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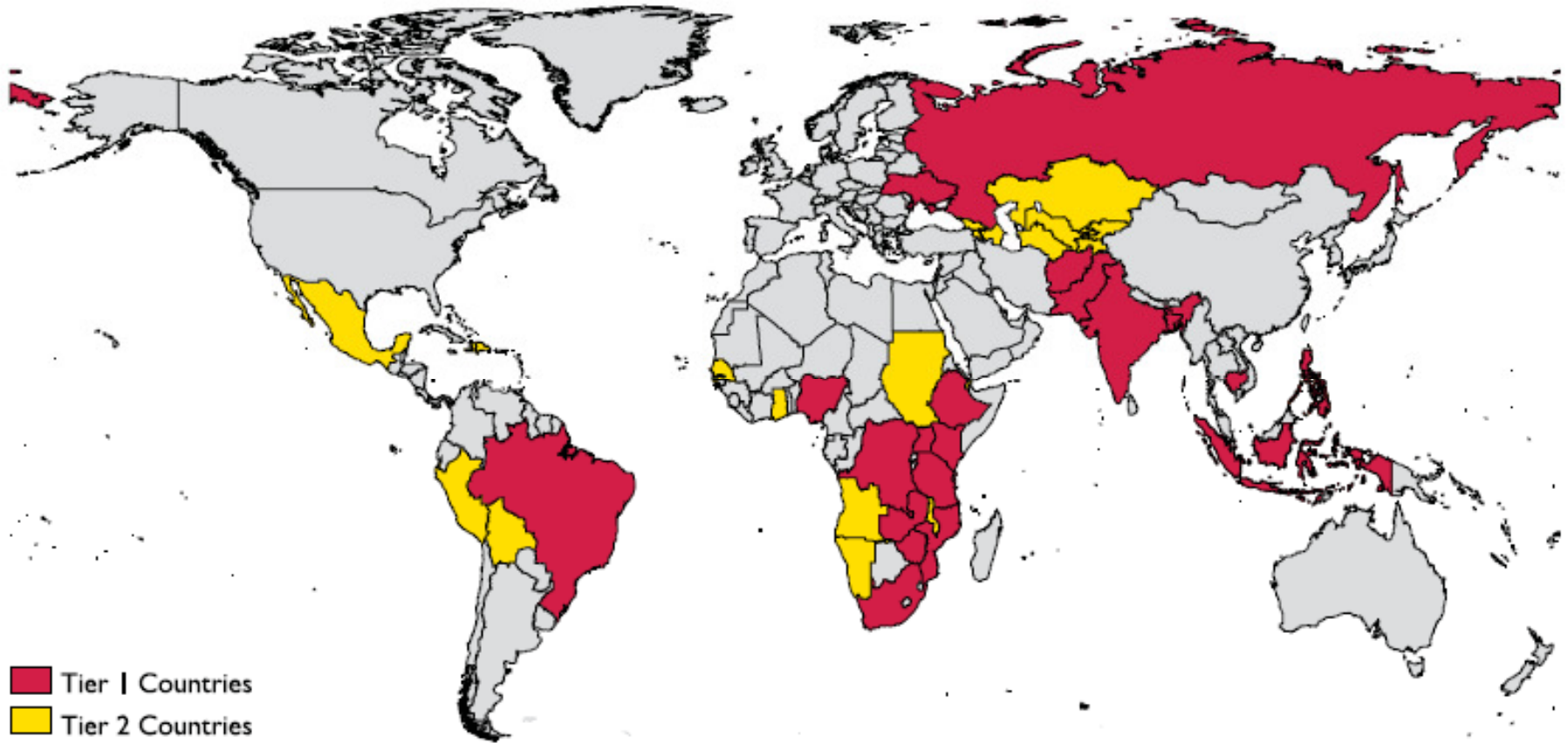
Functional effective Supra-national TB Reference Laboratory Network

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Figure 2. Map of World: USAID Tier 1 and Tier 2 TB Priority Countries



■ Tier 1 Countries
■ Tier 2 Countries

Note: USAID supports TB activities in Southern Sudan





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USAID TB Priority Countries

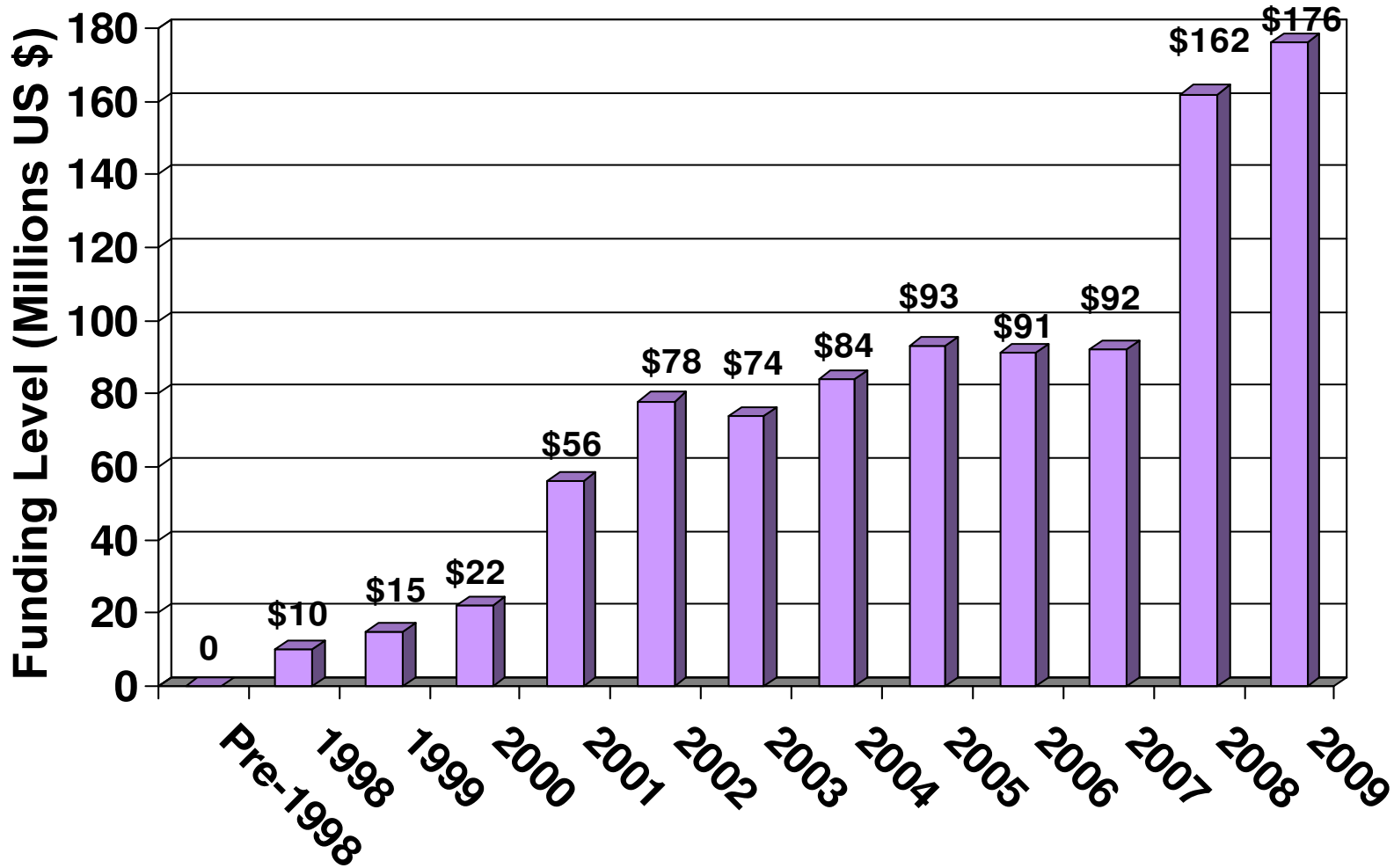
Category	Countries
Focus Countries (20) (64% of global burden)	<i>Afghanistan, Bangladesh, Brazil, Cambodia, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Mozambique, Nigeria, Pakistan, The Philippines, Russia, South Africa, Tanzania, Uganda, Ukraine, Zambia, Zimbabwe</i>
Other Countries (20)	Angola, Armenia, Azerbaijan, Bolivia, Djibouti, Dominican Republic, Georgia, Ghana, Haiti, Kazakhstan, Kyrgyzstan, Malawi, Mexico, Namibia, Peru, Senegal, Southern Sudan, Tajikistan, Turkmenistan, Uzbekistan

Countries in italics are High-Burden Countries.



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USAID TB Funding Trends 1998 – 2008

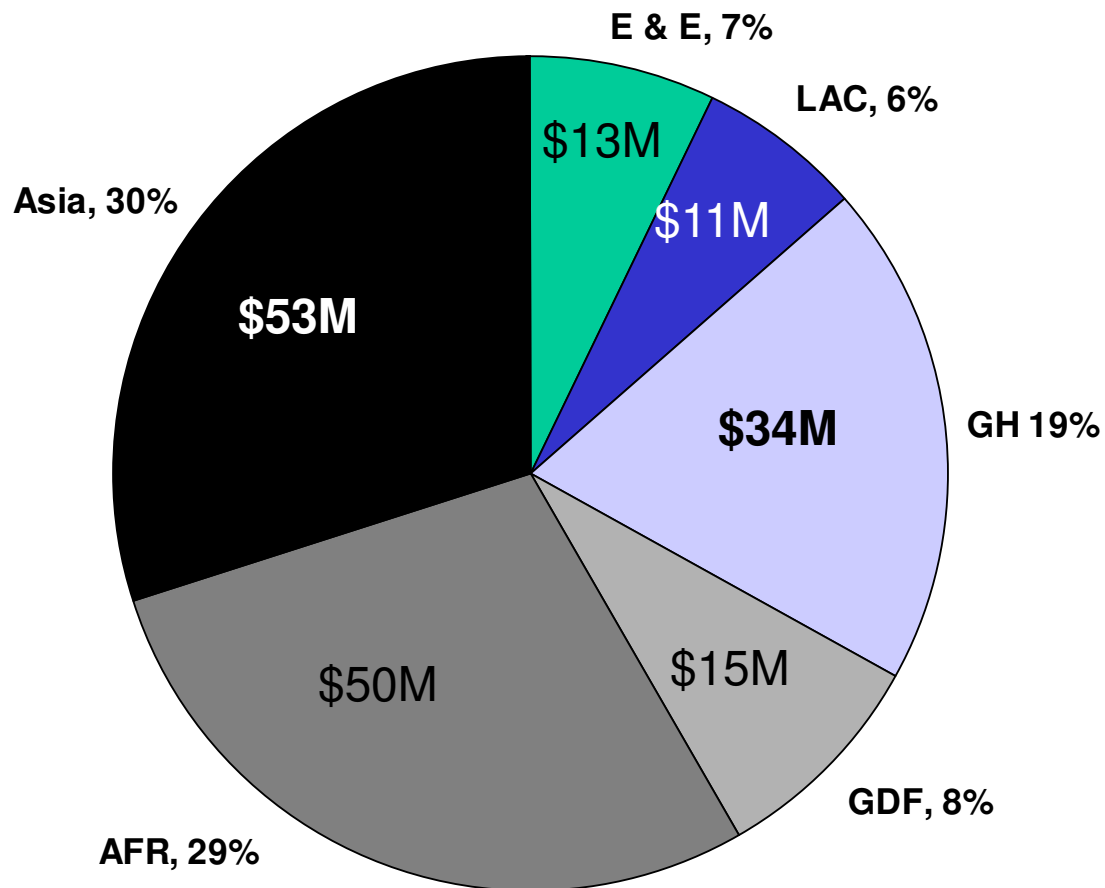




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USAID TB Program Funding by Region

FY2009 = \$176 Million



*Asia includes Central Asian Republics



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USAID's TB Program Approach

- Focus on country level
- Concentrate resources in highest burden countries
- Support NTP strategic plans
- Ensure success of GFATM grants
- Leverage PEPFAR
- Standardized indicators to measure outcome
- Invest in the future – new tools
- Expand partnerships
- Global and technical leadership – active in STOP TB Partnership board and technical working groups



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Lantos-Hyde Sec 3: USG TB Strategy requirements

“In support of the Global Plan to Stop TB, the President shall establish a comprehensive 5-year USG Strategy to expand and improve our efforts to combat tuberculosis globally, including a plan to support:

- The successful treatment of 4.5 million new sputum smear TB patients under DOTS programs by 2013, primarily through support for needed services, commodities, health worker training, and additional treatment through coordinated multilateral efforts; and,*
- The diagnosis and treatment of 90,000 new MDR TB cases by 2013, and provide additional treatment through coordinated multilateral efforts.”*



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USG Global Health Initiative 2009-15

May 2009: President Obama announced the Global Health Initiative (GHI), a 6-year, \$63 billion USG investment in Global Health beginning in FY2009

- \$51 billion to build on the progress made in recent years against HIV/AIDS, tuberculosis and malaria
- \$12 billion for maternal and child health, and neglected tropical diseases
- Increased attention to health systems strengthening and program integration

The TB strategy is a key component of this Initiative!



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USG GHI Principles

- Implement a woman and girl-centered approach
- Increase impact through strategic coordination/integration
- Strengthen/leverage key multilateral organizations, global health partnerships, and private sector engagement
- Encourage country ownership and invest in country-led plans
- Build sustainability through health systems strengthening
- Improve metrics, monitoring, and evaluation
- Promote research and innovation

TB Targets:

Save ~1.3m lives by reducing TB prevalence by 50%

Treat 2.6m new TB cases and 57,200 MDR cases



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USG TB Strategy Principles

- **Country Ownership:** USG will work with NTPs to support national strategic plans; foster sustainability through health systems strengthening
- **Women-centered:** Improve TB detection among women and innovate to reduce gender related barriers
- **Integration:** Improve coordination among USG health programs (link with HIV, PMTCT, IMCI)/non-health agencies and programs (education, finance, etc)
- **Multi-lateral Engagement:** USG participation in Stop TB Partnership, coordinate with GF, leverage key partners
- **Metrics, Monitoring and Research:** USG will assess outcomes and measure progress toward results through indicators, data sources and measurement; OR to create/test new approaches and translate into policy/ program; and invest in new drugs, tools, diagnostics



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USG TB Strategy 2009-2014 - Laboratory

1. Strengthening laboratory systems
2. Increase TB diagnosis by scaling up a fully functional laboratory network with appropriate biosafety provisions
3. Scaling up to ensure that laboratory networks are fully functional, including trained human resources, biosafety measures, adequate equipment and supplies, and routine quality assurance
4. Introducing new and more effective diagnostic tools to accelerate detection of TB for all patients (including children), and for drug-resistant TB, by supporting upgrading of laboratory services, biosafety and laboratory capacity

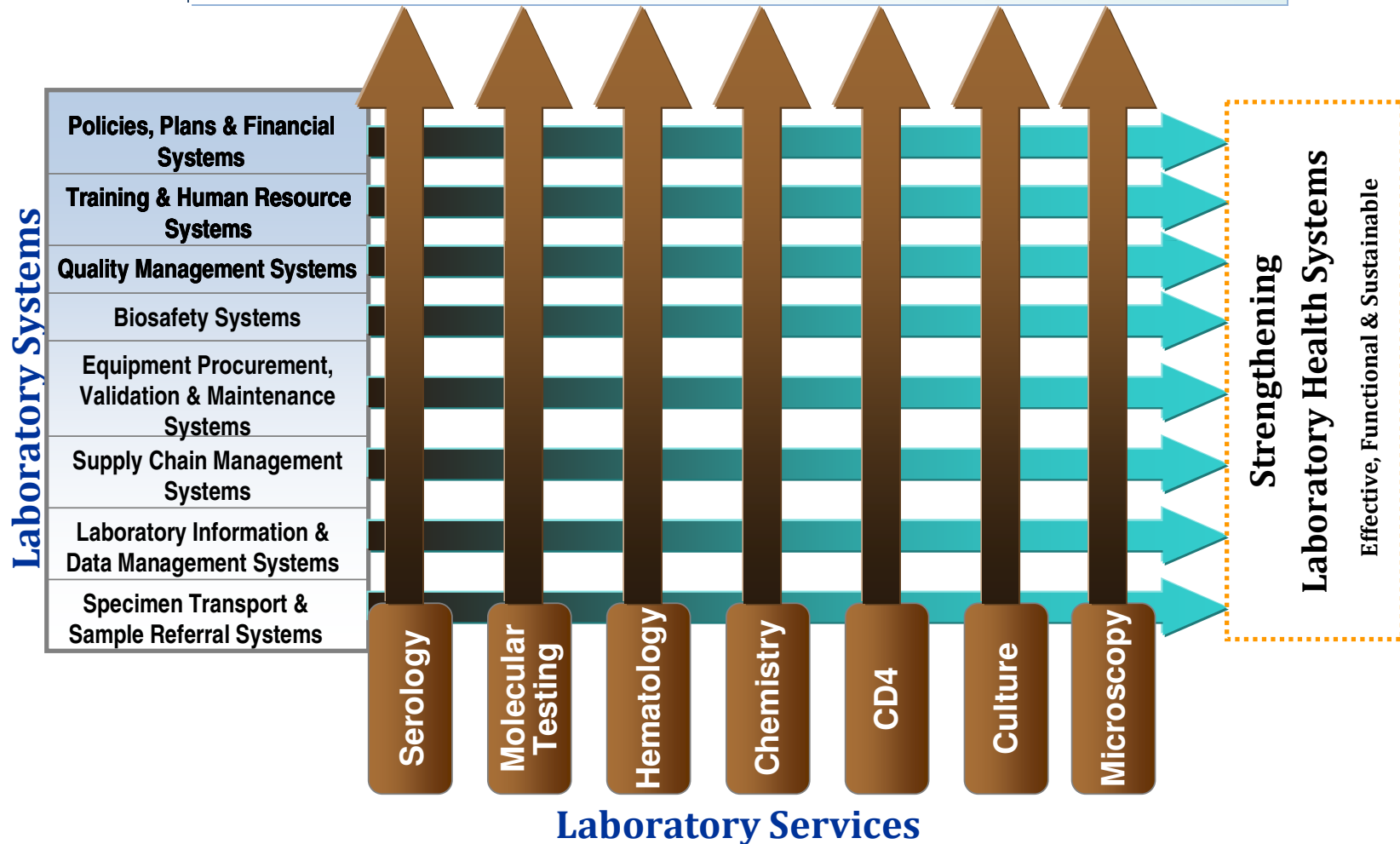


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Laboratory Systems

Laboratory Systems – integrated, functional, effective

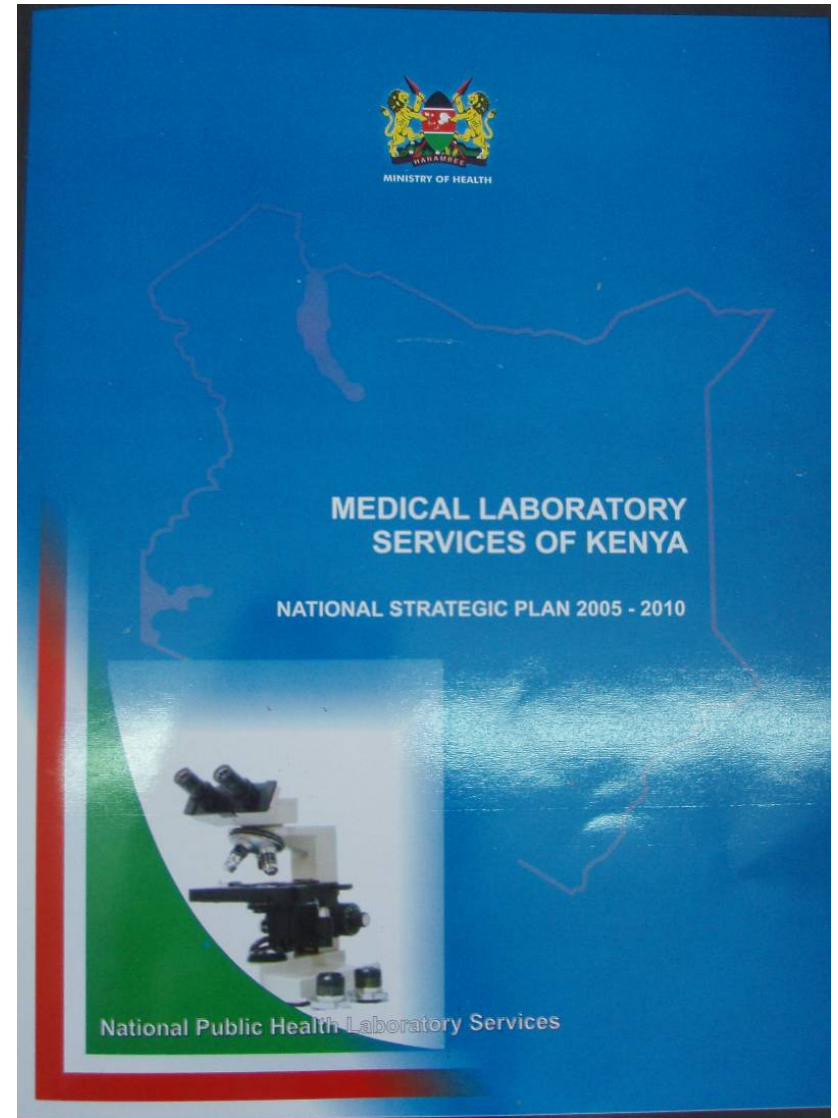
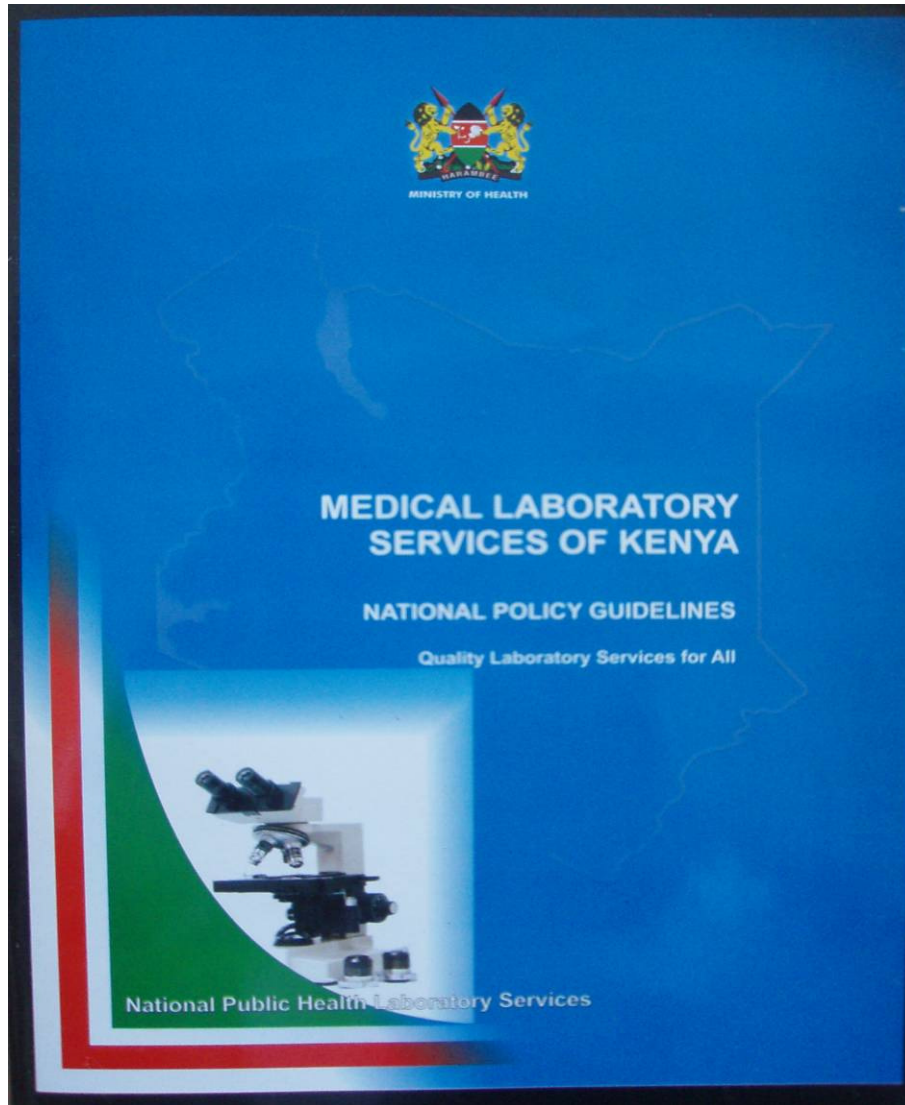
Polio, Measles, Influenza, Tuberculosis, Malaria, HIV/AIDS, Viral Hepatitis, STDs, Animal diseases, Neglected Tropical Diseases





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Kenyan Laboratory Strategic Plans and Policy





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Locations of the SRL

PAHO	AFRO	EMRO	EURO	SEARO	WPRO
Atlanta	Algiers	Cairo	Antwerp	Bangkok	Adelaide
Boston	Pretoria		Barcelona	Chennai	Brisbane
Buenos Aires			Bilthoven		Hong Kong
Mexico			Borstel		Seoul
Santiago			Gauting		Tokyo
Guadeloupe			London		
			Milan		
			Porto		
			Prague		
			Riga		
			Rome		
			Stockholm		
			Zagreb		



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SRLN – Functional, Effective

- TORs – significant expansion
- Roles and Responsibilities – technical, managerial
- Agreements – MOU, LOA, National Plans
- Mapping the network
- What is required? – Business Plan, Checklists
- Governance – clearly defined
- What is the budget? – line items, details, Year 1 to ?
- How does SRLN become sustainable?
- Accountability? – Auditing, Reporting
- Performance Indicators?



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USAID TB Partners

- National TB Programs
- Local partners and NGOs
- Stop TB Partnership
- GDF
- WHO
- CDC
- TB CAP/TBCTA (KNCV, IUATLD, WHO, ATS, MSH, FHI JATA, CDC)
- Gorgas (JHU and UAB)
- IUATLD
- Management Sciences for Health – Strengthening Pharmaceutical Systems (SPS)
- US Pharmacopeia Drug Quality and Information (USPDQI)
- TB Drug Alliance
- TASC2 TB IQC and TB Task Order
- PATH, University Research Corporation and other international NGOs