

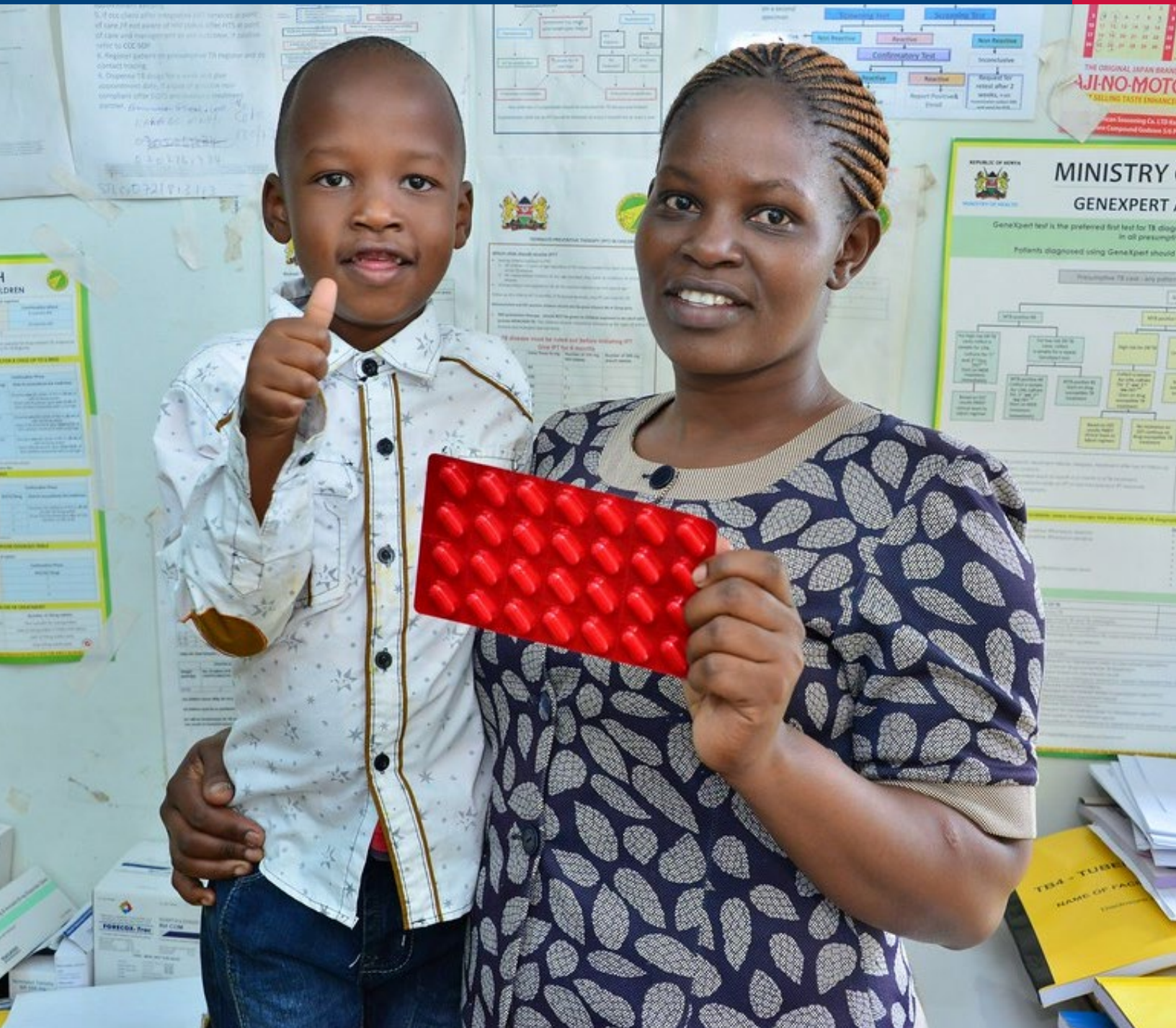


USAID
FROM THE AMERICAN PEOPLE

ACCELERATING ACTION TO END TB TUBERCULOSIS REPORT TO CONGRESS

JANUARY 2020

FY 2018



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT REPORT TO CONGRESS
ON FISCAL YEAR (FY) 2018 TUBERCULOSIS PROGRAMMING
ACCELERATING ACTION TO END TB**

The U.S. Agency for International Development (USAID) submits this report to Congress pursuant to P.L. 110-293, the Tom Lantos and Henry J. Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Authorization Act of 2008, Section 302(d), which amended P.L. 87-195, the Foreign Assistance Act of 1961, to add Section 104B(g).

On the Cover: A mother and son complete MDR-TB treatment in Kenya. Photo credit: Alex Kamweru, USAID.

GLOBAL CONTEXT

Tuberculosis (TB) remains the world's deadliest infectious disease: it takes the lives of an estimated 4,000 people each day.¹ Delayed diagnosis, weak laboratory services and health care, high-risk co-morbidities, and the challenges of drug-resistant TB (DR-TB) cause millions of people to suffer and die from the disease each year. To reach the ambitious global goal of ending TB by 2030, governments of the highest-burden countries, donors, faith-based organizations, other non-governmental organizations, the private sector, and other global TB stakeholders must take accelerated action to fight the epidemic.

In Calendar Year 2018, ten million (estimate range, 9.0–11.1 million) people became ill with TB, and 1.5 million (estimate range, 1.3–1.6 million) people died from the disease.² Identifying individuals with TB and immediately linking them to effective treatment to prevent further transmission continues to be a major challenge. Of those people who were ill with TB, health providers only reported 69 percent of them to National TB Programs (NTPs), and only 45 percent received diagnostic testing.³

In addition, almost a half million people developed a deadlier form of TB that is resistant to the most effective treatment.⁴ Drug-resistant TB (DR-TB), which includes multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB), is more difficult and expensive to diagnose and treat and has become a major challenge for Ministries of Health the world over. Furthermore, DR-TB takes a tremendous physical, social, and economic toll on patients and families, many of whom already struggle in poverty. For these and other reasons, only one in five people with DR-TB starts treatment, and just over half of these individuals are cured.⁵

Many people with TB have other health problems that further exacerbate their condition. Unfortunately, high-risk co-morbidities are strongly associated with TB. More than two million people with TB are undernourished, the highest risk factor for the disease and an added

difficulty for patients to complete treatment successfully.⁶ Other major risk factors for TB are smoking, abuse of alcohol, infection with HIV, and diabetes.⁷

TB has a devastating impact on development and exacerbates poverty, which places economic and social strains on individuals, families, and communities. According to the World Health Organization (WHO), TB patients and their households lose, on average, 50 percent of their annual incomes from missed work and the cost of seeking treatment, even where TB care is available free of charge.⁸

In September 2018, the High-Level Meeting (UNHLM) on TB of the United Nations General Assembly set the stage for urgent attention to, and action on, TB. This included establishing the ambitious targets of diagnosing and enrolling an additional 40 million people on treatment for TB by 2022 (commonly referred to as “40x22”), with a focus on countries with the highest burden of the disease, and enrolling 30 million on preventive therapy for TB (commonly referred to as “30x22”).⁹

With funding from U.S. taxpayers through Congress, USAID is working with governments, civil society, and the private sector in our partner countries to accelerate their responses to end TB while ensuring they are progressing on the Journey to Self-Reliance.

¹ World Health Organization *Global Tuberculosis Report, 2019*

² *Ibid.*

³ *Ibid.*

⁴ *Ibid.*

⁵ *Ibid.*

⁶ *Ibid.*

⁷ *Ibid.*

⁸ National TB Patient Cost Survey to monitor progress toward the target to eliminate catastrophic costs and help design social protection and universal health coverage, accessed at http://www.who.int/tb/areas-of-work/tb-hiv/garcia_patient_cost_survey_rationale_and_method.pdf

⁹ Stop TB Partnership http://www.stoptb.org/assets/documents/global/advocacy/unhlm/UNHLM_Targets&Commitments.pdf

USAID'S GLOBAL TB PROGRAM

USAID leads the U.S. Government's global TB-control efforts, by working with agencies and partners around the world to reach every person with the disease, cure those in need of treatment, and prevent the spread of new infections. To achieve this, USAID works through the U.S. Government's [Global TB Strategy](#), the [National Action Plan for Combating Multidrug-Resistant Tuberculosis](#) (National Action Plan), the Stop TB Partnership's [Global Plan to End TB](#), and the WHO's [End TB Strategy](#). To meet the targets set at the UNHLM and avoid duplication, the U.S. Government collaborates closely with the WHO; the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund); and other public and private partners.

2018 ACHIEVEMENTS IN USAID TB PRIORITY COUNTRIES

23	Countries with bilateral programs funded by USAID
55	Countries in which organizations received technical assistance from USAID and our partners
4,600,000	Cases of TB detected
14 percent	Increase in case-notifications
89 percent	Treatment-success rate
98,435	Individuals with DR-TB started on appropriate treatment
37,000,000	GeneXpert cartridges procured under concessional pricing (cumulative)
78	Countries in which partners used the Bedaquiline Donation Program (cumulative)
40,000	Health workers trained ¹
23	Countries in which partners completed drug-resistance surveys (cumulative)
22	Countries completed TB-prevalence surveys (cumulative)
7	Research studies funded that focused on new treatment regimens ²

¹ While health workforce shortages and capacity issues remain, there has been significant progress. Some of the constraints include limited number of qualified health care workers at the primary health care level with often large workloads.

² A detailed description of USAID's research studies and clinical trials are outlined in the recently published [Combating Multidrug-Resistant Tuberculosis, Year Three of the National Action Plan Report](#).

In cooperation with Ministries of Health, USAID provides bilateral assistance in 23 countries with high burdens of TB. USAID expanded its funding for TB in the Socialist Republic of Vietnam this year because of a more than 50 percent increase in the estimated burden of the disease in the country.¹⁰ Leveraging the U.S. Government's investment in the Global Fund, USAID also provides targeted technical assistance in an additional 32 countries. This technical assistance is usually short-term, to remove barriers to the implementation of National Strategic Plans (NSPs), including support to prevent, find and treat people with TB, build national capacity to use existing resources and turn evidence into policy, and expand the introduction of new tools.

USAID plays a critical coordination role in each country by working closely with a wide range of multi-sectoral TB stakeholders, including Ministries of Health, the Secretariat and Principal Recipients of the Global Fund, other U.S. Government Departments and Agencies, the WHO, the Stop TB Partnership, civil society, local non-governmental organizations, faith-based groups, communities, and the private sector.

USAID'S FOCUS ON RESULTS

To improve measurable TB outcomes, USAID supports Ministries of Health to develop and implement patient-centered approaches to increase the detection of infections and improve access to high-quality care for the disease. These efforts include promoting prevention strategies, expanding community- and facility-based screening, developing diagnostic networks, identifying appropriate treatment regimens, and leveraging financial commitments from governments and other stakeholders. USAID's goal is to ensure that people with TB, especially those who are living in poverty, are at the forefront of interventions at all levels of health care.

¹⁰ World Health Organization *Global Tuberculosis Report, 2019*

In FY 2018, USAID made significant progress toward reaching the targets set forth in the U.S. Government's [Global TB Strategy](#) and [National Action Plan](#). On average, in the 23 countries where the United States funds governments directly, since 2000 the incidence of TB decreased by 27 percent, mortality from the disease decreased by 44 percent, and notifications of cases of infection increased by 114 percent.¹¹

FINDING PEDIATRIC CASES OF TB IN THE REPUBLIC OF UGANDA

After Uganda's 2016 national prevalence survey revealed that the burden of TB was higher than previously thought, the National Leprosy and Tuberculosis Program (NLTP) within the Ministry of Health and other stakeholders directed their focus to improving the detection of TB cases. With funding from the Global Fund, USAID worked with the NLTP to spearhead interventions at the national level, including setting targets for case finding, weekly surge reporting, and rolling out the Active Case-Finding (ACF) toolkit to nine Districts through trainings, workshops, and mentorships.

The Mukono Health Center IV in Central Uganda was finding only an average of five pediatric cases of TB per month, even though, based on population projections, the expected number of new cases per month should have been 13. Since February 2018, a USAID partner has helped the health facility improve its pediatric screening for TB, build the capacity of its health workers for clinical diagnosis, and document the cascade of care. This support has consisted

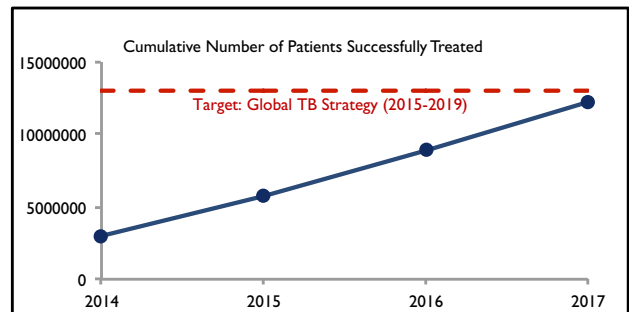
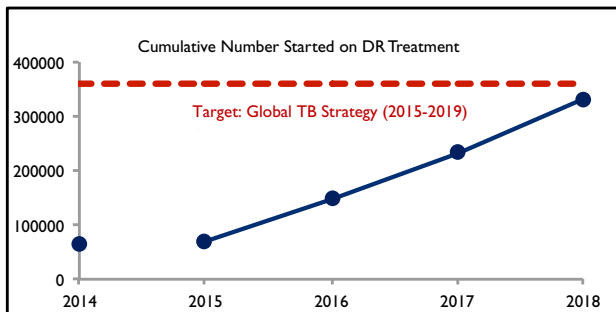
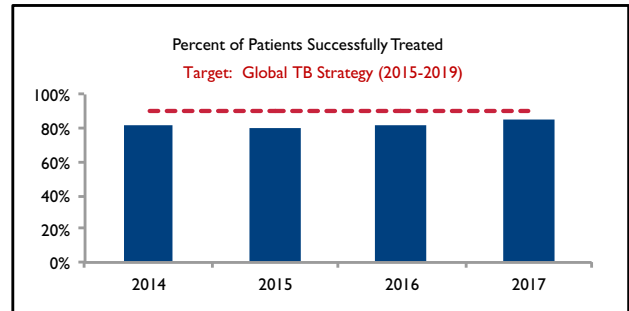
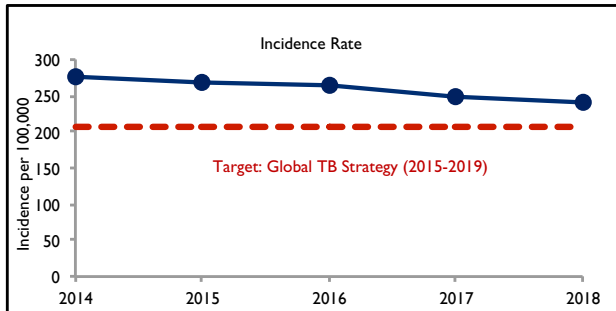
of bi-weekly quality improvement coaching sessions and on-the-job mentorship visits to the facility's teams to improve the clinical diagnosis of pediatric TB. Because of this intervention, screening for pediatric TB at the clinic has increased from 18 to 58 percent, which has meant the facility now finds 15 cases of the disease in children each month.



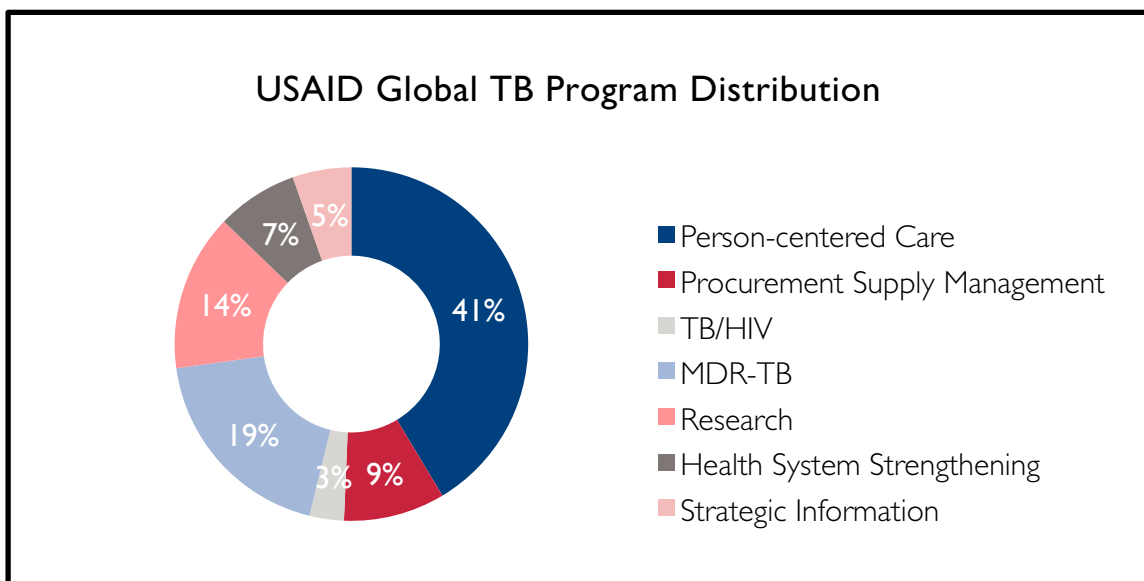
Mukono HC IV Health worker screening children for TB. Photo credit: Godfrey Kirunda, Defeat TB.

¹¹ World Health Organization *Global Tuberculosis Report, 2019*

In year four of the five-year U.S. Government Global TB Strategy, USAID is on track to meet three of the document's four targets. USAID's partners have treated 12.2 million people with TB successfully (achieving 94 percent of the five-year target in year four); started 330,000 individuals with DR-TB on second-line drug therapy (achieving 92 percent of the five-year target in year four); and accomplished a treatment-success rate of almost 90 percent. Despite the tremendous progress made in these areas, the incidence rate of TB around the world has decreased by only 13 percent since 2014.



In FY 2018, USAID invested a total of \$265 million in activities to control TB, appropriated through the Global Health Programs (GHP) and Economic Support Fund (ESF) accounts. This funding includes bilateral assistance in high-burden countries and resources spent through USAID's regional platforms and centrally managed contracts, grants, and cooperative agreements.



USAID'S GLOBAL ACCELERATOR TO END TUBERCULOSIS

At the September 2018 UNHLM, USAID Administrator Mark Green announced the Agency's new business model for TB—the [Global Accelerator to End Tuberculosis](#). The Accelerator is designed to increase investments from the public and private sectors to end the TB epidemic while simultaneously building local commitment and capacity to achieve the goals set forth at the UNHLM in a way that builds self-reliance. It focuses on countries with high burdens of TB where the Agency can align with local communities and partners to deliver performance-based results toward the global targets.

The Accelerator aims to help our partners meet the targets set at the UNHLM by deploying more-focused technical expertise to increase the diagnosis and treatment of TB and MDR-TB, especially to Ministries of Health; strengthening the involvement of, and response to, TB by local organizations, including community and faith-based groups; accelerating the sustainable transition of the funding and management of TB programs to national governments and their partners; and improving coordination with other health programs.

ENGAGING PRIVATE HOSPITALS IN THE REPUBLIC OF INDONESIA

Indonesia has the third-highest incidence of TB, after India and China. In 2018, Indonesia detected and notified 565,466 TB patients (67 percent of the estimated cases), a 74-percent increase from the number of TB patients notified in 2014.¹ Approximately 20 percent of this national increase took place in USAID-supported Districts, even though they include only 11 percent of Indonesia's total population.

To drive this increase, USAID's partners engaged intensively with hospitals in Indonesia, especially private ones. As a result, the notification of TB cases in the 16 USAID-supported Districts grew from almost 58,000 in 2014 to more than 105,000 in 2018. Specifically, notifications from private-sector hospitals in USAID-supported Districts increased from almost 12,000 patients in 2014 to almost 34,000 in 2018, a number four to six times higher than in Districts not supported by USAID.

¹ World Health Organization *Global Tuberculosis Report, 2019*

The Accelerator ensures that USAID is fighting to end TB efficiently and effectively while focusing on locally generated solutions and combating stigma and discrimination. Since the launch of the Accelerator, USAID has shifted its business model to develop programs and strategies to achieve a more accountable, responsible, and inclusive response to TB in our priority countries to meet the commitments and targets set at the UNHLM. USAID is improving our partnerships by mutually agreeing on priority areas of collaboration with all stakeholders at all levels. The approach has focused on three key areas, including joint TB Partnership Statements with national governments; enhanced and focused technical support; and increased ownership, financing, and engagement by local partners.

TB PARTNERSHIP STATEMENTS WITH NATIONAL GOVERNMENTS

USAID's investments are most successful when partner governments match them with their own strong commitments. To align our investments better with national priorities to meet the targets of the UNHLM, USAID has signed 17 Partnership Statements with the Governments of the People's Republic of Bangladesh; the Democratic Republic of Congo; the Federal Democratic Republic of Ethiopia; the Kyrgyz Republic; the Republics of India, Kazakhstan, Malawi, Mozambique, Nigeria, the Philippines, South Africa, Tajikistan, Uganda, Uzbekistan, and Zambia; the United Republic of Tanzania; and the Socialist Republic of Vietnam.

GOVERNMENT COMMITMENT TO A “TB-FREE” INDIA

Indian Prime Minister Narendra Modi has made an ambitious commitment to achieve a “TB-Free” India by 2025, five years ahead of the global target set at the UNHLM. The Government of India has quadrupled its funding for the National TB Program to extend access to high-quality care and treatment for TB through multi-sectoral and community-led approaches. Through the Accelerator, USAID is strengthening its partnership with the Government of India to advance the country’s efforts to eliminate TB even further.

A new USAID-India End TB Alliance is part of this partnership. Composed of leading experts in the public and private sectors, including industry and civil society leaders, academics, scientists, and donors, the Alliance offers innovative approaches that have guided USAID’s investments in engaging communities to help meet the needs of TB patients and address stigma and gender

discrimination around the disease. In addition, the Alliance facilitates private-sector involvement at all levels to contribute to the common goal of a TB-free India.



A health worker monitoring a woman's TB treatment. Photo credit: Challenge TB.

FOCUSED TECHNICAL SUPPORT FOR TB

To support more sustainable and focused TB programming, USAID has expanded our network of senior-level TB technical advisors embedded in NTPs within Ministries of Health. As of October 2019, USAID has placed more than 40 advisors in 20 countries who provide mentorship and guidance to NTP staff and coordinate efforts among all relevant stakeholders to control TB. In particular, the advisors help remove barriers to achieving national goals under NSPs and grants from the Global Fund.

LOCALLY GENERATED TB SOLUTIONS

As a key component of the Accelerator, the TB Local Organizations Network (LON) enables USAID to partner directly with local organizations in TB priority countries to implement locally generated diagnosis, treatment, and prevention services.

LON builds on the capacity and available resources of local institutions — including civil society, faith-based, and private sector service delivery provider organizations, as well as academic institutions — to

maximize the potential impact of USAID resources and accelerate the transition to local accountability and ownership. USAID has made eight initial LON awards.

LOCAL ORGANIZATION NETWORKS (LON) AWARDEES

- Kingdom of Cambodia: Khmer HIV/AIDS Non-Governmental Organization Alliance (KHANA)
- Republic of India: Resource Group for Education and Advocacy for Community Health (REACH)
- Republic of Indonesia: Yayasan KNCV
- Republic of Kenya: Conference of Catholic Bishops
- Republic of Mozambique: *Ajuda de Desenvolvimento de Povo para Povo*
- Republic of South Africa: Interactive Research and Development (IRD)
- Republic of South Africa: TB and HIV Investigative Network (THINK)
- Republic of Zimbabwe: Union Trust

LOOKING FORWARD

While notable progress took place in FY 2018, too many people continue to suffer and die from TB. In FY 2019 and 2020, USAID will continue to accelerate programmatic shifts that have measurable results and that develop and encourage accountability and coordination in priority countries to reach the targets set by the UNHLM by 2022.

APPENDIX

This appendix provides a snapshot into achievements during Fiscal Year (FY) 2018 in each of the 23 countries in which the U.S. Agency for International Development (USAID) provides bilateral assistance to end tuberculosis (TB).

NOTES

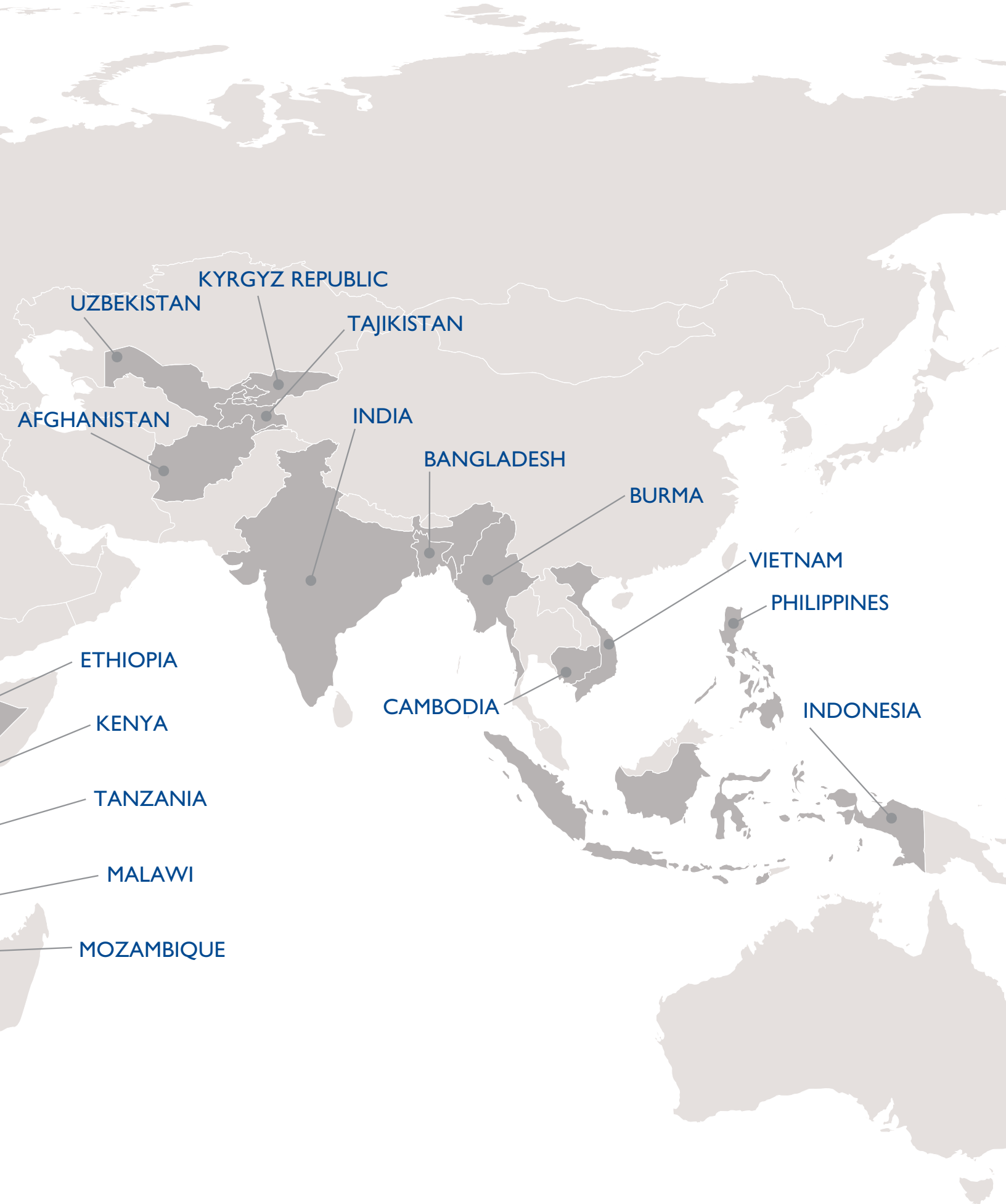
- Unless otherwise noted, notification data is used as a proxy for diagnosed and started on treatment.
- The charts use 2018 data for the estimated burden.
- The Stop TB Partnership calculated the targets for “40x22” (diagnosing and enrolling an additional 40 million people on treatment for TB by 2022, with a focus on countries with the highest burden of the disease) and “30x22” (enrolling 30 million on preventive therapy for TB) by using the latest estimates generated by the World Health Organization (WHO) for the incidence of TB and the number of notifications available publicly. With the exception of the Republics of India and The Philippines, USAID calculated all projections by using the Tuberculosis Impact Model and Estimates (TIME) model implemented by Avenir Health. To reflect country ambition, USAID adjusted upward the targets for TB treatment in India and the Philippines based on their governments’ announcements at the United Nations General Assembly High-Level Meeting on TB (UNHLM) in September 2018.
- For the purpose of this appendix, “drug-resistant TB” (DR-TB) means a strain of the disease resistant to at least isoniazid and rifampicin.
- Complete data for preventative treatment for TB in 2018 were either partially available or unavailable for the Islamic Republic of Afghanistan; the People’s Republic of Bangladesh; the Republics of Kenya, Malawi, Uganda, Uzbekistan, and Zambia; and the United Republic of Tanzania. USAID obtained data for the Kingdom of Cambodia from the National Tuberculosis Program (NTP) within the Cambodian Ministry of Health.
- Data on the number of TB cases attributable to top risk factors were not available for certain risk factors in some countries. Missing data related to these graphs are noted directly on the graphs.
- The WHO has revised significantly the estimates of the burden of DR-TB for Calendar Year 2018. Accordingly, the WHO is updating the targets for DR-TB treatment enrollments based on these new global estimates, and they were not available at the time USAID prepared this report for FY 2018.
- The WHO has revised downward the estimate for the overall burden of TB in the Kyrgyz Republic for Calendar Year 2018. However, USAID calculated the target for the number of Kyrgyz patients started on treatment for TB based on the estimates of the burden of the disease for 2017. Therefore, the targets appear higher than the estimated burden.
- In our previous Report to Congress (FY 2017), the targets for the number of patients on preventive treatment for TB included only the targets for under-five child household contacts of bacteriologically confirmed TB cases and persons who were living with HIV (PLHIV). This year (FY 2018), the target for preventive treatment for TB includes an additional third category: household contacts more than five years of age and adults. This is in alignment with the goals set at the UNHLM.
- Data on childhood TB from previous years have been inconsistent because of a mixture of programmatic challenges with diagnosing and treating the disease in children, as well as data-reporting problems.
- The charts present the distribution of USAID’s Program funding in broad categories.
- The charts present the distribution of USAID’s Program funding according to the Agency’s internal budgeting and finance system, which includes two cross-cutting categories: training and support costs. Training is approximately ten percent across all categories. “Support costs” are defined as system costs to support TB diagnosis and care, including the categories of Health-Systems Strengthening (HSS) and Strategic Information (SI).

DATA SOURCES:

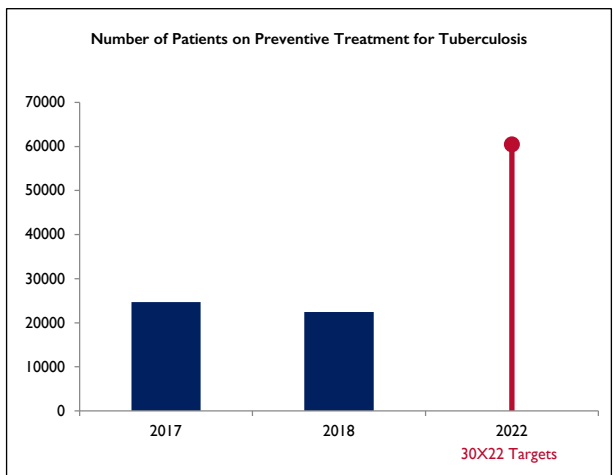
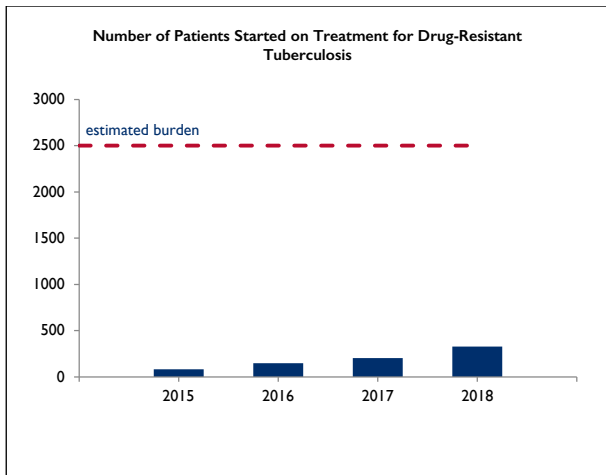
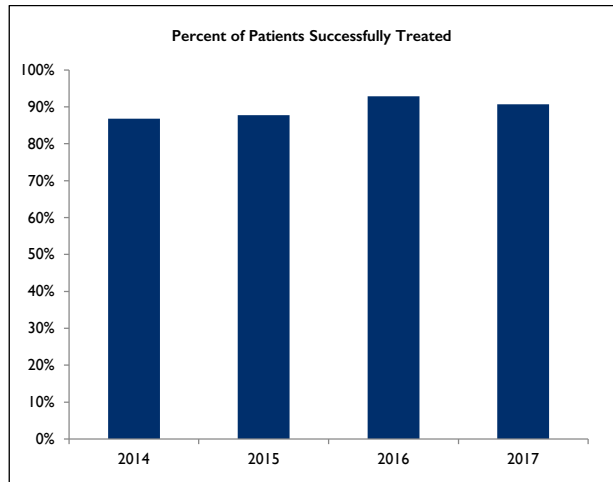
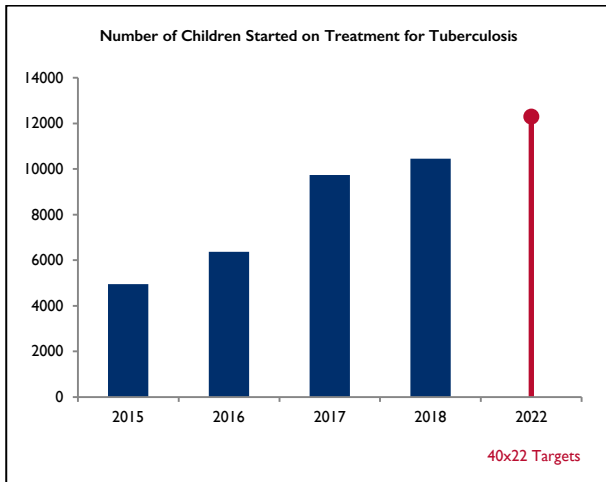
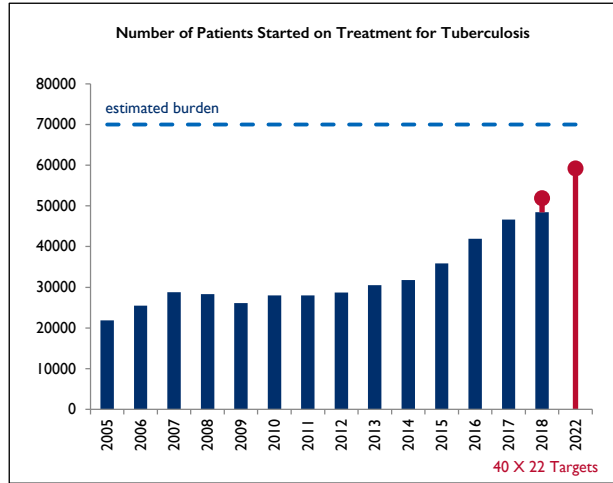
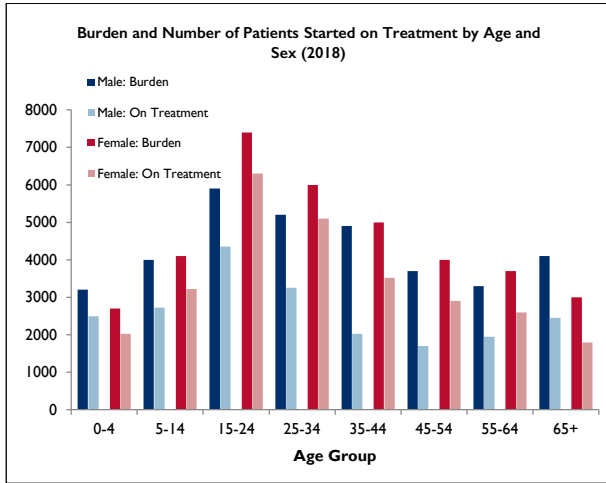
USAID sourced the data for all of the following pages from internal systems, the WHO, the Stop TB Partnership’s Global Drug Facility, and NTPs.

USAID TB PRIORITY COUNTRIES

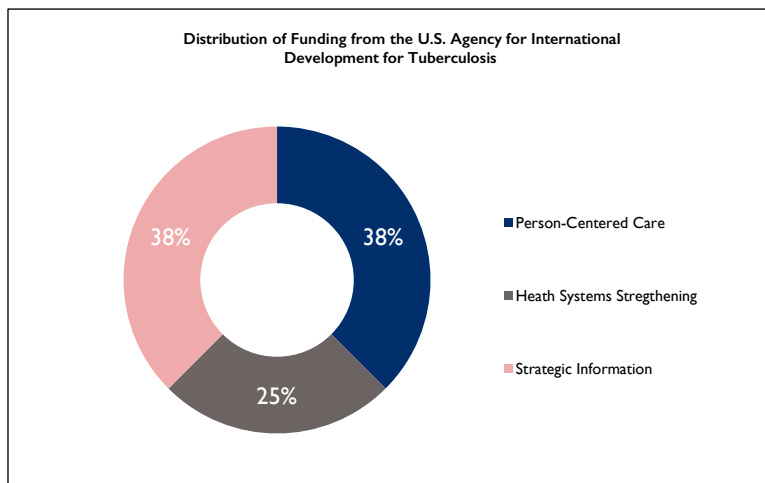
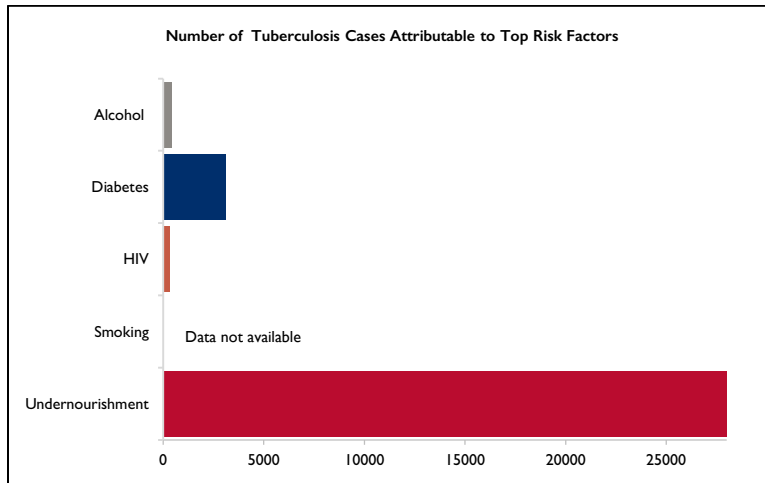




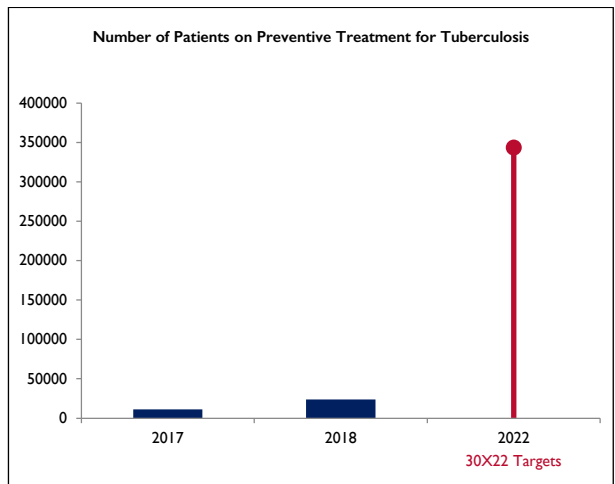
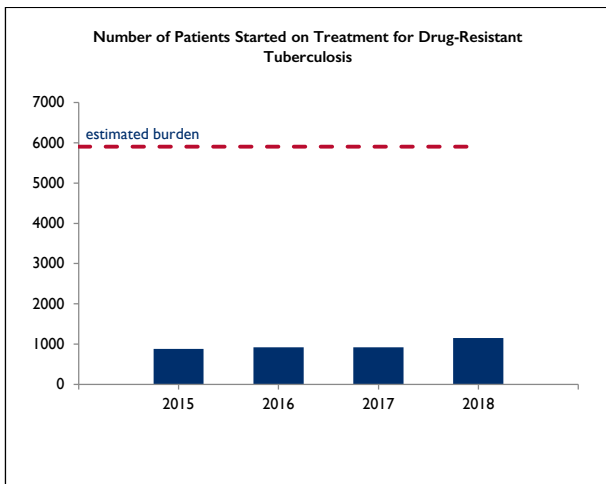
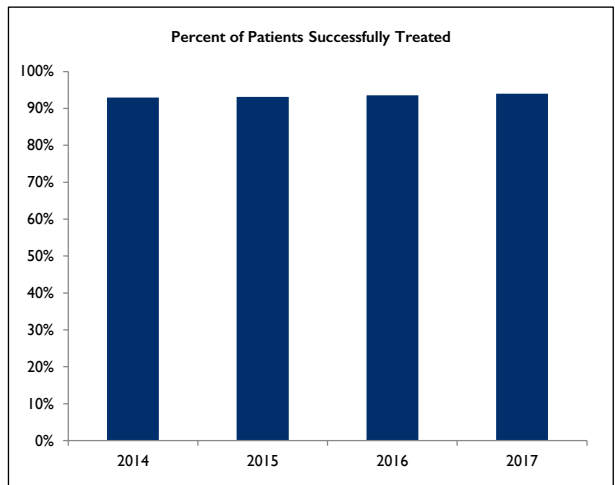
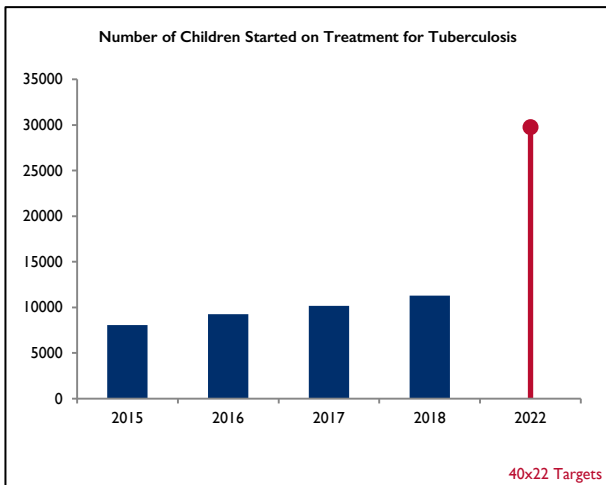
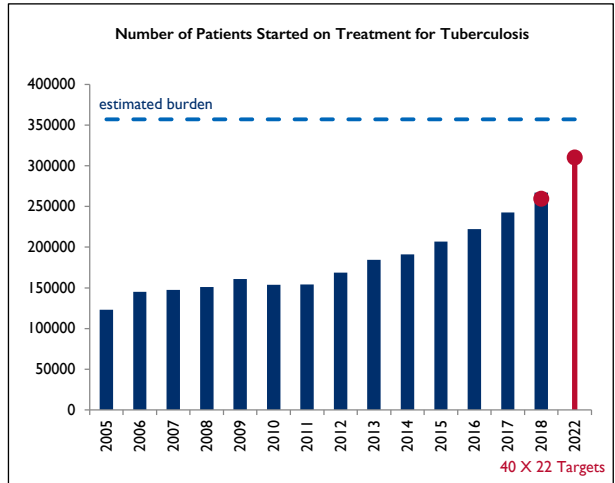
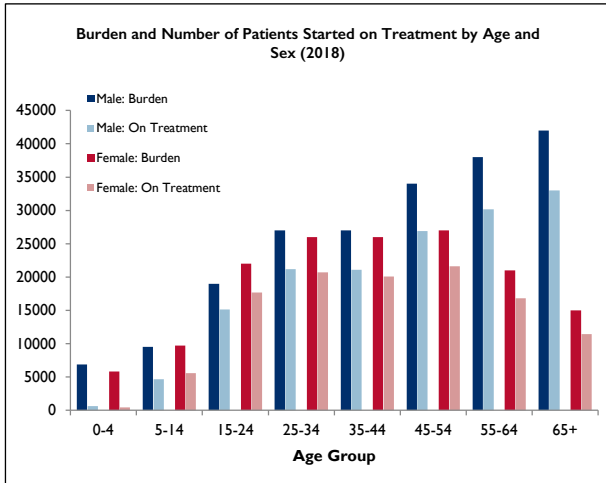
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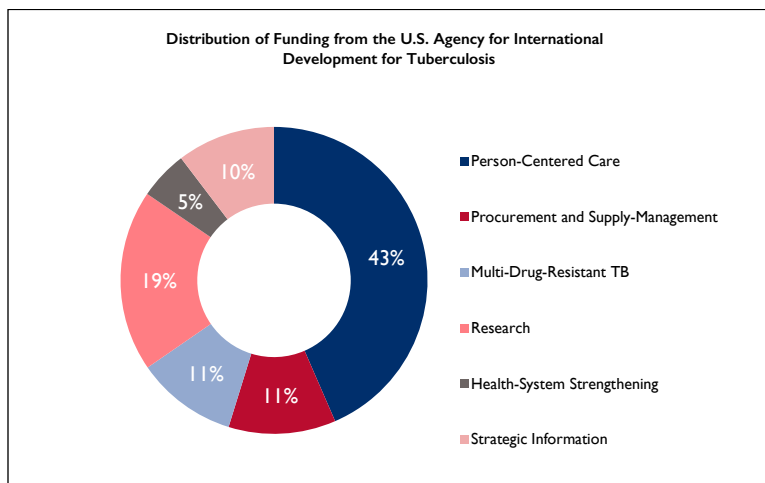
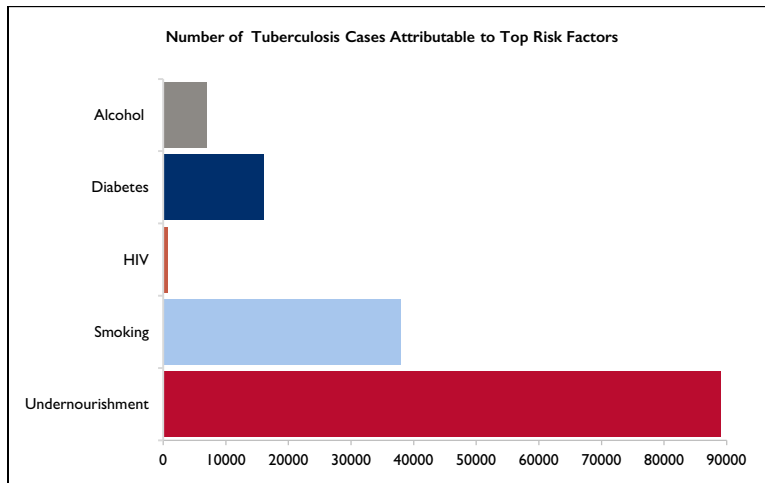
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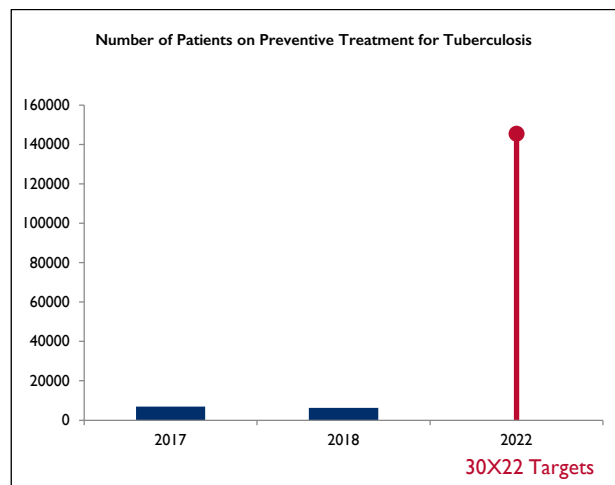
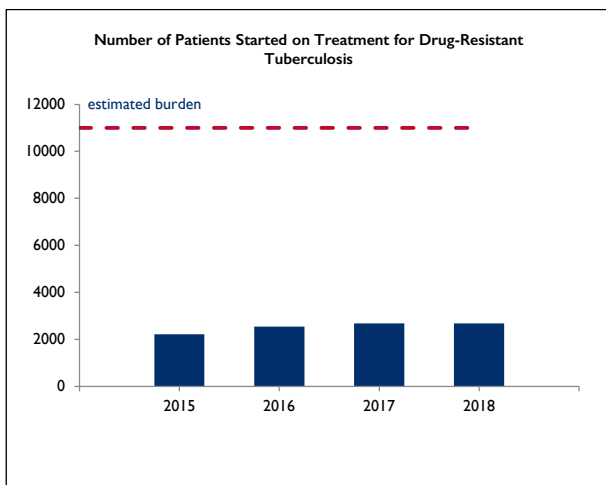
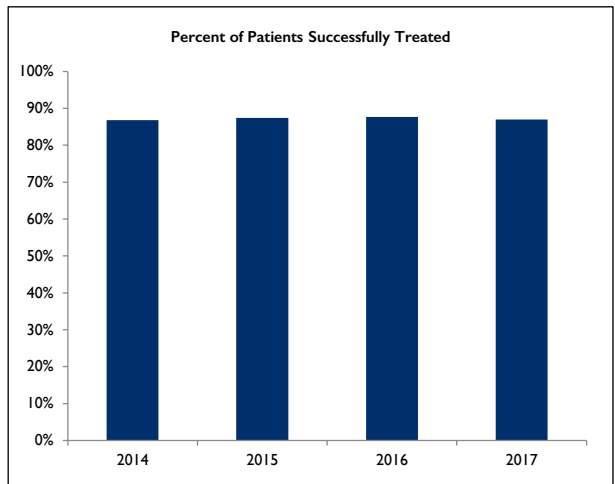
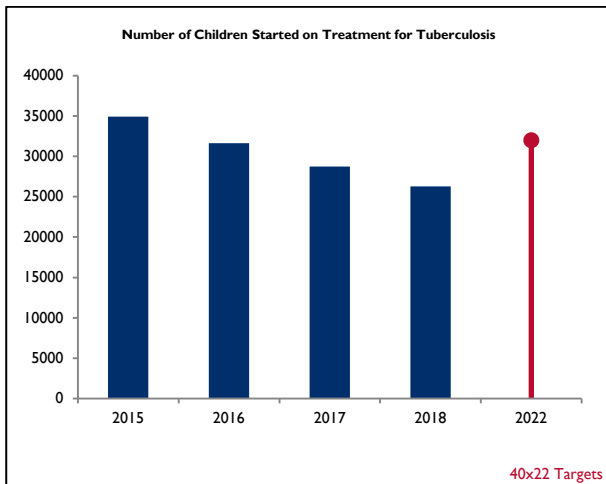
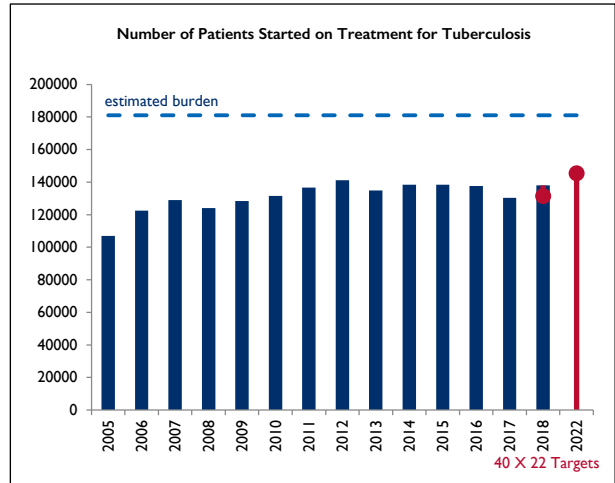
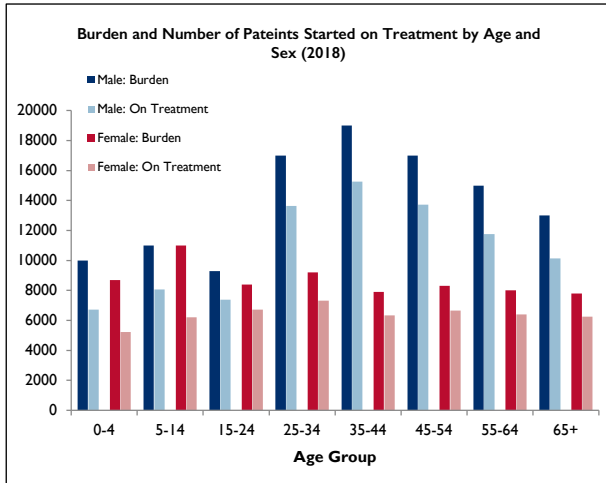
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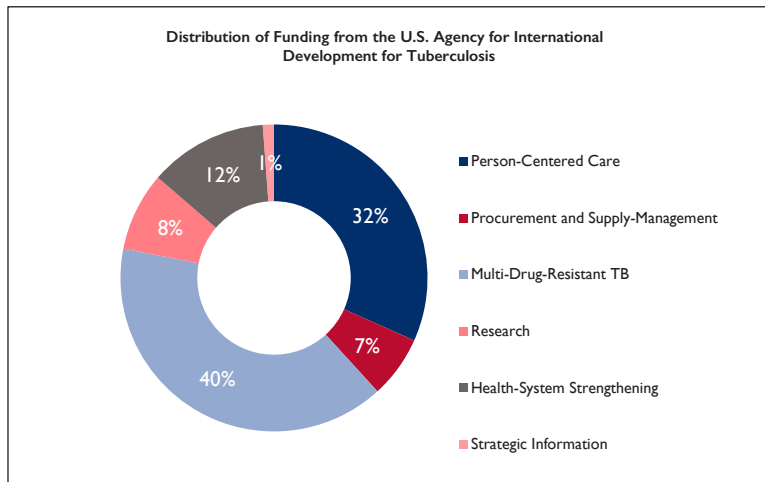
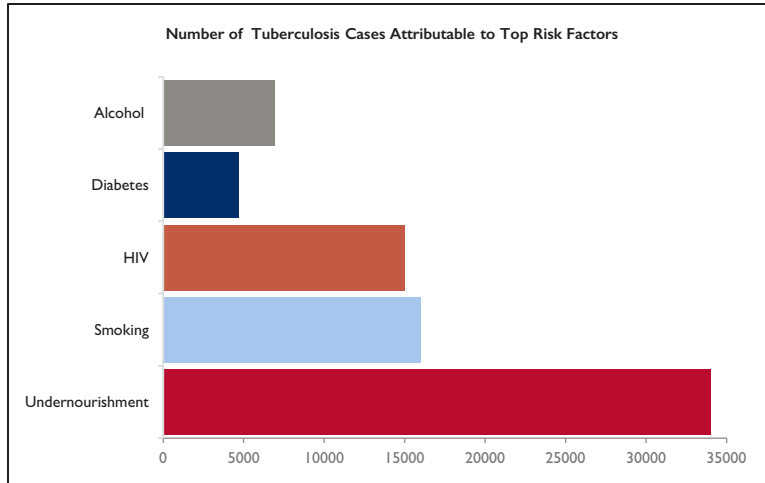
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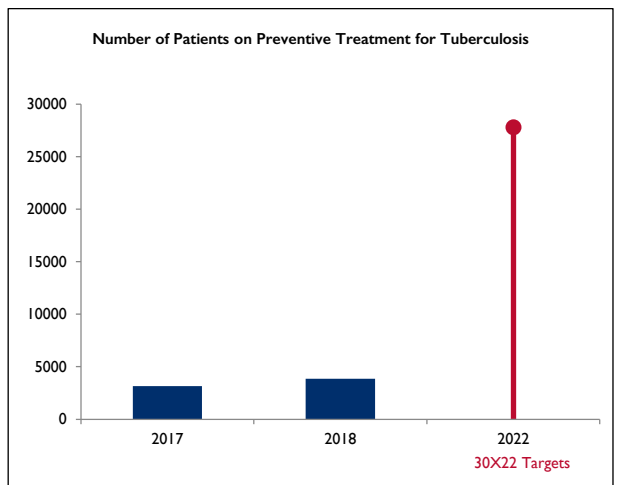
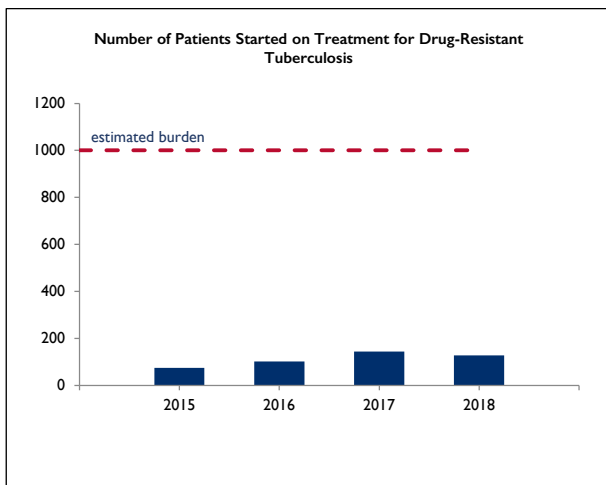
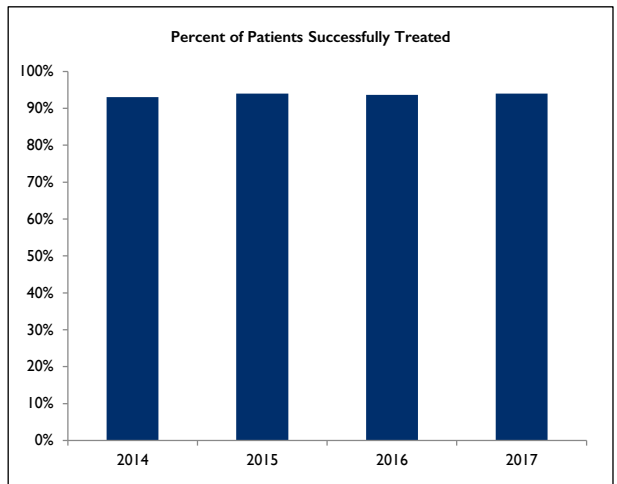
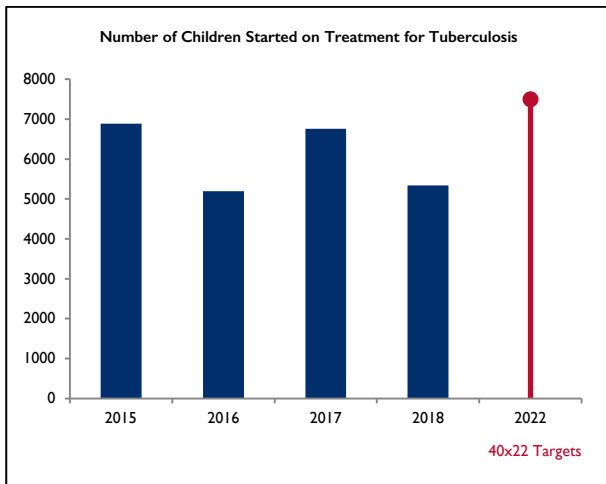
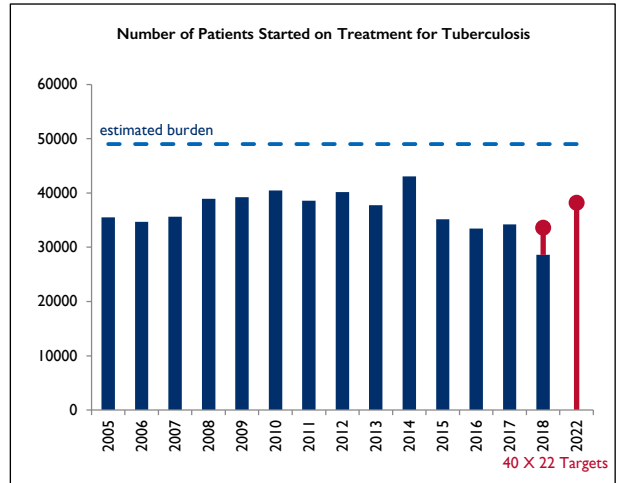
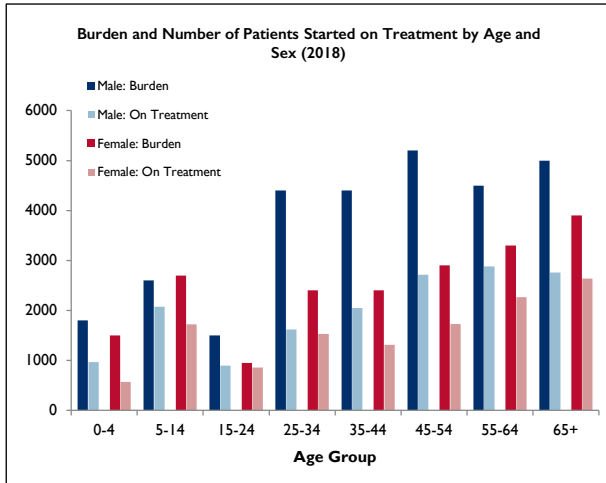
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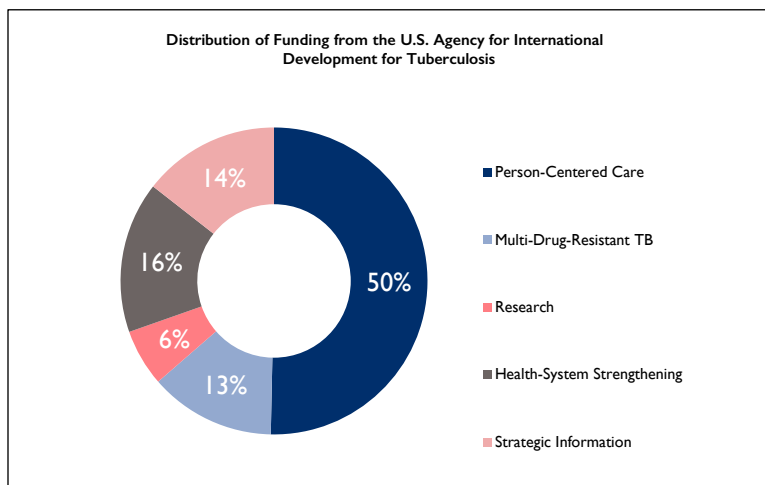
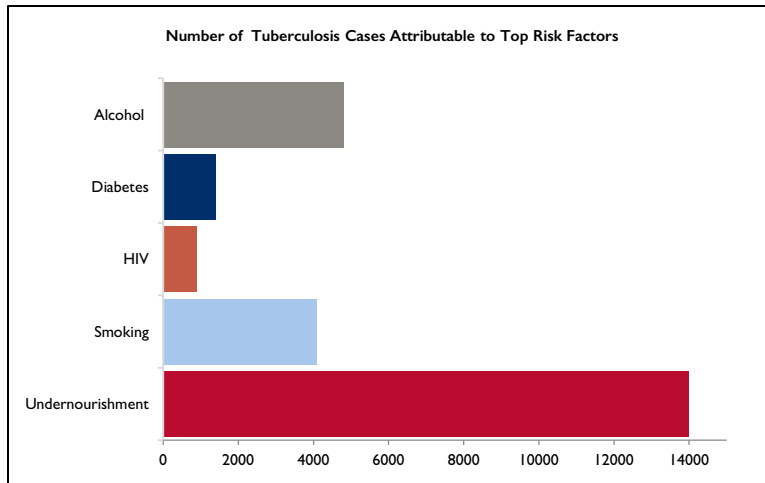
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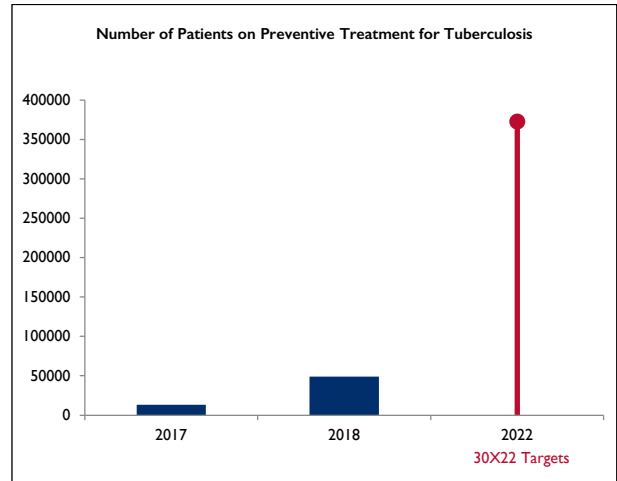
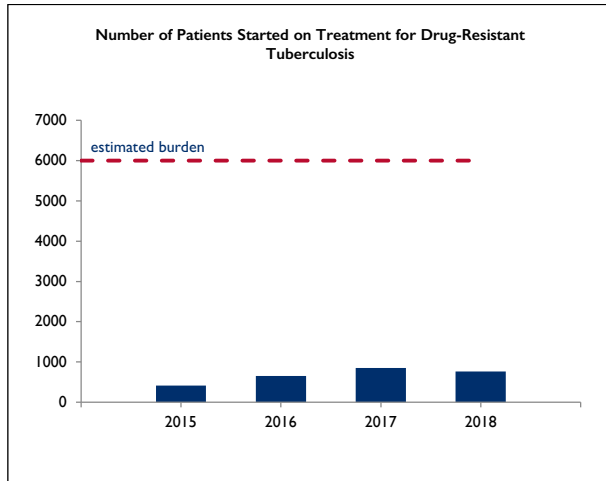
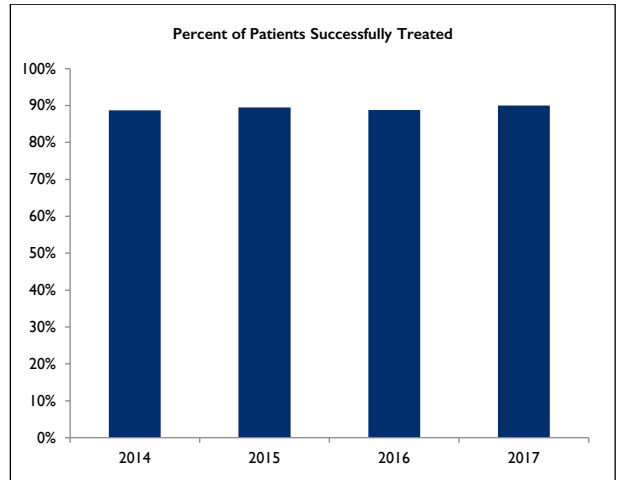
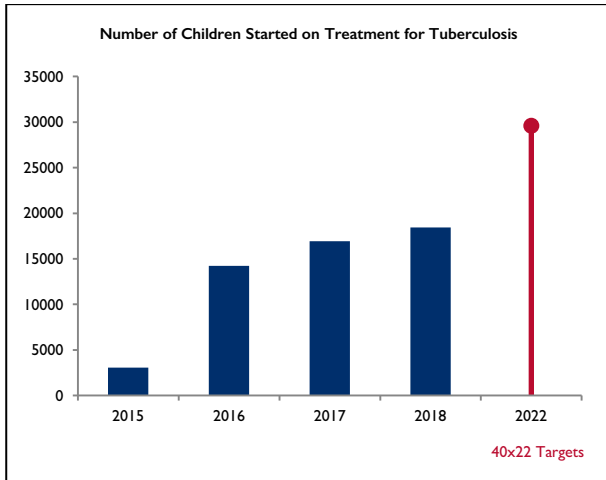
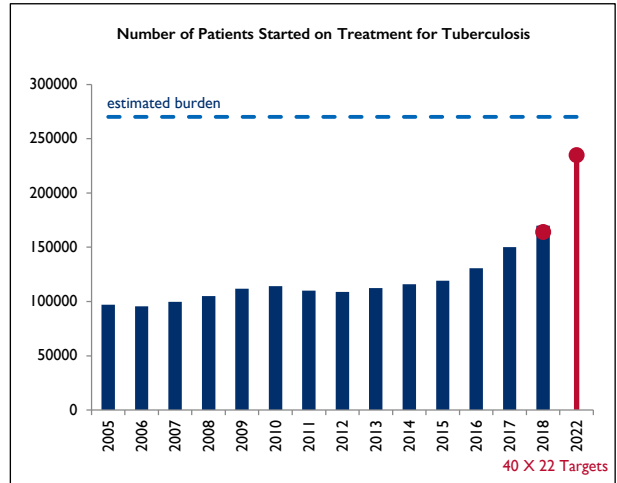
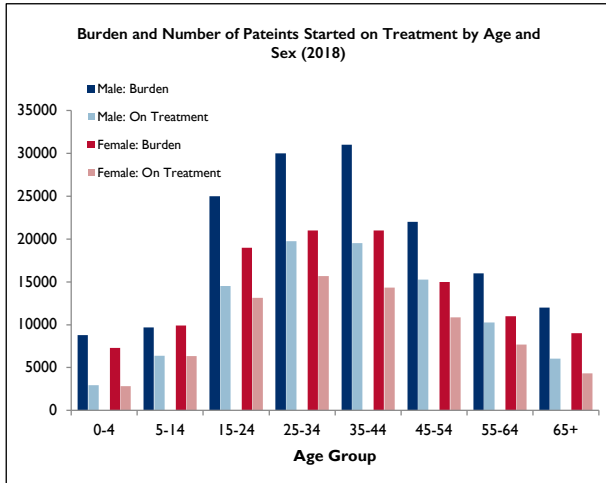
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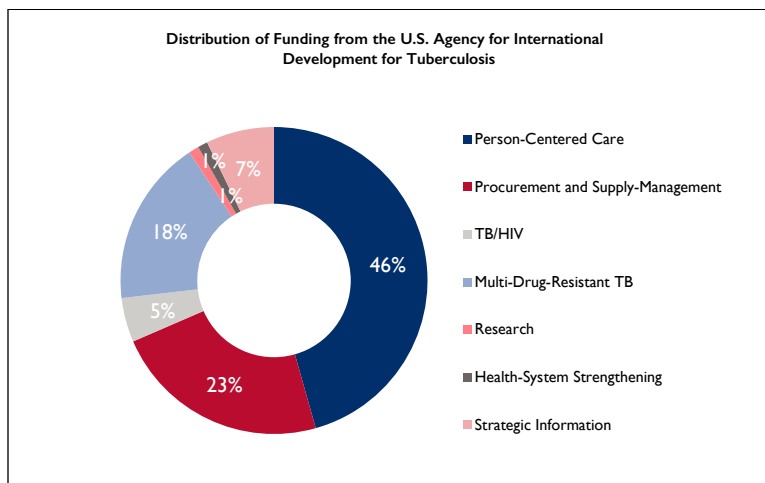
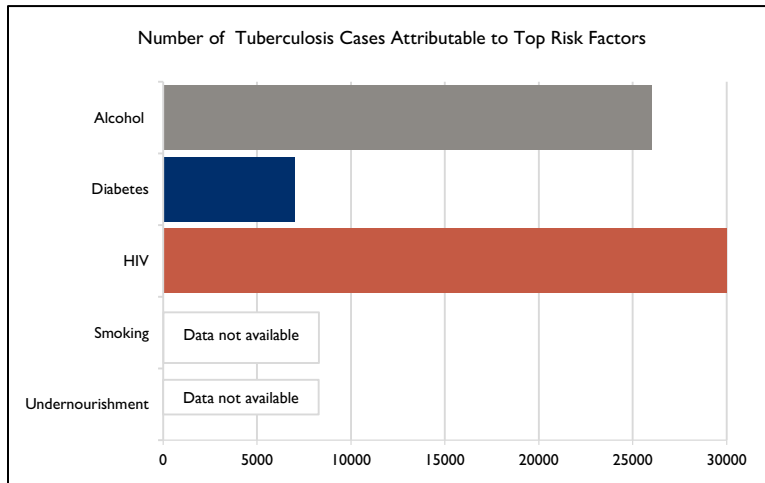
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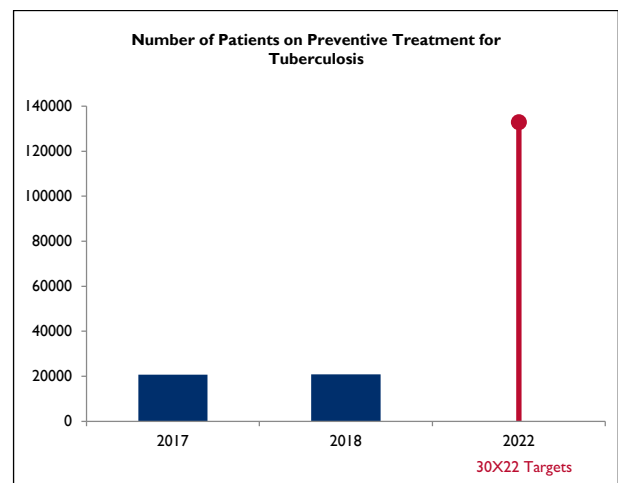
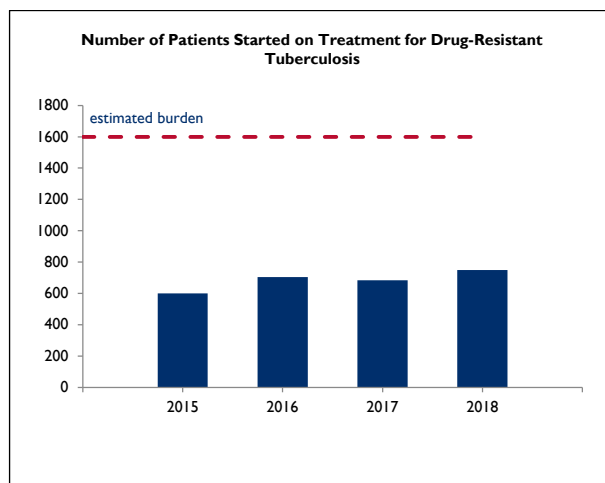
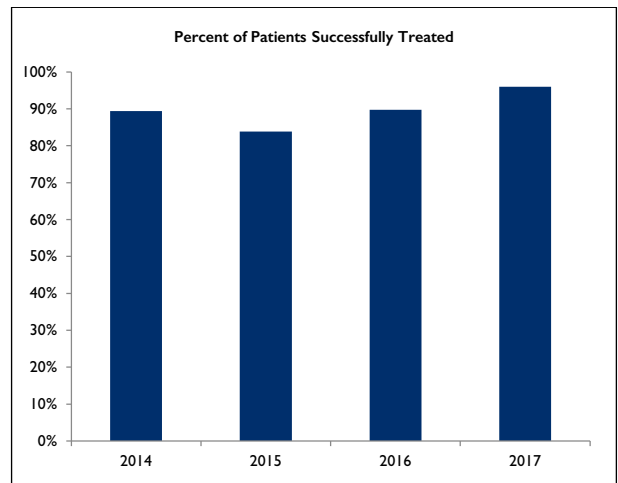
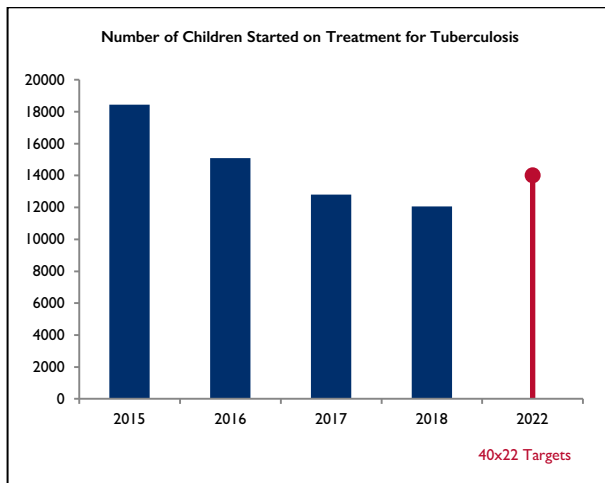
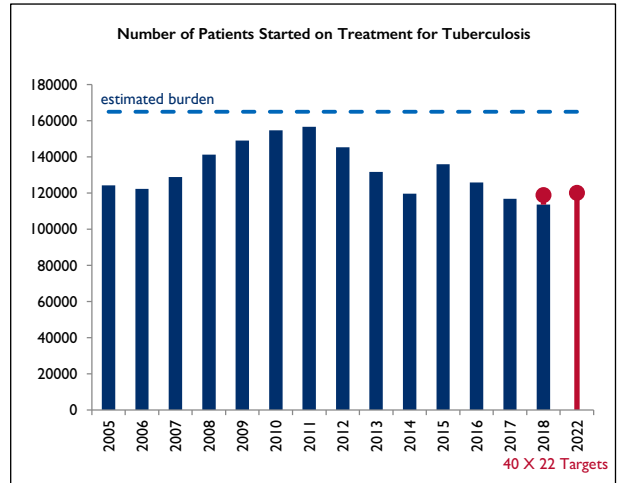
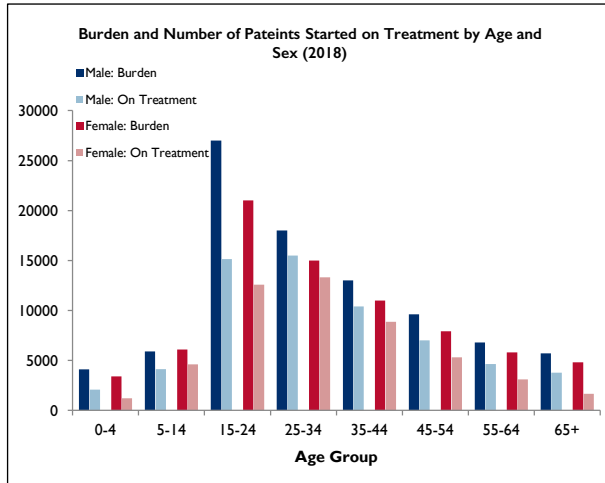
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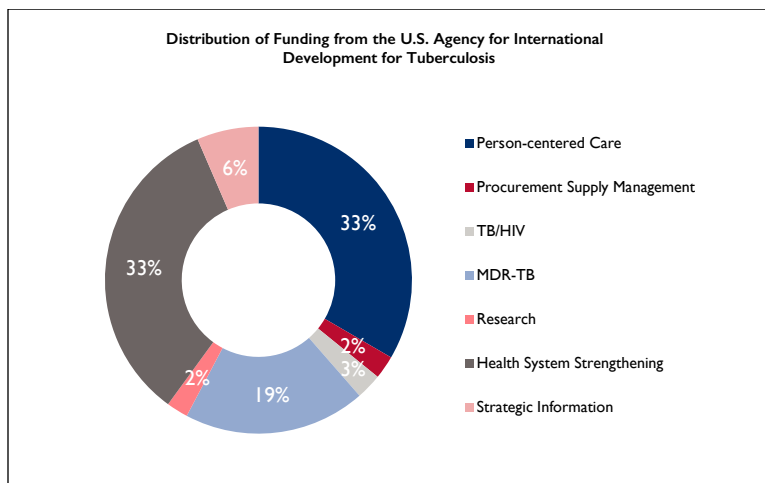
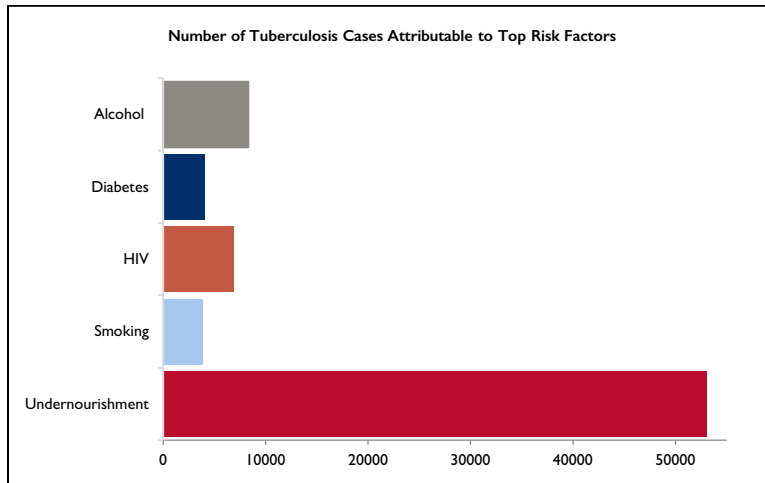
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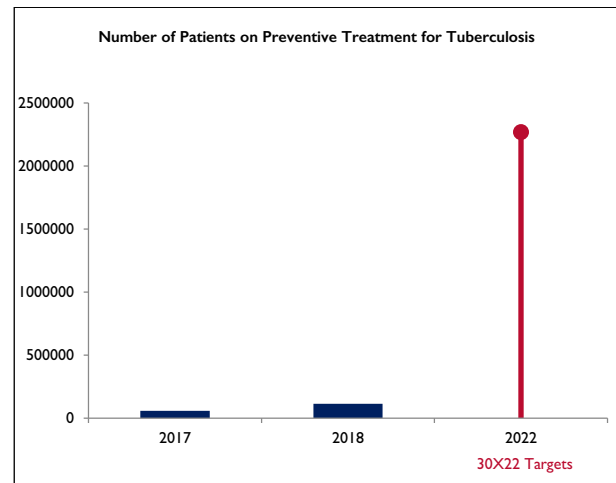
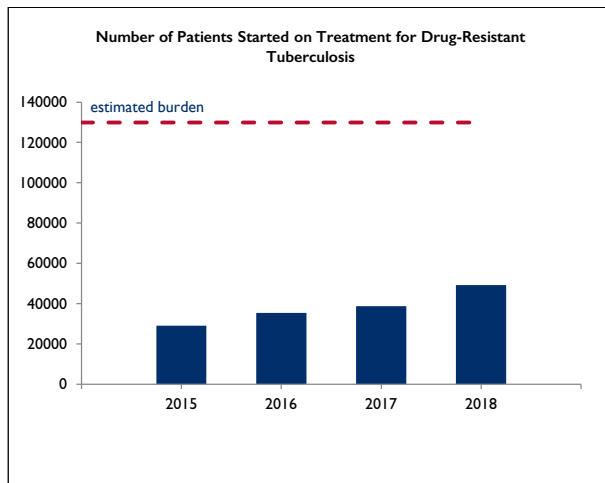
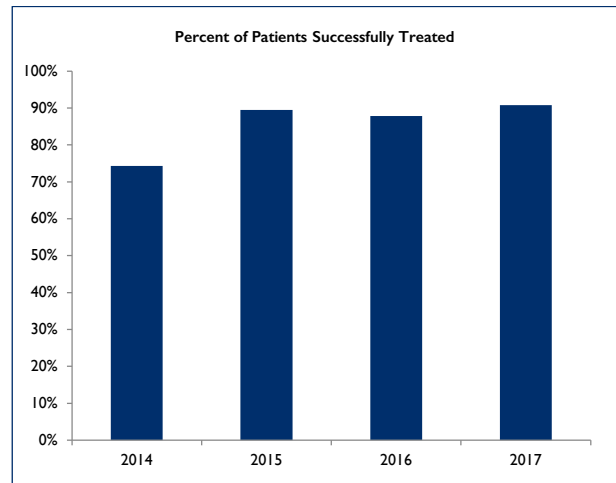
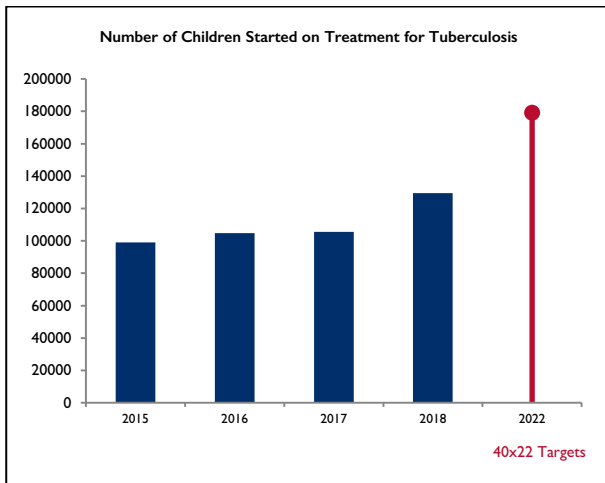
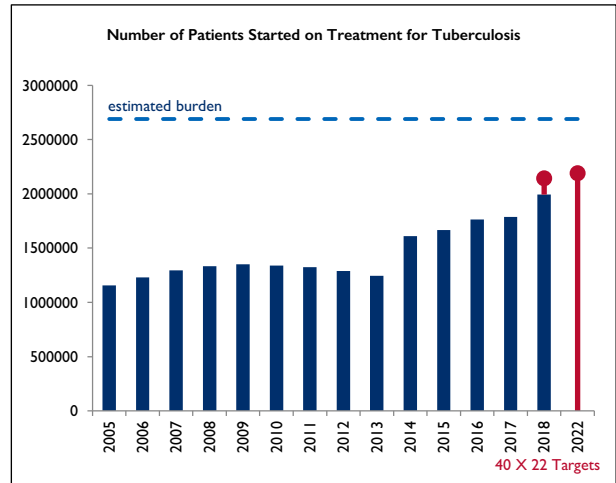
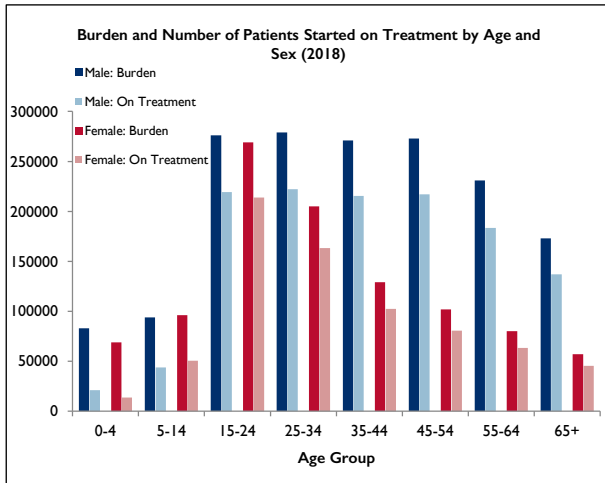
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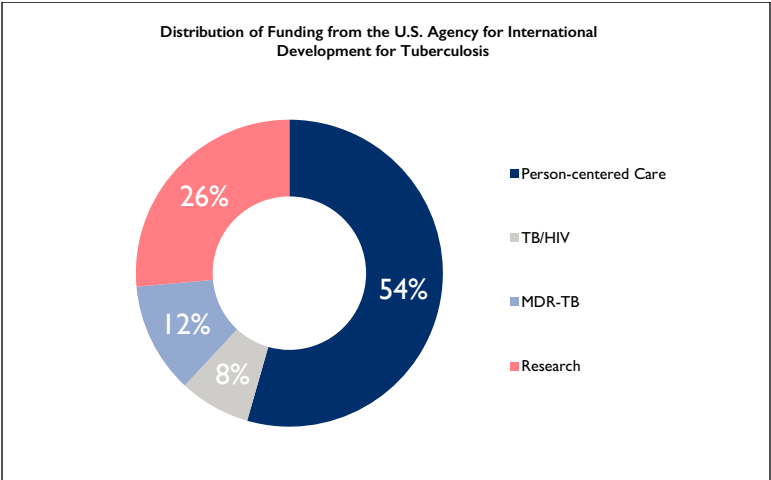
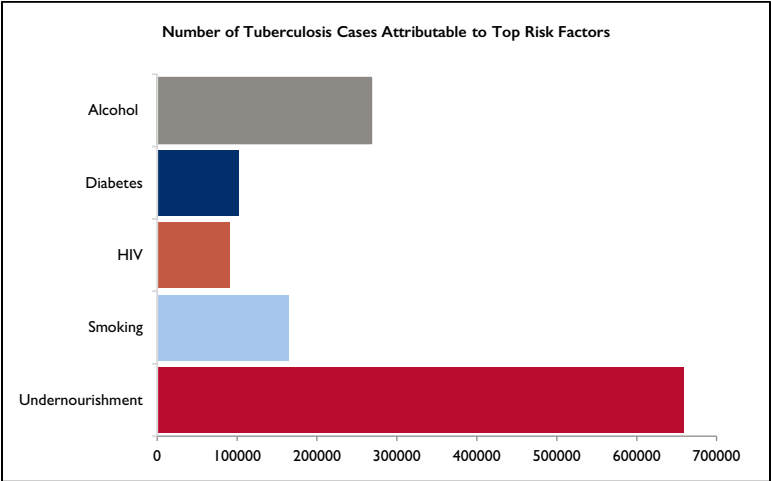
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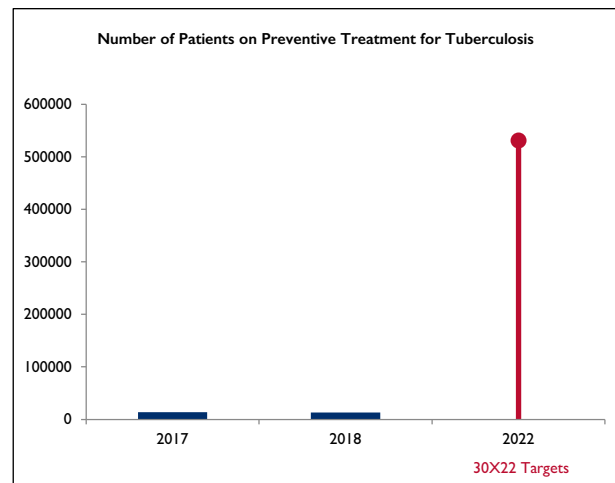
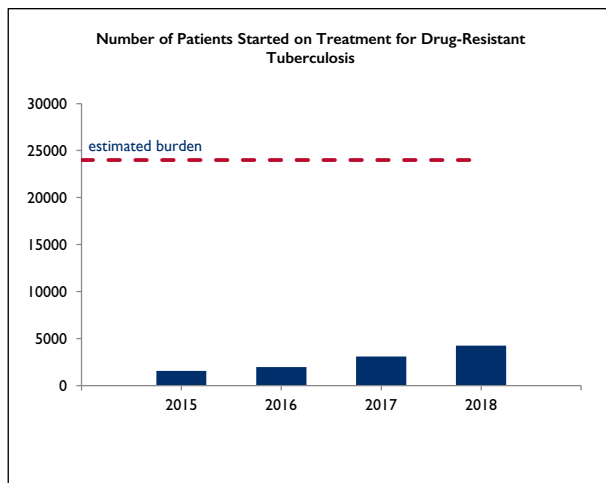
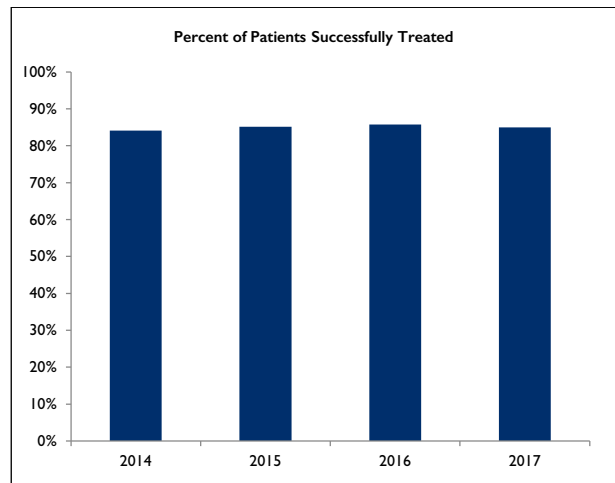
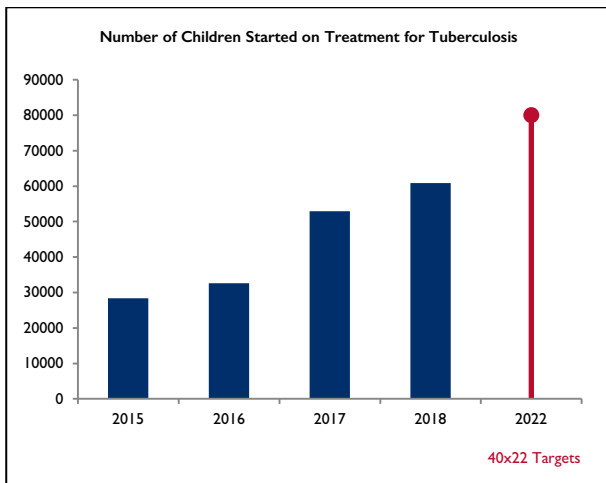
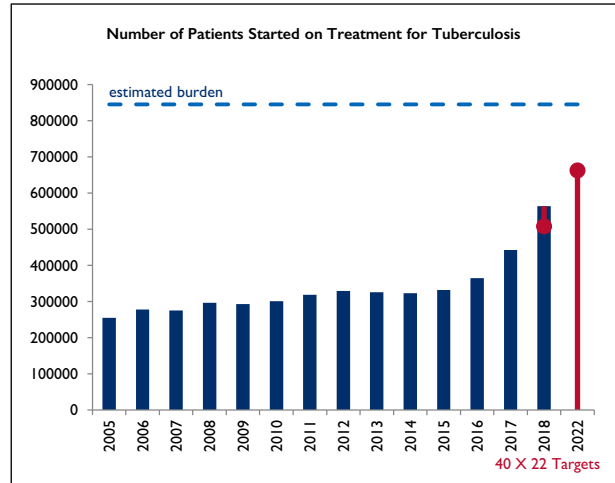
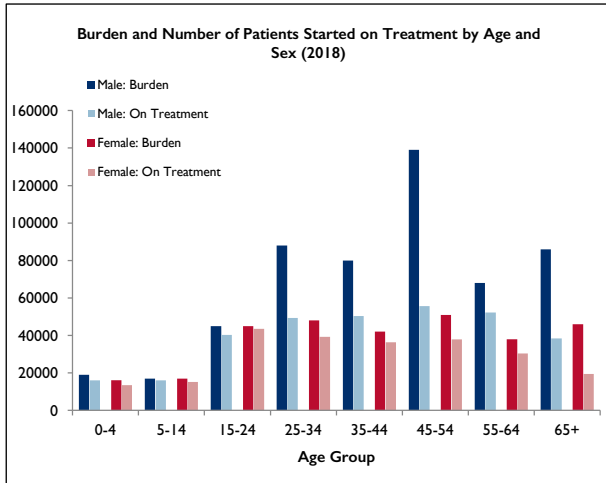
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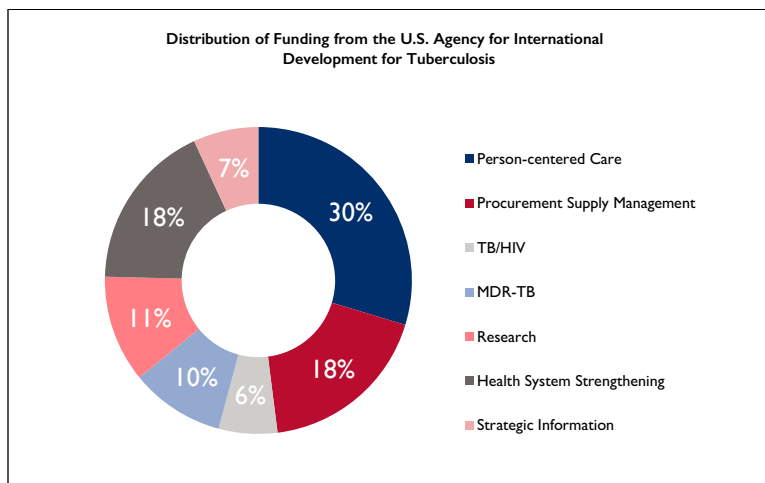
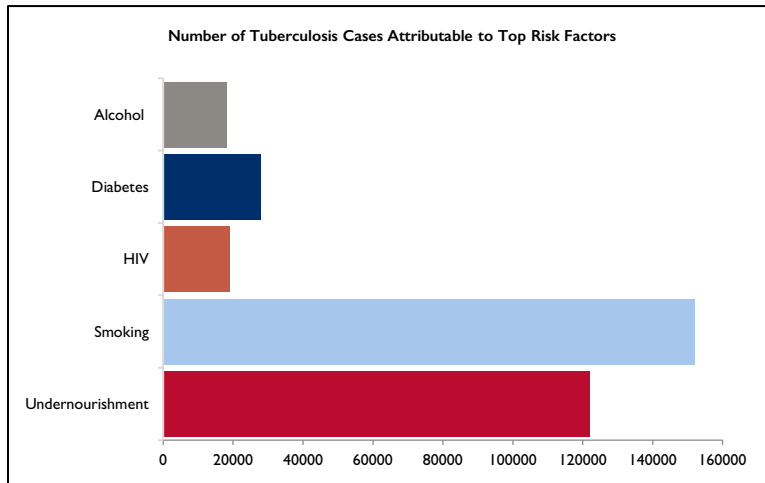
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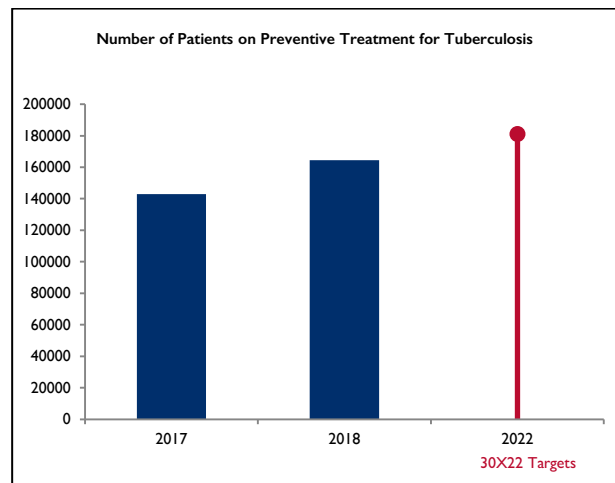
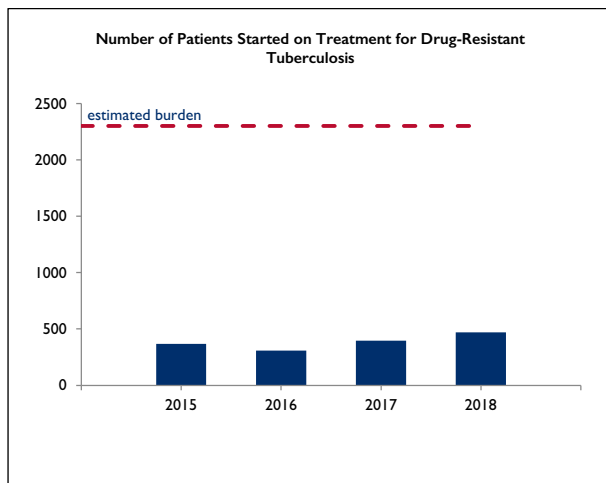
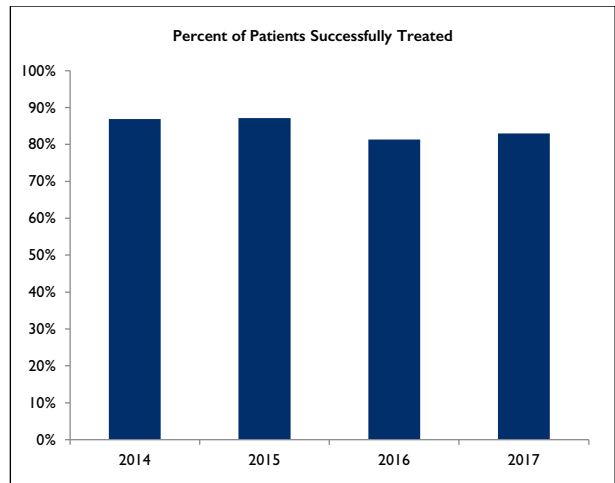
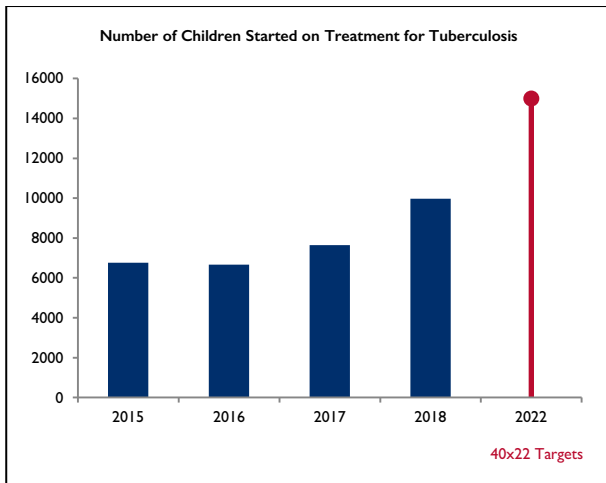
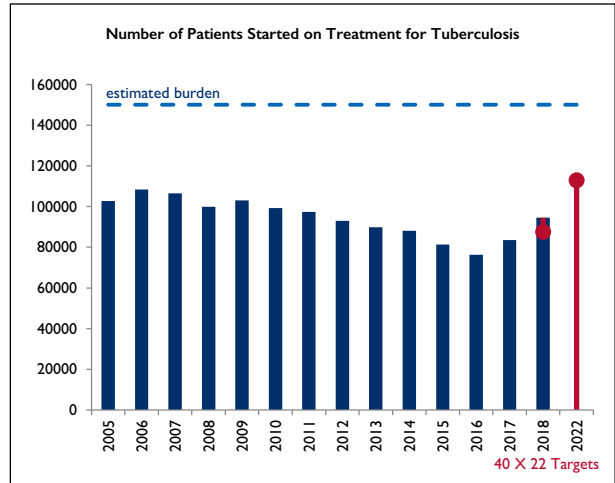
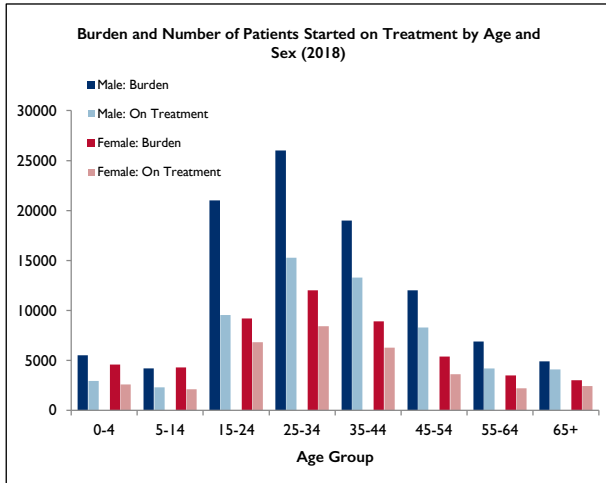
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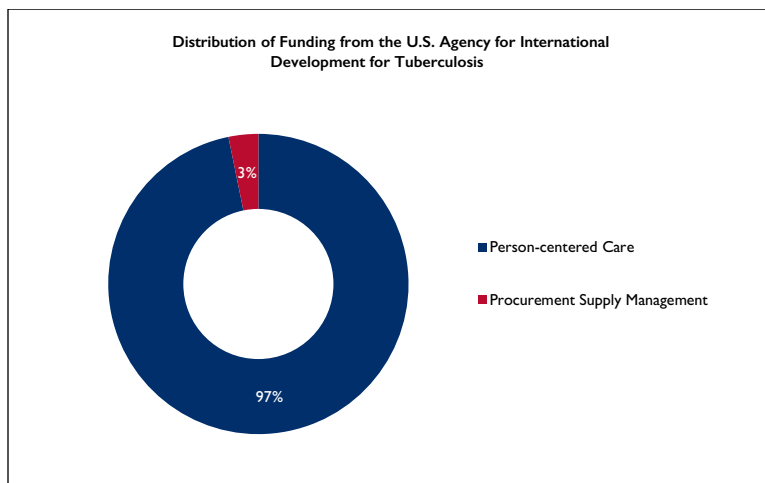
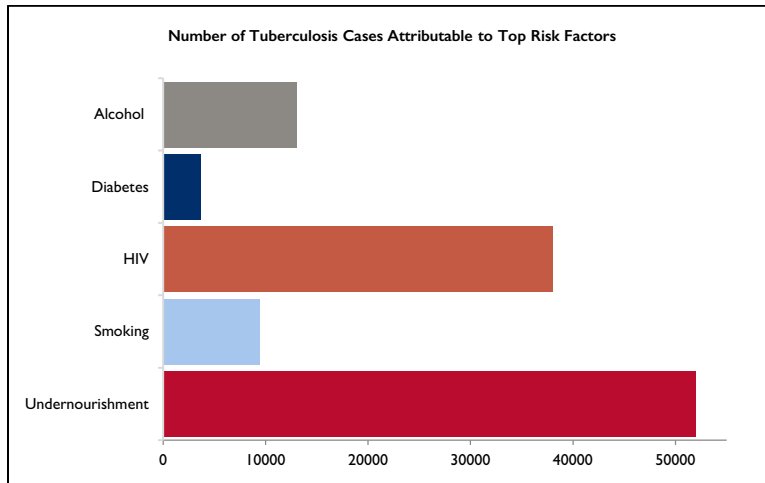
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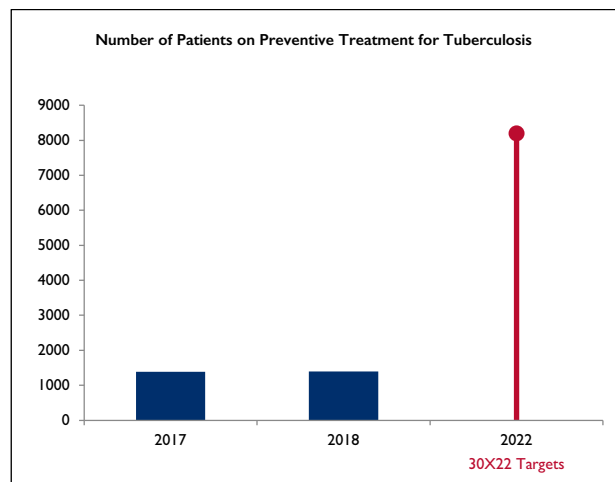
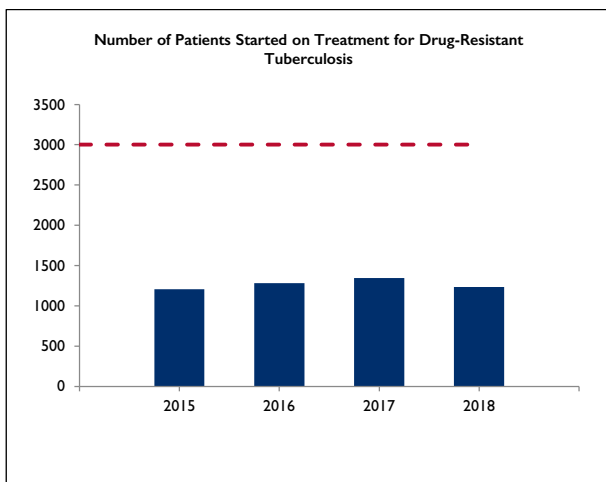
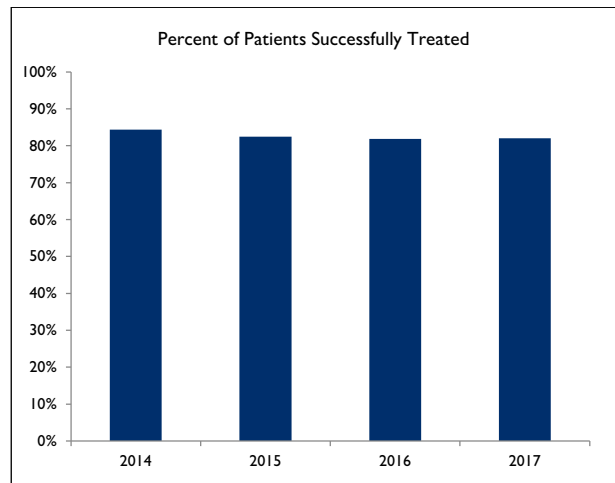
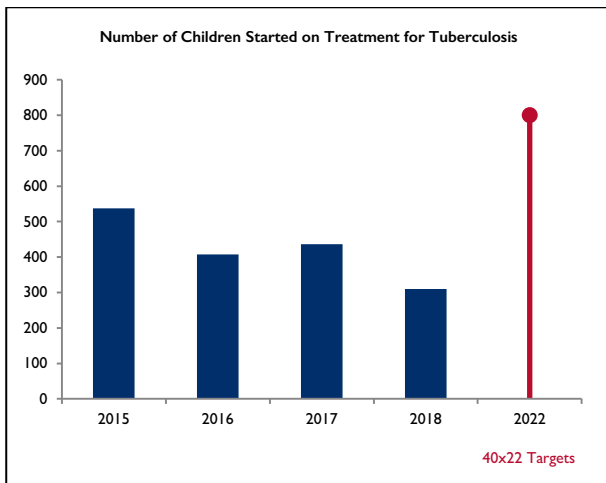
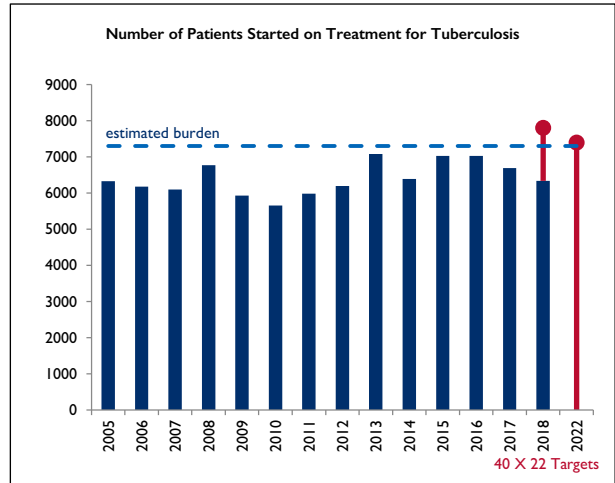
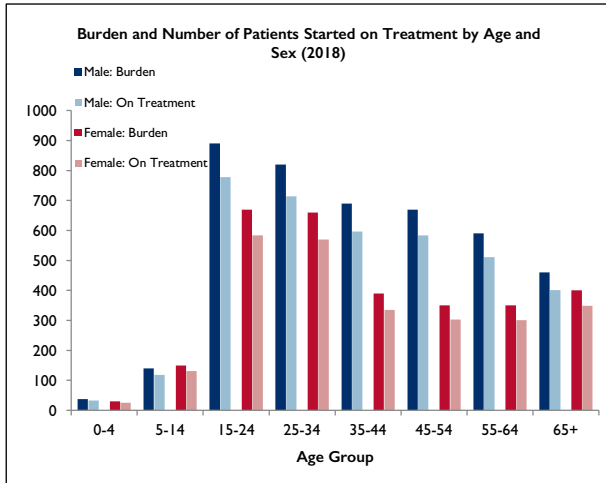
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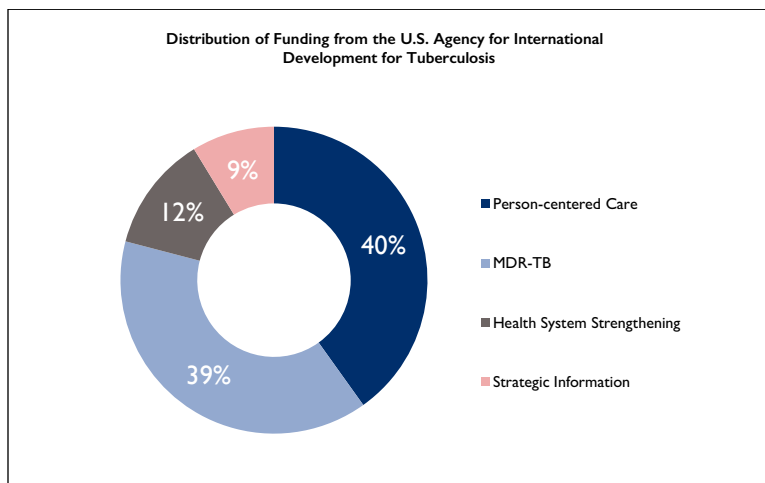
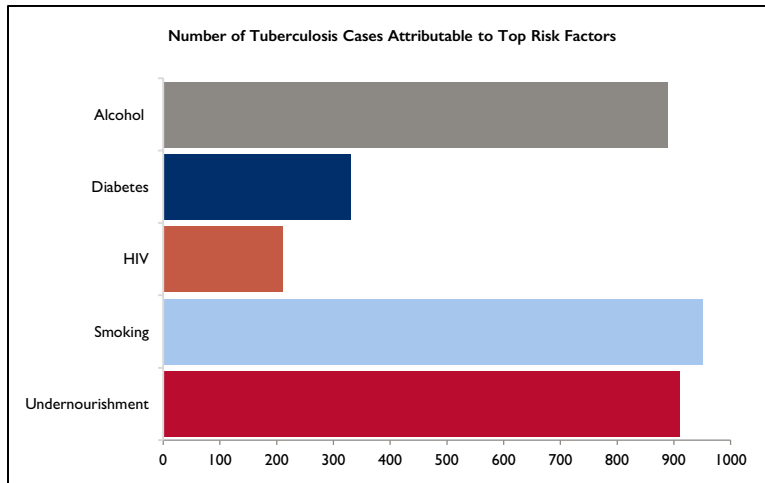
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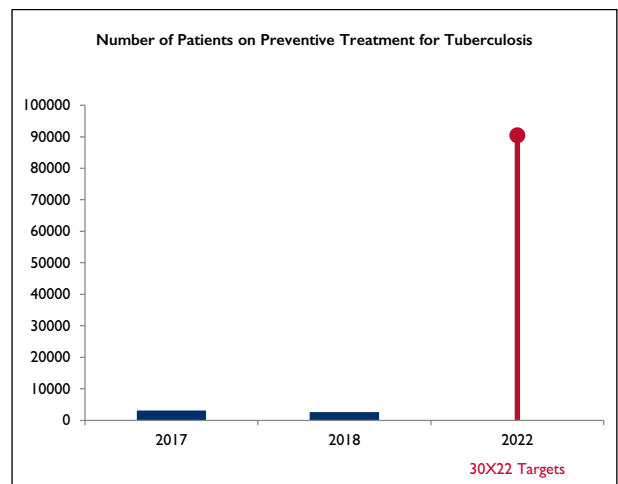
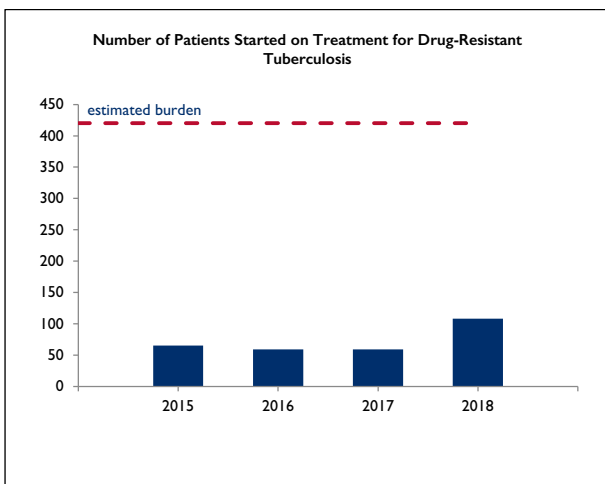
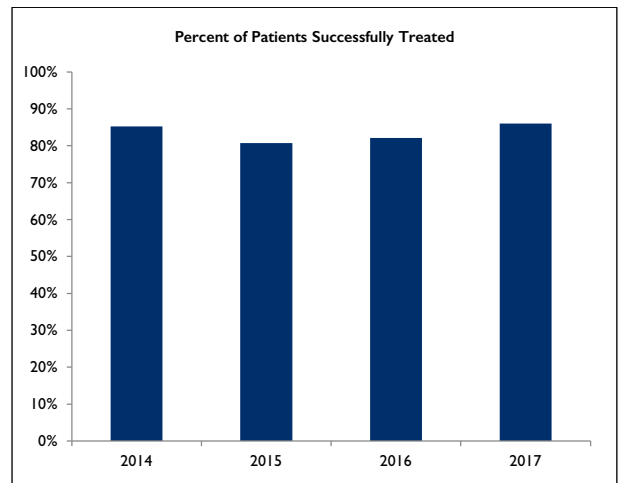
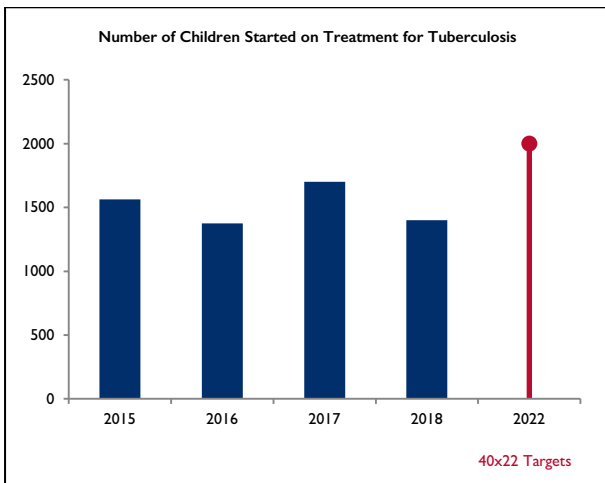
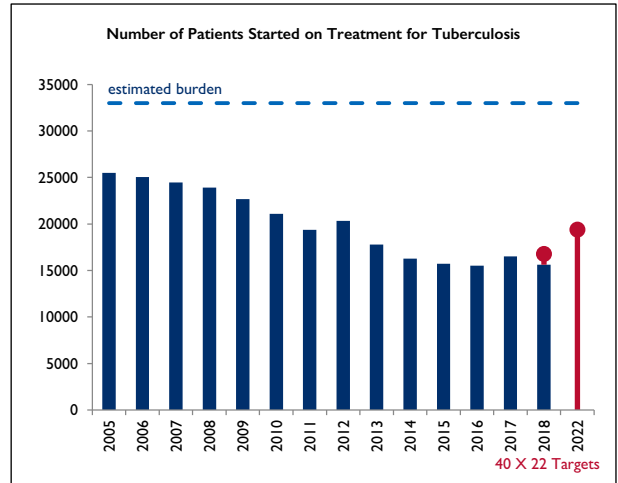
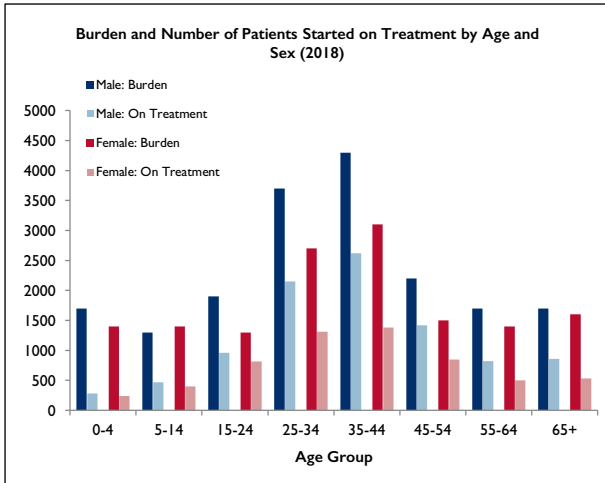
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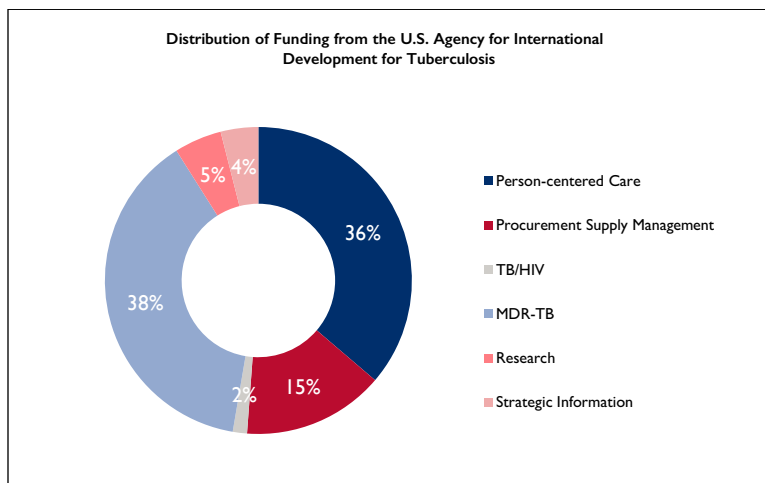
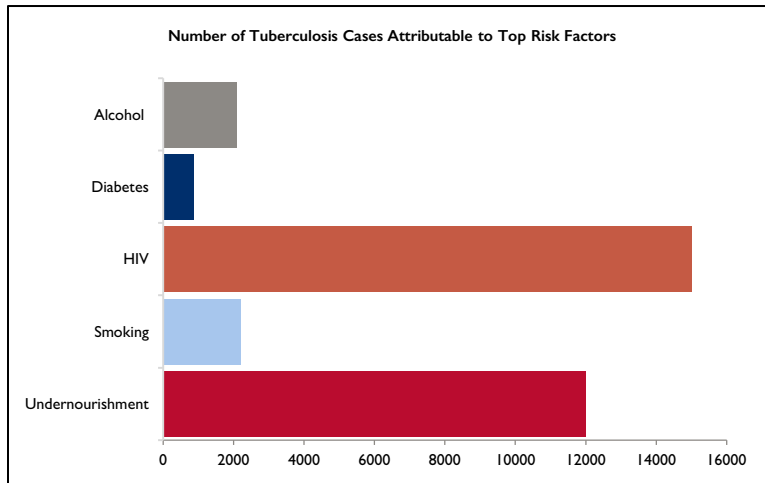
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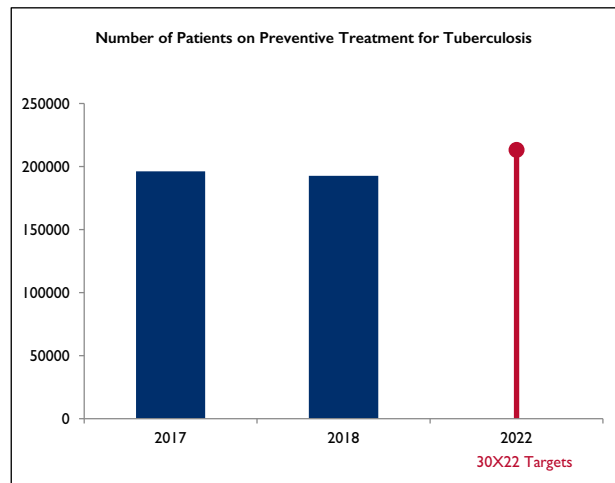
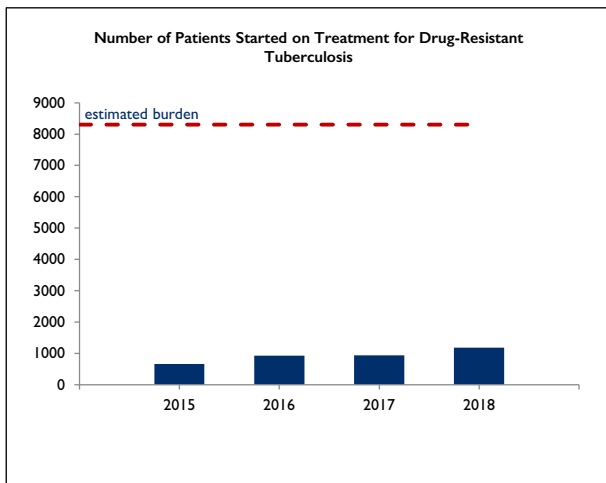
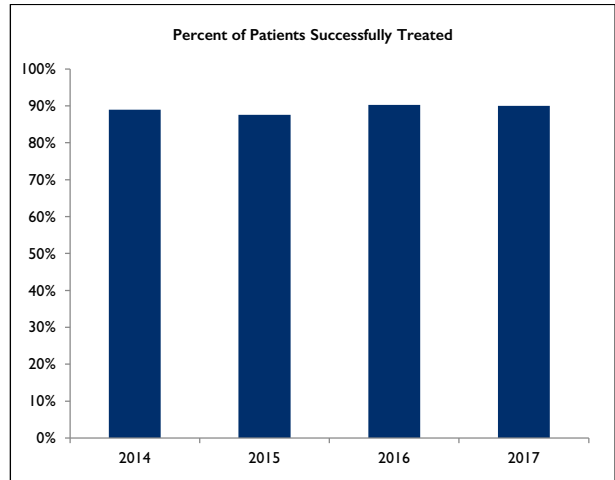
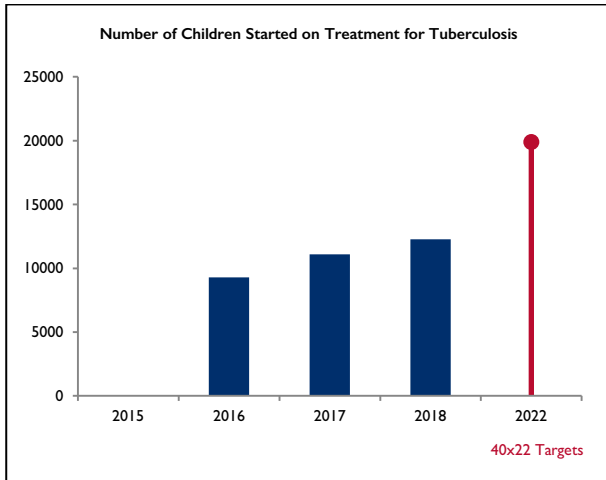
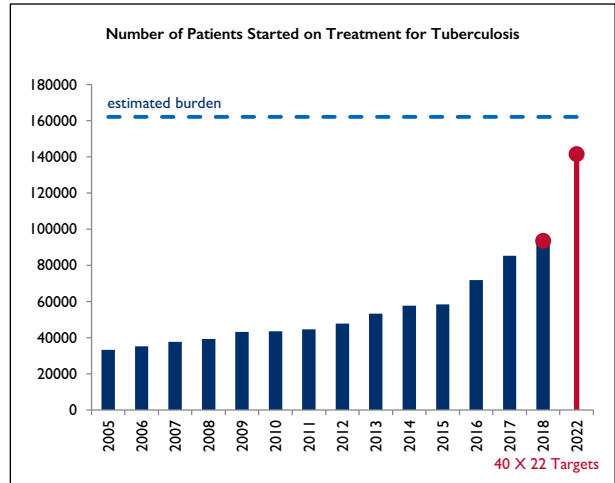
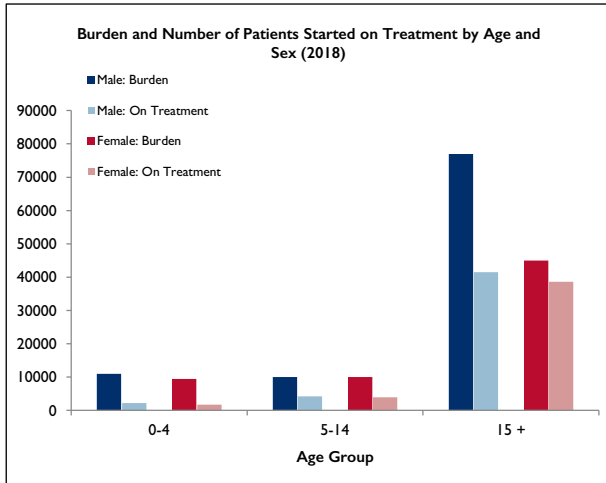
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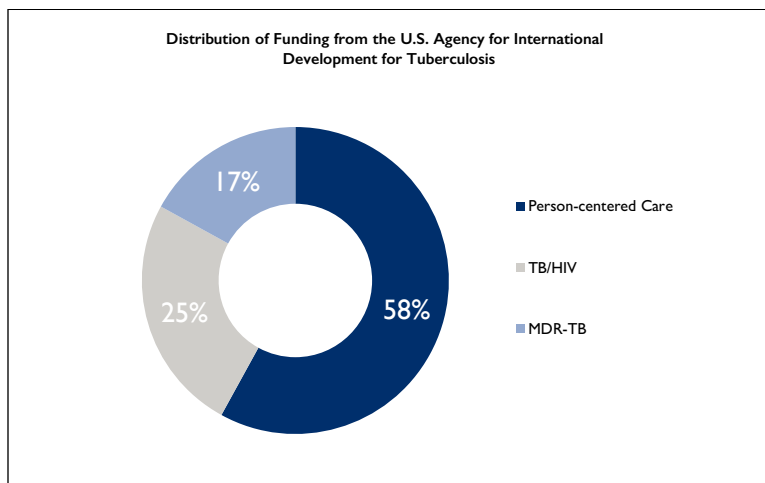
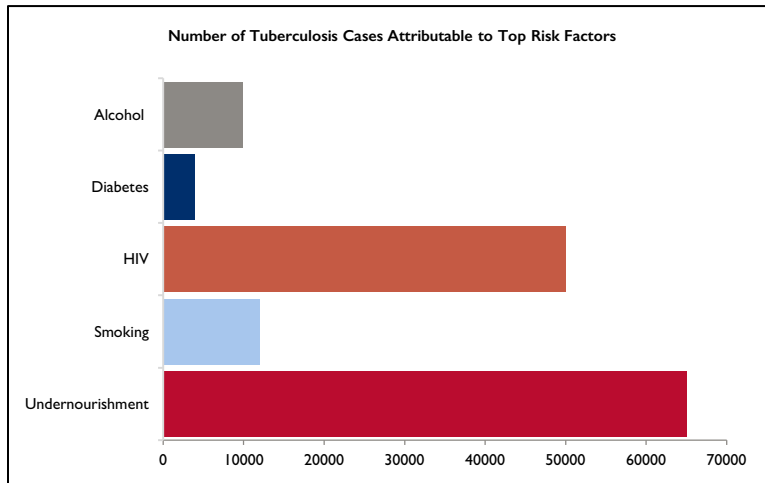
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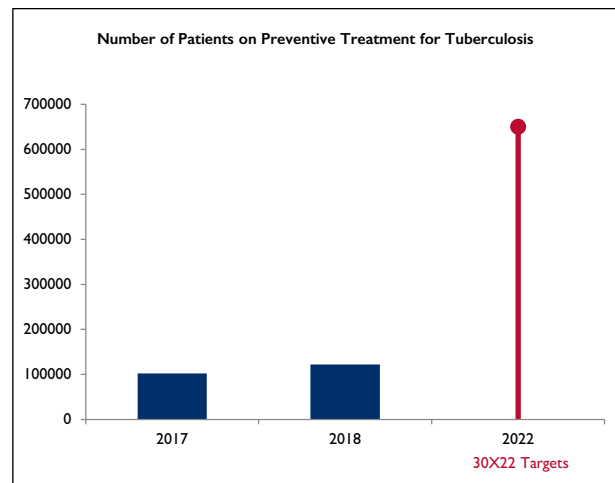
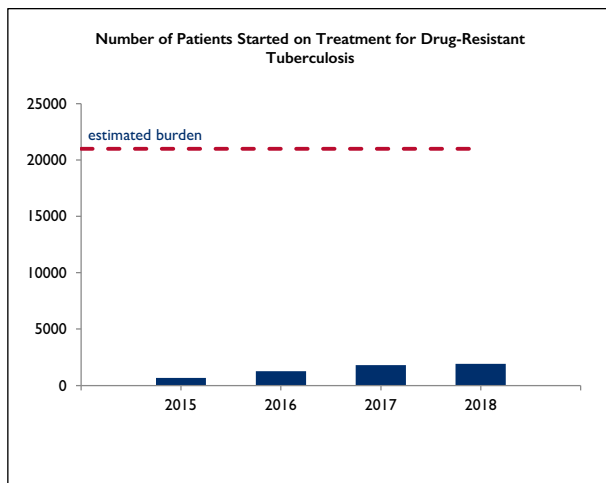
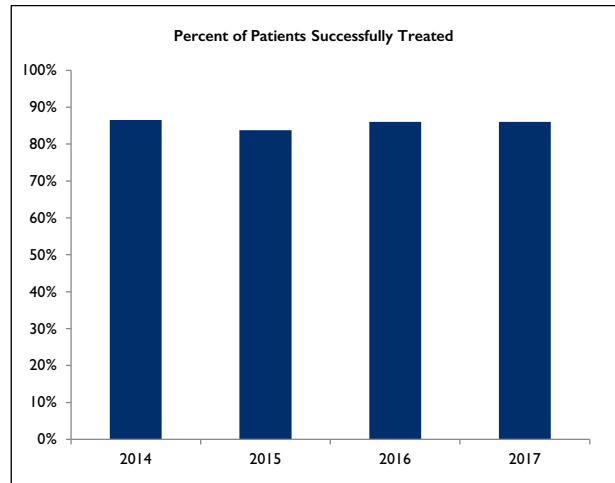
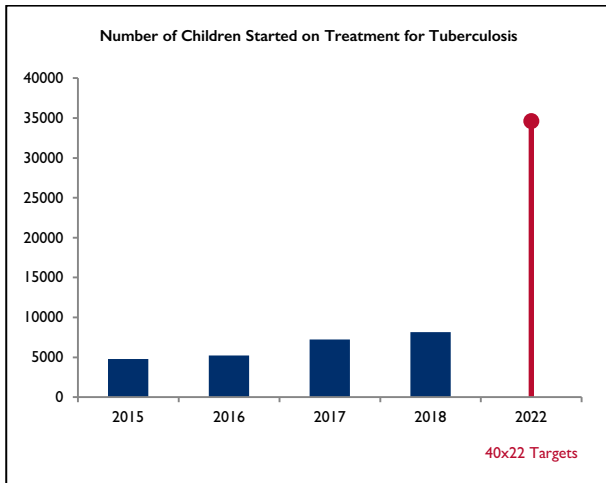
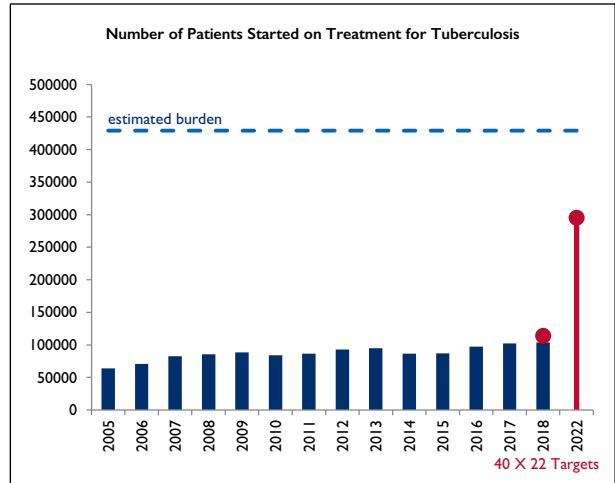
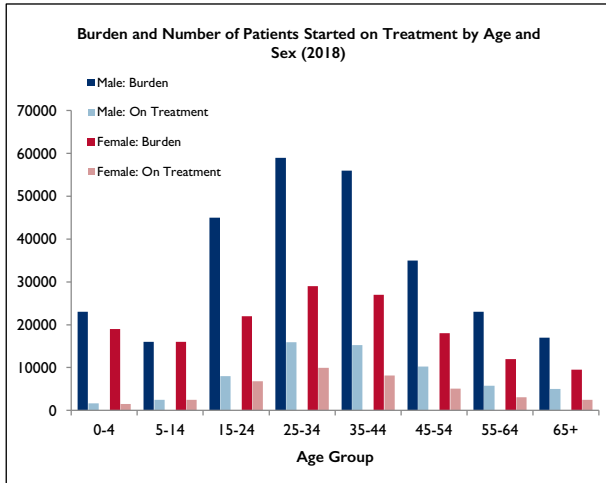
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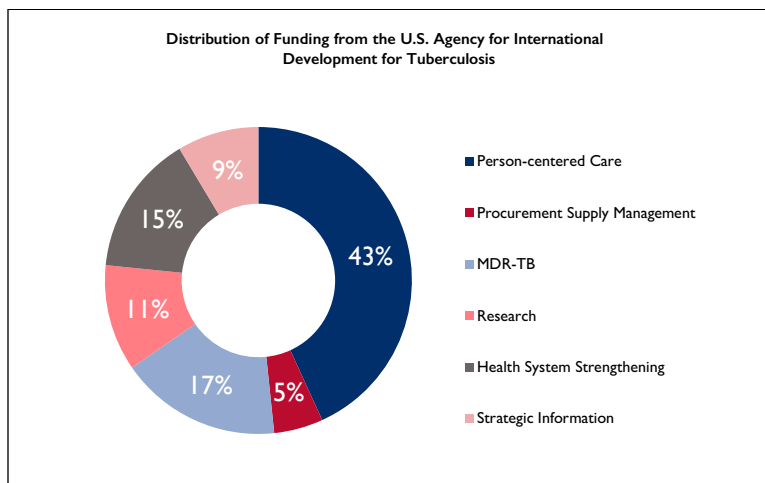
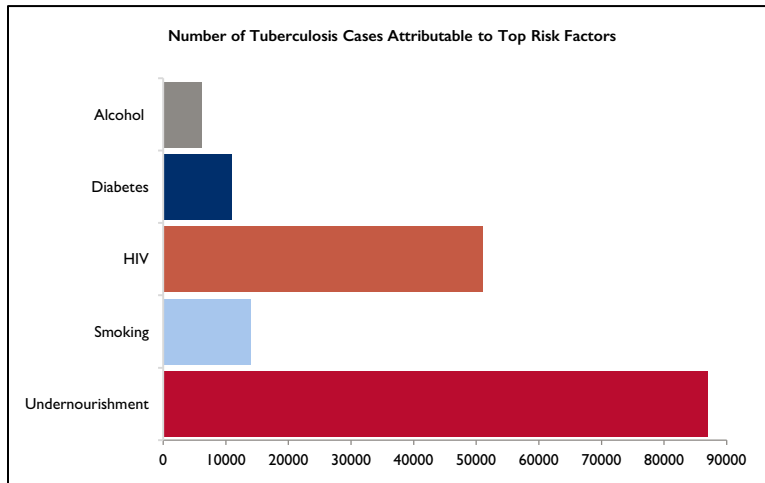
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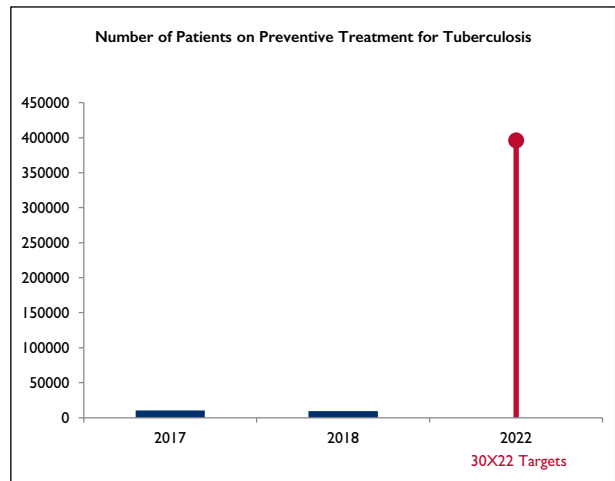
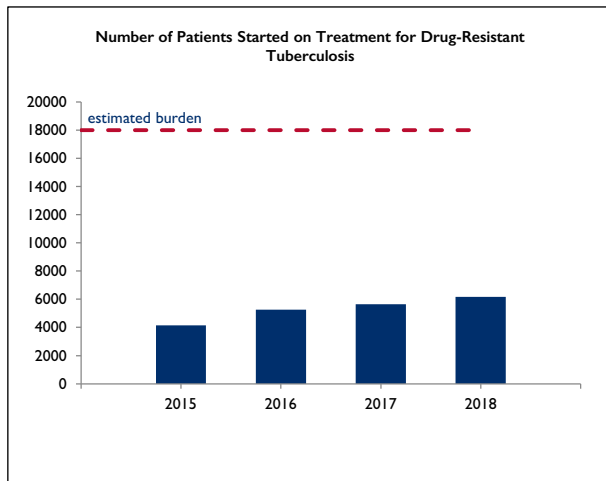
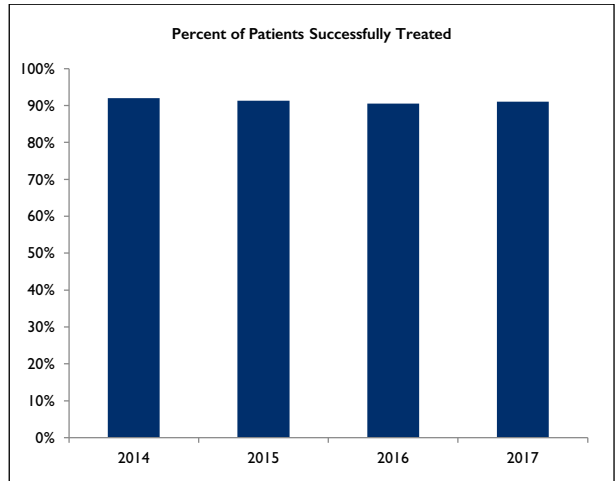
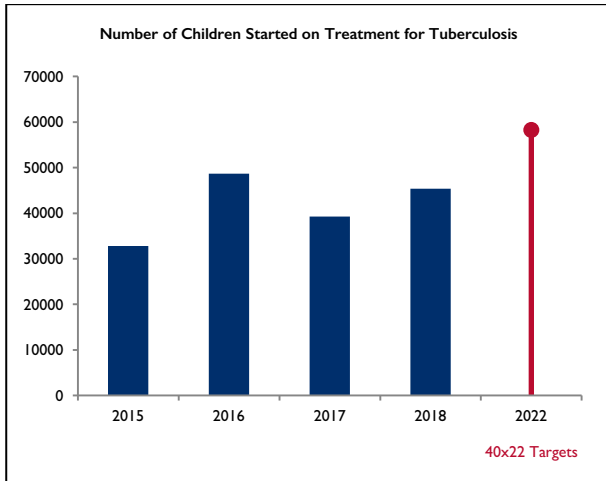
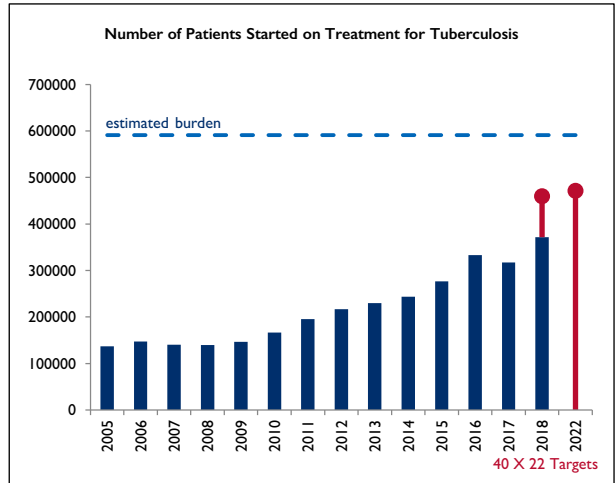
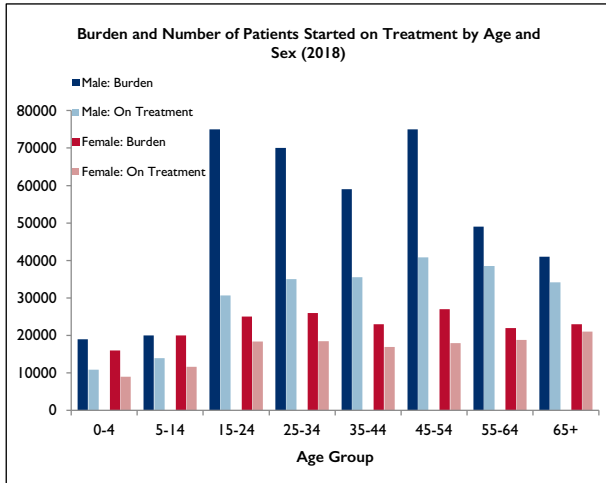
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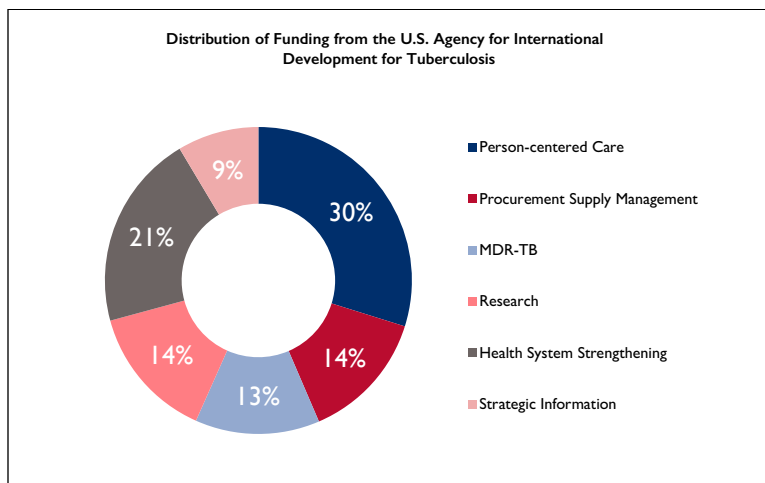
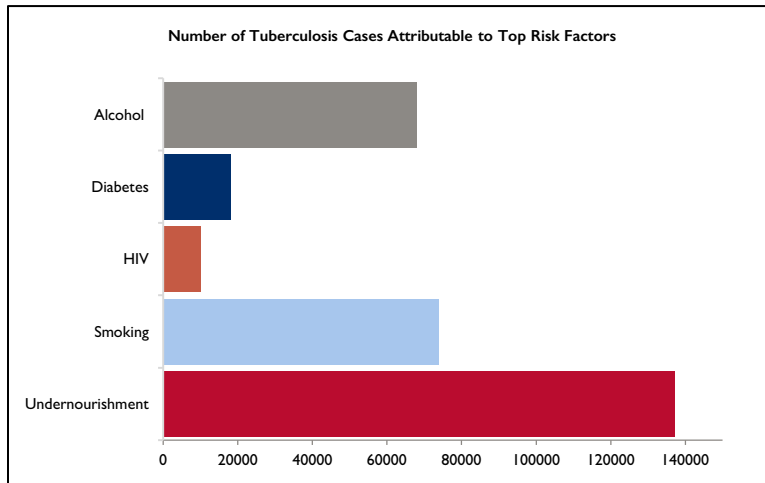
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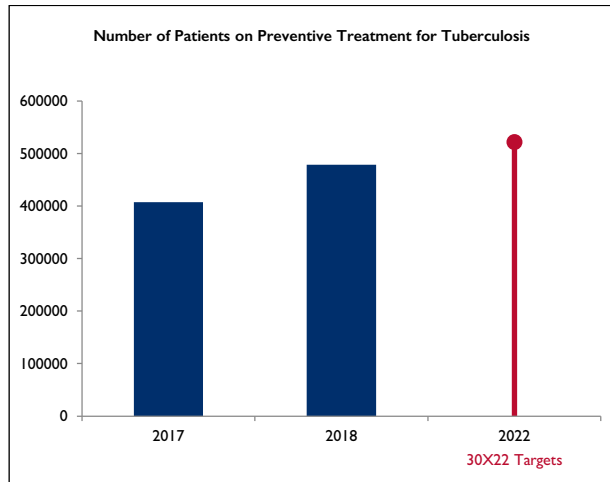
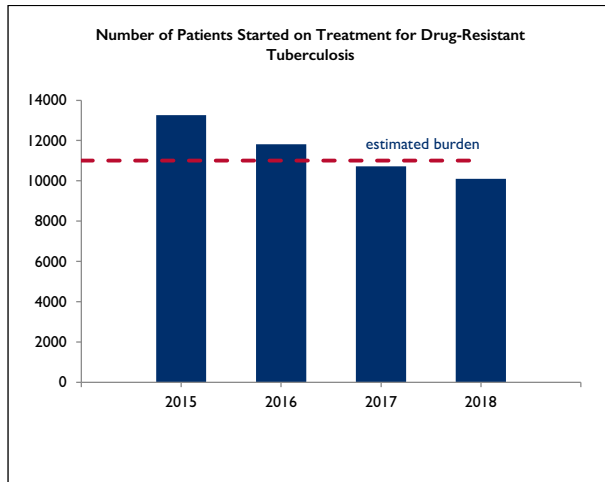
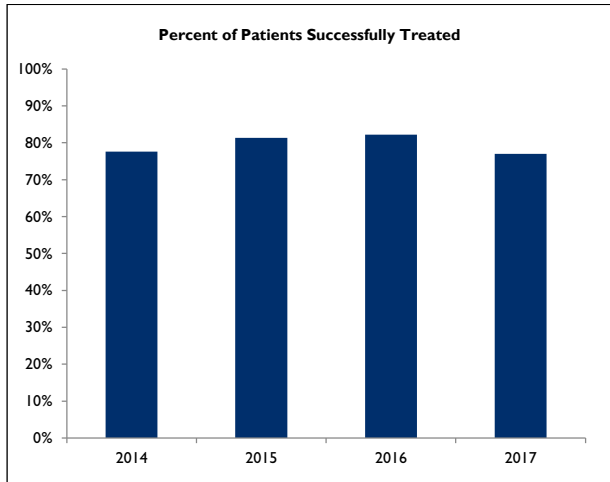
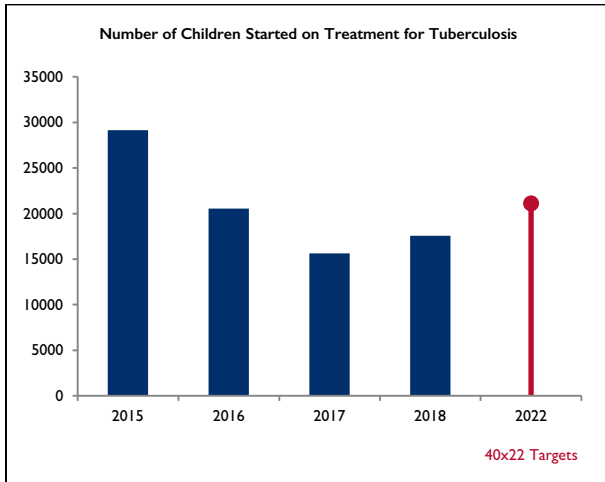
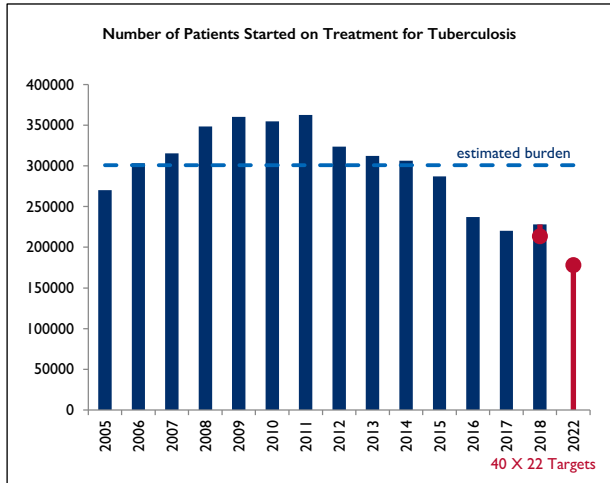
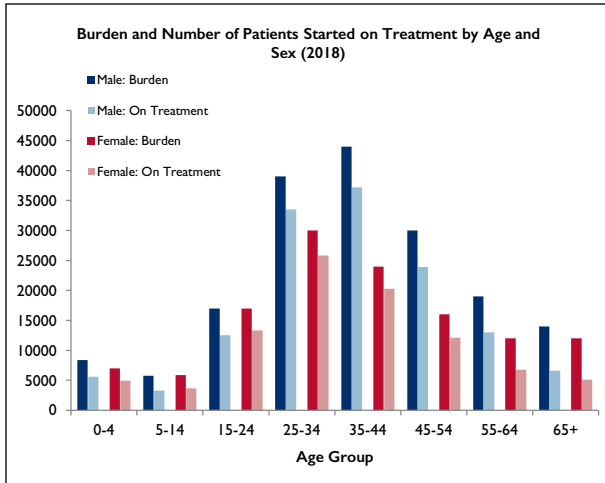
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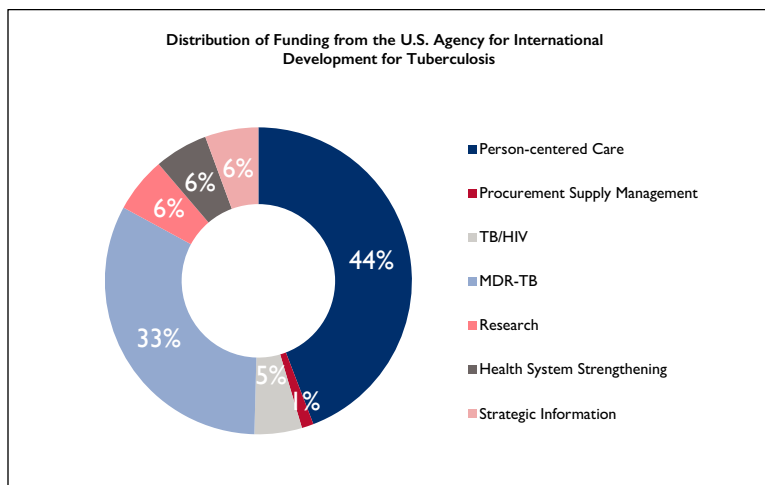
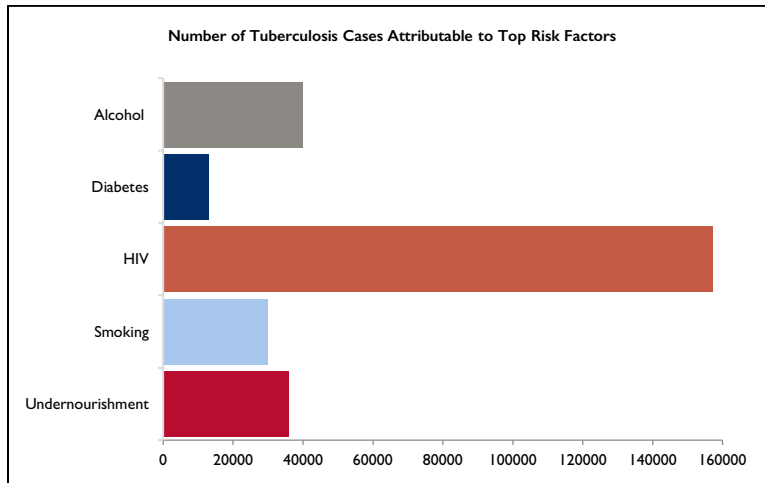
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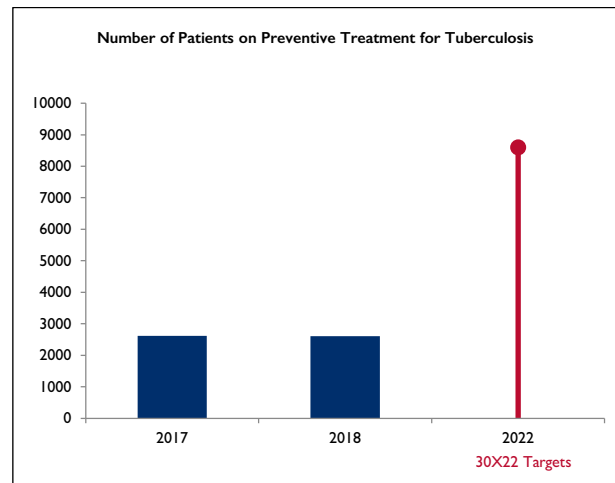
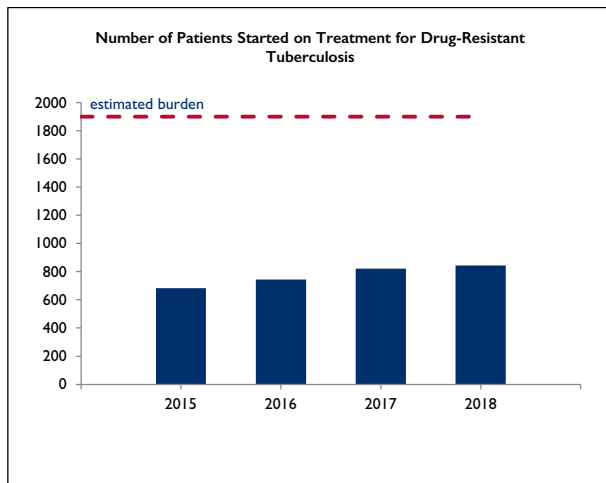
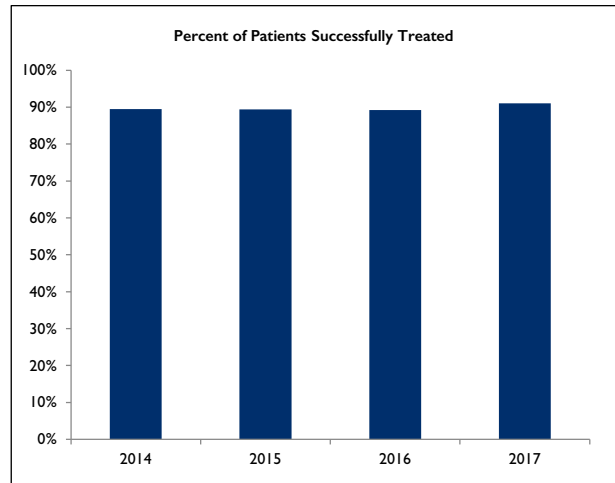
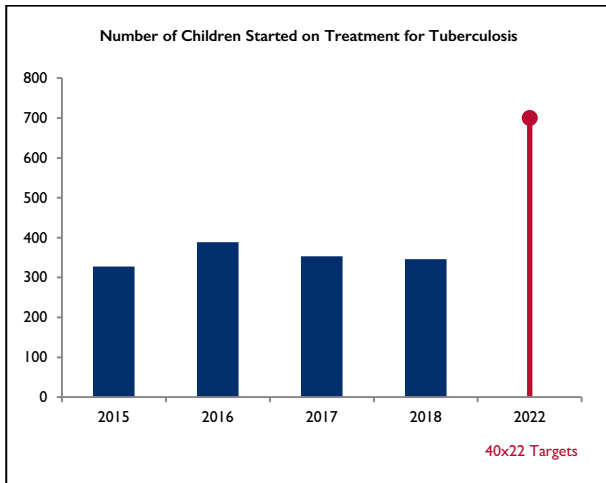
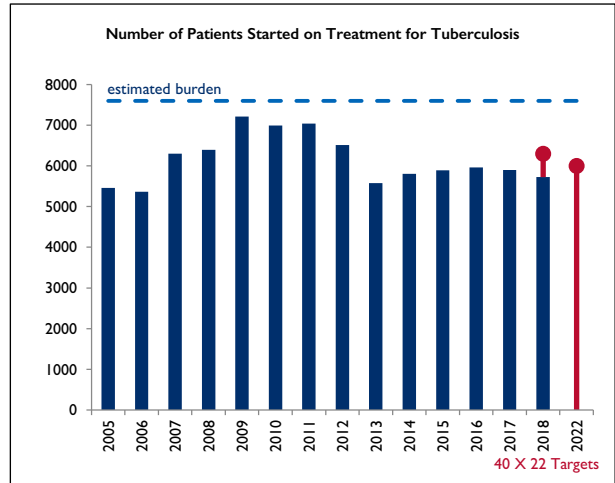
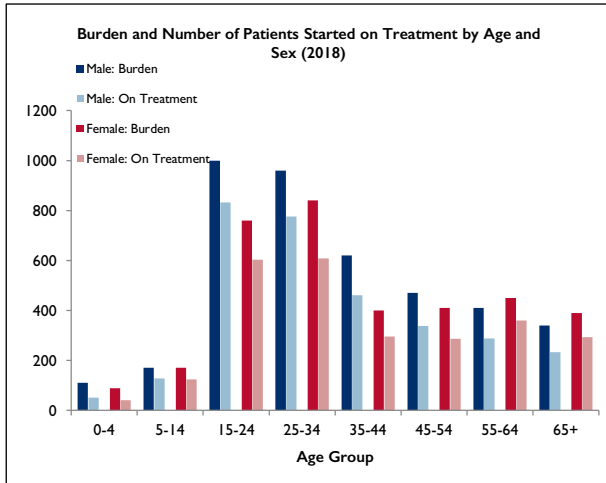
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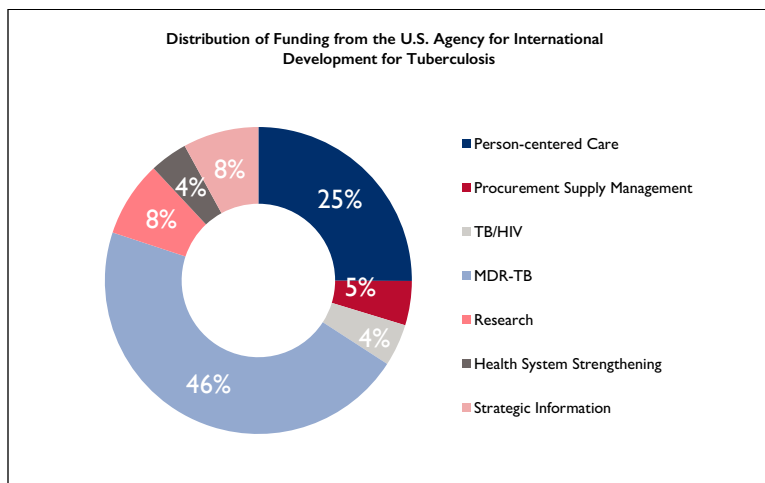
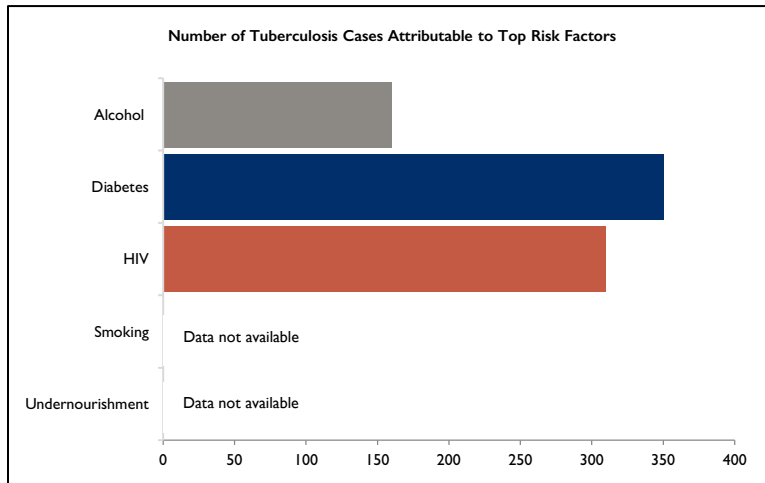
REPUBLIC OF SOUTH AFRICA



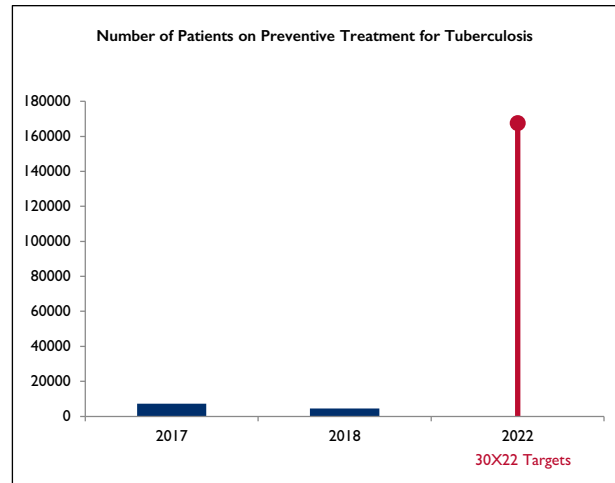
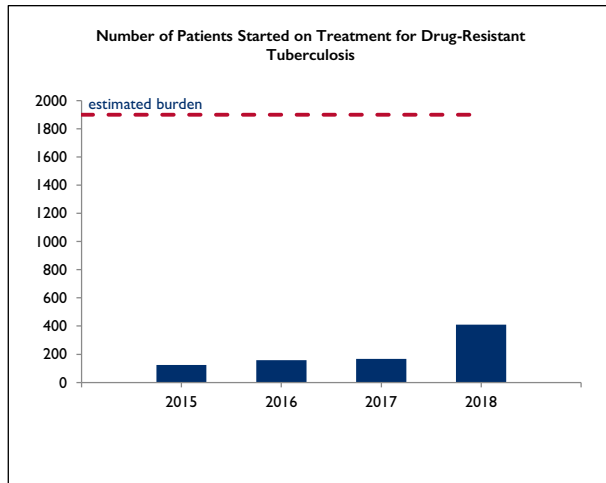
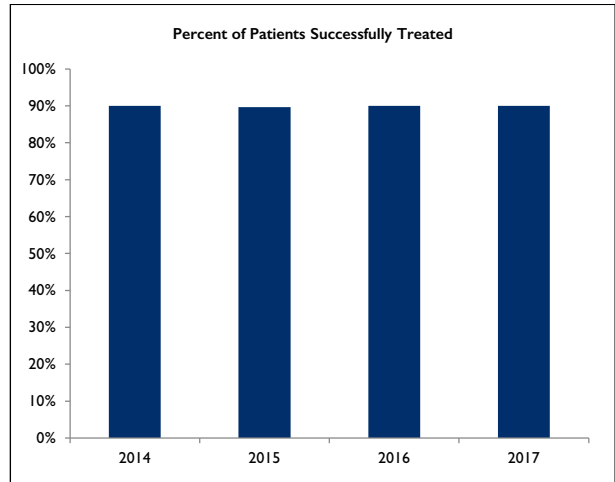
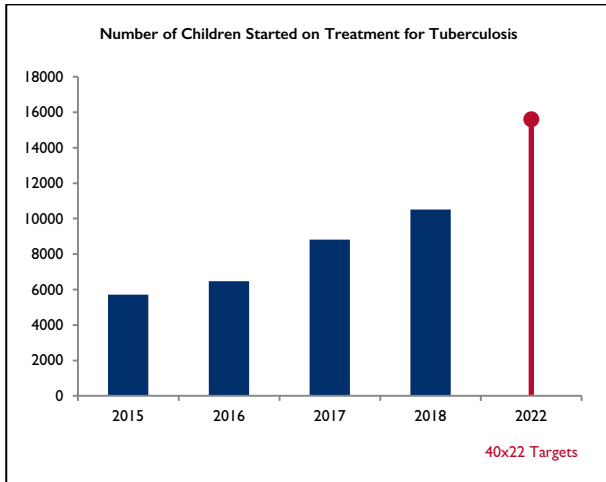
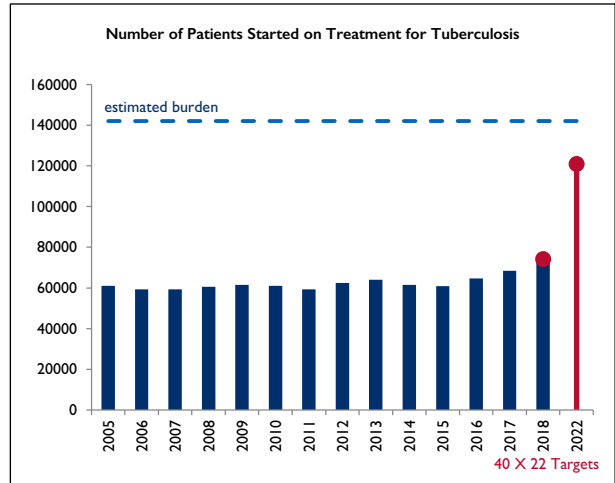
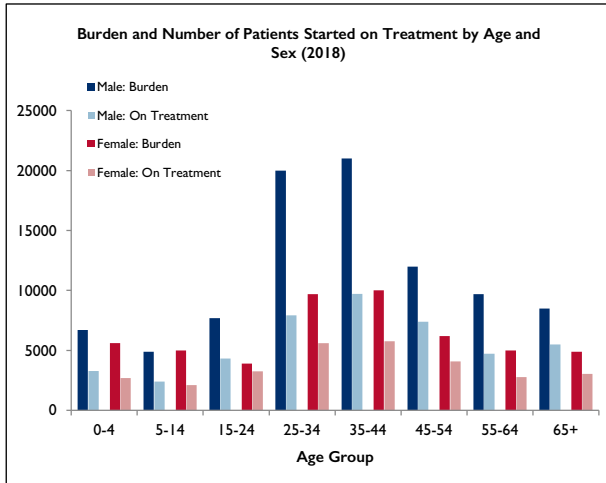
REPUBLIC OF TAJIKISTAN



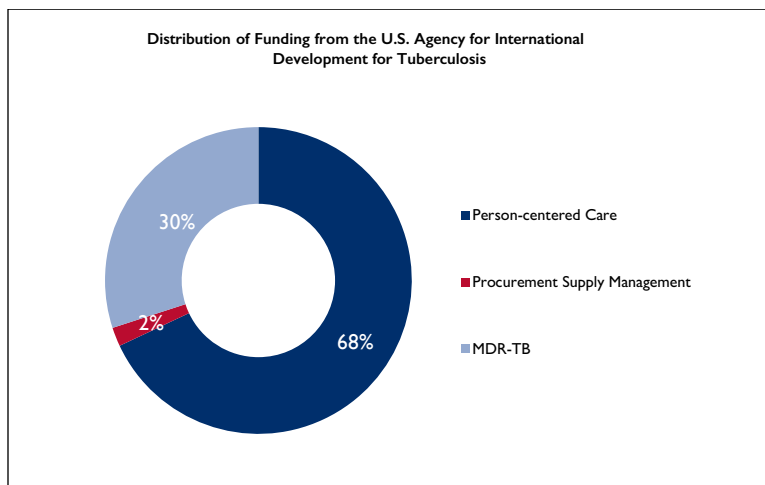
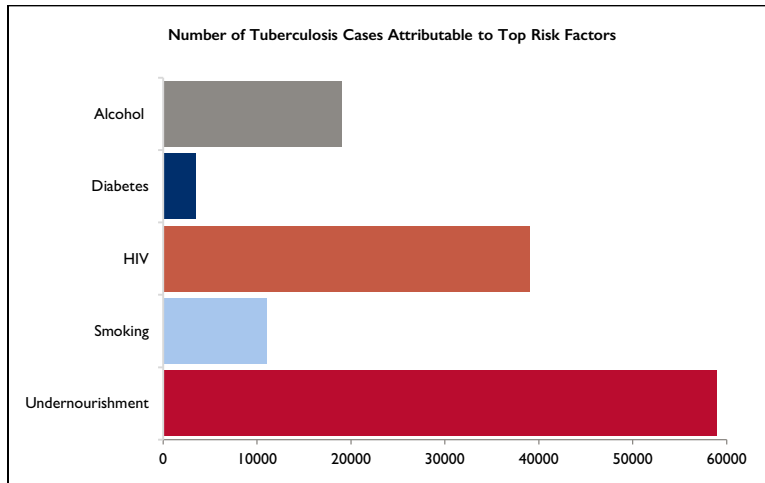
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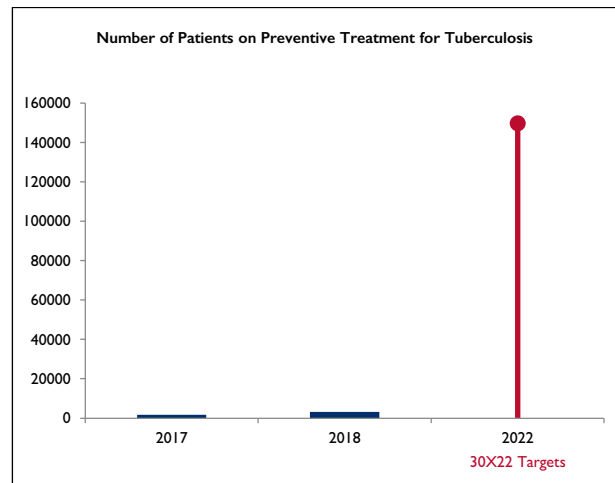
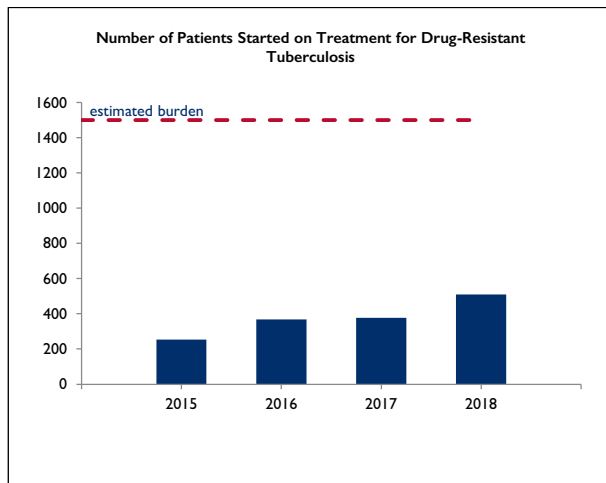
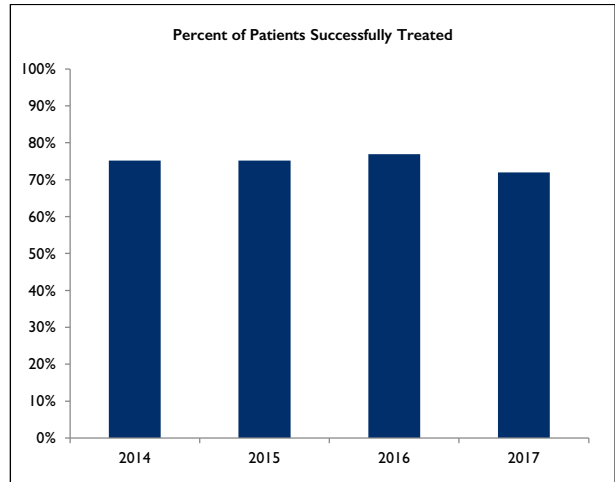
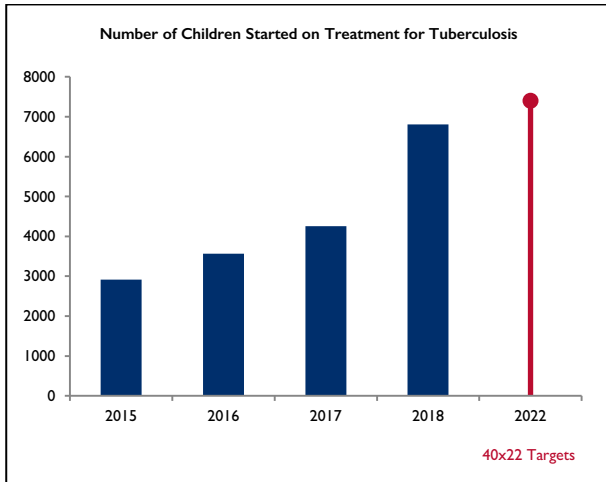
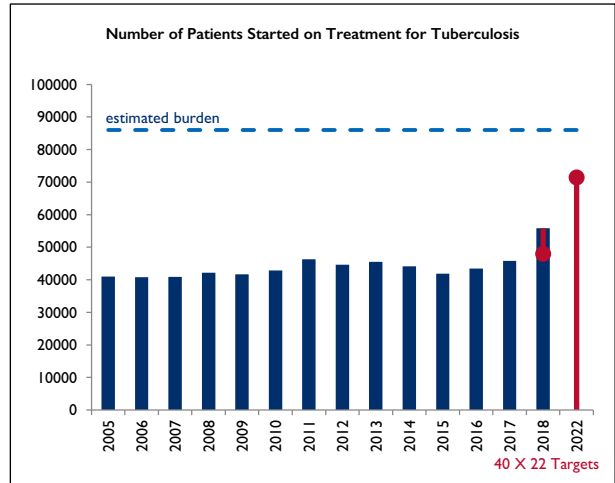
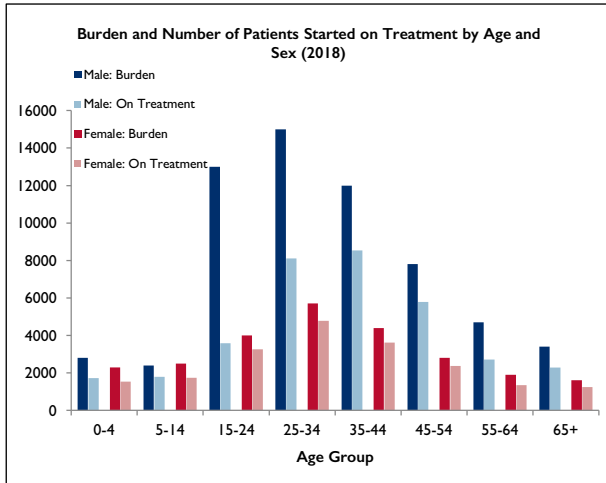
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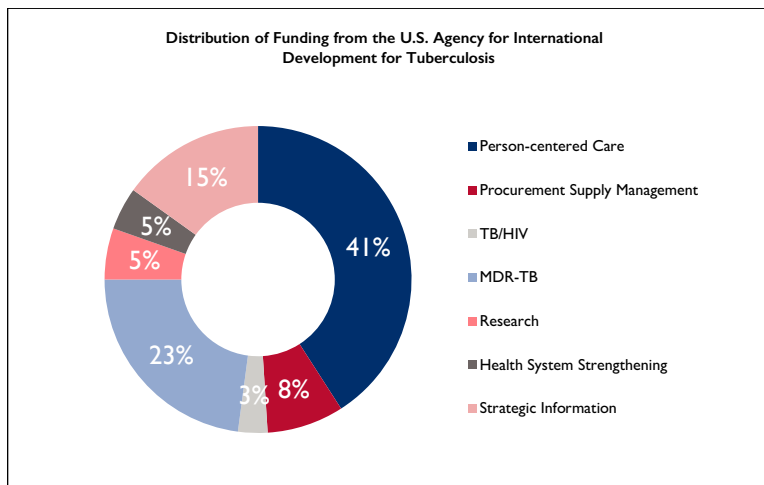
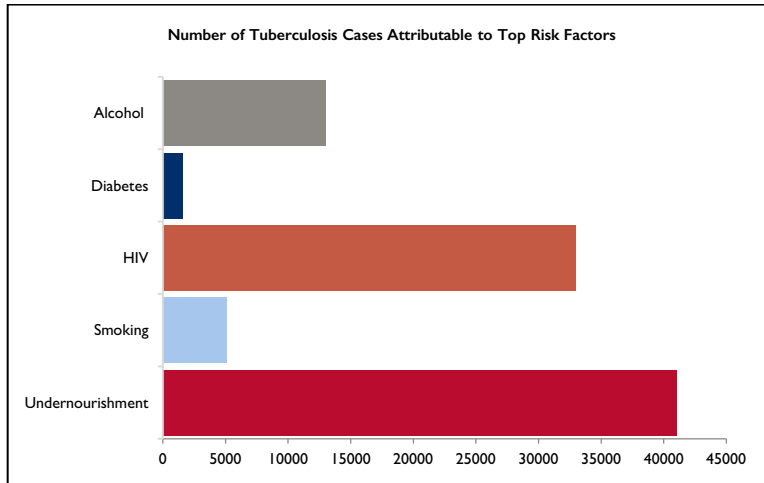
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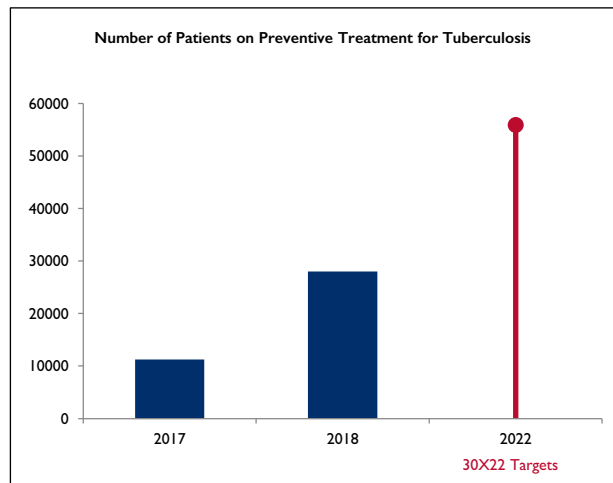
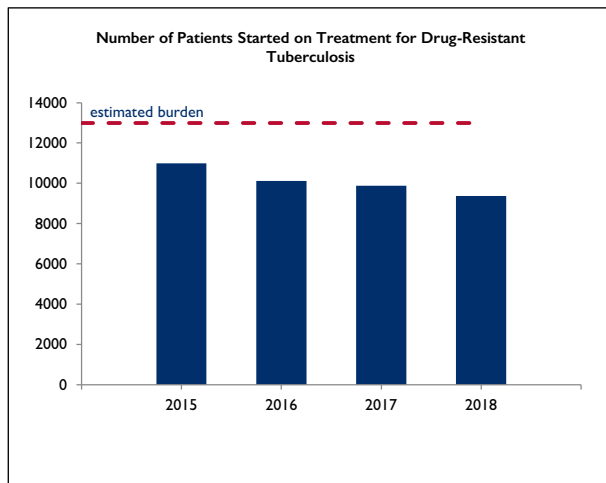
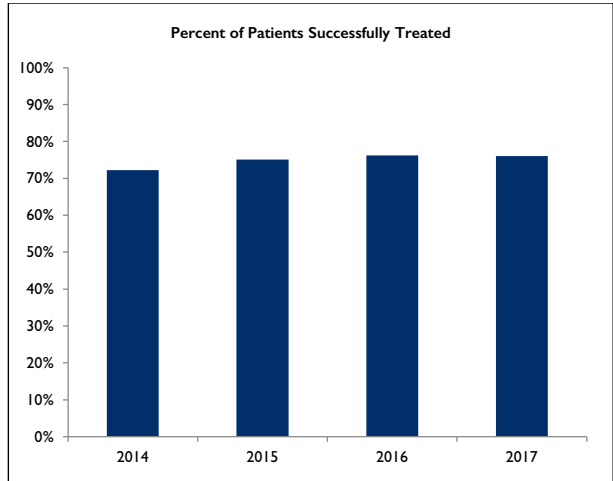
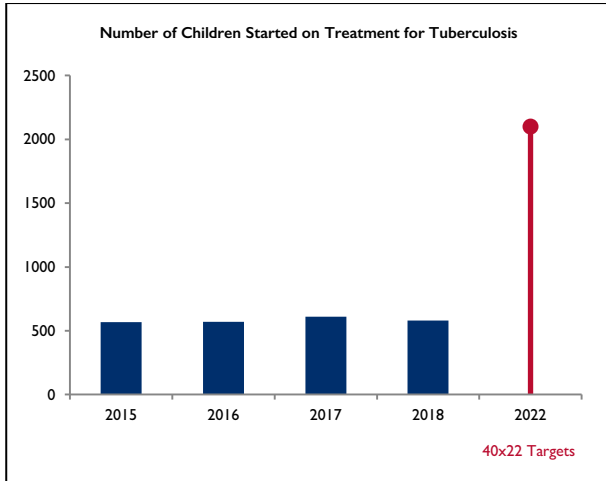
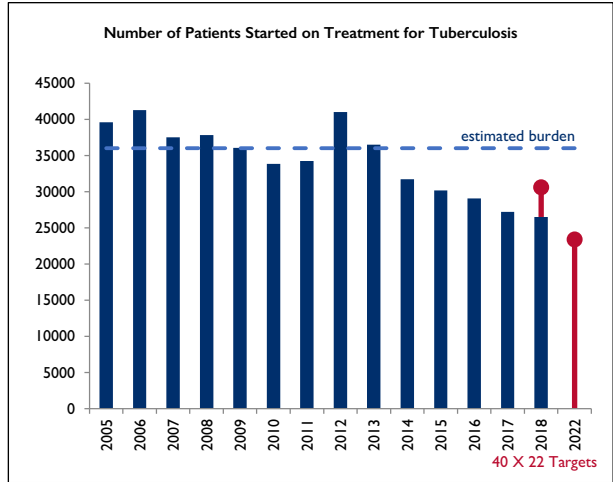
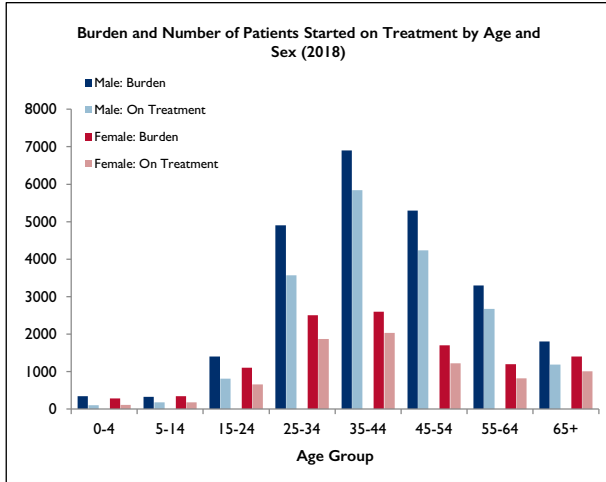
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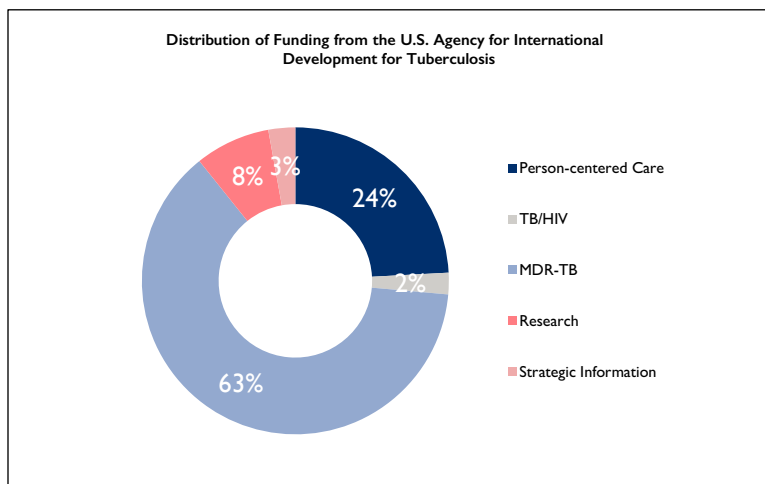
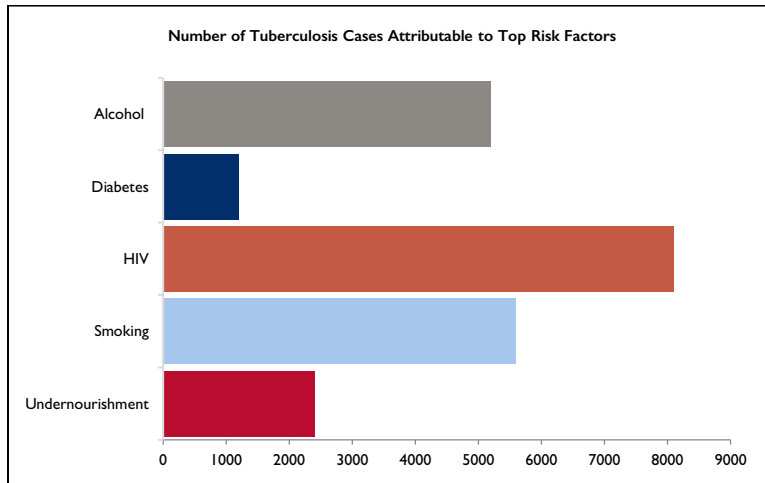
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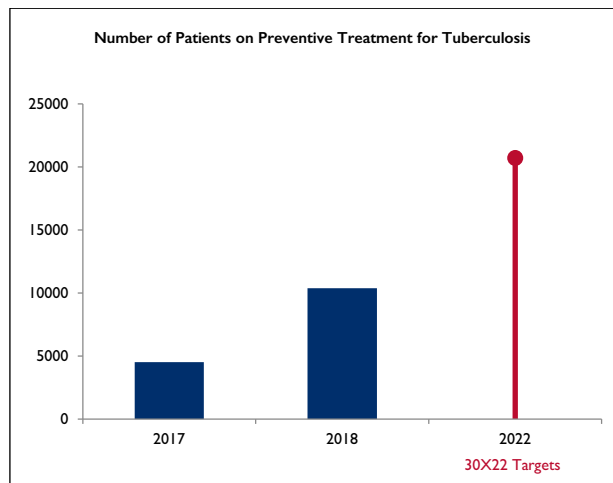
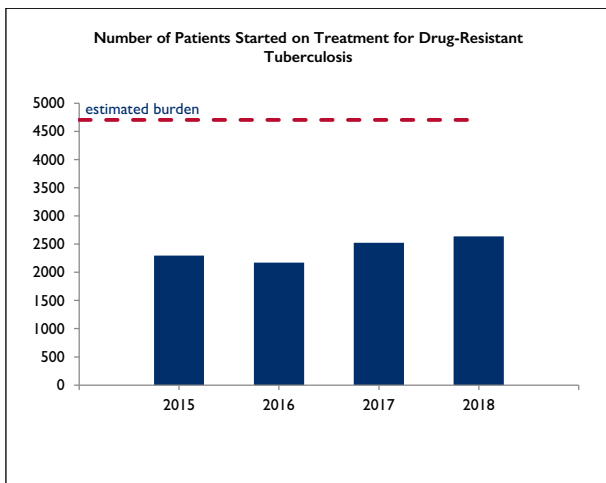
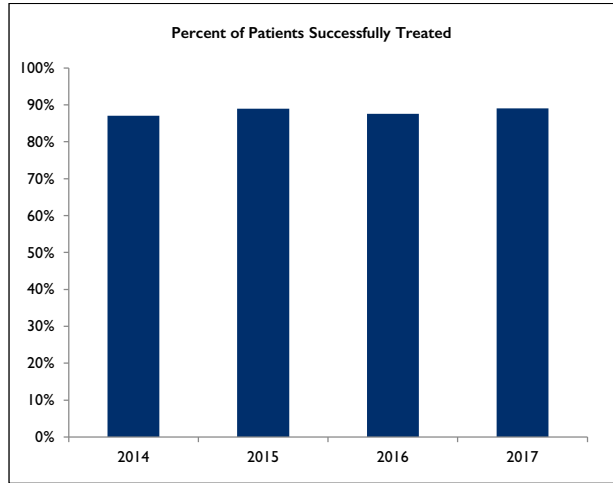
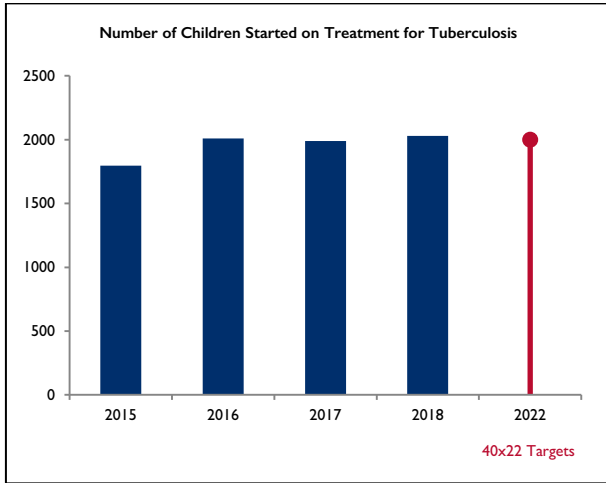
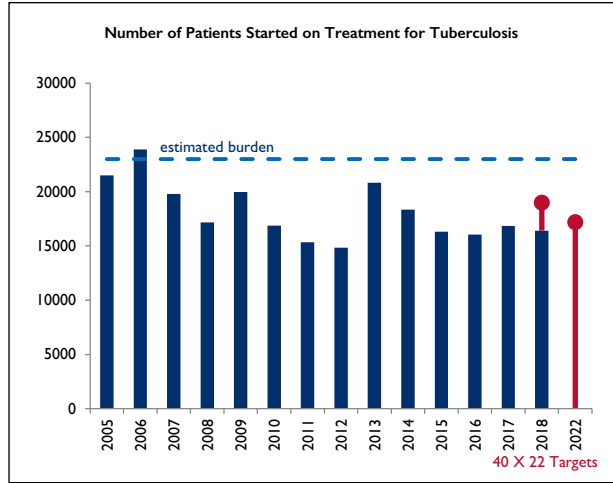
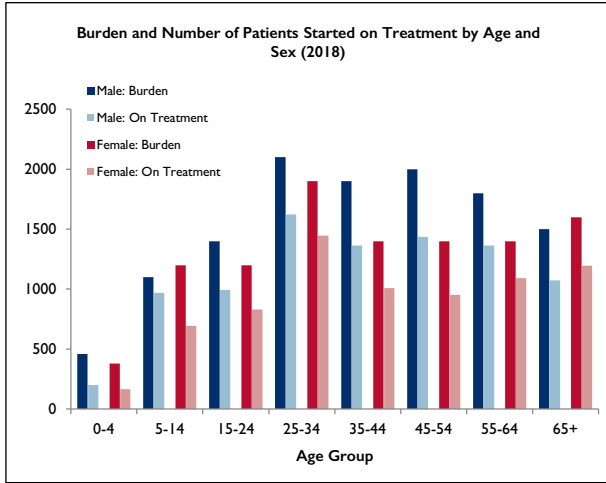
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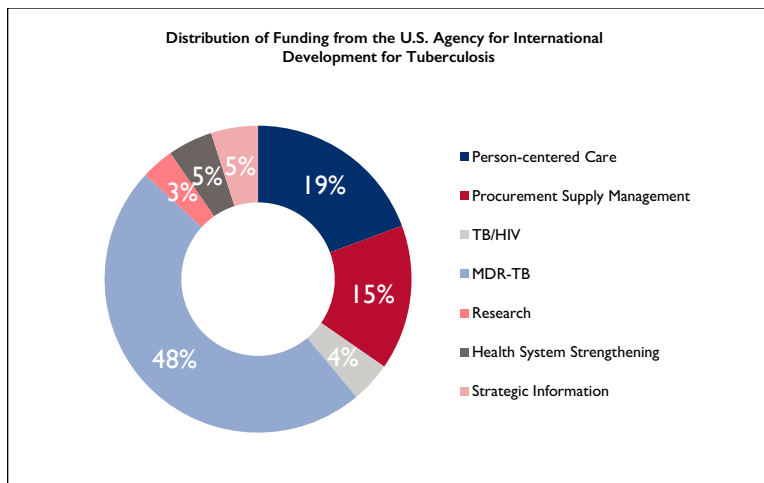
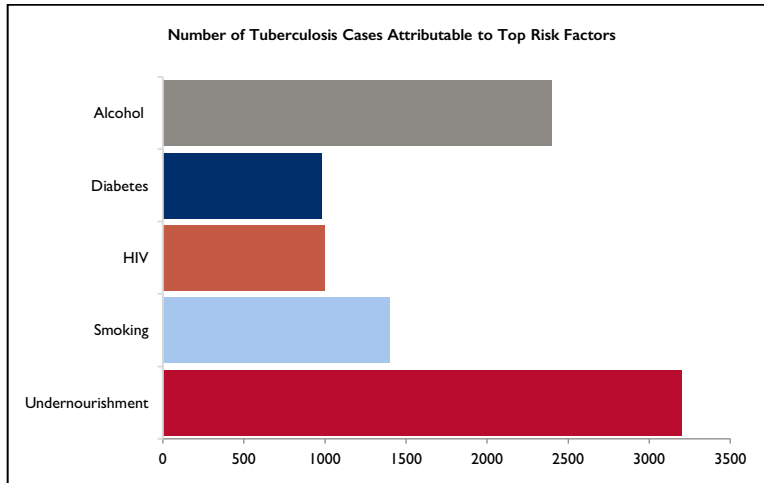
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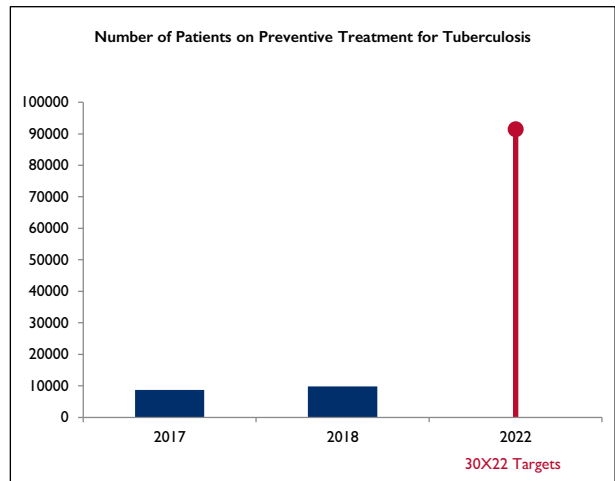
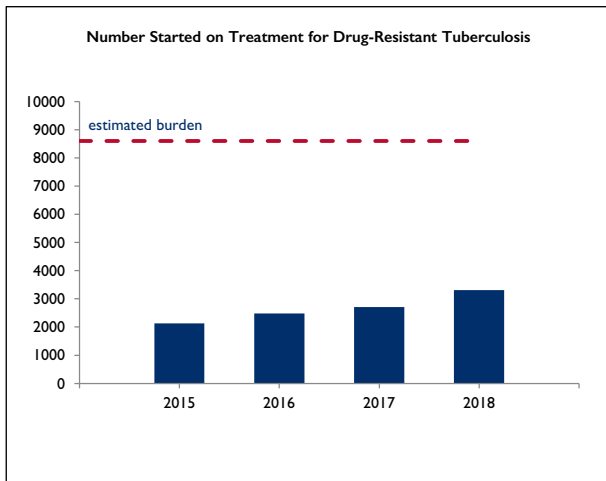
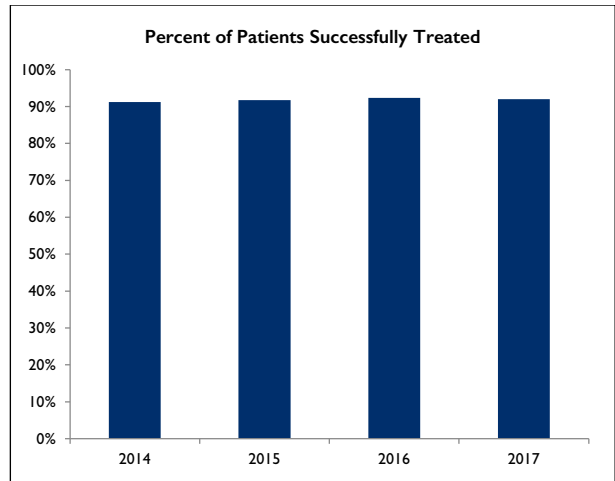
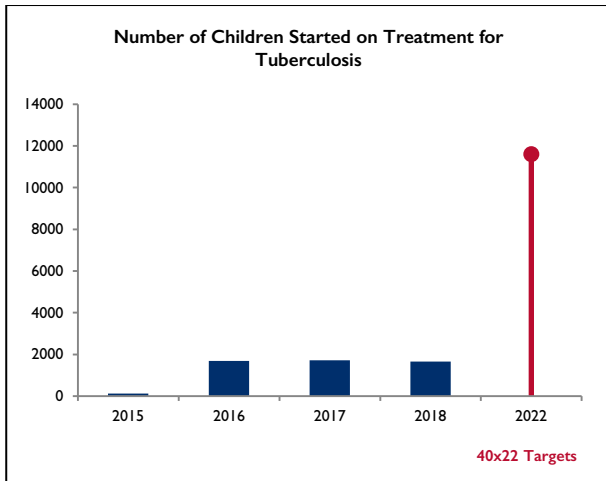
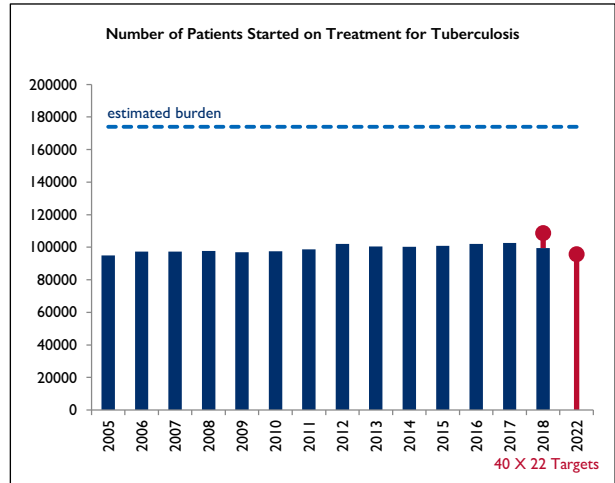
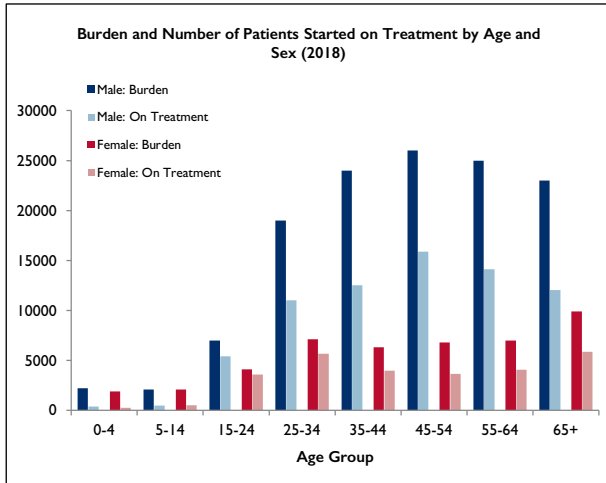
REPUBLIC OF UZBEKISTAN



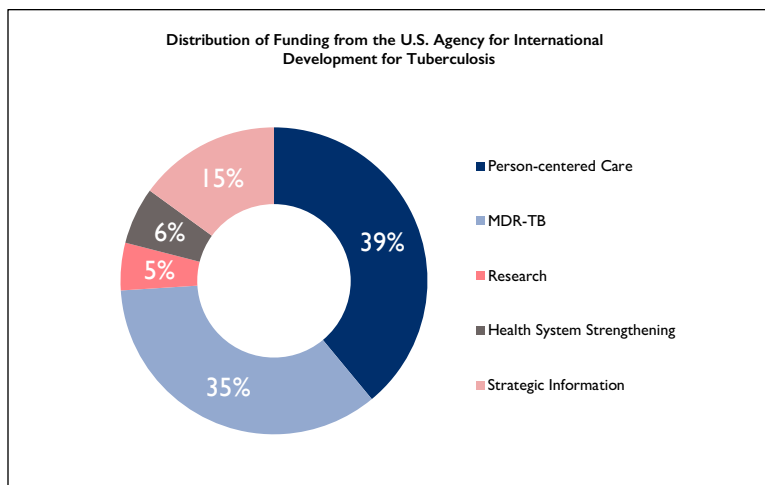
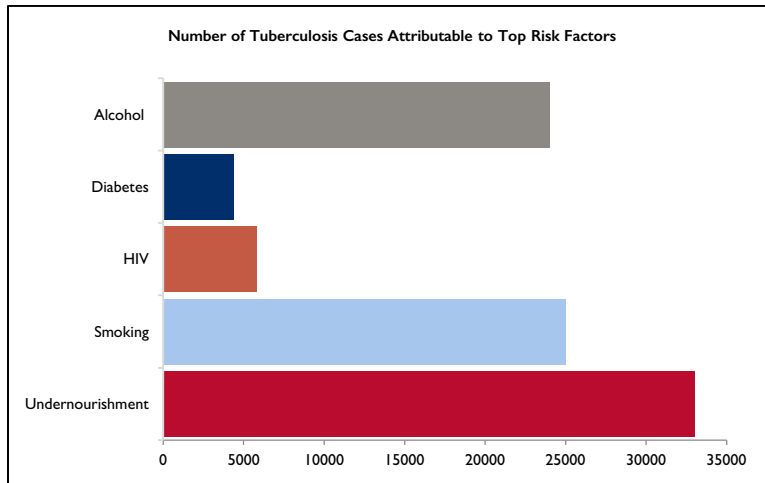
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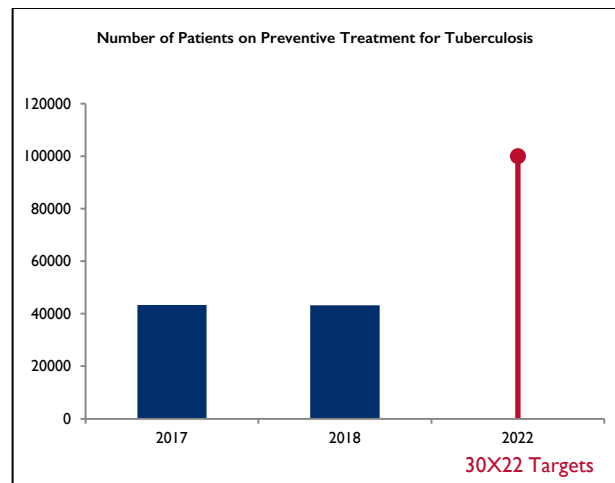
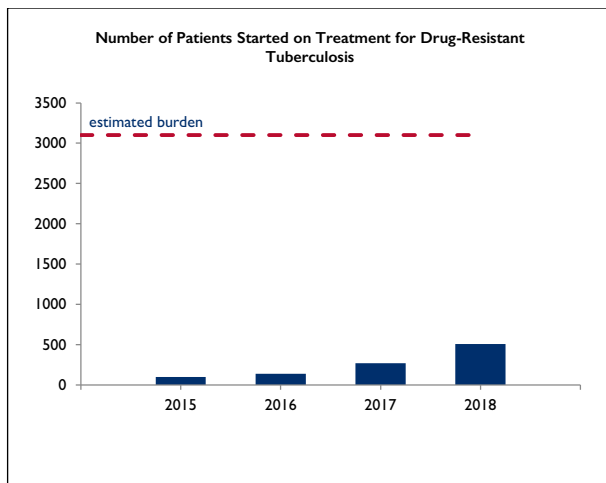
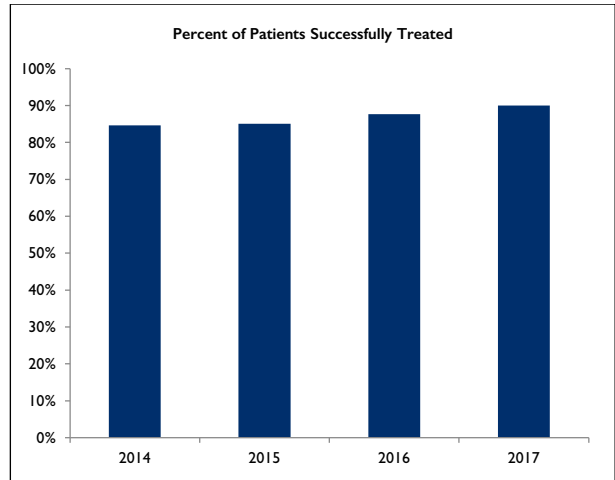
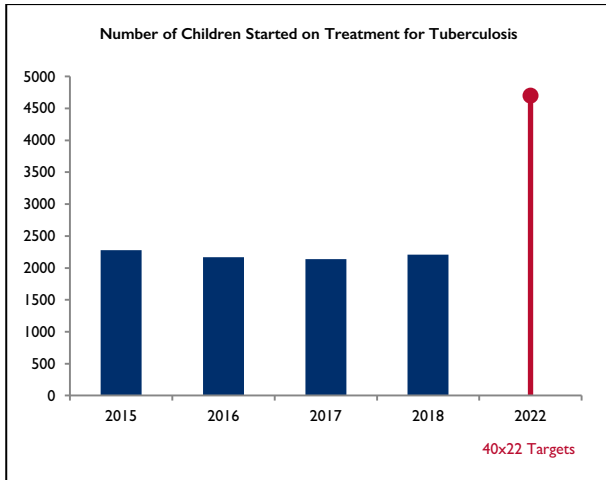
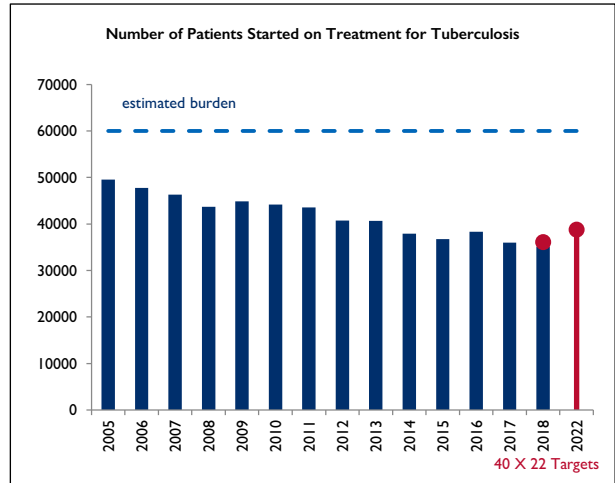
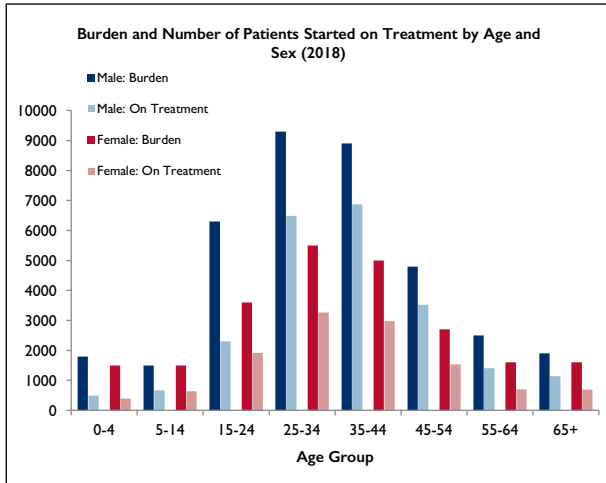
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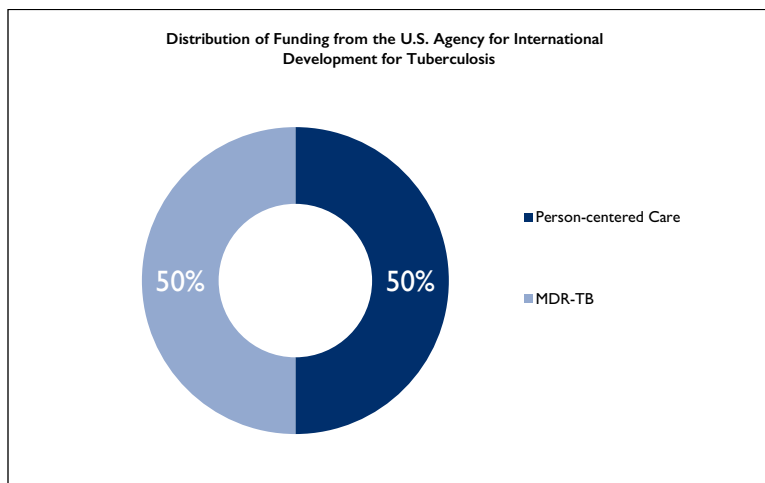
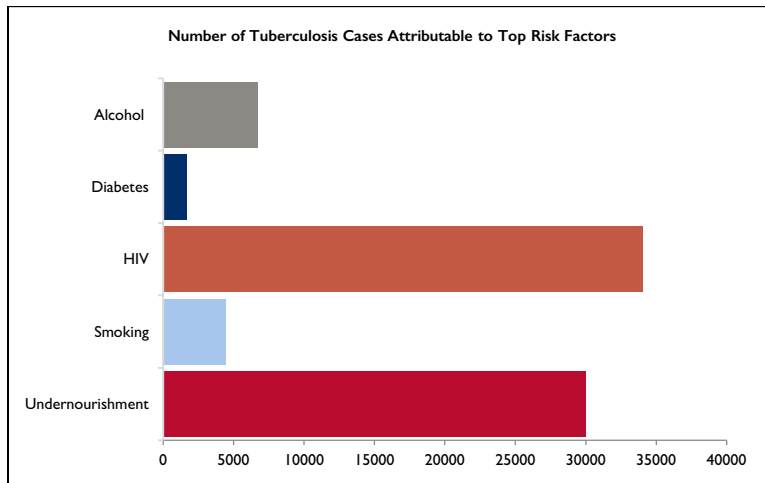
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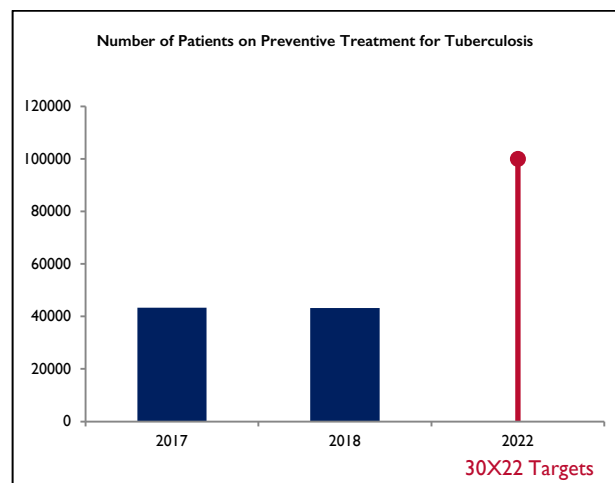
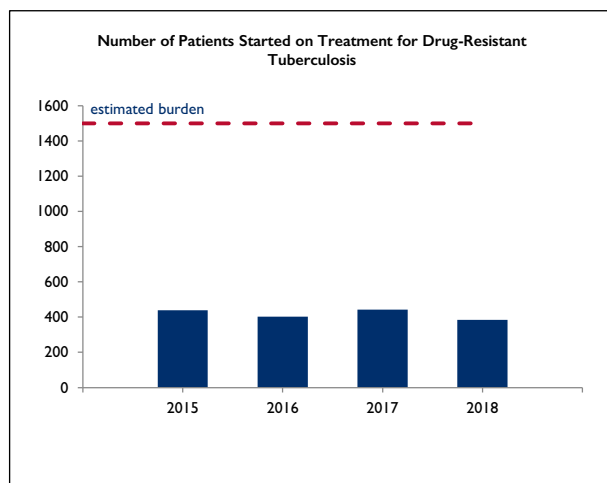
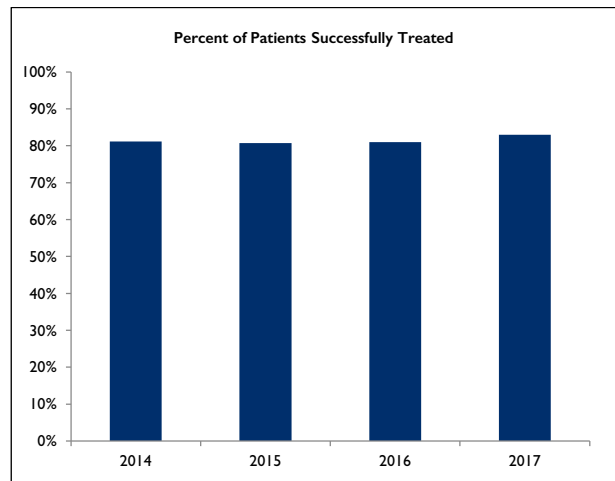
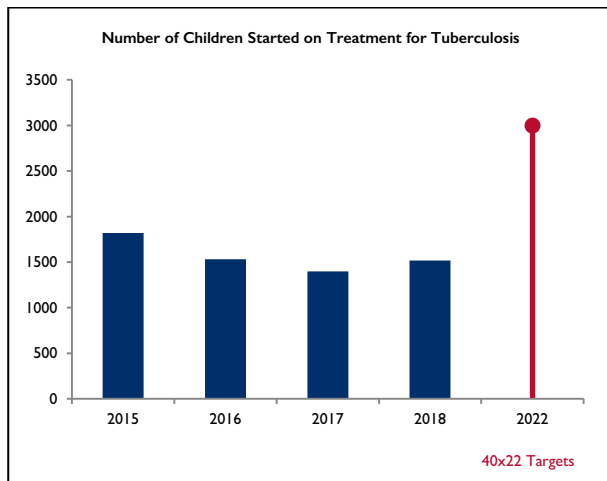
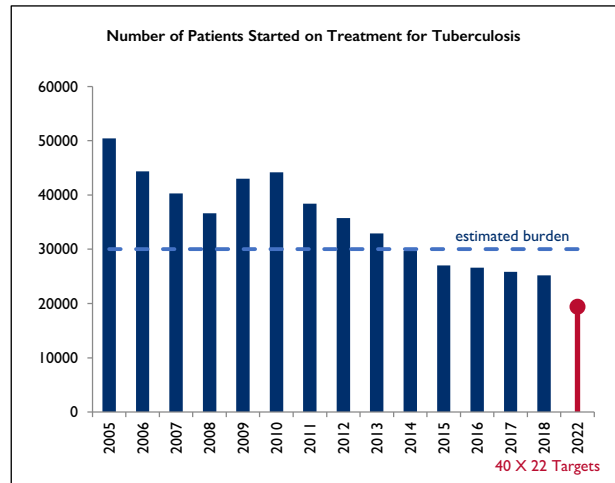
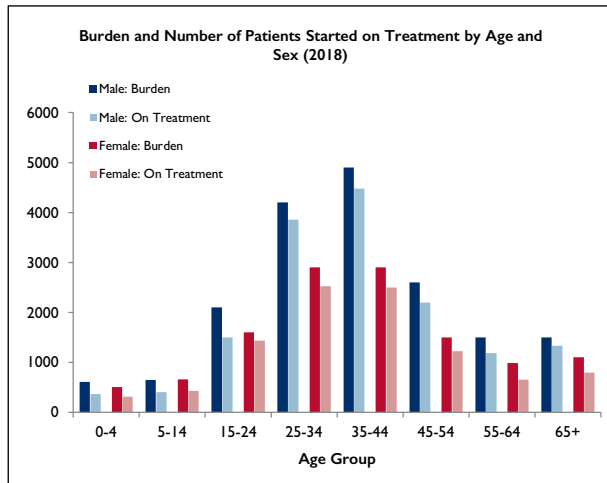
REPUBLIC OF ZAMBIA



REPUBLIC OF ZAMBIA



REPUBLIC OF ZIMBABWE



REPUBLIC OF ZIMBABWE

