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*CHALLENGE TB*  
*OCTOBER 2017-SEPTEMBER 2018*  
*YEAR 4 SUMMARY REPORT*





# INTRODUCTION

Welcome to the Challenge TB summary report which brings you highlights of Challenge TB work, significant achievements, and success stories from the fourth and penultimate year of the project.

In partnership with governments, national TB programs, USAID, partners, the private sector and civil society – and with the participation of patients themselves – Challenge TB is committed to the vision of a world free of TB.

Challenge TB has projects at country, regional, and global levels, with the majority of the project's work being done through 23 country-specific projects.

At the regional level, Challenge TB implements the East Africa Region project, and through core-funding,

the project works on five projects that have global implications for TB care and prevention.

The project is aligned with the United States Government strategy to prevent and control TB, and has three objectives:

- Improving access to high-quality patient-centered TB, drug-resistant TB and TB/HIV services
- Preventing transmission and disease progression
- Strengthening TB service delivery platforms.

More information, and full reports can be found on the Challenge TB website.

[www.challengetb.org](http://www.challengetb.org)

## Challenge TB contributes to the WHO End TB Strategy targets:

**Vision:** A world free of TB

**Goal:** To end the global TB epidemic

**By 2025:** A 75% reduction in TB deaths (compared with 2015) and less than 50 cases per 100,000 population.

### Global Fund:

Challenge TB assists countries with the full Global Fund life cycle, from epi-analysis and national strategic plans, to concept notes and full implementation.

### Overarching:

Challenge TB assists countries to move towards universal access through a patient-centered approach that identifies and addresses the needs of all patients including women and children, and with a particular emphasis on reaching out to vulnerable communities.



# KEY RESULTS



The number of TB patients notified across all 23 countries reached **3,471,848 in 2017**, up from 3,147,280 in 2014.



In 2018, the number of GeneXpert machines installed reached **4,322**, and there were **2,064,038 tests** done.



A total of **281,702 TB specimens** were transported for testing with GeneXpert.



The number of patients with multidrug-resistant TB who were on treatment increased from 64,405 in 2016 to **68,572 in 2017**.



All 23 countries have patients being treated using new drugs such as bedaquiline and/or on shorter or individualized treatments. The number of patients increased by more than **200 percent**, from 2,385 in 2017 to **4,903 in 2018**.



The percentage of TB patients across 19 countries with a **documented HIV test** in 2017 was **higher** than the global average of **60 percent**.



In thirteen countries, the proportion of TB patients co-infected with HIV who are on **antiretroviral therapy** was **higher** than the global average of **84 percent**.



## CASE-FINDING, TREATMENT, AND CARE



Diagnosis and appropriate treatment are essential if the millions of TB deaths that occur each year are to be prevented. An estimated 10 million people worldwide get sick with TB every year.

However, as many as 360,000 are missed by health services due to poor access to the right healthcare services, incorrect diagnosis, poverty, stigma, and a lack of

knowledge about the disease.

Finding more of these patients is a priority for Challenge TB. The project is working to close the gap by expanding access to TB care, implementing screening programs in hospitals and among high-risk populations, deploying diagnostic trucks to remote areas, training healthcare workers, and educating the general public on TB.

## ACTIVE CASE-FINDING

Instead of waiting for patients to develop symptoms and seek help, active-case finding is a way to reach and screen those most at risk for TB. Challenge TB supports the screening of people living with HIV, prisoners, and the families of TB patients, all of whom have an increased risk of being infected. The sooner TB patients are identified and put on treatment, the faster they can be cured, with the added benefit of decreasing the spread of the disease.

In the fourth year, around 15,000 TB patients were found through

active case-finding activities, six percent of all those notified to health centers.

People who live in the same house or are in close contact with someone infected with TB have a high risk of getting the disease. This underlines the importance of finding and treating all TB patients as quickly as possible and checking the contacts of diagnosed TB patients. Challenge TB diagnosed a total of 12,483 TB patients through contact investigation in 15 countries.

### NIGERIA



Challenge TB has purchased and deployed two mobile TB screening trucks in Nigeria. The trucks not only help to find patients but also reduce transmission in the community and raise awareness about the disease and the fact that it can be easily treated. In Year 4, over 600 patients were diagnosed and treated with the help of these state-of-the-art trucks.

## CHILDHOOD TB

At least one million children get sick with TB each year and it is estimated that more than 21 die every hour from the disease. Challenge TB continues to invest and implement in activities to find, diagnose, and treat more children with the disease.

In 13 countries, the case notification among children

diagnosed with TB has continued to grow from 10 percent in 2014 to 13 percent by the end of March 2018.

Treatment to prevent TB in children under the age of five has continued to increase as well, with over 35,000 children put on isoniazid preventive therapy (IPT) in the first six months of Year 4.

### INDONESIA



Between January and September 2018 a total of 7,390 children with TB, 16 percent of all notified patients were reported as a result of improved case-finding and contact investigation activities. Healthcare workers received training and mentoring as part of increasing the participation of private sector providers in childhood TB care and prevention.





# *The Dressmaker's Tale*

As Esther passes the measuring tape around her customer's waist, the smile on her face says it all. She feels elated to be back doing what she loves.

Esther only began her treatment for drug-resistant TB just three months ago, but she is already well enough to be back working. Her workshop is filled with colorful fabrics, beautiful dresses, and the tool of her trade, a treadle sewing machine.

It was not so long ago that Esther began feeling chest pains and developed a terrible cough. The wet season in Markurdi, Nigeria, had just started, and Esther initially thought that her symptoms were caused by the change in the weather. She started self-medicating with drugs she bought at a local pharmacy but her condition did not improve, and she began to lose weight. Before long, she was forced to close her shop as she no longer had the strength to continue working.

Closing her shop meant that she could not provide for her family. As the only breadwinner, her parents and two younger sisters, Elizabeth and Ezra, are dependent on Esther and the income from the shop.

Just when Esther had given up all hope of getting better, one of her customers told her about the Challenge TB project which she said was providing free TB diagnosis and treatment to people who suffered from similar symptoms.

*"This really nice customer encouraged me to visit the Teaching Hospital in Benue State. When I went there, they tested me for free,"* Esther explains.

Esther was diagnosed with drug-resistant TB and put on treatment. Her treatment will take up to 20 months, during which she will undergo many painful injections and will have to take many different pills of which some can have nasty side effects.

*"The first few weeks of injections were horrible. The needle is very big and painful. I have got used to it now, but at first, I really hated that needle. The pills also made me very nauseous, but thankfully this has passed."*

Three months into her treatment Esther has returned to work in her shop. Her customers are happy she is back to work as she is one of the few good tailors in the area.

*"We really missed Esther. It is a bit more expensive to have your clothes tailor-made, but it is definitely worth the extra money,"* says one of her customers while Esther takes her measurements.

Business is going well, but Esther realizes that her battle with TB has only just begun. Many people are tempted to stop taking their TB medication once they start feeling better but she knows that taking her medicine every day until her treatment is complete is the only way she will be completely cured.

*"I will do everything in my power to beat this terrible disease. My work not only supports myself but my parents and siblings as well. Being able to go back to work is a blessing which I do not take for granted. I just want to thank the Challenge TB project staff for all their help and support during this tough time."*







## ENGAGING THE COMMUNITY

Community engagement includes a broad range of activities that contribute to TB case-finding, care, and treatment. Community contributions are a vital part of improving TB care and support, which require close collaboration with affected people, communities, and civil society organizations.

In 2017, 19 percent of the patients notified in all Challenge TB countries were reported through community-based activities.



### MOZAMBIQUE

In Challenge TB supported areas, community efforts including house to house visits and awareness events have resulted in 15,850 TB patients notified, which is 36 percent of all patients notified in the country in 2017 (44,289).

## TB SCREENING IN PRISONS

The level of TB in prisons is often considerably higher than that in the normal population. Prison conditions can further the spread of the disease through overcrowding, poor ventilation, bad nutrition, and inadequate medical care.

Prisons can act as reservoirs for TB, putting inmates, staff, and visitors at high-risk of getting the disease, and they, in turn, can then pass it to the civilian community.

Seven Challenge TB countries are undertaking screening in prisons, and over 1,800 TB patients have been diagnosed and treated.



### MALAWI

Challenge TB supported screening at four prisons. Prisoners were checked for TB symptoms and examined by digital X-ray, and those with TB symptoms were tested with GeneXpert.

A total of 12,122 prisoners were targeted, and 9,043 were screened. As a result, 104 prisoners were diagnosed including two with drug-resistant TB (DR-TB) and all were successfully put on treatment.

## HOSPITAL ENGAGEMENT

Challenge TB works with healthcare providers in TB care and prevention. Amongst other things, the project implements active case-finding in hospitals and health facilities and screening in pediatric departments, expands the provision of directly observed treatment, trains healthcare workers, and improves TB infection control.

Hospital engagement occurs in Afghanistan, Bangladesh, Cambodia, Mozambique, and Vietnam, where the total number of TB patients notified, was 46,541, 43 percent of the total number of patients notified.



### ETHIOPIA

The project helped with the integration of TB screening in 266 public hospitals and strengthening patient referral mechanisms. Of the 19,349,018 visitors to outpatient departments and health clinics, 94 percent were screened for TB, 374,311 presumptive TB patients were identified, and 34,672 were ultimately diagnosed with TB.



# COUNTRY HIGHLIGHTS

**Afghanistan:** Increased support in communities has led to community health workers identifying and referring 46,850 people with TB symptoms for testing, 3,977 were ultimately diagnosed with TB and put on treatment.

**Bangladesh:** The project actively screened 334,622 children, identifying 8,313 with TB symptoms, 6,762 children were tested, and 554 were diagnosed with TB and started on treatment.

**Botswana:** The number of GeneXpert tests increased from 1,181 in Year 1 to 15,583 in Year 4. As a result, the number of patients diagnosed with MDR-TB increased from 227 in Year 1 to 1,605 Year 4.

**Myanmar (Burma):** Since the introduction of new drugs and regimens in December 2017, a total of 237 patients have been enrolled on the shorter treatment regimen, 93 on bedaquiline, 5 on delamanid, and 14 on a combination of both.

**Cambodia:** Active case-finding among older visitors to pagodas and mosques resulted in the diagnosis of 4,970 TB patients, an increase of 54 percent compared to Year 3.

**DR Congo:** The increased contribution of local NGOs and community workers has resulted in an increase in the diagnosis of drug-resistant TB patients, from 71 patients in 2014 to 173 by the end of September 2018.

**Ethiopia:** The number of GeneXpert tests done increased from 90,011 between January and June 2017 to 147,215 for the same period in 2018.

**India:** A total of 11,993 children with TB symptoms were tested with GeneXpert in Year 4, 524 were diagnosed with TB of which 30, were found to have rifampicin-resistant TB.

**Indonesia:** A total of 917 GeneXpert machines with 2,258 modules have been installed and are operational nationwide. The implementation of the new diagnostic algorithm with GeneXpert testing as the primary diagnostic test for TB resulted in 265,165 GeneXpert tests between January and September 2018 (more than doubled the number in 2017).

**Kazakhstan:** 157 drug-resistant TB patients were enrolled on treatment, 155 on individualized treatment with bedaquiline and delamanid, 2 on repurposed drugs, and 61 on the shorter treatment regimen.

**Kyrgyzstan:** More than 700 patients have now been enrolled on new drugs and regimens. Additionally, more than 70 MDR-TB patients (including 10 children) completed the shorter treatment regimen. The treatment success rate reached 83,3 percent.

**Malawi:** TB patients notified through intensified case-finding activities among people living with HIV, improved from 7 percent (297/4,505) in Year 3 to 9 percent (389/4,404) in Year 4. All 389 patients were put on treatment.

**Mozambique:** Challenge TB provinces notified 40,523 TB cases from Jan-Sep 2018, compared to 44,289 in the same period of 2017. Through community efforts, Challenge TB contributed 36 percent of the notified cases in the whole of 2017 and 40 percent in the first nine months of 2018.

**Namibia:** 2,470 close contacts of 870 TB patients were identified, 2,148 were screened, 43 were diagnosed with TB, and 42 started on treatment.

**Nigeria:** Challenge TB deployed two mobile TB diagnostic units providing TB diagnostic services to at-risk populations in hard to reach locations. A total of 49,086 people were screened, and 610 TB patients were diagnosed following screening across 4 states, 94 percent were put on treatment.

**Tajikistan:** A total of 101 patients are on the shorter treatment regimen. The treatment success rate for the 47 patients who completed treatment between December 2016 and September 2017 stands at 83 percent.

**Tanzania:** A total of 29,514 patients were notified through Challenge TB, 40 percent of the total TB patients notified nationwide, and including 202 drug-resistant TB patients.

**Ukraine:** In four supported oblasts, 16,223 contacts of TB patients were targeted for contact investigation over a period of 12 months. Of these, 84 percent were evaluated, and 167 new TB patients were identified and put on treatment, 3,959 contacts were also put on TB preventive therapy.

**Uzbekistan:** In June 2018, the first patients were initiated on new drugs and regimens in several pilot districts in Tashkent city. By the end of Year 4, 114 patients were enrolled, 52 on the shorter treatment regimen, 55 on bedaquiline, and 7 on delamanid.

**Vietnam:** A total of 40 patients were enrolled on individualized treatments with bedaquiline, and 607 patients were enrolled on the shorter treatment regimen.

**Zambia:** A wing of the University Teaching Hospital in Lusaka, Zambia has been transformed into a state-of-the-art drug-resistant TB facility that will ensure patients are monitored and treated in a safe environment. With a 54-bed capacity and with separate patient, staff, and visitor wings, the new facility incorporates various infection control measures and personal protective equipment for both staff and patients.

**Zimbabwe:** 36,117 TB samples were transported (for both diagnostic and follow-up testing), contributing to the diagnosis of 8,135 TB patients, 69 percent of the bacteriologically confirmed patients who were diagnosed nationwide. In addition, 247,716 other non-TB samples were also transported, a 114 percent increase from the 115,763 transported in Year 3.



## WORKING WITH THE PRIVATE SECTOR

By increasing the participation of private healthcare providers in TB care and prevention, Challenge TB aims to increase the number of TB patients being diagnosed and treated. In many countries the private sector is often the first point of call for people who are sick. When diagnostic delays are reduced, the chances of effective treatment increase and further transmission can be minimized.

Challenge TB works closely with private providers, for example, by training local drug vendors to recognize TB symptoms and refer patients, supporting private healthcare workers in DR-TB management, or by improving patient-centered treatment in the private sector.

### MYANMAR

In fifteen townships in the Bago region with a total estimated population of 3.2 million, 515 local drug vendors were trained to refer customers with TB symptoms to local health facilities for testing, leading to a total of 917 TB patients being found and treated.

## IMPROVING TREATMENT SUCCESS



Successfully treating people with TB not only helps those infected but also prevents the further spread of the disease. Challenge TB is working to make sure every TB patient gets the right treatment and successfully completes it. As a result, the treatment success rate in nineteen of Challenge TB's countries remains above the global average of 82 percent.

Challenge TB is also improving DR-TB treatment by introducing new drugs and shorter treatment regimens. Tajikistan, Kyrgyzstan, DR Congo, and Vietnam all reported high levels of treatment success of between 78 percent and 95 percent for the shorter regimen.

## DIAGNOSTICS & CONNECTIVITY

Challenge TB is expanding access to GeneXpert testing by procuring and installing more machines, improving functionality, increasing utilization, and ensuring that machines are linked to a connectivity system.

By linking GeneXpert machines to a data connectivity system, test

results can be made available to doctors immediately, allowing patients to start treatment as quickly as possible. By the end of June 2018, the proportion of GeneXpert machines delivering real-time results reached 1,176 (44 percent).

### BOTSWANA

Challenge TB supported the national implementation of GxAlert software connecting 97 percent of all GeneXpert devices, results of people tested are immediately passed on to clinicians, allowing patients to start their treatment earlier. At the end of Year 4, 25 out of 32 GeneXpert sites transmit data to the central server (the other seven machines were in repair).

## GENEXPERT

Modern diagnostics such as GeneXpert and second-line line probe assay have changed the landscape of TB testing, ensuring patients are diagnosed correctly and monitored effectively throughout their treatment until they are cured.

GeneXpert detects the presence of TB bacteria and tests for resistance to the TB drug rifampicin. The results are

available in less than 2 hours, allowing patients to be put on treatment more quickly. The number of GeneXpert machines has increased substantially in Challenge TB countries, by the end of 2018 a total of 4,322 machines had been installed, and over 2 million tests had been performed. A total of 10,287 modules were available, of which 95 percent were functioning.

### ETHIOPIA

In Year 4, a total of 143 GeneXpert machines were procured through the Global Fund, and Challenge TB supported their installation and the training of staff. The number of GeneXpert tests performed almost tripled from 90,011 in Year 3 to 268,717 in Year 4. A total of 26,155 TB patients were diagnosed, of which 1,110 were patients with DR-TB.

## SPECIMEN TRANSPORT SYSTEMS



Reliable and efficient systems for transporting TB specimens are an essential part of effective TB patient care, allowing for more rapid diagnosis, initiation of treatment, and patient follow-up. Challenge TB has implemented, strengthened, and increased the number of specimen transportation systems in 13 countries. The number of samples transported for testing increased to 227,339 between January and September 2018, compared to 181,740 in the whole of 2017.

### TAJIKISTAN

Challenge TB helped to establish a specimen transport system and trained around 400 staff to collect sputum samples correctly and deliver them for testing. The project also developed efficient transportation routes from rural health centers to GeneXpert sites and laboratories. A total of 15,688 samples were transported, and Challenge TB contributed to the detection of 1,315 bacteriologically confirmed TB patients and 406 DR-TB patients.





## *FIGHTING DRUG-RESISTANT TB*

Resistance to TB drugs is an alarming problem that threatens effective TB care and prevention globally. DR-TB occurs when incorrect treatment is administered or when patients fail to complete the full course of treatment.

In 2017, it was estimated that 558,000 people worldwide developed TB that was resistant to rifampicin the most effective first-line drug, and of these, 82 percent had multidrug-resistant TB (MDR-TB), which is resistant to at least two of the most effective first-line TB drugs: isoniazid and rifampicin.

Increased diagnostic capacity for DR-TB in Challenge TB countries has resulted in a rise in the number of notified DR-TB patients from 27 percent in 2012, to 54 percent in 2017. Even though the number of DR-TB patients being notified has increased substantially, the proportion who have started on treatment

remained above 90 percent between 2012 and 2017. A total of 68,872 DR-TB patients were enrolled on treatment in 2017 alone.

Challenge TB countries are increasingly using rapid diagnostic testing to diagnose patients with DR-TB. The percentage of DR-TB patients tested increased from 47 percent in 2015 to 56 percent in 2017.

Another important aspect of treating patients with DR-TB is providing them with social and economic support during treatment. Patient-centered management is a vital part of helping patients to stay on treatment and increasing the numbers who are successfully treated. In 2018, the number of patients receiving social and economic support reached 3,025, across 11 Challenge TB countries.

## *NEW DRUGS AND REGIMENS*

The introduction of new TB drugs and shorter treatment regimens is a crucial part of curing more patients with DR-TB and in shorter periods of time. The growing number of MDR-TB patients has resulted in Challenge TB actively helping countries to expand and implement the introduction of new drugs and regimens.

In Year 4, the scale-up of new drugs resulted in bedaquiline being successfully introduced in all Challenge TB countries, with a total of 2,373 patients started on the drug. A total of 230 patients were started on delamanid treatment across 19 Challenge TB countries, and the shorter treatment regimen has now been introduced in 21 Challenge TB countries, with 6,045 patients starting treatment.



### *CAMBODIA*

Challenge TB trained 49 doctors, nurses, and partners on new drugs and regimens and active TB drug safety monitoring and management. A total of 11 MDR-TB sites have so far enrolled 99 patients with DR-TB on treatment.



### *INDIA*

Challenge TB supported the introduction of new drugs and the shorter treatment regimen at national, state and site levels. The project trained more than 300 government staff as trainers on programmatic management of DR-TB and the use of new drugs. Twenty-four of the 156 initiation treatment sites for bedaquiline are supported by Challenge TB, and 1,124 patients have been enrolled on bedaquiline in Year 4.





# *Small Wonders*

If you don't fear TB, just visit a TB ward. They are not places for the faint-hearted and definitely not places to linger.

Here you will see the destruction this disease wreaks on the body. Infected people cough so violently they spit up blood and all around once healthy bodies are reduced to skeletal frames. Fathers who should be working to support their families are confined to bed, mothers who should be looking after their children are dejected, and children who should be playing with their friends or at school are listless and lost.

This is a disease of the poor and dispossessed, a sickness so terrible it will take the lives of around 59,000 Bangladeshis this year alone.

Aisha, aged only seven, has multidrug-resistant TB (MDR-TB). TB is the world's deadliest infectious disease, it is unclear how Aisha got it, but just sitting in a classroom with someone who is infected can result in transmission.

Drug-resistant TB develops when the bacterium that causes TB stops responding to the drugs used to treat it, and infected people can spread it through the air when they cough. Four drugs make up the first line of defense against TB, if a patient's strain is immune to at least two of these, it is MDR-TB.

Aisha's mother says she knew something was wrong when she saw her daughter losing weight fast, and then there was the vomiting and the fevers that came in the night.

Aisha has now been here for twenty days, the only child in a ward full of adults. MDR-TB can take up to two years to treat, and patients often stay in hospital for the first few months until they become non-infectious. Fortunately, Aisha is on a new shorter form of treatment, which means that soon she will be able to leave and continue her treatment as an outpatient, but it will still take her nine months to finish.

All forms of TB are here, mixed together, which is not only dangerous for the relatives but also the patients themselves, as there is a

high risk of cross-infection. Everyone must wear a mask at all times, something which is especially hard in the stifling heat and so some people don't.

All Aisha can think about are her studies, she is very smart and dreams of becoming a doctor. Her mother says she is third in her class but would have been first if it wasn't for TB. She can already talk and read in basic English, but she worries about how long it will take to get well. "The longer it takes, the more I will forget, and I will be unable to complete my classes," she says.

This makes her mother cry, and for a moment there is nothing more to say.

She may be small, but don't be fooled, she is very brave. She endures the daily injections with little complaint. These injections strike fear into the heart of most MDR-TB patients as the pain can be intense, imagine a burning, stinging and a piercing pain that shoots up your back and then moves all the way down your legs. The pills she must take every day are numerous and so large she finds it daunting to swallow them, but she does, this is a matter of life or death.

Aisha passes the time reading her books, watching cartoons on a mobile phone, or listening to ghazal, melancholic poems set to music. At night, both her and her mother squeeze together on the narrow bed, this is all her mother can do, look after her, be close, offer comfort, and give words of encouragement.

Aisha is counting the days until she can leave this place, and when that day comes, it won't be a moment too soon.

The USAID-funded Challenge TB project works with the national TB program and local NGOs to increase the detection of childhood TB in Bangladesh. To this end, the project had implemented a child TB screening system in the pediatric outpatient departments of six selected tertiary health facilities and developed an electronic tool to help screen children for TB.



## TB/HIV

Text People who are living with HIV have a 30 times greater risk of developing TB. HIV weakens the immune system and both diseases together are a potentially lethal combination. In 2017 alone, over 920,000 people living with HIV globally were estimated to have fallen ill with TB, and around 300,000 HIV-positive people died because of TB.

Between 2014 and 2017 the estimated total number of TB deaths among HIV-positive people in Challenge TB countries has decreased by a third. Nineteen countries reported that the number of notified patients with a

documented HIV test in 2017 was higher than the global average of 60 percent.

In 13 countries, the proportion of notified HIV-positive patients on antiretroviral therapy in 2017 was higher than the worldwide average of 84 percent.

TB preventive treatment is also being scaled-up for people living with HIV, particularly in PEPFAR supported countries. Ethiopia and Nigeria had the highest proportion of preventive treatment coverage in 2017, with 45 percent and 39 percent respectively.

## UKRAINE



In Challenge TB supported areas, clinicians placed an increasing proportion of TB/HIV co-infected patients on antiretroviral therapy, coverage increased from 49 percent in the first quarter to 83 percent at the end of Year 4. The average time to enroll patients on antiretroviral therapy decreased from 2 or 3 months to just 3 or 4 weeks.

## GLOBAL FUND



Challenge TB plays a major role in ensuring the success of Global Fund grants, the project contributed to the conclusion of 21 new grants, and a regional project allocation.

Under the Global Fund, Challenge TB also helps to build the capacity of implementing partners, by for example training in the programmatic management of DR-TB, the management of patients on

shorter and new drugs containing regimens, active-case finding, TB/HIV collaborative approaches, and laboratory strengthening.

Most countries are now implementing their 2018–2020 grants, and Bangladesh, Burma, DR Congo, Indonesia, Mozambique, Nigeria, Tanzania, and Ukraine have all been implementing 'Finding the Missing TB Patients' interventions supported by the Global Fund.

## PREVALENCE SURVEYS

Measuring the prevalence of TB in countries where there is considerable uncertainty about the number of people with TB and the number of deaths it causes, allows Challenge TB to monitor the TB

epidemic in a specific country, and make evidence-based decisions on how to go about TB prevention and control. In 2018, TB prevalence surveys were completed in eight countries.

## NAMIBIA



A total of 15,410 households with 29,495 adults participated in the prevalence survey, of whom 27,751 had digital chest X-rays taken, and 9,462 sputum examinations were completed using GeneXpert testing. A preliminary analysis and a draft report were compiled in Year 4.





# NEW PUBLICATIONS

<https://www.challengetb.org/library>

## **Guide for QTc monitoring and management of drug-resistant TB patients with QT-prolonging agents (Version 2)**

This document describes the steps necessary to determine the corrected QT (QTc) interval in ECG monitoring of patients receiving QT-prolonging medicines for the treatment of DR-TB. It also provides guidance in the management of QTc prolongation.

## **Introduction of active TB drug-safety monitoring and management for new drugs and regimens**

A technical guidance document on the introduction of active drug safety monitoring and management (aDSM) for new drugs and regimens used in the treatment of drug-resistant TB patients. This document outlines the definitions related to aDSM, the agreed essential activities, and key steps in implementing aDSM in patients on treatment for DR-TB

## **Drug-Resistant TB/HIV Algorithm**

A job aid to guide health care workers in the management of DR-TB patients with HIV co-infection.

# PHOTOS

Cured Patient Faustina, Zimbabwe - Paidmoyo Magaya  
Cured mother and daughter, Nigeria - Alu Azege  
Children, Tajikistan - Sayora Ziyoyeva  
Woman and child on a Tea Plantation, Bangladesh - Tristan Bayly  
Esther cured TB patient, Nigeria - Alu Azege  
Transporting TB specimens, Mozambique - FHI 360  
DOT preparation in Mbujimayi Prison - The Union  
Son Phan, Cured of TB, Cambodia - Ngo Menghak  
Specimen Transportation, Tajikistan - KNCV  
Boy cured of TB with his friends, Indonesia - Tristan Bayly  
Aisha, DR-TB patient, Bangladesh - Tristan Bayly  
Mobile Diagnostic Unit, Zimbabwe - S. Dube  
Refurbished TB Laboratory, Malawi - KNCV

# CONTACT DETAILS

Email: [info@challengetb.org](mailto:info@challengetb.org)  
Website: [www.challengetb.org](http://www.challengetb.org)  
Twitter: @challengetb  
Instagram: [instagram.com/challengetb](https://www.instagram.com/challengetb)  
Instagram: [instagram.com/facesofthefight](https://www.instagram.com/facesofthefight)  
Exposure: [challengetb.exposure.co](http://challengetb.exposure.co)  
Medium: [medium.com/@challengetb](https://medium.com/@challengetb)

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## *What is Challenge TB?*

Challenge TB is the flagship global mechanism for implementing USAID's TB strategy as well as contributing to TB/HIV activities under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

Challenge TB is led by KNCV Tuberculosis Foundation and implemented by a unique coalition of nine organizations:

American Thoracic Society (ATS), FHI 360, International Union Against Tuberculosis and Lung Disease (The Union), Interactive Research & Development (IRD), Japan Anti-Tuberculosis Association (JATA), Management Sciences for Health (MSH), PATH, and the World Health Organization (WHO).



Design, Graphics, Editing, & Layout - Tristan Bayly  
Text - Tristan Bayly & Jan van Mil