



**USAID**  
FROM THE AMERICAN PEOPLE

# Control and Prevention of Tuberculosis Project



*USAID's regional programs to promote public health and prevent the spread of infectious disease across borders support public health ministries and health workers on HIV and AIDs, Tuberculosis (TB), Malaria, and pandemic flu. In this photo, a TB patient in Rayong province, Thailand, receives directly observed therapy during a home visit*

*Photo credit: Control and Prevention of Tuberculosis Project*

## **USAID Asia**

[info-rdma@usaid.gov](mailto:info-rdma@usaid.gov)

Aaron Schubert  
Athenee Tower, 25<sup>th</sup> Floor,  
63 Wireless Road, Lumpini,  
Patumwan, Bangkok, Thailand  
Tel: +66-2-257-3000  
Fax: +66-2-257-3099  
[aschubert@usaid.gov](mailto:aschubert@usaid.gov)  
<http://www.usaid.gov/asia-regional>

## **Partner Contact**

Anh Innes, M.D., Chief of Party  
Sindhorn Building, Tower 3, 19th Fl.  
130-132 Wireless Road  
Bangkok, Thailand 10330  
Tel: +66-2-263-5200  
[ainnes@fhi360.org](mailto:ainnes@fhi360.org)  
[www.cap-tb.org](http://www.cap-tb.org)

The United States Agency for International Development's (USAID) Control and Prevention of Tuberculosis project is a five year effort, which runs from October, 2011 to October, 2016, to reduce the incidence and mortality of multidrug-resistant tuberculosis (MDR-TB) in Burma, China and Thailand.

Multidrug-resistant tuberculosis (MDR-TB), a form of tuberculosis resistant to two or more of the primary TB drugs, is an issue of growing public health concern because treatment takes at least 20 months with medicines that are more costly, less effective and poorly tolerated by patients. Diagnosis alone often requires several months, during which time a patient may spread their infection to others.

The cornerstone of the project is to develop and implement a model for the programmatic management of MDR-TB. This model will strengthen the foundational components of efforts led by national tuberculosis programs. These components include early diagnosis (GeneXpert implementation), treatment initiation, community engagement for adherence, and prevention of multidrug-resistant TB through infection control interventions at the facility, community and household levels.

## **USING THE LATEST TECHNOLOGY FOR QUICK DIAGNOSIS**

The project is also training laboratory technicians on the use of the GeneXpert machine — a new test that can more quickly diagnose a patient with TB and determine whether the TB is resistant to common forms of treatment. In project sites throughout Burma, MDR-TB patients can now receive a diagnosis in hours instead of months, begin treatment quickly and avoid spreading the infection further.

## **EARLY RESULTS**

In the first year of implementation, the CAP-TB project in Burma conducted assessments in 11 Yangon townships and four Mandalay townships to gather baseline information and TB/MDR-TB data. TB field supervisors in Mandalay were also trained in infection control and developed a checklist to ensure TB infection control at the household level.

In China, 40 doctors have been trained in MDR-TB management, and 269 private health care providers were trained to refer patients with TB symptoms for testing.

In Thailand, laboratory specialists assessed laboratory practice standards at Rayong Hospital and launched a comprehensive service package covering the costs for patient transportation, laboratory fees and home improvements (such as proper ventilation) to promote infection control.

## **PARTNER**

USAID partners with FHI 360, the International Union Against Tuberculosis and Lung Disease, the World Health Organization, national tuberculosis programs, and local governmental and nongovernmental organizations in the Greater Mekong Subregion.