening
- M&E, Operations Research & Surveillance
- Drug Supply/Management

For further details on TB CARE I please visit:

<http://www.tbcare1.org/>



Our Work - How we made TB CAP a success

International Standards for Tuberculosis Care (ISTC): The public-private unifying tool, the ISTC developed by the previous TBCTA project (2000-2005), was used to engage professional societies and associations in TB care and control, in order to strengthen TB management practices. Importantly, lung specialists became involved; they manage large numbers of TB cases and also influence the practices of their peers. TB CAP assisted in the dissemination and implementation of the ISTC, including its translation into 10 languages and the development and use of relevant training materials.

The Laboratory Toolbox: TB CAP developed seven products to support countries in strengthening their laboratory services: Standard Operating Procedures (SOPs), Logistics Management Tool, External Quality Assurance (EQA) package, MIS, Culture and DST, a country roadmap and the bio-safety package. These products have a generic nature and are designed for countries to adapt to their local needs. In its last year TB CAP conducted two regional (Africa and Asia) training workshops to introduce these tools.

Patient Centered Approach Package: TB CAP defines the patient as an individual placed at the center of the health care system and interventions. Through this approach, the patient is treated as a partner rather than just a recipient. The package includes five tools and a strategy which can support NTPs with implementation of a patient-centered approach; a Revised Patient's Charter, QUOTE TB Light, Practical Guide To Improve Quality TB Patient Care, Tool to Estimate Patient Costs and the TB Literacy Toolkit.

Training of International Consultants: TB CAP organized 11 training courses to expand the pool of international TB consultants. In total, 170 consultants were trained in different disciplines. The training of consultants has contributed to the expansion of the pool of consultants to support TB programs in the fields of lab support, infection control, PPM, HRD and TB/HIV collaboration.



32 million people covered by CB-DOTS services

TB CAP resources were used in many countries to successfully **leverage significant funding for TB control**. The project has continuously assisted National TB Programs (NTP) with Global Fund proposal development, grant negotiations and implementation. TB CAP not only assisted NTPs by ensuring quality implementation of Global Fund activities, but also helped countries where Global Fund activities had been suspended.

TB CAP supported 23 countries in **TB-IC implementation** through the development of guidelines and scale-up plans, the integration of TB-IC into national strategic plans and other programs, and the organization of TB-IC training.

TB CAP implemented **Community-based DOTS** programs in nine countries covering over 32 million people, where a total of 9,790 additional TB cases were detected.

TB CAP supported countries for **TB/HIV collaborative activities**. In TB CAP countries in 2009, on average, 64% of registered TB patients were tested for HIV. This is significantly higher than the global average of 26%.

- What contributed most to the success of TB CAP?**
- TB CAP built on the previous successful TBCTA project.
 - TB CAP's success capitalized on the coalition's extensive network of partnerships, relationships and collaborations with the entire range of TB stakeholders.
 - TB CAP developed realistic objectives which could be reached within the program duration.
 - TB CAP developed an excellent M&E system which produced reliable, accurate and detailed information at all levels.
 - TB CAP mobilized local resources and communities to accomplish these results.



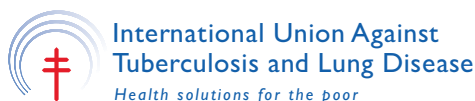
TB CAP contributed to the notification of 4.2 million smear-positive cases

TB CAP Faces - It was the people who made the difference





The 8 partners which together made TBCTA, the coalition which implemented TB CAP:



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TBCTA
The Tuberculosis Coalition
for Technical Assistance



USAID
FROM THE AMERICAN PEOPLE

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