

## MOZAMBIQUE TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Mozambique FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 budget. It was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

TB is a major cause of morbidity and is among the top ten causes of mortality in Mozambique. Over the past ten years, TB incidence and mortality have remained stagnant. Among the 30 high TB burden countries, Mozambique is ranked 17th, and among the high multidrug-resistant TB (MDR-TB) burden countries, Mozambique is ranked 16th.<sup>1</sup> The current estimated burden of TB is 115,000 cases,<sup>2</sup> taking into account the recently completed TB prevalence survey. Tremendous progress has been made in increasing TB case notification from 61,559 cases diagnosed and notified to the NTP in 2015<sup>3</sup> to 96,203 cases in 2020<sup>4</sup>—a 56 percent increase. Additionally, the treatment success rate (TSR) for TB reached 94 percent.<sup>5</sup> Despite these achievements, TB remains a public health challenge in Mozambique. For example, although case notification has increased in recent years, the percentage of cases that are bacteriologically confirmed—currently at 35 percent<sup>6</sup>—decreased from 50 percent in 2015.<sup>7</sup> Persisting challenges in addressing the burden of drug-resistant TB (DR-TB) also remain, with an estimated 3,700 DR-TB cases left untreated and a DR-TB TSR of only 66 percent.<sup>8</sup>

The NTP is finalizing the new National Strategic Plan (NSP) which will guide programming through 2029. The structure largely mirrors the World Health Organization (WHO) END TB strategy, with an emphasis on people-centered prevention and care, bold policies and strong systems, and enhanced innovation and research. More specifically, the NSP aims to:

- Identify and treat at least 90% of TB cases, especially among vulnerable populations, while maintaining a TSR of 90%;
- Successfully treat 90% of all people with drug-susceptible TB (DS-TB);
- Identify and appropriately treat all cases of DR-TB;
- Improve diagnostic network coverage, especially for rapid tests; and
- Advocate for increased domestic resources to support implementation of the NSP.

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<sup>1</sup> World Health Organization. *Global Tuberculosis Report*, 2021.

<sup>2</sup> Ibid.

<sup>3</sup> World Health Organization. *Global Tuberculosis Report*, 2016.

<sup>4</sup> World Health Organization. *Global Tuberculosis Report*, 2021.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> World Health Organization. *Global Tuberculosis Report*, 2016.

<sup>8</sup> World Health Organization. *Global Tuberculosis Report*, 2021.

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of the pandemic and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020 when compared to 2019—representing a more than 20 percent decline. In Mozambique, the number of TB case notifications remained the same and there was a 4 percent decline in DR-TB case notifications in 2020 when compared to 2019. For comparison, from 2017–2019, TB case notifications in Mozambique were increasing by approximately 7 percent annually. USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time.

The proposed FY 2021 USAID TB budget for Mozambique is \$7 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

### *TB Diagnosis*

Over the past three years, the NTP has dramatically improved case notification rates with expanded screening at community level and through facility-based interventions. Additionally with support from USAID and partners, the NTP has expanded its network of Xpert<sup>®</sup> MTB/RIF (GeneXpert) instruments to cover almost all districts in the country, however, access to molecular TB diagnostic tests remains a challenge in Mozambique.

Capitalizing on past successes in strengthening the diagnostic network, with FY 2021 funds, USAID will support the following priority interventions:

- Streamlining the use of the active case finding (ACF) cascade by helping to identify and expand ACF approaches such as contact investigations with the most potential to yield additional TB cases;
- Leveraging results of the diagnostic network assessment (DNA) to support activities aimed at strengthening the entire system;
- Improving pediatric TB diagnosis through the introduction of new approaches to diagnosing TB among children, including stool-based sampling; and
- Improving DR-TB case detection including through screening campaigns in DR-TB hotspots and among high-risk groups as well as provision of technical assistance (TA) to support second-line drug susceptibility testing.

### *Engaging all care providers*

Although almost all TB diagnosis and care services are provided in the public sector in Mozambique, private sector providers play an important role in the overall health sector, particularly pharmacists and traditional healers. With FY 2021 funds, in coordination with the

NTP, USAID will provide support to the private sector through capacity building of pharmacy staff on TB screening and the TB referral system. Additionally, USAID will continue engaging with the private sector to provide training to private sector companies on TB education and screening.

### *Community TB care delivery*

USAID continues to build the capacity of civil society organizations (CSOs) and other community level TB care providers for TB screening and case finding, as well as strengthening coordination among other stakeholders implementing community-based screening interventions. USAID support also includes expanding the human resources for community-based TB activities by training additional workers and providing TA to collect more detailed data on the ACF cascade for each approach to determine which activities yield the most confirmed TB cases and can be implemented with efficiency. Further, USAID support will ensure capacity building of staff and CSOs for integrated TB and COVID-19 screening, and screening and case finding activities for vulnerable populations like refugees and internally displaced persons.

## **CURE**

### *Drug-susceptible TB (DS-TB) treatment*

With support from USAID and partners, Mozambique has steadily increased the TB case detection rate and treatment coverage rate for drug-susceptible TB. To further build on these successes, with FY 2021 funds, USAID will support the following interventions:

- Support the NTP to expand community-based treatment adherence solutions including piloting novel digital technologies that will allow people with TB to seek care closer to home;
- Introduce new technologies to collect and report data needed to monitor treatment completion and loss-to-follow-up;
- Provide clinical mentoring and on-the-job training for providers who manage pediatric TB treatment cases and children on TB preventive treatment (TPT);
- Scale up one-stop services for TB/HIV co-infection management with dual testing facilities
- Build the capacity of facility and community-based staff to provide high-quality TB services using the latest global guidelines; and
- Ensure that high-risk populations including internally displaced populations have access to quality TB services and care.

### *Multidrug-resistant TB (MDR-TB) treatment*

In recent years, Mozambique has greatly improved MDR-TB treatment outcomes, yet clinical and programmatic management of DR-TB remains a challenge. To increase DR-TB treatment outcomes, USAID will support the NTP in introducing and scaling up more people-centered treatment options such as the all-oral, shorter treatment regimens for individuals with MDR-TB. Further, USAID is also supporting the decentralization of MDR-TB care that will expand access

to TB care for people in remote areas. With FY 2021 funds USAID will support:

- Increasing DR-TB treatment initiation and completion by providing training and clinical mentoring for healthcare providers—including introducing innovative case management solutions using virtual platforms;
- Building the capacity of healthcare workers to increase routine drug susceptibility testing, reinforce linkages between people with TB and social service providers, improve TB testing and diagnosis turnaround times, and strengthen active drug-safety monitoring and management (aDSM) and sample transport;
- Providing a comprehensive care package that includes distribution of pill boxes with drugs sufficient for at least a week, monitoring and reporting of side effects, and contact investigation for all contacts with provision of TPT for eligible contacts;
- Coordinating with the NTP to identify health facilities to transform into centers of excellence to perform a standard person-centered care that can be used for training;
- Scaling up provision of social support including a monthly stipend for transport and basic food needs, connection to community savings groups, and development of basic job aids; and
- Implementing video-based directly observed therapy (VDOT).

## **PREVENT**

### *Prevention*

USAID will provide ongoing support for interventions intended to prevent TB among vulnerable populations including contacts of confirmed TB cases. These activities include: TB screening and contact investigation to support the NTP in reaching the ambitious treatment and prevention targets; rolling out TPT; implementation of infection prevention and control (IPC) guidelines like the Finding, Actively Separating, and Treating (FAST) strategy in high-volume facilities; improving monitoring and evaluation processes and supervision for contact investigation and TPT completion; and placement of cough officers in highly congested areas where TB transmission risk is high such as crowded markets, places of worship, and schools.

## **SUSTAINABLE SYSTEMS**

### *Commitment and sustainability*

The Government of Mozambique (GRM) remains dedicated to meeting all targets and commitments set forth at the United Nations General Assembly High-Level Meeting (UNHLM). TB has received well-deserved attention from all levels of GRM leadership, and the GRM has continued to mobilize domestic resources to ensure sustainable financing for universal access to TB services. USAID will operate under the auspices of the Global TB Accelerator to End TB to continue capitalizing on this commitment to support activities that increase country commitment and ownership. The organization will utilize a combination of local partners and seconded

advisors, and leverage the partnership statement signed in August 2019 to ensure alignment between GRM and USAID priorities. USAID will continue engaging with the GRM to review commitments made under the partnership statement and discuss successes and challenges as well as jointly monitor key projects within the USAID TB portfolio.

### *Capacity and functioning systems*

USAID's investments support building the capacity of health management information systems (HMIS) and human resources for health (HRH). In Mozambique, HMIS systems are fragmented, with multiple electronic systems in pilot or expansion stages throughout the health system, while the TB program is largely paper-based. USAID investments are supporting the transition of the TB program to an electronic database. USAID support will also help the rapid adoption of digital monitoring and evaluation instruments and databases through the provision of training and other capacity building activities. Additionally, to build the HRH capacity, USAID will continue the provision of various trainings and supervision particularly for DR-TB case management. USAID will also provide support to address human rights and gender-related barriers that hamper access to TB services in the program.