



Capacity building on PMDT for Eastern Africa countries

Center of Excellence (CoE) on PMDT in Rwanda 2010-2013

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Background

Since 2005, Rwanda has been implementing diagnosis and treatment of DR TB, integrating TB/HIV services and increased a treatment success rate over 87%. The Centre of Excellence (CoE) on training on programmatic management of DR TB (PMDT) for East Africa was established in Kigali, Rwanda in mid-2010 with funding from USAID East Africa through TB CAP project of USAID implemented by KNCV Tuberculosis Foundation (KNCV) as a lead partner.

The CoE supports many different activities such as training courses, workshops, experience exchange visits, study tours and fora for knowledge management that are the most effective when they are interconnected.

The aim of CoE is to have quality PMDT programs implemented mainly in the Eastern and Central African countries.

The vision of the CoE is to build regional capacity to support the elimination of M/XDR-TB in the Eastern African region.

The mission is to provide a forum for the countries in the region to learn, share and exchange experiences on evidence based program management including quality assured laboratory practices and operational research.

Objective

Objective is to give an overview of the processes involved to maintain operations and quality assurance at CoE.

Results

Since 2010 the CoE has implemented training/ learning events: PMDT, Laboratory, TB-IC, TB/HIV, Study tours to Rwanda NTP (Figure 1)

Title	2010	2011	2012	2013	Planned in 2014
PMDT	✓	✓	✓	✓	✓
Laboratory		✓	✓	✓	✓
TBIC		✓	✓	✓	✓
TB/HIV				✓	✓
Childhood TB					✓
Study tours to Rwanda NTP			✓	✓	✓

Figure 1: Since 2010 the following training/ learning events have been held by CoE

As Public Health and TB management face new challenges every year, CoE updates training curricula on yearly basis to conform to global and regional developments. For example PMDT course curriculum has been updated over the last four years based on the latest policies in TB diagnostics, treatment, new drugs, reporting system etc. Field visits are part of PMDT training to develop skills of participants (Figure 2)

Topic	2010	2011	2012	2013	Planned 2014
Epidemiology	✓	revised	revised	revised	revise
STOP TB Strategy	✓	✓	✓		revise
WHO guidelines on PMDT	✓	✓	✓	✓	✓
Rwanda case study			✓	revised	✓
Diagnostics	✓	✓	✓	revised	✓
Treatment	✓	✓	✓	✓	✓
Drug management				✓	✓
TB IC	✓	✓	revised	✓	✓
Special situations		✓	revised	✓	✓
Models of care	✓	✓		✓	
Monitoring and evaluation			✓	revised	✓
Ethics and legal issues in TB control	✓	✓	✓		
Operational Research	✓	✓	✓	✓	✓
HRD			✓	✓	revise
Field visit	✓	✓	✓	revised	✓

Figure 2. PMDT curriculum updates and foreseen ahead for 2014

To strengthen the team of CoE facilitators and standardize overall approach trainings of trainers (ToT) for regional and national teams have been delivered in 2010 and 2011, training evaluation has been standardized since 2011, follow-up evaluation was introduced in 2012 and field visit for gap analysis initiated in 2013.

Team of CoE has gradually taken over tasks and responsibilities from international stakeholders and is fully accountable for course development and implementation. Their participation and facilitation during the PMDT theoretical and practical classes increased from 50% in 2011 to more than 80% in 2013.

Conclusion

Most Eastern African countries are now implementing PMDT. The CoE has had important role in building capacity of staff in these countries. However, these efforts should be complemented with regional fora for sharing experiences including ensuring cross countries monitoring and experience exchange visits.

