Statement of Partnership

Between the Federal Ministry of Health and USAID/Nigeria on Tuberculosis

May 8, 2019

Statement of Partnership

Introduction

This Statement of Partnership ("SP") reflects the intended cooperation between the Ministry of Health (MOH) of the Government of Nigeria (GON) and the United States Agency for International Development in Abuja (USAID/Nigeria); collectively these entities will be referred to as the "Participants." It is issued in accordance with the terms of the Development Objective Assistance Agreement for "Reduced Extreme Poverty in a More Stable, Democratic Nigeria" signed by the GON and the Government of the United States of America (USG), acting through the United States Agency for International Development (USAID) on September 29, 2015, as amended.

This SP will provide an implementation framework within which USAID will provide, through various projects and partners, technical support to the Ministry of Health's (MOH) National Tuberculosis and Leprosy Control Program (NTBLCP) for improved tuberculosis (TB) control.

I. Purpose

The purpose of this SP is to establish an alignment between the Participants to jointly reaffirm our respective commitments to combating TB in Nigeria, and to align expectations related to a joint approach to achieve the objectives and targets to which Nigeria is committed. A summary of the background and context in which the Participants will work collaboratively together is amplified in Annex A.

This SP describes the respective roles and responsibilities that each Participant will assume toward the achievement of this purpose, subject to each Participant's applicable laws and regulations. In particular, the Participants agree that the targets and objectives towards combating TB in Nigeria will be achieved only by accelerating implementation of the national strategy and by speeding up the current pace of implementation. Therefore, the Participants will work toward scaling up the implementation of highly effective, strategic interventions, including service delivery, policy development and implementation, leadership, supervision, supply chain logistics, operational research, improved data for decision making and robust monitoring and evaluation systems that contribute to detecting and diagnosing TB, reducing the TB burden, and ending the spread of multi-drug resistant TB ("MDR-TB").

This SP further describes the approaches that USAID is committed to support, subject to availability of funds, via technical and operational assistance to the NTBLCP, including the secondment of national and state-based, highly skilled, TB technical experts to NTBLCP.
Finally, this SP describes the process by which the interventions implemented under this SP will be established, defining the process, objectives, and approaches for MOH and USAID's joint commitment to combating TB in Nigeria.

II. Objectives and Key Technical Areas

Objectives

The MOH and USAID are committed to working together in a joint approach to achieve the following objectives:

A. To achieve a 50 percent reduction in the TB incidence rate and a 75 percent reduction in the number of TB deaths in Nigeria by 2025 relative to 2015 levels (End TB Strategy Operational framework for Nigeria);

B. Ensure universal access to high-quality, patient-centered TB prevention, diagnosis, and treatment services for Nigerians with all forms of TB, regardless of geographic location, income, gender, age, religion, ethnic groups, or other affiliation; and

C. To ensure that, cumulatively, 1,179,600 TB patients access high quality diagnostic and treatment services by 2022.

Key Technical Areas

To achieve these objectives, a substantial number of interventions are needed in multiple technical areas. It is understood that specific approaches outlined below may be altered based on new evidence, and that they will assist in reaching the national priorities. With this understanding and flexibility in mind, the Participants nevertheless agree to make a good faith effort to jointly address the following key technical areas that are critical to ending TB in Nigeria:

1) Enhance the leadership and technical capacity of the TB program at national and sub-national levels to effectively coordinate, guide and manage implementation of TB control activities.

2) Implement innovative, proven and effective strategies and tools for improving TB case finding and treatment outcomes to meet NSP (2015- 2020) targets.

3) Improve the programmatic management of drug-resistant TB ("DR-TB").

4) Ensure uninterrupted availability of commodities that have acceptable international quality assurance.

5) Improve the availability of and access to quality and effective TB laboratory diagnostic services.

6) Strengthen private sector engagement and community systems for TB control.

7) Strengthen Advocacy, Communication and Social Mobilization for TB control.

8) Scale up integrated TB/HIV services, including integration of TB into reproductive and maternal and newborn health and nutritional services.

9) Improve data collection, analysis, reporting and use of data for decision making.

10) Enhance results monitoring, evaluation and operations research.

III. Roles and Responsibilities

Jointly, the Participants intend to:

- Monitor progress, share information, review learnings and adapt actions as necessary, and evaluate and report on progress;

- Meet on a quarterly basis, or as needed based on mutual agreement, to define the specific activities to be undertaken and provide the required guidance to stakeholders and implementing partners;

- Jointly plan and organize any launch or dissemination events related to the interventions mentioned in Section III; and

- Participate in a regular (e.g., semi-annual and annual) performance review process.

The following section describes the individual roles and responsibilities of the Participants to the SP:

MOH/NTBLCP

In support of the aforementioned joint commitment to achieving the objectives outlined above, MOH is committed to:

- Including the commitments and targets agreed to at the High Level Meeting on TB at the United Nations General Assembly in September 2018 in the new National Strategic Plan, when developed;

- Convening a high level group (such as a Presidential initiative to End TB in Nigeria or an Inter-Ministerial Task Force on TB Control) that will establish and monitor a Multi-sectoral Accountability Framework for TB involving all key stakeholders;

- Supporting and managing effectively an uninterrupted supply of quality assured TB drugs;

- Building the capacity and access for effective use of data and performance monitoring and evaluation;

- Adopting and implementing relevant national guidelines and policies;

- Convening, participating in and documenting a joint annual action planning process between MoH, all other relevant partners, and USAID, to assess results and to agree to interventions by government and USAID-funded activities on an annual basis;

- Ensuring sufficient work space and logistics to host USAID-seconded TB Advisors;

- Disseminating routine TB data with partners, including USAID-funded Advisors and projects, in a timely manner in order to further the joint objectives outlined in this SP;

- Convening a quarterly meeting to jointly review performance data, technical reports and accountability records with USAID for activities that involve USAID commodities or technical assistance;

- Engaging the Parliamentary Caucus on TB for improved budget allocation and legislation on TB;

- Developing and implementing a plan to achieve at least a 30 percent increase from current domestic TB funding levels over the next five years;

- Posting additional staff to match NTBLCP's staffing needs at both the National, State and local government area (LGA) levels;

- Collaborating with other Ministries Departments and Agencies (MDAs) to end TB epidemics in Nigeria. The MDAs include:

    - Ministry of Finance (increased allocation and resources to national and state TB budgets)
    - Ministry of Women Affairs and Social Development (e.g., inclusion of TB and/or MDR-TB patients in existing social protection schemes)
    - Ministry of Education
    - Ministry of Labor and Productivity
    - National Agency for the Control of AIDS (NACA) and National AIDS and STI Control Program (NASCP)
    - National Primary Health Care Development Agency National health insurance agency (e.g., inclusion of TB in insurance package(s), specific payment reform processes for TB)
    - National Social Insurance Trust Funds (NSITF)
    - Ministry of Interior (Nigeria Prison Service; Nigeria Immigration Service; Nigeria Custom Service)
    - Ministry of Defense
    - Ministry of Police Affairs

USAID

In support of the aforementioned joint commitment to achieving the objectives outlined above, USAID, subject to the availability of funds, is committed to:

- Participating in a joint annual action planning process between MoH and USAID, including other relevant partners, to assess the Partnership's results and to agree to interventions by government and USAID-funded activities on an annual basis;

- Providing technical assistance as required to strengthen capacity and achieve results;

- Seconding TB experts to key roles within the MOH to serve as TB Advisors for the NTBLCP at National and State levels;

- Strengthening monitoring and evaluation systems and quality of data collection and analysis through capacity building and, where appropriate, the provision of up-to-date software for data analysis and management;

- Providing technical assistance to the TB drugs and commodity logistics management information systems;

- Reporting on project progress, challenges, and results to the NTBLCP; and

- Strengthening TB laboratory network and diagnostic services (*e.g.*, supporting the functionality of GeneXpert® machines).

V. Monitoring and Evaluation (M&E) Plan

The activities outlined in this SP will be monitored on a quarterly basis at the partners or Inter-Ministerial Task Force meeting. Within six months of adoption of this SP, both Participants will complete an M&E plan, which will describe the approaches for ensuring effective implementation and achievement of results. The M&E plan will identify appropriate indicators for each level of the results framework; show data sources and describe how the data will be collected, and collated to regularly inform performance. The proposed plan will provide preliminary five-year performance indicator targets which will be reviewed and possibly revised during implementation discussions. This M&E plan will not be a standalone plan but will build on the existing NTBLCP M&E plan and routine reporting systems.

VI. Communications

The Participants expect to collaborate on the development of outreach materials. Public communications should recognize the Participants through appropriate branding in accordance with their respective legal, policy, and procedural requirements. Each Participant intends to communicate publicly the contributions of the other in articles, media, and publications or other documents as well as hand-outs and signage at events. The Participants should respect one another's confidentiality policies, with the mutual understanding that the Participants intend to publicize their support and its objectives without disclosing any confidential or proprietary

information of the Participants. The Participants will endeavor to share information on their individual policies, procedures, and requirements relating to branding, and other communications-related requirements, so that potential obstacles can be addressed in a timely manner.

All communications should be sent to the Participants at the following addresses:

For USAID/Nigeria:
U.S. Agency for International Development
American Embassy
Plot 1075. Diplomatic Drive, Central Business District.
Abuja, Nigeria
[redacted]
Attn: Stephen M. Haykin, Mission Director, USAID/Nigeria [redacted]

For MOH:
The Honourable Minister of Health
Federal Ministry of Health
Federal Secretariat
Shehu Shagari Way, Central Area
Abuja, Nigeria

VII. Terms and Conditions:

1. **No obligation of funds**: This Statement of Partnership does not effectuate an obligation of funds by either Participant. All obligations of funds by USAID to support its undertakings under this Statement of Partnership are intended to be made in other agreements with USAID implementing partners by USAID, consistent with U.S. law and regulations, and in accordance with USAID procurement and other related policies, procedures, and guidelines. All USAID assistance contemplated under this Statement of Partnership are subject to the availability of funds.

2. **No international status**: It is understood by the Participants that this Statement of Partnership is not an international treaty or international agreement and is not subject to either the Federal Government of Nigeria or United States Government's treaty ratification or other domestic and internal legal procedures for ratification of treaties or international agreements.

3. **Non-binding Statement of Partnership which does not supersede existing**

agreements: The terms and conditions shall govern the undertakings of the respective Participants under this Statement of Partnership; however, this Statement of Partnership shall be considered to be a good faith intention to pursue the goals and objectives identified above for the benefit of the people of Nigeria, and is non-binding and not legally enforceable on any Participant. The Participants entering into this Statement of Partnership maintain their own separate and unique missions and mandates and their own accountabilities. This Statement of Partnership shall not supersede or interfere in any way with other agreements or contracts entered into by the Participants, either prior to or subsequent to the signing of the Statement of Partnership.

4. **Assistance Under the Framework Bilateral**: All assistance provided by USAID and reflected in this Statement of Partnership is United States assistance within the meaning and terms of the ongoing Development Objective Assistance Agreement for Reduced Extreme Poverty in a More Stable, Democratic Nigeria, signed by the Government of Nigeria and the Government of the United States of America (USG), acting through USAID, on September 29, 2015, as amended. The assistance provided by USAID, including through any contractors or recipients, is subject to the terms and conditions of this agreement, or successor agreement, including those provisions that provide exemption from taxes and customs duties.

5. **Designated Representatives**: The primary points of contact and liaison for each Participant to this Statement of Partnership are as follows:

Prof. Isaac Adewole, Minister of Health, Government of Nigeria, and Mr. Stephen M. Haykin, Mission Director, USAID/Nigeria, or their designees, are the focal points of contact for this Statement of Partnership.

The Participants may substitute the above points of contacts at their discretion and upon notice to the other Participant.

6. **Duration**: This Statement of Partnership is effective upon signature of the Participants, and will remain in effect until otherwise notified by either Participant.

7. **Resolution of Disputes**: The Participants intend to use the utmost good faith to resolve any issues and disputes that arise under this agreement, bearing in mind that the Statement of Partnership is not for the benefit of the Participants but instead for the people of Nigeria.

9. **Amendments**: This Statement of Partnership may be amended or modified in writing by mutual consent of each Participant, as may be necessary from time to time.

10. **Termination**: Each Participant may, at its discretion, terminate this Statement of Partnership by providing all other Participants, in writing, with 60 days advance written notice, a communication reflecting the intent to terminate the Statement of Partnership.

11. **Wind up**: In case of termination of this Statement of Partnership by a Participant, the Participants intend to consult with each other on how to bring the Statement of Partnership to an orderly end.

12. **Authority to sign the SP**: By their signatures below, the representatives of the Participants represent that they have the authority to sign the Statement of Partnership.

The Participants, each acting through their duly authorized representatives, have signed this Statement of Partnership as of this 8th day of May 2019.

Ministry of Health

Prof. Isaac Adewole, FAS, FSPSP, FRCOG, DSc (Hons)
Honorable Minister of Health

U.S. Agency for International Development/Nigeria

Stephen M. Haykin
Mission Director

ANNEX A

BACKGROUND & CONTEXT

TB situation analysis in 2019

Nigeria has the sixth largest burden of TB in the world, and the highest in Africa. Unfortunately, this burden is exacerbated by the high HIV/AIDS burden, and the emergence of Multidrug-resistant tuberculosis.

In 2006, Nigeria declared TB as an emergency, in line with the World Health Organization (WHO) declaration, and has, since then, implemented various WHO-recommended strategies, such as: directly-observed treatment short-course (DOTS), STOP TB, and recently, the End TB strategy.

Despite all of these strategies, the burden of TB in the country has continued to grow, with more than seventy percent of the estimated TB cases undetected. Nigeria notified only 24 percent of the estimated TB cases in 2017, with about 155,000 estimated TB deaths occurring annually (WHO Global TB Report, 2018). Furthermore, about 71percent of TB patients and their households are affected by catastrophic costs due to TB (National Catastrophic Survey, 2017).

Based on the National Tuberculosis Prevalence Survey and drug resistance data carried out in 2012, an estimated 4,097,114 cases of TB will have occurred in Nigeria between the beginning of 2015 and the end of 2020. Of these, approximately 901,365 (22 percent) will have been co-infected with HIV, and 196,661 (4.8 percent) will have had multidrug-resistant TB. Thus, a massive scale-up of effort is required to meet the overwhelming needs of people with all forms of TB.

The global TB control community has committed to finding the estimated 3.6 million missing cases that go undiagnosed every year around the world. In Nigeria alone, an estimated 313,096 cases were missed in 2017, representing 9% of the global gap in case notification. With improvements to case-finding in Nigeria, the country could contribute to a significant narrowing of the global gap.

Providing universal access to services is a means to an end. By expanding access over the next six years, NTBLCP and its partners aim to increase case notification, increase treatment success rate, integrate TB and HIV to provide one-stop services for clients, provide rapid diagnosis and treatment for people with drug-resistant TB, address the needs of key affected populations,

mobilize domestic resources to sustain the gains made, and strengthen the systems that will support these achievements.

Increasing case detection requires a rapid scale-up of diagnostic capacity; engagement of all health care providers in identifying people with TB; partnerships with community-based organizations to provide outreach and education to key affected populations and to increase knowledge while reducing stigma among the general population; and removal of barriers to care-seeking for the poor and vulnerable.

Similarly, diagnosis of TB in children under the age of 15 poses challenges to TB control. At present, children represent only seven percent of the cases diagnosed in Nigeria each year, a lower than expected proportion given that children represent almost 44 percent of the total population in a country where a high burden of disease exists. Expertise and equipment needed to diagnose pediatric TB is limited, resulting in sub-optimal access to TB preventive therapy among exposed children. Efforts to address TB in this vulnerable population must be redoubled through capacity building for health workers, task shifting, guidelines dissemination, improved access to GeneXpert® and other diagnostic tests; as well as integration of TB screening and treatment services in reproductive, maternal and newborn health and nutritional services.

While the treatment success rate is on track to reach the new global target of 90 percent for all TB cases, there are specific states and local government areas in the country that are not on track with meeting this target. In addition, while treatment sites are being expanded, the numbers of facilities and trained personnel are inadequate to match the rapid scale-up in diagnosis that is envisioned to address the low case detection issues noted above. Treatment success must be improved in the regions where it is faltering and must be maintained in all other areas as the number of cases diagnosed increases rapidly. Success will require the expansion of DOTS centers, training of additional health care workers, use of community TB care approaches, improvements in procurement and supply management, supportive supervision, and strengthening of data management systems.

DR-TB is also a concern in Nigeria. According to new data available from the WHO Global TB report 2018, approximately 4.3 percent of new TB cases and 25 percent of previously-treated TB cases have multidrug-resistant TB (MDR-TB)/Rifampicin Resistant TB (MDR/RR-TB). This requires a much longer, more expensive treatment regimen with more adverse side effects.

To prevent the spread of DR-TB and provide those who are sick with DR-TB a hope of cure, three elements must be strengthened: more rigorous case-holding of all TB patients until treatment completion to prevent the creation of drug resistance; expanded availability of rapid

diagnostic technologies capable of detecting resistance; and prompt DR-TB treatment with quality-assured second-line drugs and comprehensive patient support.

In summary, the fundamental, underlying challenge for controlling TB in Nigeria is a lack of universal access to TB services. The other key challenges to TB control in Nigeria include:

1. Under diagnosis of TB in adults and children;
2. Persistently low treatment success rate in certain states and LGAs;
3. Inadequate integration of TB and HIV services;
4. Inadequate capacity to diagnose and treat DR-TB; and
5. Suboptimal program management, human resources, data management, and supply systems that are unable to support efficient scale-up of services.

Estimates of TB burden in 2017

	Number (thousands)[1]	Rate (per 100,000 population)
Mortality (excludes HIV+TB)	120 (70 -183)	63 (36 - 96)
Mortality (HIV+TB only)	35 (21-52)	18 (11-27)
Incidence (includes HIV+TB)	418 (273 - 594)	219 (143-311)
Incidence (HIV+TB only)	58 (37 -85)	30 (19 - 44)
Incidence (MDR/RR-TB)	24 (14-36)	12 (7.3 -19)

The current actions and investments in Nigeria and other countries fall far short of those needed to end the global TB epidemic. This informed the decision of the United Nations to hold the first UN high-level meeting on TB (UNHLM) with Head of States and Government delegations committing to diagnose and treat 40 million TB cases by 2022.

[1] The numbers in parenthesis represent the 95% confidence interval for the quoted statistics.

Nigeria is expected to contribute three percent (1,179,600) of the 40 million TB cases to be diagnosed and treated globally by 2022. The country is also expected to contribute seven percent (2,367,600) of the 30 million people that will receive preventive therapy by 2022. The breakdown of expected contributions from Nigeria to the UNHLM targets from 2018 to 2022 are shown below. As part of this SP, it is expected that the MOH and the GON, with support from USAID and other donors, will strive to meet these targets by 2022:

Targets	2018	2019	2020	2021	2022	Total
TB diagnosis & treatment	114,000	165,900	287,500	316,600	296,600	1,179,600
MDR-TB diagnosis & treatment	2,000	3,500	8,700	19,200	23,600	57,000
Childhood TB diagnosis & treatment	8,500	13,600	27,400	33,900	34,600	118,000
Total preventive therapy	200,100	340,900	565,300	610,700	650,600	2,367,600
Preventive therapy for <5 child contacts	17,400	38,100	88,000	121,200	135,800	400,500
Preventive therapy in PLHIV	174,673	264,656	331,386	247,765	221,462	1239942
Preventive therapy in contacts > 5 years of age	8,044	38,149	145,869	241,730	293,291	727,083

USAID contribution to TB care and prevention

Fighting TB is a top priority for the USG and the GON. USAID's new TB business model, the "Global Accelerator to End Tuberculosis," will catalyze investments across multiple countries and sectors to end the epidemic while building self-reliance.

USAID has been a leader in the global fight against TB for over two decades and supports TB control efforts in more than 50 countries. USAID is helping to provide TB treatment to more

than 13 million people, including over 300,000 suffering from MDR-TB. Since 2000, the USAID /Nigeria support for the TB program has contributed to a nearly 50 percent reduction in TB-related deaths and, with USAID's partners, has saved more than 54 million lives.

USG support is most successful when it is coupled and aligned with strong commitments from other governments and partners. To accelerate action, USAID has announced a new innovative model, "The Global Accelerator to End Tuberculosis" that will leverage additional resources from countries, private sector partners, and other local organizations in order to meet the UN target of treating 40 million people by 2022. It will focus on the countries with high burdens of TB in which USAID already has existing partnerships, and align with local communities and partners to deliver performance-based results towards the global target. This is a change in approach to ensure USAID is fighting to end TB in the most effective and efficient manner.
USAID's TB approach in Nigeria is complementary to the GON, the Global Fund, the Stop TB Partnership, and other partners' interventions. Efforts reflect USG priorities outlined in the USG Global TB Strategy. USAID supports the National TB Program's goal to reduce TB prevalence and mortality by 50 and 75 percent, respectively by 2025 as detailed in the National Strategic Plan for Tuberculosis Control (2015-2020) to ensure universal access to high-quality, patient-centered TB prevention, diagnosis, and treatment services.

USAID has contributed to the implementation of specific activities related to access to quality TB diagnosis and treatment, and helped with delays in case detection, diagnosis and treatment. USAID has addressed these factors by supporting the following activities:

1. *Case Finding and Referral Services:* USAID supports the expansion of case finding and referral and treatment services in the public and private health sector through multiple implementing mechanisms. For individuals who arrive at health facilities with TB symptoms, proper screening is the primary focus. USAID has supported the scale-up of proven community-based case finding strategies, such as active contact tracing to improve case detection rates and ensuring that those affected by TB receive prompt diagnosis, enroll in, and successfully complete their treatment. Through the USAID-funded Challenge TB activity, two mobile trucks equipped with GeneXpert® technology and x-ray services have offered diagnostic and referral services in selected areas to intensify TB case finding within high-risk communities in the densely populated communities in Ogun, Lagos, Nassarawa and Kano states. The Challenge TB activity has also provided support for the implementation of active TB case finding activities in 14 states, including technical assistance to the NTBLCP on implementation modalities for proven case finding core interventions (e.g., Patent Medicine Vendors, TB case finding in migrant populations and internally displaced people). USAID, in order to leverage the significant services

provided by private health facilities in Nigeria, is comprehensively expanding TB services to private care providers in the two highest TB burden states in Nigeria (Kano and Lagos states).

2. *Diagnostic Networks*: In support of a robust national TB diagnostic network, USAID supports the mapping of TB clinics and laboratories to design and operationalize an optimal network for the provision of quality TB diagnosis and treatment. A National TB Lab Operational Plan delineates the adoption and implementation of diagnostic network standards, as defined by the Global Laboratory Initiative and recommended in the 2016 lab assessment report. USAID has continued to support the use of rapid diagnostics for TB by optimizing the utilization of 124 GeneXpert® machines.

3. *Case Management*: In 2016, USAID supported a study to assess the quality of TB care at select service delivery sites. The USAID-funded SHOPS Plus for TB activity conducted a study to assess providers' knowledge, attitudes and behavior towards clients who might have TB (presumptive TB cases). Results of the study were disseminated among the National TB and Leprosy Control Programme, implementing partners, and other key TB community stakeholders. Gender-related differences in accessing and adhering to TB treatment affect health outcomes for women and men. To enhance the understanding of these differences, the USAID-funded Breakthrough Action project has designed stigma reduction and positive messaging around TB and its treatment, and also integrated gender norms into TB control; this is currently being piloted in Kano and Lagos states.

4. *Surveillance and monitoring and evaluation*: Although there is an infectious disease reporting system in Nigeria, only 20 percent of health facilities are capable of properly diagnosing and treating TB. USAID has helped to strengthen TB surveillance in non-NTBLCP facilities through the engagement of WHO TB surveillance officers in 12 states and the placement of a long-term advisor for the Nigerian Center for Disease Control. The Challenge TB activity supports the national expansion and utilization of the National Electronic TB Information Management System (NETIMS), a patient management platform adopted as the electronic TB register. Through NETIMS, LGA and facility-level data recording and reporting has been strengthened.

5. *Infection Control*: USAID has helped improve the implementation of infection control practices in facilities responsible for the diagnosis and treatment of individuals with, and at high risk for MDR-TB. USAID, through the Challenge TB project, is implementing the Finding TB Actively, Separating and Treating (FAST) strategy. This has helped in early TB case detection and prompt initiation of treatment, thereby reducing the nosocomial transmission of TB in health facilities.

6. Scale-up of quality DR-TB services: USAID has strengthened MDR-TB detection, treatment and care services, and has improved access for patients through the following:

   a. *Diagnostics:* In addition to increasing access to rapid molecular diagnosis that increases diagnosis of rifampicin-resistant cases, USAID has provided technical assistance to reference laboratories to perform second line probe assay for appropriate management of MDR-TB patients.

   b. *Roll-out of new regimens and drugs:* USAID has scaled up shorter TB regimens to 12 states, employing the community-based programmatic management of MDR-TB (cPMDT) strategy, and conducted operational research to understand the most effective means of improving uptake of new TB drugs and new MDR-TB treatment.

   c. *Community-based programmatic management of MDR-TB:* Community-based DR-TB care is a novel TB case management approach. Aligned with the NSP (2015 - 2020) priority to expand services for DR-TB using an ambulatory care model, USAID has supported community-based programmatic management of MDR-TB in 12 states.