

TBCTA NEWS

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Through USAID support, TBCTA wants to enhance the political commitment and the ability of national health programmes to have an impact on the global burden of TB. To accomplish this, we provide state-of-the-art, technically sound, context-appropriate and cost-effective approaches for preventing TB and drug resistance in high-incidence countries.

TBCTA provides consultation and technical assistance to USAID's field missions, global and Regional Bureaus, as well as to public and private Stop TB Initiative partners in high-burden and other countries so they can improve the design, implementation, monitoring and evaluation of TB programmes and interventions.

1 What is TBCTA?

Tuberculosis Coalition for
Technical Assistance

2 DOTS

Effective strategy to control TB

3 HRD

Human Resource Development

4 Activities

- Courses, workshops and conferences
- Nurses seminar
- Public-private mix

5 Tuberculosis Agenda

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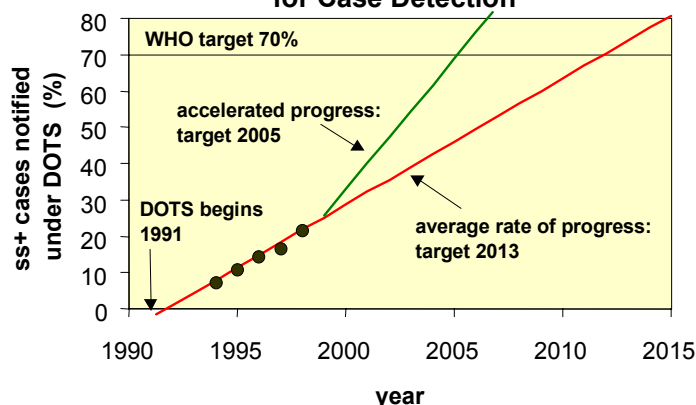
What is TBCTA?

The Tuberculosis Coalition for Technical Assistance

As part of the global effort to control tuberculosis, six organisations involved in TB have formed a unique and freestanding partnership - The Tuberculosis Coalition for Technical Assistance - TBCTA. The six organisations are: The World Health Organization (WHO), The International Union Against Tuberculosis and Lung Disease (IUATLD), The American Lung Association (ALA), The American Thoracic Society (ATS), The Centers for Disease Control and Prevention (CDC) and KNCV Tuberculosis Foundation. This partnership has developed a 5-year project which is financed by the United States Agency for International Development (USAID).

The main purpose of TBCTA is to assist USAID and its local (public, private, NGO) partners to improve TB control programmes and accelerate the implementation of the Directly Observed Treatment Short Course (DOTS) strategy. With other global TB partners, TBCTA contributes to accelerate the pace of DOTS expansion.

Approaching the WHO Target for Case Detection



The Partners

The World Health Organization (WHO) has a presence in virtually all developing countries. It offers technical assistance to countries. WHO maintains global surveillance including monitoring of the incidence of TB drug resistance and of the national TB control programmes. WHO also develops norms, guidelines and training material. A global TB report is available on WHO website, with all info on countries.

www.who.org/gtb

The International Union Against Tuberculosis and Lung Disease (IUATLD), an NGO which comprises constituent, organisational, and individual members. There are IUATLD regional organisations in North America, Latin America, Europe, Africa, Asia, and the Middle East. The IUATLD's expertise and activities are focused on the areas of technical assistance, education and research.

www.iuatld.org

The American Lung Association (ALA) is the oldest, voluntary health association in the United States and has 78 state- and local organisations throughout the country. Its mission is the prevention and control of lung disease and its work is done primarily through public education, public policy and advocacy activities.

www.lungusa.org

The American Thoracic Society (ATS) was founded in 1905 and is the major medical, professional and scientific organisation with an interest in tuberculosis. The ATS has considerable experience in collaborating with the Centers for Disease Control and Prevention (CDC) in developing guidelines for TB prevention and control, used both in the United States and in other parts of the world.

www.thoracic.org

The Centers for Disease Control and Prevention (CDC) is the United States Federal public health agency. Within CDC, the Division of Tuberculosis Elimination (DTBE) is responsible for domestic and international tuberculosis prevention and control activities. CDC provides technical assistance and consultation in a broad range of TB control areas.

www.cdc.gov

KNCV Tuberculosis Foundation was established in 1903 as a unique public-private partnership. KNCV promotes effective and efficient tuberculosis control within a national and international context and acts as an implementing agency for projects. KNCV is the host for the Project Management Unit (PMU) of the TBCTA.

www.tuberculose.nl



DOTS, the effective strategy to control TB

DOTS

The five essential elements of the DOTS strategy are:

1. Sustained political commitment to increase human and financial resources to establish nationwide TB control programmes.
2. Access to quality-assured TB sputum microscopy for case detection among TB patients.
3. Standardised short-course chemotherapy to all cases of TB under proper case-management conditions including direct observation of treatment.
4. Uninterrupted supply of quality-assured drugs.
5. Recording and reporting system enabling outcome assessment of each patient.

DOTS Expansion

The global TB targets are to diagnose at least 70% of the new infectious cases that occur each year and cure at least 85% of them by 2005. With the current pace of implementation this aim will only be achieved by 2013. Therefore, we need to accelerate DOTS expansion.

The strategy is to continue to support and facilitate DOTS Expansion in countries focusing on human resources development, laboratory strengthening and capacity building. In parallel, additional strategies should be considered and implemented in order to increase case detection under DOTS programmes. Collaboration with new partners at local and global level, such as the GFATM and the private sector, is essential to pursue the work. An analysis of health system capacity to identify the constraints to DOTS expansion needs to be pursued in selected countries.

Global targets

The number of countries adopting the DOTS strategy in 2001 has increased to 155 countries. The cure rate under DOTS has reached 82% in 2001 as an average for 20 High TB Burden Countries (HBCs). Now there is a need to focus on case detection, which is still low at around 32% in 2001 for the same 20 countries. The 22 HBCs need about US\$ 1 billion per year to control tuberculosis over the period 2001-2005. At the start of 2002, the resource gap has been estimated at US\$ 300 million per year for the 22 HBCs and a further US\$ 200 million for other low and lower-middle income countries, so more resources are needed.

DOTS Expansion Working Group (DEWG)

Montreal, 5 and 6 October 2002

The third DEWG meeting, organised by the WHO, took place in Montreal, Canada on 5-6 October 2002. During this meeting it became apparent that coordination has improved with the establishment of a DEWG core team and regular interagency coordination meetings taking place in all regions. Furthermore, National Interagency Coordination Committees (NICC) have been established in 18 HBCs.

In order to increase case detection, different approaches are necessary. As a result, a public-private mix (PPM) subgroup and a laboratory capacity-strengthening subgroup of the DOTS Expansion Working Group have been established. In many countries, the National TB Programme (NTP) is not the sole provider of TB diagnosis and care.

Countries TBCTA Partners currently supporting

Brazil
 Cambodia
 DR Congo
 Dominican Republic
 El Salvador
 Philippines
 Haiti
 Indonesia
 Malawi
 Mozambique
 Nigeria
 Senegal
 South Africa



Human Resource Development (HRD)

The Task Force Training

The Task Force Training (TFT) is a special task force within TBCTA and is part of the overall Global plan for DOTS expansion. It supports NTPs, academic and medical institutions by strengthening their Human Resource Development (HRD) in TB control in order to reach and maintain the overall programme targets of case detection and treatment.

TFT works with the following strategies:

- Support the development of training guidelines/generic materials which can be used/adapted in international courses and training and in the HRD programmes of the NTPs.
- Assist HRD in individual countries when requested by the programmes and after approval of the TBCTA Board.

To accomplish this, the on-going training activities will be strengthened, supplemented and expanded. Therefore, the TBCTA training specialists will collaborate and eliminate any duplicative activities, but also undertake separate efforts to achieve the common goal.

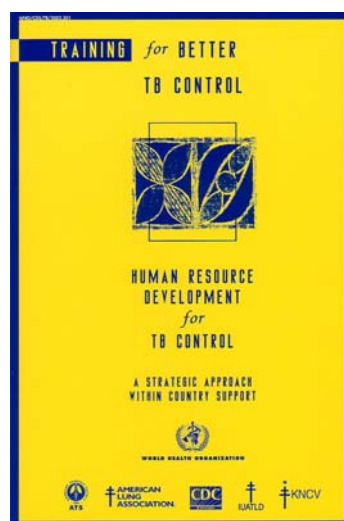
A strategic approach to Human Resource management

The Task Force Training reviewed the WHO document “*Training for better TB control. Human resource development for TB control: a strategic approach within country support*”. This document proved to be an important basis for TFT work and also to associate the names (logos) of the partners with the material. WHO is developing a checklist (*Checklist for review of the training component of the national tuberculosis control programs*) and detailed guide (*The training coordinators handbook: basic skills and tools for managing human resource development for TB control*) to accompany this document to help programme managers, training coordinators, technical consultants and others with implementing the HRD strategy in national TB programmes.

The document “*Training for better TB control. Human resource development for TB control: a strategic approach within country support*” (WHO/CDS/TB/2002.301) is available at Stop TB WHO, Geneva. The handbook and checklist will be available second half of 2003.

TBCTA activities

- Advocacy
- Technical assistance
- National training courses
- International training courses
- Task Force Training
- Training of consultants
- Developing training materials
- Regional meetings
- International meetings
- Operations research project
- Drug resistance surveys
- Field support activities



PMU**The TBCTA Project
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The U.S. Agency for International Development (USAID) is an independent agency that provides economic, development and humanitarian assistance around the world in support of the foreign policy goals of the United States. Through their Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition, USAID assists and supports the TBCTA in TB control activities. Funds are provided by USAID Washington, the global bureau, as well as by field support, through their field offices around the world.

Activities, some illustrations**Courses, workshops and conferences****International Tuberculosis Course, IUATLD
Hanoi, Vietnam**

In the mid 1990's, when the international courses on TB control including epidemiology and intervention strategies were developed in Africa, several participants came from Asia, including some from Vietnam. It was then recognised that a course modelled along the same principles was needed to suit the specific needs of the South East Asia region. The first course in Vietnam, held in 1997, was attended by 17 Vietnamese and four participants from other South East Asian countries. In 2000, 26 participants from 12 countries attended the course. This course is given every year and the most recent one took place in September 2002.

Regional workshops for tuberculosis training focal points from high burden countries

The Hague, 4-7 November 2002

What are the training needs, resources and barriers to DOTS implementation in high burden countries? This is the central question in regional workshops organized by the Task Force Training of TBCTA. Besides answering this question the workshops also aim to enhance skills in needs assessment and human resource development (HRD).

The first workshop, organised by the Task Force Training for the African region, took place in the Netherlands, from 4 - 7 November 2002. It turned out to be an interesting and unique event. Unique because of the audience: training focal points/programme managers of eight African countries, a USAID person from South Africa, technical consultants and the members of the Task Force Training worked together in determining Human Resource Development (HRD) needs and exchanged experiences regarding training. The workshop was also a unique experience because of the topic 'human resource development'. For many years HRD has been synonymous with organising training courses and developing training materials. The workshop, however, looked beyond this and focused on a more strategic approach to HRD.

As a follow-up the TFT plans to organise a two-day workshop in 2003. The second regional workshop for the Asian region will be organised in September 2003.

33rd IUATLD World Conference

Montreal, 6-10 October 2002

The general theme of the Conference, "Tuberculosis and poverty", was covered in many presentations and highlighted in over 500 posters. More than 1300 delegates from over 100 countries participated in discussions and exchanged their work experiences. TBCTA sponsored 30 NTPs to attend the conference. Throughout the conference, it was constantly repeated that additional resources need to be made available by governments of developing countries, but also by rich nations to reduce the burden of tuberculosis and lung disease worldwide.

"The Stop TB Partnership has a global plan to stop TB with clear strategies, alliances and a budget. However, extra funding of about US\$ 300 million per year is needed for the next 5 years. We now need the commitment from governments of rich countries to sustain these actions in poorer countries." (Nils Billo, executive director IUATLD)

Tuberculosis Agenda 2003

World TB Day

24 March

Theme: "People with TB"

Slogans: "DOTS cured me – it will cure you too!"

IUATLD Eastern Region Conference

Kathmandu, Nepal

9 – 12 April

The ATS 99th International Conference

Seattle, Washington

16-21 May

Theme: clinical science, basic science and behavioral aspects of respiratory disease.

Workshop for TB training focal points of 6 Asian HBCs

Asia, September 2003

4th DOTS Expansion Working Group Meeting

The Hague, Netherlands

7 and 8 October

And the coordinating Board meeting of Stop TB

100 Year Celebration of the Royal Netherlands Tuberculosis Association (KNCV)

Amsterdam, Netherlands

9 October

IUATLD World Conference

Paris, France

29 October – 2 November

Stop TB Partners' Forum

New Delhi, India

November/December

Nurses seminar

2nd Conference of the IUATLD Europe Region

Bucharest, Romania, April 2002

The Nursing and Allied Professionals Section (NAPS) of the IUATLD held two workshops and the main issues were nurses' activities in the DOTS strategy, Migration and Directly Observed Treatment (DOT).

In total there were 30 participants from all over Europe such as the Russian Federation, Estonia, Latvia, Kosovo, Sweden, Norway, Germany, France, England and the Netherlands.

The most important aim was to form a TB Nursing Working Group for the Europe Region. As a result, a European Network Action Plan (NAP) was developed focussing on training, advocacy and research.

Public-private mix

Private sector involvement in TB control in the Philippines

In 1997, USAID/Philippines added a strategic objective aimed at reducing the threat of infectious diseases of major public health importance. A TBCTA team visited Manila in 2001 and the purpose was to assist USAID in the design of a new TB initiative that will focus on strengthening the private sector's capacity to control TB.

The main conclusion of this visit was that the DOTS strategy remains the most successful one for TB control and the strategy must be implemented. Given the priority of private sector initiatives, the public-private mix (PPM) option was seen as the most promising, feasible and sustainable. PPM activities should complement the framework and five-year plan of the National TB Programme (NTP). To that end, private sector advances will require alignment with public health goals and objectives.

The team recommended among other things: (i) to choose the right implementing partners according to certain criteria; (ii) emphasize approaches, which seek to improve the quality of the diagnosis and treatment of patients at each step in the continuum of care; (iii) concentrate on improving service delivery for smear-positive cases in the private sector as the optimum strategy for addressing the TB burden presenting to the private sector; and (iv) select standard indicators, which allow for clear communication about the progress of TB activities.

