

STRENGTHENING HEALTH SYSTEMS TO STOP TB: A PEOPLE-CENTERED APPROACH



GUIDE FOR DELEGATES AT THE 45th UNION
WORLD CONFERENCE ON LUNG HEALTH
BARCELONA, SPAIN | 28 OCTOBER – 1 NOVEMBER 2014

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QuanTB: HELPING TO ENSURE AN EFFECTIVE FLOW OF MEDICINES

Ensuring that patients have continuous access to TB treatment requires complex projections and calculations by TB program staff. Frequent forecasting and quantification, alongside management of stock on hand, are vital to ensuring that appropriate types and quantities of medicines are available to meet the evolving needs of programs as they scale up treatment. To promote a systems strengthening approach to TB medicines management, the USAID-funded and MSH-led SIAPS Program recently developed **QuanTB**—a downloadable, desktop tool that transforms complex calculations into a user-friendly dashboard displaying key quantification and supply planning information. QuanTB operates as an early warning system by flagging the need for emergency orders and alerting users when the risk is high for medicines expiries, stock-outs, and overstock. The new QuanTB version 2.0.0 is available in six languages (English, Russian, French, Spanish, Portuguese, and Chinese) and can be downloaded, along with a comprehensive user guide, at siapsprogram.org/quantb/.



WEDNESDAY

Workshop (09) — How Global Mechanisms for Supply Chain Contribute to Availability of TB Medicines at the Community Level

Wednesday, 29 October | 09:00–17:00 | Room 124

Organized by MSH and the Global Drug Facility (GDF)

The MSH-led Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program and the GDF will share processes, practical approaches, and tools for improving TB pharmaceutical systems and services. Global mechanisms such as GDF, WHO and Global Fund have immensely contributed to TB service provision and outcome at the community level. GDF provided over 23 million first-line treatments valued at approximately 1 billion dollars (2002-2013) and over 100,000 second-line treatments (2007-2013) to more than 110 countries for their communities. The USAID-funded SIAPS project has worked with NTPs and counterparts to build capacity and strengthen TB supply chain systems to ensure access to medicines and services at the community level. This workshop will discuss strategies and tools to improve access at the community level.

COORDINATOR: **C. Owunna, SIAPS Program**CHAIRS: **A. Zagorski, SIAPS Program** and **J. Keravec, Global Drug Facility**

THURSDAY

Symposium (05) — Next Generation of eHealth for TB: Systems that Communicate

Thursday, 30 October | 08:00–10:00 | Room 114

Electronic health information systems are abundant but oftentimes isolated and do not communicate with each other. This challenge occurs at various levels of health care, in the public and private sectors, and within the community. This symposium uses lessons learned from different settings to illustrate innovative solutions to make eHealth systems “talk together” and provide users with comprehensive information for decision-making. National staff and experts from TB and HIV fields will share how they overcome barriers related to interoperability of eHealth systems.

CHAIR: **A. Zagorski, SIAPS Program****Symposium (15) — Systematic Screening for Active TB: From Guideline to Implementation**

Thursday, 30 October | 14:30–16:30 | Room 115

In 2013, WHO issued guidelines on systematic screening for active TB that stressed the need for country adaptation and prioritization based on national and local situation assessments. Several countries have started to operationalize those guidelines, developed draft national screening strategies, and implemented screening in selected risk groups. In this symposium, selected country case studies will be presented. A web-based tool to help prioritize risk groups for screening and help choose screening algorithms will also be presented, as well as a draft operational manual.

P. Suarez, MSH & F. Bonsu, NTP Manager Ghana – *Screening for TB in risk groups in Ghana***ORAL PRESENTATIONS | 12:45–14:15****OAP-205-30** — *Magnitude of Tuberculosis Among Malnourished Children in Afghanistan*, **A. Momand, TB CARE | Afghanistan****OAP-216-30** — *Implementation of e-TB Manager in Ukraine: Better Data for Better Health Outcomes*, **G. Bastos, SIAPS Program****POSTERS | 10:15–11:15****PD-691-30** — *Interventions Improve TB Infection Control at Hundreds of Health Facilities in Ethiopia, 2012–2013*, **M. Melese, HEAL TB Ethiopia**

FRIDAY

Symposium (20) — Community-Driven Psychological Support: Don't Forget Medication Counseling!

Friday, 31 October | 08:00–10:00 | Room 117

Psychosocial support has been shown to improve outcomes and treatment adherence, yet TB programs under-emphasize patient counseling. Not just as recipients of care, patients can become engaged in their treatment and those who successfully complete treatment can become skilled patient counselors. Moreover, the term counseling may encompass various dimensions (i.e., emotional, social support, motivation, treatment literacy, medication counseling) but not be well aligned to local realities. The symposium will address this topic from diverse geographical and programmatic settings.

COORDINATORS: **A. Kwiecien, SIAPS Program** & **N. Konduri, SIAPS Program****Symposium (23) — QMS Implementation and Accreditation of TB Laboratories**

Friday, 31 October | 08:00–10:10 | Room 114

The improvement of the quality of services in public laboratories is actually high priority in many countries. The Stepwise Laboratory Improving Process Towards Accreditation (SLIPTA) framework, aimed at achieving the ISO 15189 standards, was implemented in public health laboratories in WHO regions, leading to laboratory accreditation and certification and promoting country ownership and sustainability of the laboratory Quality Management System (QMS). To compliment this framework targeting TB Lab networks, The Global Laboratory Initiative (GLI) has developed a QMS to guide TB laboratories

A. Nyaruhirira, MSH South Africa & Ghana NTP Team – *SLIPTA programme, SLMTA, and GLI TB tools complementarity in strengthening laboratory management system***ORAL PRESENTATIONS | 12:45–14:15****OAP-308-31** — *Public Health Solutions for Combatting TB in a Low-Income Country: Experience from Afghanistan*, **G. Qader, TB CARE | Afghanistan****OAP-310-31** — *The Management and Organizational Sustainability Tool (MOST) contributes to improved management and technical capacity at Uganda's National TB Program*, **M. Ruhweza, TRACK TB Uganda****OAP-353-31** — *Strengthening Community-Based TB Care Improves TB Case Notification Rates in Amhara and Oromia Regions, Ethiopia*, **D. Jerene, HEAL TB Ethiopia****POSTERS | 10:15–11:15****PD-793-31** — *GeneXpert early implementation experience in Ethiopia: How to plan for Implementation and Address Challenges Before Further Roll Out*, **D. Jerene, HEAL TB Ethiopia****PD-803-31** — *Implementation of a Decentralized AFB Microscopy Quality Assurance System in Amhara and Oromia Region of Ethiopia, 2014*, **M. Melese, HEAL TB Ethiopia****PD-831-31** — *Strengthening TB Specimen Referral in Zambia to Improve Diagnostic Capacity: A Stepwise Approach*, **G. Kahenya, TB CARE | Zambia****PD-832-31** — *Implementation Experience of Light-Emitting Diode Fluorescence Microscopy TB in TB Microscopic Centers in Amhara Region of Ethiopia, 2013–2014*, **Y. Kassie, HEAL TB Ethiopia****PD-834-31** — *The Contribution of Light-Emitting Diode Fluorescence Microscopy (LED-FM) to Smear Positive TB Case Detection in the Tigary Region of Ethiopia*, **P. Reji, TB CARE | Ethiopia****PD-868-31** — *Delay in Diagnosis and Treatment of Tuberculosis in Different Agro-Ecological Zones in Oromia Region, Ethiopia*, **M. Melese, HEAL TB Ethiopia****PD-890-31** — *The Impact of the Implementation of Integrated Pharmaceutical Logistic System in Reducing Anti-TB Drug Stock Outs in Two Vast Regions of Ethiopia*, **M. Legess, HEAL TB Ethiopia****PD-891-01** — *Improving TB Cure Rate of New TB SS+ Cases Through Strengthening Local Implementation Capacity in Amhara and Oromia Regions, Ethiopia, 2011–2013*, **M. Melese, HEAL TB Ethiopia****PD-898-31** — *Standard of Care Indicators as a Capacity Building and TB Program Improvement Tool: An innovative approach*, **S. Hamusse Daba, HEAL TB Ethiopia****PD-921-31** — *Contribution of TB Infection Control (TBIC) Implementation to the TB Case Detection Trend in Afghanistan*, **A. Hamim, TB CARE | Afghanistan****PD-935-31** — *Comparison of the Yield From Contact Screening Among Smear Positive Versus Smear Negative Tuberculosis Patient in North Western Ethiopia*, **Y. Kasse, HEAL TB Ethiopia****PD-936-31** — *Early Results From a Large-Scale Implementation of Health Facility-Based Contact Investigation in Amhara and Oromia Regions of Ethiopia, 2013–2014*, **D. Jerene, HEAL TB Ethiopia****PD-965-31** — *eTB Manager Implementation in Nigeria: Progress and Challenges*, **L. Reciolino, TB CARE | Nigeria****PD-970-31** — *High Yield of Contact Investigation Among Household Contacts of Smear-Positive Pulmonary Tuberculosis Patients Using GeneXpert MTB/RIF in Ethiopia*, **B. Tessema, HEAL TB Ethiopia**

SATURDAY

Symposium (46) — Innovative Solutions in Surveillance of Drug-Resistant TB: From Phenotypic to Molecular Testing

Saturday, 01 November | 14:00–16:00 | Room 112

Drug-resistant tuberculosis (DR-TB) is a major global health care problem. Understanding the burden is essential to the success of control programs, especially with the advent of new molecular technologies, which allow faster patient diagnosis and more frequent monitoring of DR-TB. This symposium will discuss performance of molecular approaches to the diagnosis of DR-TB and their applications in surveillance of DR-TB. Testing for resistance to fluoroquinolones and pyrazinamide and the role of routine surveillance vs surveys will also be discussed.

COORDINATOR: **A. Nyaruhirira, MSH South Africa & Ghana NTP Team****ORAL PRESENTATIONS | 12:45–13:45****OPP-353-31** — *Strengthening Community-Based TB Care Improves TB Case Notification Rates in Amhara and Oromia Regions, Ethiopia*, **D. Jerene, HEAL TB Ethiopia****OPP-444-01** — *Contribution of Public-Private Mix (Urban DOTS) in TB Control Services in Kabul, Afghanistan*, **A. Hamim, TB CARE | Afghanistan****POSTERS 10:15–11:15****PD-1019-01** — *Childhood Tuberculosis is Directly Linked to the Smear Positive Tuberculosis Case Notification Rate: Results from Amhara and Oromia Regions, Ethiopia*, **D. Jerene, HEAL TB Ethiopia****PD-1172-01** — *The Role of Private Health Facilities in Managing Drug-Resistant TB Patients in an Urban Setting: Experiences from Kampala, Uganda*, **A. Nkolo, MSH Uganda****PD-1188-01** — *Improving Patient Treatment Outcomes for Tuberculosis Using a Risk Minimization-Based Approach*, **C. Owunna, SIAPS Program****PD-1192-01** — *Result of Five Years? Experience of TB Control Services in Central Highland of Afghanistan*, **A. Hamim, TB CARE | Afghanistan**

CHALLENGE TB

A NEW WORLD WIDE TB PROJECT

As a major partner in the Tuberculosis Coalition for Technical Assistance, an international team led by the KNCV Tuberculosis Foundation, Management Sciences for Health (MSH) is poised to continue to make significant contributions to USAID's vision of a world free of TB. The new USAID-funded project, Challenge TB, is a five-year cooperative agreement with a value of up to \$550 million. Challenge TB will be the fourth global USAID TB control program implemented by the Coalition, a team of nine partners that includes MSH:

- KNCV Tuberculosis Foundation
- American Thoracic Society
- Family Health International (FHI 360)
- Interactive Research & Development
- International Union Against Tuberculosis and Lung Disease
- Japan Anti-Tuberculosis Association
- Management Sciences for Health
- Program for Appropriate Technology in Health
- World Health Organization

The new project follows the successful TB CARE I project, also led by KNCV and funded by USAID.

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200 RIVERS EDGE DRIVE
MEDFORD, MA 02155 US
TEL +1 617.250.9500
COMMUNICATIONS@MSH.ORG

