Challenge TB

Year 1

Performance Monitoring Report

October 1, 2014 – March 31, 2015

USAID
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CHALLENGE TB

May 15th 2015

Challenge TB Partners:

American Thoracic Society (ATS)
FHI 360
Interactive Research & Development (IRD)
International Union Against Tuberculosis and Lung Disease (The Union)
Japan Anti-Tuberculosis Association (JATA)
KNCV Tuberculosis Foundation (KNCV)
Management Sciences for Health (MSH)
PATH
World Health Organization (WHO)

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Abbreviations

ART	Antiretroviral Therapy
CB-DOTS	Community-Based DOTS
C/DST	Culture/Drug Susceptibility Testing
CPLT	Provincial TB and Leprosy Coordination Departments
CTB	Challenge TB
DM	Diabetes Mellitus
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment Short Course
DQA	Data Quality Assessment
DRC	Democratic Republic of the Congo
DR-TB	Drug-Resistant TB
DST	Drug Susceptibility Testing
ECH	Empowerment Community for Health
EQA	External Quality Assurance
FDC	Foundation for Community Development
GF	Global Fund for AIDS, Tuberculosis and Malaria
HC	Health Center
HIPA	Health Information, Policy and Advocacy
IC	Infection Control
IPAC	Portuguese Institute of Accreditation
IMNCI	Integrated Management of Newborn and Childhood Illness
INH	Isoniazid
IPT	Isoniazid Preventive Therapy
JATA	Japan Anti Tuberculosis Association
KNCV	KNCV Tuberculosis Foundation
MDR-TB	Multi Drug Resistant Tuberculosis
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSH	Management Sciences for Health
MTB+	Mycobacterium Tuberculosis detected (Xpert)
NAP	National AIDS Program
NSP	National Strategic Plan
NTP	National TB Program
NRL	National Reference Laboratory
OR	Operations Research
PCA	Patient-centered Approach
PLHIV	People Living with HIV
PMDT	Programmatic Management of Drug-resistant Tuberculosis
PMU	Project Management Unit
PPM	Private Public Mix
QHS	Quality Health Services
QICA	Quarterly Interim Cohort Analysis
RH	Regional Hospital
RIF	Rifampicin
RR-TB	Rifampicin-resistant TB
SLD	Second Line Drug
SRL	Supranational Reference Laboratory
SOP	Standard Operating Procedures
TA	Technical Assistance
TB	Tuberculosis
TB-IC	TB Infection Control
TB CAP	Tuberculosis Control Assistance Program
TRAC	TB Research Annual Conference
TOT	Training of trainers
USAID	United States Agency for International Development
WHO	World Health Organization
WTD	World TB Day

Challenge TB Start-up Team, Mozambique

Executive Summary

Challenge TB (CTB), a five-year cooperative agreement funded by the United States Agency for International Development (USAID) to prevent and control tuberculosis (TB), began October 1, 2014. This performance monitoring report provides a summary of program progress, achievements and challenges in the first six months of implementation (October 2014-March 2015). The program's most significant achievements from the reporting period and challenges for the next quarter are highlighted below.

Main Achievements:

- To date, fifteen CTB country workplans have been approved and begun to be implemented.
- In India, along with the USAID Mission, CTB met with the Joint Secretary at the MoH and the Central TB Division to formally introduce the project's Call to Action, an advocacy campaign to end TB. The MoH is on board and agreed to head the task force/steering committee for the Call to Action. At the suggestion of the MoH, a high-profile launch by the Union Health Minister is now planned for April 23rd while the Revised National TB Control Program (RNTCP) Joint Monitoring Mission participants are in the country. Dr. Ariel Pablos-Mendez, USAID Assistant Administrator for Global Health, along with other dignitaries from USAID, Global Fund, WHO, STOP TB, The Union, and the Bill & Melinda Gates Foundation are expected to participate.
- In Indonesia, several innovative activities using social media have been implemented to raise TB awareness, reduce stigma and disseminate TB information. A TB blogger community was established from which hashtags #sahabatJKN #lawanTB were created; this resulted in more than 2,000 tweets and 42 articles/messages about TB posted on blog and Facebook sites. Social media activities at the National TB Symposium resulted in the number of CTB-Indonesia Facebook fanpage followers to increase by 261%, new 'likes' to increase six times from the previous week, and the total number of weekly visits to the CTB-Indonesia Facebook to grow to 1,279 (compared to only 379 before the event).
- CTB-Ethiopia supported the successful organization of the 10th annual national TB research conference (TRAC) from March 21 - 23, 2015. More than 60 abstracts were presented and discussed including oral and poster presentations by some of the operations research (OR) teams supported under TB CARE I through the Ethiopian OR capacity-building initiative.
- The National Reference Laboratory (NRL) in Mozambique was accredited under ISO15189 in March 2015. Technical assistance (TA) has been provided since 2011 (under TB CAP/TB CARE I), ranging from the initial rehabilitation to bio-safety TA recently provided under CTB. The NRL is the first lab to be accredited by IPAC (Portuguese Institute of Accreditation) out of a group of 250 laboratories selected for accreditation.
- In Zimbabwe, Xpert machines were installed in 15 sites this quarter. This has contributed to decentralized access to more rapid Xpert technology. For the period Jan-Mar 2015 a total of 13,684 tests were run from 74 Xpert sites that have submitted reports (out of 78 total sites). From these tests, 1,936 (14%) detected TB (MTB+). Among these, 133 (7%) test results had rifampicin resistant strains detected.

Main Challenges:

- The core projects are extremely large and complex projects. Special attention should be given to ensure strong and realistic workplans are developed, and in turn, rapid start up takes place once workplans are approved.
- A few country projects are still in search of key personnel positions (Bangladesh and Malawi), which affects project implementation. Recruitment should be prioritized and the PMU will work closely with the country team to obtain USAID approval as quickly as possible for proposed candidates.
- Several CTB countries – Bangladesh, Burma, DRC, India, Malawi, Tanzania, and Ukraine - are not transitioning from TB CARE I to CTB, but are new to the coalition. Greater effort is required in these countries for project start-up (office set up, staffing, relationship building, etc.); the PMU isworking closely with the project teams to ensure a rapid and quality launch for these projects.

Introduction

Challenge TB is USAID's flagship global mechanism for implementing the United States Government (USG) TB strategy as well as contributing to TB/HIV activities under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched on October 1, 2014, this five-year cooperative agreement (2014-2019) builds and expands upon previous USAID global programs, namely TB CARE I (2010-2015), the Tuberculosis Control Assistance Program (TB CAP, 2005-2010) and Tuberculosis Control Technical Assistance (TBCTA, 2000-2005). KNCV Tuberculosis Foundation (KNCV), which also led the aforementioned programs, leads a unique and experienced coalition of nine partners implementing CTB. The coalition partners are: American Thoracic Society (ATS), FHI 360, Interactive Research and Development (IRD), International Union Against Tuberculosis and Lung Disease (The Union), Japan Anti-Tuberculosis Association (JATA), Management Sciences for Health (MSH), PATH and World Health Organization (WHO).

Working closely with Ministries of Health, USAID, Global Fund, the STOP TB Partnership and other key stakeholders at a global, regional, national and community level, Challenge TB contributes to the WHO End TB Strategy targets:

Vision: A world free of TB
Goal: To end the global TB epidemic
By 2025: A 75% reduction in TB deaths (compared with 2015) and less than 50 cases per 100,000 population.

Aligned with the USG strategy to prevent and control TB, Challenge TB has three objectives, each with several focus areas for interventions:

Objective 1: Improved access to high-quality patient-centered TB, DR-TB & TB/HIV services by:
- Improving the enabling environment
- Ensuring a comprehensive, high quality diagnostic network
- Strengthening patient-centered care and treatment

Objective 2: Prevent transmission and disease progression by:
- Targeted screening for active TB
- Implementing infection control measures
- Managing latent TB infection

Objective 3: Strengthen TB service delivery platforms by:
- Enhancing political commitment and leadership
- Strengthening drug and commodity management systems
- Ensuring quality data, surveillance and monitoring & evaluation
- Supporting human resource development
- Building comprehensive partnerships and informed community engagement.

The largest portion of CTB's work and investment is at the country level. As of March 31, 2015, ten countries had approved CTB workplans; updates for these projects are provided in the country project section on page 12. In addition, since that time five additional country projects received approval (Afghanistan, Burma, Kyrgyzstan, South Sudan and Tanzania); five other country projects have workplans in development (Botswana, Malawi, Nigeria, Tajikistan and Uzbekistan) and workplanning for Namibia is planned for next quarter, bringing the total number of anticipated countries for Year 1 to 21 (see map on pg. 12). Many of these pending workplans will run through September 2016 (Year 2) to use the remaining time in Year 1 most efficiently.

CTB is also working on priority projects that have implications for TB prevention and control globally. Currently four 'core' project plans are under development, which are closely aligned with the USG strategy:
1. Contact Investigation: Targeted screening for active TB
2. Prevention: A randomized open-label trial to evaluate the efficacy of periodic high dose rifapentine and isoniazid (INH) for three months compared to continuous INH preventive therapy in HIV-infected and TB-infected adults
3. Transmission: Quantifying the effect of interventions on transmission of *Mycobacterium tuberculosis*
4. Measurement: This core project has three sub-components:
   a. Measurement of stigma,
   b. Measurement of catastrophic costs to patients,
   c. Measurement of quality of and access to diagnosis, treatment and care.

In addition, CTB is creating a Global Fund (GF) Technical Assistance 'hub' at the Project Management Unit (PMU) that aims to improve the implementation of GF TB grants through quality short and long-term TA. The project will also build local human resource capacity to provide the necessary TA.

Historically under TB CARE I there were several Regional projects that were conducted independently of each other. Under CTB, one regional project for East Africa is being developed, which will build upon the successes of the previous regional projects under TB CARE I while also leveraging those partnerships for greater reach and results. New areas of work may include cross-border referral programs and a regional drug management initiative.

Program Management Unit (PMU)

The CTB Project Management Unit (PMU) is responsible for the overall management and leadership of the program. A strong group of project staff have transitioned over from the TB CARE I PMU, ensuring a smooth transition and start up while maintaining institutional memory. In addition, several new team members were hired during the reporting period. Mamuka Djibuti, based in Tbilisi, Georgia, began as the CTB Monitoring and Evaluation (M&E) Officer in March. In addition, three new Project Officers were hired: Somaieh Zorae, Christina Mergenthaler and Millicent Ngicho. A full organogram of the PMU team can be found here:

http://www.tbcare1.org/pdfs/download.php?file=Organogram_Challenge_TB_May_2015.pdf

Following a kick-off meeting with USAID in mid-October, the PMU has prepared several templates, protocols and documents to facilitate workplanning and project start-up (i.e. workplan templates, operations manual, M&E framework). In addition, in close collaboration with USAID and the implementing partners, the PMU has been actively involved in workplan development in every CTB country. PMU members visited every CTB country with the respective USAID Country Backstop during the workplanning process and also reviewed and approved all workplans before submission to USAID.

A five-day workshop for all CTB Country Directors is planned for June 1-5, 2015 in The Hague covering key technical areas, multi-year strategic development, project management, and to launch the Year 2 workplanning process. There will also be an M&E workshop running concurrently for all CTB country M&E Officers as well as a workshop for partner Project Officers.

Knowledge Exchange:

Communicating project successes and lessons learned is a priority for CTB. Routine communications will include regular digital newsletters and 4/8-pagers. These publications will contain stories from CTB projects that highlight the program's effect on countries, communities, individuals and the worldwide fight against TB. A formal communications plan for the program is currently being finalized.

A new brochure highlighting the goals, unique qualities and operational reach of the CTB program (i.e. countries where the program works) has been designed, approved and printed:

http://www.tbcare1.org/pdfs/download.php?file=Challenge_TB_Brochure.pdf

Building on the experience of TB CARE I, CTB continues to use social media to bring CTB work and successes to an even larger audience.

The CTB website (in development) will be a central point of communication and information. It will be kept up to date with current situational information, reports, stories, events and tools. The CTB domain name has been purchased and currently re-directs to the TB CARE I website while the new site is being developed. Although TB CARE I and CTB currently share a website, the data below illustrate that the website continues to be a major resource globally for important TB publications and tools even as TB CARE I has ended and CTB is just beginning. CTB will ensure that the program's reputation and accessibility as a trusted source for quality tools and documentation remains strong even after the transition to the new CTB website.

Summary of visitors to the TB CARE I/CTB website, October 2014-March 2015

	October 2014 -March 2015
Number of Visitors	12,849
Number of Countries Visitors Came From	172
Number of Pages Viewed	26,769
Total Number of Downloaded Documents	5,281

Top 10 most popular downloads:

1. TB CARE Publications List (Number of Downloads -195)
2. International Standards of TB Care - Version 3 (151)
3. Understanding and Using TB Data (127)
4. Childhood TB Training Toolkit (121)
5. A Guide to the Medical Management of MDR-TB (100)
6. TB CARE I Fourth Annual Report (81)
7. Patient-Centered Approach Package (68)
8. A Compendium of Tools & Strategies (61)
9. PPM/PMDT Linkage - A Toolkit (61)
10. TB CARE I Year 4 QMR 3 April-June 2014 (59)

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Challenge TB Brochure

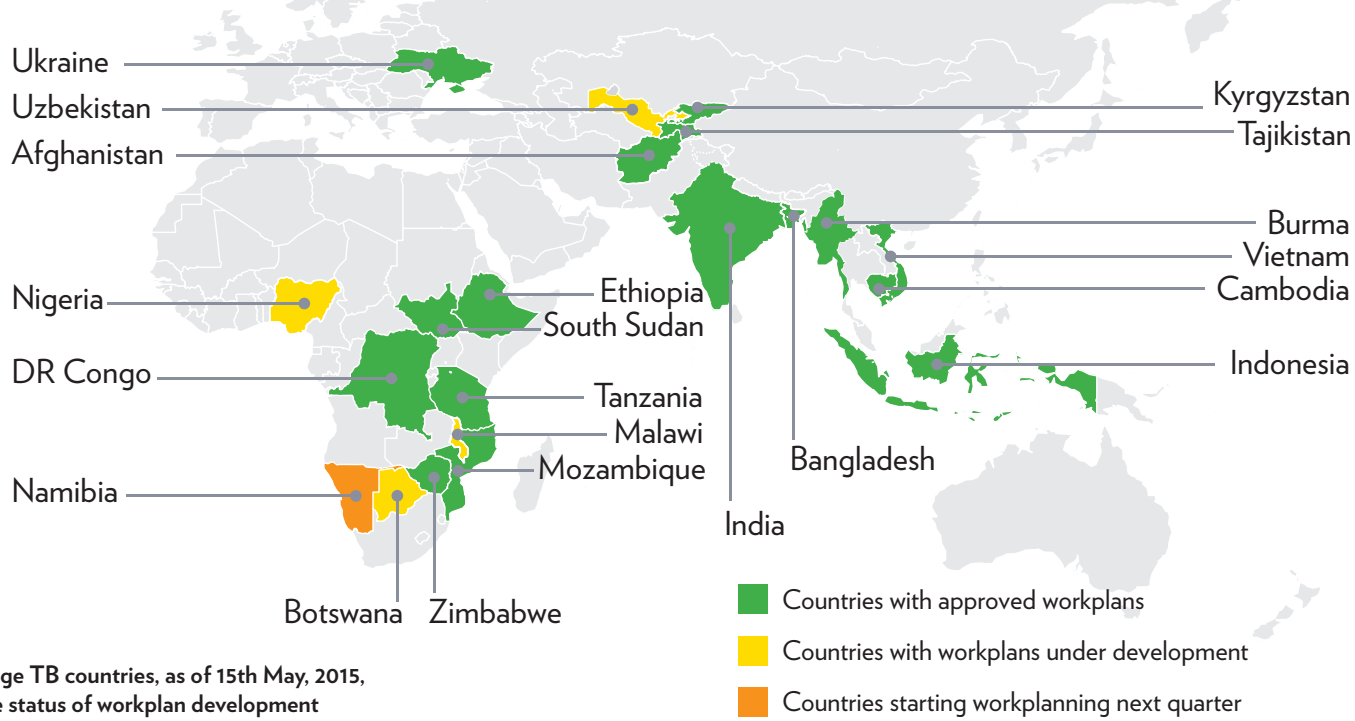
Global Fund

Collaboration with and support to The Global Fund is a major priority for Challenge TB. CTB assists countries throughout the full GF life cycle, from epidemiological assessments and national strategic plan (NSP) development to concept note (CN) writing and grant implementation. In addition to providing technical support at country level, CTB is building a Global Fund TA 'hub' at the PMU to coordinate and facilitate GF-related TA in an effort to improve grant implementation and the measurement of results. The PMU is in the process of hiring a Global Fund Officer who will spearhead this initiative in close collaboration with USAID, Global Fund and other key stakeholders.

Among CTB countries, the program has coordinated with Global Fund implementers from an early stage and has provided technical support in several ways since the program's launch:

- In Indonesia, CTB provided technical assistance and support to the National TB Program (NTP) and National AIDS Program (NAP) to develop a TB/HIV joint CN for the GF New Funding Model. The University of Gadjah Mada was contracted to lead the writing team for TB and TB/HIV modules in collaboration with external consultants. The concept note was submitted on April 20, 2015.
- In Mozambique, the project participated in the GF meeting led by the NTP. The meeting was meant to revise the TB/HIV single proposal and partners indicated their areas of intervention as a way to avoid overlap of activities. Also, the project received a request from the GF Country Coordinating Mechanism (CCM) and the NTP to support the Foundation for Community Development (FDC) – a GF community partner - in CB-DOTS implementation given CTB-Mozambique's expertise. The project has supported FDC in district selection, target setting and the development of the implementation approach.
- In Cambodia, CTB is actively involved in the Principal Recipient Technical Review Panel technical meetings to review achievements and quality of implementation.
- In Ukraine, CTB worked closely with GF grant implementers at the regional level to align project workplans and avoid overlapping activities. The project also provided technical guidance on the selection of needy multi drug-resistant TB (MDR-TB) patients who should receive some form of social support.

TB Patient Mr. Silaban (left) and his treatment supporter Mr. Binsar - Persahabatan Hospital, Indonesia



Challenge TB countries, as of 15th May, 2015, with the status of workplan development

Country Projects

To date, fifteen CTB country projects have been approved and six additional country projects are in the pipeline. Ten of these country projects (Bangladesh, Cambodia, DRC, Ethiopia, India, Indonesia, Mozambique, Ukraine, Vietnam and Zimbabwe) received workplan approval before March 31, 2015 and are highlighted in this report.

Although six out of these ten countries transitioned from TB CARE I, Challenge TB is a new, ambitious program with a shift in approach. Using evidence-based science, innovative approaches and country-specific strategies, the program aims to achieve results that are targeted and measurable. These country projects are diverse in technical reach, as summarized in Figure 2. Apart from India, which is focused solely on advocacy, patient-centered treatment and care is a high priority in every country. Engaging and building the capacity of local partners is also a priority for the project; eighty percent (8/10) of CTB projects are working directly with local partners and 77% (7/9) of approved operations research studies involve local partners. Progress and achievements from October 2014-March 2015 are summarized below for these ten CTB country projects.

CTB country projects approved before March 31, 2015 and the technical areas covered by the Year 1 workplan

Technical Areas	Challenge TB Countries											# Countries working in technical area
	Bang.	Cam.	DRC	Eth.	India	Indo.	Kyrg.	Moz.	Ukr.	Viet.	Zim.	
1. Enabling Environment	X	X	X	X	X	X		X	X	X		9
2. Comprehensive, high quality diagnostic network	X	X	X	X	X	X		X		X	X	9
3. Patient-centered care & treatment	X	X	X	X		X	X	X	X	X	X	10
4. Targeted screening for active TB	X	X		X		X					X	5
5. Infection Control	X	X	X	X		X		X	X	X		8
6. Management of latent TB infection		X	X	X		X		X			X	6
7. Political commitment & leadership	X		X	X	X	X		X	X	X	X	9
8. Comprehensive partnerships and informed community involvement				X		X				X	X	4
9. Drug and commodity management systems	X			X		X						3
10. Quality data, surveillance and M&E	X	X	X	X		X		X		X	X	8
11. Human resource development	X	X	X	X				X	X	X	X	8

Programmatic Management of Drug-Resistant TB

The rapid diagnosis and quality treatment of MDR-TB is a priority for Challenge TB. Table 2 summarizes the number of confirmed rifampicin-resistant (RR-TB) and/or MDR-TB patients diagnosed from 2010-2013 in the ten current Challenge TB countries as reported to WHO. The table also summarizes confirmed and unconfirmed MDR-TB patients that were started on second-line treatment over the same timeframe. With the exception of DRC, major progress has been made in detecting and starting treatment for drug-resistant forms of TB over the past few years. In these ten countries alone there was a four-fold increase in diagnosis and a three-fold increase in treatment initiation in just four years. Technical assistance under TB CARE I in Cambodia, Ethiopia, Indonesia, Mozambique, Vietnam and Zimbabwe likely contributed to these pre-CTB successes.

Diagnosis of confirmed RR-TB and MDR-TB (Xpert and C/DST) as well as treatment initiation for unconfirmed and confirmed MDR-TB, 2010-2013 (WHO, 2014)

Countries	2010		2011		2012		2013	
	#dx	# put on trt	#dx	# put on trt	#dx	# put on trt	#dx	# put on trt
Bangladesh	351	339	519	390	901	513	1,024	684
Cambodia	32	38	61	57	156	110	121	121
DRC	88	191	140	128	110	262	272	147
Ethiopia	142	120	216	1993	294	289	558	413
India	2,967	2,967	4,237	3,384	21,498	14,143	35,385	20,763
Indonesia	190	142	408	260	649	426	912	809
Mozambique	175	87	303	146	292	213	444	313
Ukraine	6,055	3,870	4,530	4,957	7,615	7,672	10,585	9,000
Vietnam	101	101	610	578	769	713	1,204	948
Zimbabwe	40	27	136	64	258	105	433	351
	10,141	7,882	11,151	10,163	32,542	24,446	50,938	33,549

However, PMDT scale up must continue with an emphasis on accelerating diagnosis, closing the gap between diagnosis and treatment as well as providing and monitoring quality treatment and care for all drug-resistant TB patients. Going forward, Challenge TB will be monitoring MDR-TB diagnosis and treatment data quarterly to track progress in PMDT scale up and to inform project activities at a country or global level.

Staff of 'Alert Center' an MDR-TB Treatment Facility, Ethiopia

Bangladesh

Bangladesh is being led by MSH in close collaboration with KNCV. The project aims to 1) improve access to quality patient-centered care for TB, TB/HIV and MDR-TB services through increased case finding, strengthening public/private mix (PPM) and community engagement in TB, strategy/policy development and reinforcing supervisory capacity of NTP and partners, 2) strengthen the PMDT system through interventions addressing improved detection of DR-TB cases, expansion of community-based PMDT and support to the mHealth system, 3) strengthen the laboratory network including the development of a Laboratory Strategic Plan, improvement of External Quality Assurance (EQA) of smear microscopy, planning of accreditation of the NTRL, and maintenance of 14 safety cabinets of four reference laboratories, and 4) support operational research including on the nine-month MDR-TB regimen and the development of a national research agenda.

Since the launch of Challenge TB, the country-specific workplan has been finalized and approved (February 19th), the project office has been established and most staff have been recruited (M&E Officer, Technical Advisor, Public-Private Mix Advisor, Laboratory Advisor and PMDT staff). Recruitment of the Country Director position is ongoing.

Cambodia

Led by FHI 360 and with KNCV, MSH and WHO as collaborating partners, Cambodia received workplan approval on March 5, 2015. In the first funding year, CTB-Cambodia team will provide TA to the NTP to develop strategies for TB control in rural and urban settings with the primary goal to improve case detection and to close the "diagnosis gap" by targeting specific risk groups. The rural strategy focuses on comprehensive community-based DOTS (CB-DOTS), to include key risk populations such as children and the elderly. The urban strategy prioritizes engagement of large hospitals, public-private mix, and prisons. The CTB team is currently developing tools and procedures for field implementation of both rural and urban strategies. The documents will be presented to CTB's partners and the NTP for their input. The documents are expected to be finalized by May 2015.

The CTB team is currently developing 15 sub-grants with government counterparts in the 15 provinces where activities will be implemented. The CTB team traveled to the 15 target provinces to inform the government counterparts about the CTB project and to identify collaborative focal persons in their sites. The team will present the workplan and discuss roles and responsibilities of each party once the sub-grants have been signed.

A two-day Training of Trainers (ToT) was conducted for 10 technical staff from the NTP, as well as WHO and FHI 360 staff to review training content, methodologies, and ensure a consistent key message from trainers. The training was designed in two parts. The first part was designed for higher-level clinicians at referral hospitals (RHs) to cover clinical management and referral mechanism/tools. The second part was designed for health centers (HCs) and the community level, covering TB management, complete and correct recording and reporting, and contact investigation referral.

The project met with Empowerment Community for Health (ECH), Quality Health Services (QHS), Social Health Protection and Health Information, Policy and Advocacy (HIPA) to discuss collaborating activities among USAID's grantees. During these meetings, it was agreed that CTB will engage ECH to participate in the development of a training curriculum for village health support groups and field implementation at community level to ensure a smooth transition when ECH expands its geographic areas in Year 2. Similarly, with QHS, the two projects agreed to have joint curriculum development and training for RHs and HCs. And with HIPA, there were discussions to facilitate the transitional phase in the handover of e-TB manager to HIPA if e-TB manager is chosen by the NTP.

Following the site visit to Bangladesh in February for e-TB manager, the Director of the NTP suggested visiting another non-e-TB manager country with a similar health structure to Cambodia to learn about alternative electronic systems (planned for May). Following this visit the Director of the NTP will select an electronic data based system that the NTP will use for its program.

Democratic Republic of the Congo (DRC)

The Union is leading the CTB project in the DRC and works closely with MSH for TB/HIV activities in the provinces support by PEPFAR funding. This project aims to improve access to the services and care for patients with TB, TB/HIV and MDR-TB; prevent TB and its transmission; and to strengthen the TB platform. Following approval of the workplan in late January, the Project Director was hired and the project office was opened in February.

The seven provincial TB and leprosy coordination departments (CPLTs) where CTB activities are to be implemented were introduced via email to the CTB activities on March 10. Visits to discuss the planned activities further are planned to start in mid-April.

For World TB Day (WTD) CTB provided logistical support for a TB awareness campaign in prisons, which provided active TB case finding services. On WTD (March 24) 125 prisoners were examined and 15 probable cases of TB were detected in two prisons in Kinshasa. Three hundred TB patients (prisoners and MDR-TB patients) received food parcels consisting of rice, milk, sugar, oil and corn flour.

Ethiopia

CTB is led by KNCV in Ethiopia with WHO and MSH as collaborating partners. The workplan, which was approved in late February, touches upon every CTB technical area with the greatest emphasis on patient-centered care especially targeting MDR-TB, community TB, and TB/HIV services. Strengthening data quality and M&E also is a cornerstone of the workplan. Shifting from the national-focus of TB CARE I, the new project is concentrating efforts at the regional level, in SNNPR and Tigray. National level TA is targeting only specific technical areas while support for Urban TB activities is focused in Addis Ababa, Dire Dawa and Harari.

The project supported the successful organization of the 10th national TB Research Annual Conference (TRAC) from March 21 - 23, 2015 in Adama town (Ormiya region). More than 60 abstracts were presented and discussed including oral and poster presentations by some of the OR teams supported under TB CARE I through the Ethiopian OR capacity-building initiative. (Photo: Abstract presentation during the TRAC conference)

In collaboration with the NTP, CTB sponsored and organized a satellite symposium on March 21, 2015 to finalize the national childhood TB roadmap with participation from all program staff and regional bureau heads, as well as representatives from the Ethiopian pediatric society, key partners and university staff. In addition, on April 6, 2015 the national technical working group on Integrated Management of Newborn and Childhood Illness (IMNCI) started revising the national IMNCI document and invited the task force on childhood TB (of which the CTB focal person is the secretary) to advise on issues related to childhood TB. A final revised IMNCI document is expected in May 2015 that addresses child TB care in the management algorithm of pneumonia and malnutrition in children at the clinical level.

During TRAC a second side meeting was supported by CTB on "Priorities in Operational Research to Improve Tuberculosis Care and Control in Ethiopia". During this meeting, the existing list of OR priorities as outlined in the TB roadmap was discussed and additional topics were identified. A TRAC subteam will revise the priority list for subsequent endorsement by the Federal Ministry of Health (MoH).

In February an event was successfully organized to commemorate the closure of TB CARE I, the launching of CTB and have an inauguration ceremony of the renovated TB culture lab and out-patient department for MDR-TB services at ALERT and St Peter hospitals. Officials from the Federal MoH, the USAID Mission Director, CEO of ALERT and St Peter hospitals as well as invited guests attended the formal handover to the MOH. Press coverage of this event was shared widely by KNCV, USAID and other channels.

India

The Union is leading CTB efforts in India with close collaboration from KNCV. The project (workplan approved in February) will contribute to TB control efforts in India through a Call to Action to End TB in India. This advocacy campaign aims to mobilize a wide range of stakeholders to demand and sustain high-level domestic commitment to end TB in India while also tapping into the energy and influence of key stakeholders to drive political, administrative, and technical solutions to specific barriers affecting TB control in the country.

Along with the USAID Mission, the project team met with the Joint Secretary at the MoH and the Central TB Division to formally introduce the Call to Action. Meetings were also held with other partners implementing projects that could contribute to the Call to Action. The MoH is on board and agreed to head the task force/steering committee for the Call to Action. At the suggestion of the MoH, a high-profile launch by the Union Health Minister is now planned for April 23 while the Revised National TB Control Program (RNTCP) Joint Monitoring Mission participants are in the country. Dr Ariel Pablos-Mendez, USAID Assistant Administrator for Global Health, along with other dignitaries from USAID, Global Fund, WHO, STOP TB, The Union, and the Bill & Melinda Gates Foundation are expected to participate.

Following the technical assistance visits from The Union and KNCV as well as discussions held with the USAID Mission, the RNTCP and the Joint Secretary of the MoH, there is better understanding of the expectations from this project by the project team as well as the MoH. The Call to Action will kick start and catalyze the Government of India 's efforts to accelerate TB prevention and care according to the RNTCP's "Intensified TB Control Plan - TB Mukt Bharat" (yet to be approved) in partnership with all stakeholders. Related to the RNTCP's request to prioritize service delivery, there is the understanding that the Call to Action will attract increased domestic funding for TB (for example from the corporate and public sector undertakings), which could then be used for service delivery. Finally, the CTB project strategy is also becoming more defined and the expected outcomes were agreed to by the Mission.

A study by FIND on accelerating access to quality TB diagnosis for pediatric cases in four major cities in India is being finalized under CTB. During the reporting period, 505 pediatric TB cases (8.1%) were diagnosed with GeneXpert MTB/RIF (Xpert) from 6,257 presumptive pediatric TB and DR-TB patients that were tested. Thirty two (6.3%) of these pediatric TB patients were diagnosed with RR-TB. Of the 473 Rif-sensitive TB patients, 398 (84.1%) were on treatment. Of the remaining 75 TB cases, 14 (3%) were reported to have died before treatment initiation and 15 (3.2%) were initial default. The remaining 46 (9.7%) did not have treatment information that could be tracked. Of the 32 RR-TB patients, 19 (59.4%) were initiated on second line treatment during the reporting period; five (15.6%) RR-TB were reported to have died and treatment information for eight patients is still being collected.

Indonesia

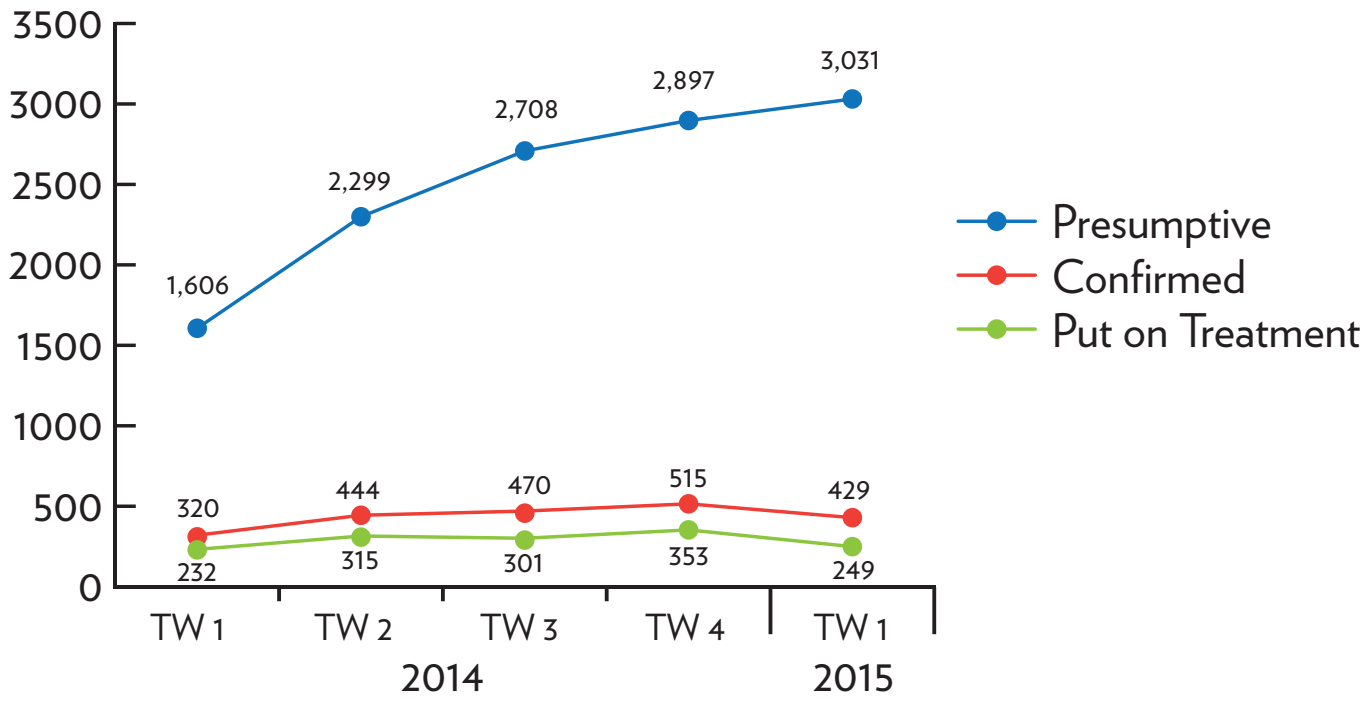
Led by KNCV and in collaboration with WHO, FHI 360, MSH and ATS, CTB-Indonesia is currently the largest CTB project. The Year 1 workplan (approved in March) covers all intervention areas with the exception of human resource development. The largest investment is in patient-centered care and treatment (specifically for MDR-TB and TB/HIV).

CTB supported the NTP to prepare and pilot the National technical guidelines for TB care in the National Health Insurance System (JKN) in selected health facilities in three provinces (Lampung, DKI, East Java). This pilot implementation aimed to assess the practical overview and get final results before the guideline was published and disseminated. CTB provided technical assistance to finalize the guideline after the pilot implementation was completed in January 2015. Currently, the guideline is ready to be printed and disseminated, and will be implemented nationwide. CTB will provide technical assistance to roll out the guidelines in CTB areas and develop M&E tools.

One new lab (BBLK Palembang) has passed and been certified for drug susceptibility testing (DST), which brings the number of certified DST labs in Indonesia to a total of nine labs. This was achieved due to strong effort and high commitment from BBLK Palembang's management, lab staff, and BPPM/NTP and the continuous technical assistance provided by the NRL BBLK Surabaya, Supranational Reference Laboratory (SRL) SA Pathology and TB CARE I/CTB.

During the reporting period CTB has assisted the NTP with PMDT service expansion through the establishment of one sub-referral hospital in East Java. Nationwide, as of December 2014, there are 28 referral PMDT sites in 26 provinces, 10 sub-referral hospitals in seven provinces, and 734 PMDT satellites in 24 provinces. The expansion of PMDT facilities and number of Xpert machines installed has significantly contributed to the increasing number of screened TB patients, from 1,606 in Q1 2014 to 3,031 in Q1 2015 (Figure 3). However, the enrollment rate in 2014 of confirmed cases for second line drug (SLD) treatment is still low (69%). CTB plans to address the low enrollment rate by empowering patient groups to encourage newly confirmed MDR-TB patients to initiate treatment. These patient groups will also provide psycho social support to MDR-TB patients to help them complete treatment. Although only 72% of the national target to put 1,800 patients on SLD treatment was achieved in 2014 (1,288), the initial defaults have decreased in the last three quarters, to 24% (113/466) in Jul-Sept 2014, 18% (95/510) in Oct-Dec 2014 and 11% (47/413) in Jan-Mar 2015.

MDR-TB quarterly data trends in Indonesia, January-March 2014 to January -March 2015



Psycho social support provided by patient groups has helped to prevent MDR-TB patient loss to follow up. From October 2014 to March 2015, patient groups in six PMDT sites provided support to 96 MDR-TB patients through home and hospital visits. Out of these 96 patients, 66 were absent from treatment, mostly due to drug side effects. As a result of peer support, 46 (70%) of those patients returned and continued MDR-TB treatment.

An evaluation of Isoniazid Preventive Therapy (IPT) implementation was conducted in 12 Antiretroviral Therapy (ART) hospitals across three provinces (North Sumatera, East Java and West Java) by the Provincial Health Offices (PHO) and CTB. The study found that 7,542 people living with HIV (PLHIV) were screened for TB, from which 1,057 (14%) were deemed eligible for IPT. Although only 555 (53%) PLHIV received IPT, this was a result of a limited stock of IPT packages, which are expected to be available going forward. INH completion rates will be evaluated once all patients have completed the six-month course of treatment. IPT mentoring also took place in the evaluated hospitals; the PHO and District Health Offices in West and East Java are ready to expand to other hospitals.

CTB has supported pilot bi-directional TB-Diabetes Mellitus (DM) screening in North Sumatra, South Sulawesi and Central Java. The initial results showed a variable range among the three pilot sites, which will be discussed in April 2015 as part of the pilot evaluation process. Pilot implementation received strong acceptance from the participating hospitals. In one of the hospitals, RS Adam Malik in North Sumatra, the management would like to adopt the pilot standard operating procedures (SOPs) and continue implementation of bi-directional TB-DM screening after the pilot is completed.

The hospital will allocate funding for TB-DM screening from the national insurance INA-CBG scheme they receive for every eligible patient. The results of pilot implementation will be documented and translated into recommendations for a TB-DM collaborative program in Indonesia.

A chapter on TB -DM was inserted in the National Guideline for DM Medical Service, and will be proposed for the National Guideline for TB Medical Service revision in 2016.

Ully Ulwiyah, an MDR-TB survivor who is also Chairwoman of PETA (a peer educator group for MDR-TB patients that was supported by TB CARE I) recently shared her story at USAID's World TB Day event, Reach, Cure, Prevent in Washington DC on March 24th.

CTB facilitated a blogger workshop for extensive TB promotion in the blogger community. Forty bloggers participated in this workshop. The TB blogger community was established during the workshop with the expectation that they would raise TB awareness in the community. In addition, hashtags #sahabatJKN #lawanTB were created resulting in more than 2,000 tweets and 42 articles/messages posted on blog and Facebook sites.

The National TB Symposium was conducted on March 28, 2015 in Jakarta with almost 1,200 participants. CTB hosted an exhibition booth with main activities including photo sessions, dissemination of TB materials, and a TB knowledge survey. A total of 335 participants signed up at the CTB booth and 192 participated in the TB knowledge survey. After the event, the number of CTB Indonesia Facebook fanpage followers increased by 261%, new 'likes' increased six times from the previous week, and the total number of weekly visits to the CTB Indonesia Facebook page as of April 1st grew to 1,279 (compared to only 379 before the event).

The results of the National TB Prevalence survey were available in early December 2014 and triggered several serious discussions in-country due to the higher estimation of TB burden in Indonesia revealed by the survey compared to the previous estimated number used by the NTP. However, the MoH officially announced the results in February during the National TB Monitoring and Evaluation (MONEV) meeting in Bandung.

The final costed National TB Strategic Plan (NSP) 2015-2019 is available, featuring the new strategies, approaches, and targets of the NTP for the next five years. The NSP was developed as a direct response to the 2013 National TB prevalence survey, the new global End TB strategy, the new Mid-term Development Plan (RPJMN-III) and the new MOH strategic plan. The development of the TB-HIV joint concept note for the GF grant proposal also refers to this NSP. TB CARE I/CTB partners were heavily engaged in the process, including the mobilization of an array of external consultants for specific parts of the NSP.

Data input forms for pharmacovigilance (PV) have been made available on the e-TB Manager platform (the electronic recording and reporting system for MDR-TB). This function captures the medical record history of patients, MDR-TB drug regimens and side effects. In general this function still needs to be improved, especially on data processing and evaluation. In addition, the early bridging system between ETB and SITT (the drug sensitive TB electronic system) has been developed and piloted since March 2015.

CTB drafted the cost effectiveness measurement (CEM) pharmacovigilance guideline for bedaquiline in Indonesia; the draft has been reviewed by all stakeholders and the final version should be available by May; a training schedule and scheme were agreed upon.

Promoting Challenge TB on Social Media, Indonesia

Mozambique

CTB-Mozambique is led by FHI 360 and has KNCV as the sole collaborating partner. The workplan (approved at the beginning of April) prioritizes the following areas of work: improving case detection (community engagement, quality assured lab network expansion), improving quality of care for all categories of patients (TB, TB/HIV, MDR-TB and pediatric TB), strengthening the TB surveillance system with a view to have an electronic individual TB register in place that is interoperable with other health information systems (MoH and HIV), and conduct the first TB prevalence survey and national drug resistance survey.

Preparations for the TB prevalence study are underway. CTB consultants finalized key issues related to the survey, which included adjustment of the sample size to 42,000, increase of clusters to 70, switching of the screening order to prioritize chest x-ray (CXR), adjustment of the flow and number of sputum samples, definition of lab procedures (i.e. direct smear, combined samples for culture) and the addition of CAD4TB to the study to ensure high quality CXR. In addition, CTB consultants developed a comprehensive Data Management Plan describing the data management process and procedures.

The project supported the revision of NTP data collection and reporting instruments for TB, TB/HIV, MDR-TB and laboratory technical areas in response to new WHO definitions and the transitions to the new electronic reporting system. The revised tools will be piloted during the third quarter of 2015 and submitted for approvals after adaptation.

The National Reference Laboratory was accredited under ISO15189 in March 2015. The CTB Laboratory Officer provided technical assistance to the NRL in bio-safety, DST first and second line preparation and validation of results as a part of the implementation process for accreditation. The accreditation process started in 2011 with FHI 360 playing a significant role in the process with the initial rehabilitation and modernization done under TB CAP. The NRL is the first lab to be accredited by IPAC out of a group of 250 laboratories selected for accreditation.

The CTB TB/HIV, MDR-TB Technical Officer led the MDR-TB technical group to revise current regimens in use for the treatment of MDR-TB and XDR-TB. The group tasks included conducting a literature review, seeking input from international MDR-TB experts and researching new treatment regimes. A proposal and new treatment regime has been developed to be presented to the Minister of Health and NTP Manager for approval.

The CTB Laboratory Officer in close coordination with NTP laboratory department started a mapping exercise in Zambezia Province to identify needs and gaps in the current sample transportation system. A model for an improved sample transportation system will be developed based on the assessment and will be implemented later this year.

The project supported the NTP in the commemoration of the World TB Day celebrations. The Machava Smear Microscopy Laboratory, rehabilitated by TB CARE I, was officially opened during the ceremony; in addition 30 motorbikes purchased under TB CARE I were also handed over to the MoH.

The project team has been involved actively in the data gathering and codification of the qualitative component of the CB-DOTS evaluation study. Data analysis is ongoing through April 2015.

The CTB project is leading an initiative of partners supporting the NTP by conducting regular coordination meetings as a way to plan and provide organized TA to the NTP.

Inauguration of the Machava Microscopy Laboratory, Mozambique

Ukraine

PATH is the lead partner in Ukraine, working closely with KNCV. The Year 1 workplan was approved in February and aims to provide support to the NTP and oblast TB programs to further strengthen interventions to control MDR-TB. In addition, the project is providing support and TA at the oblast level to incorporate a patient-centered ambulatory health care approach into the oblasts' routine MDR-TB case management system.

For Year 1, two oblasts - Mykolayivska and Poltavska - were selected for project implementation based on epidemiological data and the political commitment of the health care network in these oblasts. CTB conducted an assessment mission in project oblasts to review current TB and MDR-TB treatment practices and develop recommendations to inform project implementation. The main barriers to proper case management at inpatient and outpatient stage of treatment included an insufficient drug supply, poor capacity and preparedness of the primary health system to provide care to MDR-TB patients, lack of supply and limited resources of the lab system to monitor treatment, improper management of side effects, poor understanding of and practices in infection control, and stigma against MDR-TB patients in non-TB facilities. As the result of the assessment, maps of primary health care services and TB and MDR-TB services that are available in the project areas were developed.

The project worked closely with oblast health administration leaders to ensure their compliance with proposed approaches and models for ongoing health reform. CTB's goal was to ensure that they employed a patient-centered approach to MDR-TB treatment by efficiently integrating primary health care level providers into MDR/XDR-TB control efforts. CTB engaged all possible service providers at the ground level in developing the ambulatory care algorithm. The project advocated for a shortened period of hospitalization of MDR-TB patients and for provision of ambulatory care immediately after sputum conversion, which would continue throughout the entire course of treatment. The algorithm will also ensure the continuum of care for MDR-TB patients at the outpatient stage based on patient-centered principles. Oblast M&E plans were revised in accordance with the project recommendations, specifically focusing on ambulatory treatment of MDR-TB patients.

Vietnam

CTB-Vietnam, led by KNCV and with WHO as collaborating partner, received approval of its Year 1 workplan in mid-February. The overall strategy of CTB in Vietnam is to develop, pilot and evaluate TB control innovations that are planned under the National Strategic Plan 2015-2020, in close collaboration with the NTP, the USAID mission and partners. Priority areas include M&E, PMDT, childhood TB and laboratory strengthening.

A 1.5 day workshop was organized in March to develop the assessment tools on chain analysis, M&E of diagnostic algorithms, and guidelines for Quarterly Interim Cohort Analysis (QICA). The assessment tools and QICA guidelines will be further updated and piloted in three selected PMDT provinces.

With the successful introduction and roll-out of Xpert under TB CARE I, CTB continues to provide technical support to the NTP on the roll out in 41 PMDT provinces, specifically with the forecast and distribution of Xpert cartridges for the NTP. In March 2015 alone, 12,500 Xpert cartridges were received and distributed to all Xpert sites.

Building off of TB CARE I technical support, CTB continued to provide technical guidance to four provinces to improve bio-safety conditions for TB laboratories including the use of sputum induction booths and meeting TB infection control (TB-IC) conditions in the MDR-TB treatment departments of these provinces. Initial risk assessments have been done in four provinces. Renovation plans for these facilities have been proposed and finalized based on initial risk assessments.

Workshop Participants, Vietnam

Zimbabwe

The Union is leading the project in Zimbabwe with collaboration from IRD, KNCV and WHO. The Year 1 workplan was approved at the end of December 2014 and prioritizes the following areas: increasing case finding, integrated TB/HIV care, PMDT and M&E/surveillance.

The lack of a Global Fund disbursement from the Fund Administrator (UNDP) to NTP during the quarter stalled implementation of GF activities that were complimentary to CTB's workplan. The funds were disbursed in early April, which should accelerate activities in the next quarter.

Xpert machines were installed in 15 out of the 20 sites targeted for the quarter (the five remaining machines are planned to be installed in May). This has contributed to decentralized access to more rapid Xpert technology. For the period Jan-Mar 2015 a total of 13,684 tests were run from 74 out of 78 reporting Xpert sites. Of these tests, 1,936 (14%) were MTB+. Among these, 133 (7%) test results had rifampicin resistant strains detected. A total of 1,150 (8.4%) tests were unsuccessful - 739 (5.4%) were errors, 138 (1%) were invalid and 273 (2%) had no results.

Six provinces conducted field visits for data-driven supportive supervision during the quarter. The visits focused on data quality assessments, review of recording and reporting tools, review of performance monitoring indicators as well as assessment of laboratory and pharmacy services. A major finding was the infrequent adherence to the intensified TB screening algorithm in HIV care settings. The provinces intend to tackle this challenge through continuous mentorship visits and strengthening of recording and reporting.

A rider handing over sputum specimens to a nurse at Plumtree District Hospital, Zimbabwe

We would like to acknowledge all the people across the world who make Challenge TB possible; our gratitude and thanks go out to all our partners and everyone in the field.

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