Xpert MTB/RIF Implementation through USAID-supported Programs

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USAID/Washington

April 8, 2011

USAID is currently working in 40 countries

Category	Countries
Focus Countries (20)	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
Other Countries (20)	Armenia*, Azerbaijan*, Bolivia, Djibouti, Dominican Republic, Georgia*, Ghana, Haiti, Kazakhstan*, Kyrgyzstan*, Liberia, Malawi, Mexico, Namibia, Peru, Senegal, Southern Sudan, Tajikistan*, Turkmenistan, Uzbekistan*

- Countries of greatest need as defined by:
  - TB burden
  - TB incidence
  - HIV/AIDS prevalence
  - Prevalence or potential for MDR-TB or XDR-TB
  - Lagging case detection and treatment success rates
- Additionally, the portfolio includes countries based on
  - Technical & managerial feasibility
  - Political commitment

USAID TB Program – partners and mechanisms

Key partners and mechanisms

- **WHO**: technical leadership, normative functions and technical assistance, global monitoring and evaluation function
- **CDC**: operational research, infection control, MDR surveillance, laboratory activities
- **TREAT TB**: research
- **Strengthening Pharmaceutical Systems, U.S. Pharmacopeia**: supply chain management, drug quality assurance project
- **Stop TB Partnership**, including GDF
- **TB CARE I and II, TB Task Order**: projects that implement STOP TB Strategy

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 others
- Projects will coordinate their activities and work collaboratively
- Majority of funding comes from USAID Missions to support NTPs in implementing their national strategic plans

Planned USAID-supported Xpert Implementation

Country	Project	Machines planned
Bangladesh	TB CARE II	3
Cambodia	TB CARE I	2
Dominican Republic	TB CARE I	1
India	WHO umbrella	18
Indonesia	TB CARE I	10
Kazakhstan	TB CARE I	4
Kenya	TB CARE I	3
Kyrgyzstan	TB CARE 1	3
Malawi	TB CARE II	1
Mozambique	TB CARE I	1

Planned USAID-supported Xpert Implementation

Country	Project	Machines planned
Nigeria	TB CARE I	5
South Africa	Bilateral/URC PEPFAR (CDC)	1 infinity, 8 (mix 4+16)*; more planned
Uzbekistan	TB CARE I	6
Zambia	TB CARE I	1
Vietnam	TB CARE I	16

Support includes:

- *procurements (machine, cartridges)*
- *technical guidance and support to NTP according to global guidelines and in-line with NTP policy*

TB CARE I Core Project: Intensified Implementation of GeneXpert MTB/RIF in 3-4 countries

7-8 April, 2011 WHO Early Implementers meeting

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TB|CTA The Tuberculosis Coalition for Technical Assistance
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Project overview

- Lead partner: PMU
- Coalition partners: TBCTA partners (KNCV, WHO, JATA, FHI, MSH, ATS, The Union)
- Other partners: WHO/TDR, Dutch Lab Initiative
- Timeline: 1 March – 31 September 2011

TBCTA The Tuberculosis Coalition for Technical Assistance

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Project objectives

Objective 1: Intensified introduction of Xpert MTB/RIF in 3-4 selected countries

Objective 2: Document lessons for planning and further Xpert MTB/RIF

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Project inputs

PMU can offer to countries:

- Procurement of GeneXpert machines
- Initial partial supply of Xpert MTB/RIF cartridges
- Technical assistance Xpert roll-out in coordination with NTPs:
  - developing diagnostic algorithms incorporating Xpert
  - site preparation for implementation
  - import & distribution of machines & cartridges
  - training of staff in use of Xpert
  - assist with data collection
- Monitoring implementation and collecting evidence for further scale-up of Xpert, in collaboration with local research partners

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Country selection

Criteria for countries to be selected for Xpert MTB/RIF implementation:

- USAID priority countries with TB CARE I funds
- Funding mechanism in place for operating costs, e.g. cartridge procurement, calibration, etc.
- Site selection criteria and operational considerations guided by WHO Rapid Implementation document and NTP policies
- Presence of collaborating local partners for implementation and data collection

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