Mobilizing Country Capacity through USAID-supported Programs

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TB Funding Trends 1998 – 2010

Funding Level (Millions US$)


0 $10 $15 $22 $56 $78 $74 $84 $93 $91 $92 $162 $176 $225

* Excludes Global Fund
• Lantos-Hyde Reauthorization Act (2008)
• Global Health Initiative (2009)
  – Continues on-going efforts in infectious diseases, while increasing the focus on broader global health challenges
  – Adopts a more integrated approach to fighting diseases, improving health, and strengthening health systems
• 2014 targets
  – Reduce by half the TB death and disease burden from 1990
  – Achieve/surpass 70% case detection/85% treatment success
  – Successfully treat 2.6 million patients
  – Diagnose and treat 57,000 MDR TB cases
• Collaboration of USAID, CDC, OGAC, NIH
USG TB Strategy Interventions

Scale up package of interventions in up to 25 countries over six years

1. Accelerated detection and treatment of TB
   • Introduce new tools to improve TB diagnosis
2. Scale-up prevention and treatment of MDR TB
   • Expand diagnostic and treatment services
   • Introduce more rapid diagnostics
3. Expanded coverage of interventions for TB/HIV co-infection
4. Contribute to health system strengthening

Source: WHO, TUB
USAID-Supported Partners

- National TB Programs
- Local Partners and NGOs
- Stop TB Partnership
- Global TB Drug Facility
- WHO
- TB Drug Alliance
- TB TO 2015 (PATH and partners)
- TB CAP (KNCV, The Union, WHO, MSH, FHI, JATA, ATS)
- TB CARE I (KNCV, The Union, WHO, MSH, FHI, JATA, ATS and other resource partners)
- TB CARE II (URC, PIH, Jhiepgo, Project HOPE, CLA, WHO and other resource partners)
- TREAT TB
- SPS (MSH)
- CSHGP TB grants (WRI, CARE, PIH)

* Several of the projects are implemented in partnership with CDC
USG TB Partnerships

- Actively engage in STOP TB Partnership – coordinating board and working groups
- Coordinate with the Global Fund and participate in the USG delegation to the GF Board
- Work with private sector at global and country level
- Coordinate activities with the World Bank, UNITAID, Eli Lily and others
1. Global and Regional Level Activities

- Roadmap for national lab strengthening
- Lab Toolbox
- GLI meetings
- Bio-safety guidelines and training manuals
- Lab consultant and mentor training
- Improving the diagnosis and treatment of ss(-) pulmonary and extra-pulmonary TB among adults and adolescents
- Handbook for District Hospitals in resource constrained settings on quality assurance of chest radiography
- GLI Secretariat Staff support
- Strengthening the African SRL Network
- Development of SRLs in Africa

Source: WHO, TUB
2. Country Level Activities

• Strengthen national lab networks
• Strengthen national reference labs
• Strengthen provincial culture and DST labs
• Expand and improve smear microscopy
• Lab training
• Expand and improve lab EQA systems
• Provision of equipment, reagents and supplies
• Lab renovations
• Bio-safety improvements
• Develop community sputum collection points
• Improvements and links with private and prison labs
What is TB CARE?

• Two new 5-year cooperative agreements awarded October 1, 2010
  – Purpose is to provide global leadership to implement USAID’s TB strategy and support to NTPs and other in-country partners
  – TB CARE I: KNCV (prime) with ATS, FHI, JATA, KNCV, MSH, The Union, WHO
  – TB CARE II: URC (prime) with Jhpiego, Partners in Health, Project Hope, WHO and other partners
• Projects will coordinate their activities and work collaboratively
• Majority of funding comes from USAID Missions to support NTPs in implementing their national strategic plans
TB CARE I and TB CARE II will both assist national programs to:

- Provide universal, early case detection and treatment for all patients
- Provide universal access to DST for suspected MDR-TB cases and treatment to all those with MDR-TB
- Increase early case detection, expand intensified case finding, enhance airborne infection control efforts and expand access to and integrate treatment of TB and HIV in co-infected individuals
- Fully contribute to health system strengthening as it relates to TB (political commitment, human resources, health information and surveillance, infection control, all care providers)
Diagnostic technical areas to be addressed by TB CARE:

- Strengthening policy, management, supervisory and QA for smear microscopy, culture, DST and new technologies
  - Building capacity to manage, organize and address gaps in lab networks globally, regionally and at country level
- Increasing capacity of labs to conduct quality culture and DST, and introduction of new and more effective diagnostic tools
- Introducing innovative and effective strategies for earlier detection of TB particularly among PLHIV and children
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<th>TB CARE Objective</th>
<th>Year 1 Priorities</th>
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| Ensure quality of lab services and ensure lab strategic plans are in place       | • National lab strategic plans  
• Lab network assessment                                                               |
| Strengthen lab capacity of national TB lab network                               | • Lab accreditation                                                                |
| **Advance the knowledge and use of new testing algorithms, including molecular techniques** | • Guidance on operation and implementation of GeneXpert  
• Training materials and curriculum                                                  |
| Strengthen SRL network                                                           | • SRL network assessment  
• Development of new labs                                                               |
  – Contract awarded to PATH (partners: ASM, PIH, FIND, MSH, Initiatives Inc)
  – A technical focus is on introduction of new tools and diagnostics
  – Majority of funding comes from USAID Missions to support NTPs in implementing their national strategic plans

• TREAT TB (2008-2013)
  – Technology, Research, Education and Technical Assistance for Tuberculosis is a cooperative agreement with The Union
  – Can support countries to develop and implement research that will generate evidence on how and when to implement Xpert:
    • Health system requirement for implementing Xpert
    • Overall impact of Xpert on TB transmission