# Annual Report

## GHN-I-00-09-00006-01, Task Order 01
## (or TB IQC Task Order 2015)

## October 1, 2011 through September 30, 2012

Submitted to:
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Subimtted October 30, 2012

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## Summary

| COUNTRY | Core | REPORTING PERIOD | October 1, 2011 - September 30, 2012 |
|---|---|---|---|

| FUNDING SOURCE | TO2015 FY09/FY10 carryover and FY11 combined |
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### OVERVIEW

Through core-funded activities, PATH provides global technical assistance in support of ACSM; control of MDR-TB; introduction of new tools; and to countries preparing Global Fund applications. Below, we describe achievements and challenges for these core activities from both FY10 carryover and FY11 funding in a combined narrative.

### ACHIEVEMENTS

#### ACSM

**Supporting sustainable civil society leadership in Africa**

In March 2012, PATH provided advocates from five African countries with intensive training on ACSM, which helped them launch a new African-led coalition on TB—the Africa Coalition on Tuberculosis, or ACT! Following the launch, PATH provided technical support to help the coalition formalize its structure and develop a strategic plan for activities, and provided intensive training on ACSM M&E to help the members develop a rigorous M&E plan for Year 1 activities. As a result, ACT! has applied for several external funding opportunities. The coalition's president, Carol Nyrienda of Zambia, then worked with PATH staff to train 20 CSOs in her home country on ACSM. As a result, the CSOs and the NTLP agreed on action steps to increase synergies between the national program and complementary civil society support for TB control. The training also helped establish ACT!'s national branch in Zambia. Please see ACT! success story in tab 5.

**Building capacity for rigorous M&E of ACSM interventions**

ACSM interventions are considered integral to improving case detection and treatment success, yet it is difficult to generate the evidence needed to support scale-up of specific approaches because it is one component among many important components and it is less easy to measure separate impact (as you perhaps would with a drug). In order to support implementers in utilizing the *Guide for M&E of ACSM Activities* , PATH piloted a new ACSM M&E training curriculum at the regional ACSM Eastern Europe M&E workshop in Tbilisi, Georgia. Input from participants helped refine both the curriculum and the guide. In collaboration with the WHO Collaborating Centre for Tuberculosis and Lung Diseases, PATH convened a second ACSM M&E workshop (June 2012) for ACSM practitioners from 12 countries, which significantly improved participant knowledge and skills to monitor and evaluate their ACSM activities. In the coming year, PATH will disseminate the curriculum and continue to respond to technical assistance requests.

## MDR-TB technical assistance

**MDR-TB toolkit being disseminated widely**

PATH collaborated with WHO to finalize the USAID/WHO MDR-TB Planning Toolkit, which is designed to help countries develop or strengthen the MDR-TB component of their national TB strategy. In October 2011 at the Union Conference in Lille, 56 participants from 29 different countries participated in a hands-on WHO/PATH workshop, and 400 hard copies of version 1 of the toolkit were distributed. Within a subsequent three-month period, there were 800 “hits” of people accessing it on the PATH website. In February 2012, PATH revised the toolkit based on broad input from practitioners in DRC, Thailand, Ukraine, and Vietnam. The latest version has been posted and will be presented during the November World Lung Health Conference in Malaysia. It has also been selected for the CDC’s Find TB Resources Website E-Newsletter, which is regularly disseminated to colleagues around the world.

**Expanding support for infection control**

In January, PATH began supporting the NTP in Mexico to address urgent infection control issues in states that have recently begun diagnosing and treating MDR-TB patients as the NTP decentralizes these functions to state programs. Thea Zuccotti, an architect and infection control specialist, was brought in by PATH to work directly with the NTP to assess current practices in four priority states and develop action plans to prioritize next steps. Thus far, she has visited Mexico City twice to work with the NTP on assessment tools and to plan future technical assistance. In January, she conducted an assessment of infection control practices at key facilities in the state of Tabasco and provided intensive training for 59 clinicians on basic infection control measures for in- and outpatient facilities. In May 2012, she conducted an assessment of infection control practices in two major hospitals, the state laboratory in Guerrero and a capacity assessment of state facilities in Veracruz. Overall, Thea has provided onsite training for nearly 100 clinical staff. A lessons learned document on infection control practices in Mexico was produced from these experiences, with broad global application. The document is now being translated into English.

## New tools introduction

**Mexico TB/diabetes bidirectional screening research protocol completed and submitted for ethical review**

Diabetes triples the risk of TB and leads to poorer TB outcomes. To combat this growing duel epidemic, noninvasive, high performing screening tools and procedures are required. After the formation of the research team, and concept development and extensive consultation with the Mexican Ministry of Health, the research protocol for a bidirectional screening study utilizing novel, noninvasive technologies was finalized and submitted for ethical clearance to PATH's Research Ethics Committee. Two fact-finding trips to Mexico occurred during the reporting period, during which the scope of the study, including study sites, testing algorithms, patient flows, government staff involvement, and required resources, were all discussed and agreed upon. The study is expected to begin in late 2012.

## Global Fund technical assistance

**Providing high-quality support in the face of Global Fund shifts**

Significant changes took place within the Global Fund during this reporting period. PATH and MSH supported initial development of Tanzania's TB application for Global Fund Round 11 to the NTLP, including a gap analysis in July and technical support on application development following the application release on August 15, 2011. At the end of November 2011, the Global Fund cancelled their Round 11 application cycle due to a funding shortfall, and released a new TFM on December 12, 2011. This mechanism is focused only on continuation of essential services currently supported under existing Global Fund grants ending prior to March 2014, and is not for the usual full proposal. Tanzania is implementing a Round 6 grant, scheduled to finish in October 2012, so is qualified to apply for the TFM. With support from USAID, PATH and MSH switched to supporting the TFM application. Intensive support was provided through a combination of both Core funds and Tanzania Mission funds, and PATH worked closely with the NTLP and other partners in development of the TFM application, which was submitted by the March 31, 2012 deadline. PATH continues to discuss Global Fund support and the changes in the application process from Round 11 to the TFM with Global Fund TB Friends partners, and remains actively involved with the TB TEAM. The success of Tanzania's TFM application is critical to ensure that basic TB diagnosis and care services are not interrupted by loss of funding in Tanzania. The TFM application was reviewed and provisionally accepted by the Technical Review Panel. The NTLP provided comments and revisions by September 24, 2012, and the proposal has been accepted pending final Global Fund board approval.

## CHALLENGES

| Challenge | How is PATH addressing this challenge? |
|---|---|
| **ACSM:** There were no challenges with implementing ACSM activities this reporting period. | Not applicable. |
| **MDR-TB technical assistance:** It has been challenging to incorporate the many suggestions from a broad range of MDR-TB Planning Toolkit reviewers and users, while at the same time trying to keep the toolkit user friendly and not unwieldy. Other challenges include supporting countries to prepare for planning, facilitate the planning process, and secure the commitments needed for implementation. | Version 3 seeks to strike a balance between the increased detail requested by some and simplification by others. The introduction more clearly states the various ways that countries can tailor their use of the tools in whatever way fits the planning process they design. Alternative approaches to technical assistance for MDR-TB planning and impact evaluation are presented in the "Lessons Learned" deliverable. |
| **New tools introduction:** The start date for the TB/diabetes bidirectional screening | The start date for the TB/diabetes bidirectional screening study was renegotiated |

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| study was delayed due to a lengthier than expected ethics approval process. In addition to this, due to elections being held in Mexico, agreement from selected states has been delayed while new health officials are sworn in. Also, planned work in the DRC involving intra-PATH collaboration to develop a systems approach for the rational introduction of new tools has been postponed, due to delays in-country. | to commence in late 2012. PATH is still committed to the DRC Xpert® MTB/RIF introduction work, and is pursuing approval for travel to the DRC in order to resolve related complications and delays. |
| **Global Fund technical assistance:** The main challenge was the cancellation of Global Fund Round 11, and adjusting the support needed to help develop the TFM application. Much of the work that had already been done for Round 11 was no longer relevant under the TFM. There was also a need to get up to speed on the TFM application form, process, and requirements, which were not initially very clear. | To address this challenge, PATH and MSH worked closely to support the Tanzania NTLP both on development of Round 11 and on the new TFM application. |

## MAJOR CHANGES TO WORK PLAN THIS REPORTING PERIOD

| Change | Why is PATH making this change? | Approval from USAID |
|---|---|---|
| FY09/FY10 carryover and FY11 Core work plans were combined and revised. | Changes were made to reflect the changes around cancellation of Round 11 of the Global Fund and redirecting the resources to our ACSM and TB/diabetes work. The end date of the work plan was extended until December 31, 2012 to complete activities. | Changes were approved by USAID on July 26, 2012. |

## ENVIRONMENTAL IMPACT STATEMENT

During the reporting period, the main activities undertaken by PATH were support for technical assistance, assessments, and training. Aside from the impacts of travel, there was no adverse impact of these activities on the environment.

## Global Indicators

Not applicable for this project.

## Activity Monitoring

**TO2015 Core Combined Work Plan**
**Objective 1: Assist in developing, implementing, and evaluating ACSM strategies for TB control.**

| Activity | OUTPUTS | TARGETS | EXPECTED DATE OF COMPLETION | STATUS AS OF SEPTEMBER 30, 2012 | PROGRESS TO DATE |
|---|---|---|---|---|---|
| 1.1 Conduct one advanced ACSM skills-building workshop. | Number of workshops conducted. | One workshop completed. | n/a | Completed | PATH and WHO WPRO hosted a five-day regional ACSM skills-building workshop in Manila in late March 2012 for 28 participants from seven countries. Participants worked to integrate ACSM activities into their NTPs and built on the positive feedback received from the previous regional ACSM workshop conducted by WHO SEARO and PATH in Sri Lanka in September 2010. |
| 1.2 Assess the impact of ACSM workshops to date, and develop a plan for providing follow-up technical assistance that can inform global efforts to strengthen ACSM for TB control. | Assessment report prepared. | ACSM workshop report prepared with recommendations for increasing impact as needed. | Oct-12 | Ongoing | ACSM workshop report with recommendations for increasing impact is being developed and will be finalized by October, 31, 2012. |
| 1.3 Finalize the *Guide to Monitoring and Evaluating ACSM Interventions* and conduct an ACSM M&E training in collaboration with the Union at the 2011 Union meeting. | Availability of the final draft of *Guide to Monitoring and Evaluating ACSM Interventions.* | Draft guide developed, piloted, and pretested in two countries in conjunction with technical assistance provided under 1.4 (or through country-level support in long-term technical assistance countries). | n/a | Completed | The draft *Guide to Monitoring and Evaluating ACSM Interventions* has been developed and submitted to USAID with this report. The ACSM M&E training was conducted at the 2011 Union meeting. PATH is currently working with WHO to secure their endorsement of the guide. |
| 1.4 Develop a training curriculum and conduct intensive ACSM M&E training for key global, regional, and national partners. | Availability of ACSM M&E training curriculum. | Training curriculum developed and pretested at at least one training. | Dec-12 | Ongoing | A final draft of the ACSM M&E training curriculum has been developed and pretested in two countries. The guide is now undergoing internal reviews and approvals and will be finalized by the next reporting period. |
| 1.5 Develop regional capacity to support effective ACSM technical assistance. | Intensive ACSM workshop conducted and individual follow-up plans developed. | Intensive ACSM workshop conducted and individual follow-up plans developed. | n/a | Completed | The ACSM intensive skills-building workshop for the Africa region was conducted in March 2012, and resulted in five individual follow-up plans being developed. The intensive workshop also provided a training platform for the launch of ACT! |
| 1.6 Respond to requests for ACSM technical assistance. | Number of requests for technical assistance to which PATH responds. | Two requests for technical assistance to which PATH responds. | n/a | Completed | Zambia received ACSM technical assistance that helped 20 CSOs build their capacity and work directly with the NTLP to integrate ACSM and CSO work on TB into overall NTP planning. ACT! received technical assistance to further develop its organizational structure, including |

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| | Number of countries implementing additional and/or more focused ACSM activities as a result of technical assistance. | ACSM plans are integrated into national strategies in the two countries. | n/a | Completed | developing an annual work plan and identifying possible sources of funding for long-term activities. |
| 1.7 Develop an online ACSM community of practice. | Online ACSM community of practice site. | Operational ACSM community of practice site. | Nov-12 | Ongoing | A draft of the ACSM community of practice site was submitted for USAID's review and approval on September 21, 2012. The site will be launched in the next reporting period, pending USAID's approval. PATH will continue to develop launch materials, plan for recruiting members, and plan for the first moderated expert panel discussion. |
| 1.8 Evaluate ACSM intervention impact on community knowledge, case detection, and treatment outcomes in Tanzania. | Evaluation report. | Evaluation report used as evidence base for ACSM intervention. | n/a | Completed | The evaluation of ACSM's impact on community knowledge, case detection, and treatment outcomes in Tanzania has been completed. |
| 1.9 Participate in the Civil Society Engagement Expert Consultation and Guidelines development process. | Number of meetings attended by PATH representative. | One meeting attended by PATH representative. | n/a | Completed | D'Arcy Richardson of PATH attended the Stop TB Partnership meeting on civil society engagement in Geneva in May 2012 to provide recommendations on how to strengthen capacity and engage civil society organizations in TB control. Please see report for details of contributions and recomendations. |

**Objective 2: Provide MDR-TB technical assistance to high MDR-TB burden countries.**

| Activity | OUTPUTS | TARGETS | EXPECTED DATE OF COMPLETION | STATUS AS OF SEPTEMBER 30, 2012 | PROGRESS TO DATE |
|---|---|---|---|---|---|
| 2.1 Finalize and publish the MDR-TB Planning Toolkit. | MDR-TB Planning Toolkit version 2 (February 2012) and version 3 (September 2012) incorporated extensive input from reviewers and users. (See "Deliverables" for a list of enhancements included in the final version.) | Updated version of MDR-TB Planning Toolkit evaluated in two countries. | n/a | Completed | The MDR-TB Planning Toolkit was evaluated during PATH's technical assistance to Ukraine to develop its operational MDR-TB plan in April-May 2012. In addition, preparing the Zimbabwe poster for the October 2011 Union conference provided the opportunity for a seven-month follow-up after PATH supported the Zimbabwe workshop and plan. One of the consultants who participated in the October 2011 MDR-TB planning workshop in Lille subsequently used the toolkit in her consultation to Thailand and provided feedback on how it worked. These experiences (as well as those of the DRC and Vietnam) are described in the "Lessons Learned" report. |

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| 2.2 Promote uptake of the MDR-TB Planning Toolkit by regional GLC members, TB CARE 1 and 2, USAID, WHO regional offices, other technical assistance organizations, and countries. | Final version of the MDR-TB Planning Toolkit incorporating input from users and reviewers. Distributed by PATH and global partners. | Final version of MDR-TB Planning Toolkit posted to high-visibility websites and distributed to 27 high MDR-TB burden countries, regional and global GLC members, TB CARE 1 and 2, USAID, WHO regional offices, other technical assistance organizations. Full-day workshop at the Union October 2011 conference. | n/a | Completed | PATH conducted a full-day workshop organized by PATH and WHO at the Union 2011 conference gave 56 participants from 29 different countries hands-on practice in applying the tools to real-life situations.Submitted a paragraph in September 2012 for an upcoming Stop TB Partnership newsletter, to update its October 2011 story. Hard copies of the toolkit will be distributed at the November 2012 Union meeting, and it has been selected for the CDC's Find TB Resources Website E-Newsletter. In September 2012, PATH reviewed the WHO PMDT handbook currently under development and provided input in an effort to build on the work of the toolkit, promote its uptake, and foster consistency across these two related WHO documents. |
| 2.3 Provide technical support for MDR-TB in Ukraine and other countries (support to DRC or others to be identified). | Technical support provided for MDR-TB in Ukraine using the toolkit and other countries identified for support. | Ukraine operational plan drafted. | n/a | Completed | PATH supported a stakeholders workshop in Kyiv, which using the MDR-TB Toolkit, resulted in a draft Operational Plan to Counter MDR-TB in Ukraine, 2013-2014 being completed. PATH also assisted the DRC in using the toolkit, and the regional GLC of the Western Pacific in using Tool 8 to evaluate Vietnam's draft MDR-TB plan. These experiences are described in the "Lessons Learned" report. |
| 2.4 Provide technical support for infection control in Mexico. | Clinicians trained in infection control. | Complete. | n/a | Completed | Consultant Thea Zuccotti trained ten doctors and nurses in Guerrero, 59 doctors, nurses, epidemiologists, maintenance staff, and state TB managers in Tabasco, and 40 clinicians in Veracruz, and provided specialized infection control management training for two NTP staff in Mexico City. During her second visit to Mexico City, Ms. Zuccotti was able to take advantage of a national infection control workshop being held by the NTP to provide training and mentoring to infection control point people from around the country. |
| | Infection control assessments conducted in priority states. | Complete. | n/a | Completed | Infection control assessments have been conducted in Guerrero, Veracruz, Tabasco, and Mexico City. USAID approved the assessment and visit to the General Hospital in Mexico City, per the NTP's request, in order to take advantage of the gathering of state TB officials and staff for a national infection control training and allow for collecting information on infection control practices from around the country, which has enriched development of the final case study document. |
| | Document on infection control practices developed. | Document on infection control practices developed. | Translated by November 2012 | Completed | Final document on design and implementation of infection control plans that will be used throughout Mexico and globally as documentation of good practices for assessment, prioritization of infection prevention and control needs, development of action plans, and implementation has been completed and will be translated into English in November 2012. |

| Objective 3: Support the introduction of new tools for TB control. | | | | | |
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| **Activity** | **OUTPUTS** | **TARGETS** | **EXPECTED DATE OF COMPLETION** | **STATUS AS OF SEPTEMBER 30, 2012** | **PROGRESS TO DATE** |
| 3.1 Support introduction and evaluation of a TB/diabetes bidirectional screening model utilizing novel low-cost technologies in Mexico. | Diagnostic algorithm developed for bidirectional screening study. | Introduction and evaluation of a diagnostic algorithm for TB in diabetics launched in Mexico. | Late 2013 | Ongoing | The algorithm will be finalized after data analysis is completed. The data collection period is due to finish before August 2013. |
| 3.2 Support the introduction of new diagnostics and approaches to TB. | Reported in DRC and Tanzania work plans. | Reported in DRC and Tanzania work plans. | n/a | Ongoing | Reported in DRC and Tanzania work plans. |

| Objective 4: Support applications to the Global Fund. | | | | | |
|---|---|---|---|---|---|
| **Activity** | **OUTPUTS** | **TARGETS** | **EXPECTED DATE OF COMPLETION** | **STATUS AS OF SEPTEMBER 30, 2012** | **PROGRESS TO DATE** |
| 4.1 Support one country Global Fund application. (FY10 funds plus Tanzania GHCS funds.) | Number of countries submitting TFM as a result of PATH and MSH technical assistance. | One country receives technical assistance to submit a TFM that is approved for funding. | n/a | Completed | Completed. TFM application for Tanzania completed. Technical Review Panel comments received in July, and NTLP submitted revisions by September 24 deadline. Revisions accepted and TFM application was successful, and will support continued essential activities from Global Fund Round 6 grant through May 2014. |
| 4.2 Participate in development of a strategy for Global Fund Round 11 TB support to countries through the new Global Fund Friends mechanism. (FY10 funds.) | Meetings attended of the new Global Fund TB Friends mechanism. | Strategy developed for Global Fund Round 11 support through Global Fund TB Friends mechanism. | n/a | Completed | PATH and MSH participated in meetings of the new Global Fund TB Friends mechanism to develop a strategy to strengthen support to countries for Round 11. The strategy was developed and PATH provided support in line with the overall strategy as long as Round 11 was still proceeding. |
| 4.3 Participate in the Global Fund Friends mechanism to support the strategy for strengthening Global Fund implementation and TB proposal development for the next funding round and beyond for priority countries. | Participation in Global Fund Friends mechanism to support the strategy for strengthening Global Fund implementation and TB proposal development for the next funding round and beyond for priority countries. | Participation in Global Fund Friends mechanism to support the strategy for strengthening Global Fund implementation and TB proposal development for the next funding round and beyond for priority countries. | n/a | Completed | PATH staff participated in the Stop TB Partnership's TB TEAM meetings, which included discussion about how to strengthen Global Fund support. |
| 4.4 Maintain expert roster. | Roster available. | Roster with at least 20 high-quality consultants provided to USAID by the end of the fiscal year. | n/a | Completed | Completed for the current Global Fund cycle; updated with new consultants identified during Round 11 and TFM support process. |

## Graphs & Tables

Not applicable for this project

## Evaluation and Operations Research

| Title | Purpose of study | Evaluation type and method(s) | Field contact | PATH contact | Partner | IRB status | Status/Results |
|---|---|---|---|---|---|---|---|
| Bidirectional TB/diabetes screening model pilot study in Mexico. | Pilot a bidirectional screening model for TB and diabetes, utilizing current algorithms with the addition of novel, low-cost point-of-care technologies for both TB and diabetes in Mexico. | Operations research | Dr. Martin Castellanos Joya | Tope Adepoyibi | Mexican Secretariat of Health | Protocol submitted to IRB. | Protocol being reviewed by IRB. |

## Deliverables

**TO2015 Combined Core Work Plan**

| Activty in Combined Core Work Plan | Deliverable | Target Date of | Status as of September 30. | Name of file | Dissemination |
|---|---|---|---|---|---|
| **Objective 1. Assist in developing, implementing, and evaluating advocacy, communication, and social mobilization (ACSM) strategies for TB control.** | | | | | |
| 1.1 Conduct one advanced ACSM skills-building workshop. | Workshop report - WPRO, Manila, Philippines. | n/a | Completed | WPRO ACSM Workshop Report. | USAID, Stop TB, WHO, technical partners |
| 1.2 Assess the impact of ACSM workshops to date, and develop a plan for providing follow-up TA that can inform global efforts to strengthen ACSM for TB control. | ACSM TA analysis report | 1-Oct-12 | Ongoing | ACSM TA analysis report | |
| 1.3. Finalize the *Guide to Monitoring and Evaluating ACSM Interventions* and conduct an ACSM M&E training in collaboration with the Union at the 2011 Union meeting. | Trip report - Union Conference, 2011. *(This trip report includes the workshop report for the ACSM M&E workshop. It also incorporates inputs of staff funded through other areas of the task order.)* | n/a | Completed | Union Trip Report 2011. | USAID |
| | Draft Guide to Monitoring and Evaluation of ACSM Interventions. | n/a | Completed | Draft Guide to Monitoring and Evalution of ACSM Interventions. | USAID, WHO |
| 1.4. Develop a training curriculum and conduct intensive ACSM M&E training for key global, regional, and national partners. | Workshop report - Sondalo, Italy, June 2012. | n/a | Completed | Workshop report - Sondalo, Italy, June 2012. | USAID, WHO |
| | ACSM M&E Curriculum. | Apr-13 | Pending | | |
| | *For deliverables related to the Core co-funded training in Tbilisi, Georgia, please see the E&E ACSM section of the report.* | | | | |
| 1.5. Develop regional capacity to support effective ACSM technical assistance. | Workshop report - ACSM Intensive, Washington, DC. | n/a | Completed | Report - Intensive ACSM Workshop. | USAID, Stop TB, WHO, technical partners |
| 1.6. Respond to requests for ACSM technical assistance. | Techincal assistance/trip reports | n/a | Completed | Trip Report - Zambia, Aug 17-Sept 1, 2012. | USAID, USAID Zambia, TB CARE partner FHI 360, KNCV, Stop TB, WHO, technical partners |
| | | | | Trip Report - ACT! Planning Retreat, June 4-8, 2012. | |
| 1.7 Develop an online ACSM community of practice. | ACSM community of practice website. | n/a | Pending | http://www.aidsportal.org/web/guest/home | Draft site submitted to USAID for approval. |
| 1.8. Evaluate ACSM intervention impact on community knowledge, case detection, and treatment outcomes in Tanzania. | This deliverable is in the Tanzania section of the report, Kisarawe Evaluation | n/a | Completed | Kisarawe Evaluation | USAID |
| 1.9. Participate in Civil Society Engagement Expert Consultation and Guidelines development process. | Trip report - Geneva, D'Arcy Richardson. | n/a | Completed | Trip report - Geneva, D'Arcy Richardson. | Stop TB Partnership. |
| **Objective 2. Provide MDR-TB technical assistance to high MDR-TB burden countries.** | | | | | |
| 2.1. Finalize and publish the MDR-TB Planning toolkit. | MDR-TB Planning Toolkit, version 2. (February 2012) | n/a | Completed | MDR-TB Planning Toolkit, version 2. (February 2012) | USAID, Stop TB, WHO, technical partners |
| | MDR-TB Planning Toolkit, version 3, published Sept 2012, includes a Worksheets-only version, and an Excel version of Tool 2 with built-in calculations which also generate a country-specific graphic of MDR program performance. | n/a | Completed | MDR-TB Planning Toolkit, version 3.file | USAID, Stop TB, WHO, technical partners |
| | List of enhancements to create MDR-TB Toolkit, v3. | n/a | Completed | List of enhancements to create MDR-TB Toolkit, v3. | USAID, Stop TB, WHO, technical partners |
| 2.2. Promote uptake of the MDR-TB Toolkit by regional Green Light Committee members, TB CARE 1 and 2, USAID, WHO regional offices, other technical assistance organizations, and countries. | Trip report - Sarah Royce, Washington, DC, March 2012. | n/a | Completed | Trip report - Sarah Royce, Washington, DC, March 2012. | USAID |
| | MDR-TB Planning Toolkit Presentation to USAID, March 2012. | n/a | Completed | MDR-TB Planning Toolkit Presentation to USAID, March 2012. | USAID |
| | Workshop report (MDR-TB) - Union Conference 2011. | n/a | Completed | Workshop - Lille IUATLD Conference.file (includes presentations, workshop report, and poster). | USAID |
| | Presentations - Union Conference 2011 workshop. | n/a | Completed | | USAID, technical partners attending the 2011 Union Conference |
| | Poster on MDR-TB planning in Zimbabwe (presented at 2011 Union conference) | n/a | Completed | | USAID, Zimbabwe NTP, technical partners attending the 2011 Union Conference |

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| 2.3 Provide technical support for MDR-TB in Ukraine and other countries (ie support to DRC or others to be identified). | Trip report - Sarah Royce, Ukraine, April 2012. | n/a | Completed | Trip report - Sarah Royce, Ukraine, April 2012. | USAID, Ukraine NTP |
| | Draft *Ukraine Operational Plan to Counter MDR-TB, 2013-2014.* | n/a | Completed | Draft *Ukraine Operational Plan to Counter MDR-TB, 2013-2014.* | |
| | Ukraine MDR-TB materials. | n/a | Completed | Ukraine MDR-TB Planning Materials.file | USAID, Ukraine NTP |
| | Evaluation of toolkit and process, lessons learned from country application. | n/a | Completed | Lessons learned, MDR-TB Toolkit, Sept 2012. | USAID |
| 2.4 Provide technical support for infection control in Mexico. | Technical reports from Mexican states implementing infection control measures. | n/a | Completed | Mexico Infection Control.file | USAID, NTP Mexico |
| **Objective 3. Support the introduction of new tools for TB control.** | | | | | |
| 3.1. Support introduction and evaluation of a TB/Diabetes bi-directional screening model utilizing novel low-cost technologies in Mexico. | TB/DM bi-directional screening concept note. | n/a | Completed | TB/DM bi-directional screening concept note. | USAID |
| | Trip report - Mexico, Adepoyibi / Greb. (2) | n/a | Completed | Trip report - Mexico, Adepoyibi / Greb. (2) | USAID |
| | TB/DM bi-directional screening study protocol. | n/a | Completed | TB/DM bi-directional screening study protocol. | USAID, NTP Mexico |
| | Training plan for care providers involved in the study. | Late 2012/Early 2013 | Pending | Pending ethical review and approval. | |
| **Objective 4. Support for applications to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.** | | | | | |
| 4.1. Support one country Global Fund application. (FY10 funds plus TZ GHCS funds). | Tanzania Transitional Funding Mechanism Proposal. | n/a | Completed | Tanzania Transitional Funding Mechanism Tuberculosis Proposal. | USAID, Global Fund, NTP |
| | Trip reports and technical assistance reports. | n/a | Completed | Technical assistance report - Tanzania, Marijke Bleumink. | USAID, NTP |
| | | n/a | Completed | Trip report - Tanzania, Alka Dev and Anna Spector. | USAID |
| | | n/a | Completed | Trip report - Kenya, Abdallah Mwanichande. | USAID |
| | | n/a | Completed | Tanzania TFM Mock Technical Review | USAID |
| | | n/a | Completed | Technical report - Ikupa Akim. | |
| 4.3 Participate in the Global Fund Friends mechanism to support the strategy for strengthening Global Fund implementation and TB proposal development for the next funding round and beyond for priority countries. | Trip report. | n/a | Completed | Trip Report - Erdahl, TB TEAM Annual Meeting | |
| 4.4. Maintain expert roster. | Expert roster. | n/a | Completed | Global Fund Expert Roster Updated 2012 | USAID |

## GeneXpert

No GeneXperts were procured for this project.

## Inventory

No commodities over $500 were procured during this reporting period.

## Success Story

### Civil society leadership forges ahead in the fight against TB in Africa

Local leadership is the foundation for successful and sustainable African led solutions to fight TB across the continent. As one civil society advocate puts it, *"Invest in us. We are leaders in helping move things forward within communities. We are the missing link and can demonstrate what is needed through our own experience."*

In March 2012, PATH provided intensive skills-building training in ACSM for five dedicated TB and HIV advocates from across Africa. Following the training, the advocates launched the Africa Coalition on Tuberculosis (ACT!), with a mission to ensure universal access to high-quality, rapid TB diagnosis, appropriate and respectful care and treatment, and effective new drugs and vaccines throughout the continent. The brand new coalition has made substantial progress in only eight months. Following the launch of ACT!, PATH provided technical support and additional training in M&E as the new coalition developed a plan and M&E framework for its first year of activities, which includes having ACT! members train communities in ACSM in their home countries. Only months later, ACT! member Carol Nyrienda of Zambia worked with PATH staff to train 20 Zambian civil society organizations (CSOs) on ACSM in Zambia.

The workshop helped foster a much-needed linkage between civil society groups working on TB and Zambia's National TB and Leprosy Program (NTLP). As a result, CSOs working on TB and HIV across Zambia and the NTLP were able to meet each other face to face and develop action steps to increase synergies between national TB control efforts and the crucial support of civil society at the community level. The NTLP will now invite CSOs to national planning meetings. In addition, the CSOs established ACT!'s nationwide branch in Zambia.

One participant noted: "*There are not a lot of civil society organizations working on TB alone, so this is a good approach for engaging others who are working on related issues like HIV and child health to build their skills and networks* ." Other partners, including FHI 360 staff (implementing USAID's TB CARE in Zambia), also participated in the workshop and now plan to incorporate this model into their efforts in Zambia. To build on the success in Zambia, ACT! members from Kenya and Nigeria requested support to conduct similar trainings in their home countries.

The goal of these efforts is to support ACT! in building an African-led regional coalition to fight TB in line with the needs and priorities ACT! members have identified. To build on this effort, PATH will support an advocacy training for ACT! members in December 2012, to help launch the coalition's regional TB advocacy campaign. PATH also assisted ACT! with submitting a funding proposal which will further support this campaign. The opportunity and need for civil society contributions to TB control is more important now than ever. ACT! continues to rapidly gain ground and has positioned itself not only to mobilize communities for a TB-free Africa, but also for serving as a model for other regions of the world.

*Participants at ACT! led ACSM training in Zambia, August 2012. Photo Credit: PATH*

## Acronyms

| | |
|---|---|
| **ACSM** | advocacy, communication, and social mobilization |
| **ACT!** | Africa Coalition on Tuberculosis |
| **AIC** | airborne infection control |
| **CSO** | civil society organization |
| **DRC** | Democratic Republic of Congo |
| **FY** | Fiscal Year |
| **GCL** | Green Light Committee |
| **GHCS** | Global Health and Child Survival (USAID) |
| **Global Fund** | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| **HIV** | human immunodeficiency virus |
| **IRB** | institutional review board |
| **M&E** | monitoring and evaluation |
| **MDR-TB** | multidrug-resistant tuberculosis |
| **MSH** | Management Sciences for Health |
| **NTLP** | National Tuberculosis & Leprosy Programme (Tanzania and Zambia) |
| **NTP** | National Tuberculosis Program |
| **PMDT** | programmatic management of drug-resistant tuberculosis |
| **SEARO** | WHO Regional Office for South-East Asia |
| **TB** | tuberculosis |
| **TB TEAM** | TB Technical Assistance Mechanism |
| **TFM** | Transitional Funding Mechanism (Global Fund) |
| **Union** | International Union Against Tuberculosis and Lung Disease |
| **USAID** | US Agency for International Development |
| **WHO** | World Health Organization |
| **WPRO** | WHO Regional Office for the Western Pacific |
| **XDR-TB** | extensively drug-resistant tuberculosis |