



U.S. Agency for International Development Report to Congress on the Prevention of Tuberculosis

The U.S. Agency for International Development (USAID) submits this report to Congress pursuant to Division G of Public Law (P.L.) 116-94, Section 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2020 and the accompanying Senate Report 116-126.

Not later than 180 days after enactment of the act, the USAID Administrator shall submit a report to the Committee for Tuberculosis (TB)-prevalent countries, including, to the maximum extent practicable: (1) the number of individuals screened for TB disease and TB infection outside of health facilities; (2) the number of close contacts who are screened for TB infection; (3) the number of individuals, including close contacts, who are started on treatment for TB infection; and (4) the number of individuals who complete treatment for TB infection. This is USAID's first report on these indicators.

INTRODUCTION

Tuberculosis (TB) is the world's deadliest infectious disease. Each year, an estimated ten million people fall ill with TB, and 1.5 million die.¹ In September 2018, the United Nations General Assembly High-Level Meeting (UNHLM) on TB not only increased awareness of the disease, but set the parameters for the next stage of the fight against it. At this meeting, Heads of State committed to ambitious targets, including enrolling 30 million people on TB-preventive therapy (TPT) by 2022, with a focus on countries with the highest burden of the disease.

As the U.S. Government's lead Agency on global TB efforts, USAID works with agencies and partners around the world to reach every person with TB, cure those in need of treatment, prevent the spread of new infections, and stop the progression to active disease. Launched at the 2018 UNHLM, USAID's Global Accelerator to End TB increases commitment from, and builds the capacity of, governments, civil society, and the private sector to accelerate national progress in reaching the global targets. The Accelerator focuses on countries with high burdens of TB where the Agency can align with local communities and partners to deliver results. To ensure the Accelerator's effectiveness and increased transparency, USAID uses standardized data-collection and performance-based indicators that align with the targets.

USAID funds bilateral programs in 23 priority countries,² and provides limited technical assistance in 32 additional ones. Of the 30 million people who comprise the UNHLM's prevention target, approximately 75 percent live in USAID's priority countries.

¹ World Health Organization Global Tuberculosis Report, 2019.

² The USAID's priority countries for TB are the Islamic Republic of Afghanistan; the People's Republic of Bangladesh; Burma; the Kingdom of Cambodia; the Democratic Republic of Congo; the Federal Democratic Republic of Ethiopia; the Republics of India, Indonesia, Kenya, Malawi, Mozambique, The Philippines, South Africa, Tajikistan, Uganda, Uzbekistan, Zambia, and Zimbabwe; the United Republic of Tanzania; Kyrgyz Republic; the Federal Republic of Nigeria; Ukraine; and the Socialist Republic of Vietnam.

As detailed below, USAID advocates for governments to increase both commitment and capacity to scale-up preventive interventions, including by updating national TB guidelines to reflect the latest international policy on the prevention of the disease, conducting a cascade of prevention training, expanding approaches to screening, and introducing new preventive therapy for the disease.

To date, governments with limited resources have focused their efforts to rapidly reach people with TB and enroll them in effective treatment to stop the spread of the disease. While national Ministries of Health have taken important steps, the world is not on track to achieve the UNHLM’s prevention target by 2022. This target challenges the world to stretch current efforts to accelerate preventive interventions. Ensuring that national governments commit to the prevention of TB and increase resources to support key interventions is crucial in achieving country-level and global TB targets.

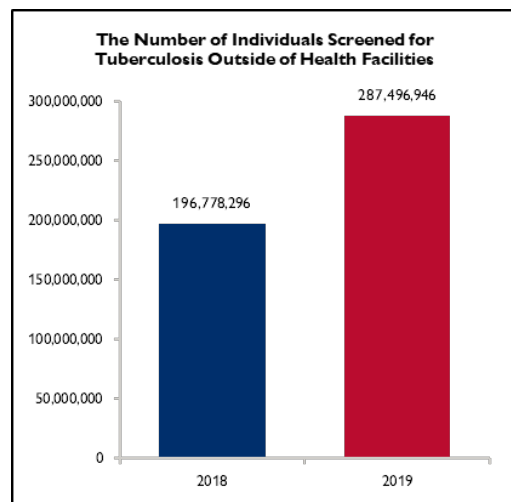
METHODOLOGY

To the maximum extent practicable, USAID collected data on the four prevention indicators requested by Congress, outlined below. This report only covers USAID’s 23 priority countries for TB, all of which have a high-burden for the disease and submitted some data. However, not all governments were able to report on all four indicators because they do not routinely collect these data. The governments that reported on each indicator appear in the footnotes.

Indicator One: The number of individuals screened for TB disease and TB infection outside of health facilities.³

To collect consistent data on Indicator One, USAID defined technical terms as follows:

- “Outside of health facilities” refers to TB-screening activities in the community, including in and outside home settings (e.g., as part of contact-investigation), routine outreach, and event-based screening carried out by community health workers or any other trained or qualified health personnel.
- “Screening” is, at a minimum, verbal screening (for signs and symptoms) to identify symptomatic individuals whom community health workers or health personnel then refer for further clinical evaluation or testing for TB disease. This also includes screening or assessment for TB infection, combined with or without testing for TB infection by tuberculin skin test (TST) or interferon-gamma release assay (IGRA).



³ For Indicator One: For 2018, the governments of 18 out of 23 USAID priority countries had data available to report (The Islamic Republic of Afghanistan; the People’s Republic of Bangladesh; Burma; the Kingdom of Cambodia; the Democratic Republic of Congo; the Republics of India, Indonesia, Kenya, Malawi, Mozambique, The Philippines, South Africa, Tajikistan, Uzbekistan, and Zambia; the United Republic of Tanzania; Kyrgyz Republic; and the Federal Republic of Nigeria); for 2019, the governments of 16 countries had data available to report (The Islamic Republic of Afghanistan; the People’s Republic of Bangladesh; Burma; the Democratic Republic of Congo; the Republics of India, Indonesia, Kenya, Malawi, Mozambique, The Philippines, South Africa, Tajikistan, Uzbekistan, and Zambia; the United Republic of Tanzania; and the Federal Republic of Nigeria).

Globally, an estimated 30 percent of TB cases are not properly reported or remain undiagnosed. These “missing cases” remain the predominant challenge in reducing the burden of TB. Active and intensified case-finding strategies are a critical component of USAID’s approach to address this challenge. Case-finding strategies should also include interventions to detect TB infection, as they provide effective ways to identify individuals recommended for TB TPT.

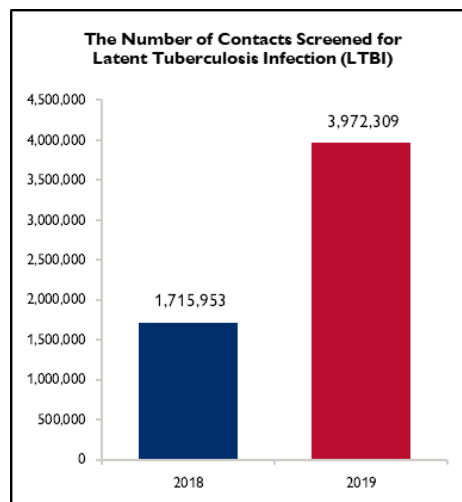
In USAID’s priority countries for TB, screening for active TB disease and infection increased by 46 percent between 2018 and 2019. While screening, testing, and evaluation for TB remains robust in health-care settings (such as primary health-care clinics and hospital facilities), achieving the UNHLM’s targets will require renewed TB-screening efforts in communities and outside of health facilities. These activities can range from systematically organized TB screenings among high-risk groups; household contacts; individuals with underlying clinical conditions; individuals in congregate settings, like correctional facilities, nursing homes, and homeless shelters; and other risk groups determined by local epidemiological situations.

Indicator Two: The number of close contacts screened for TB infection.⁴

To collect consistent data on Indicator Two, USAID calculated the indicator as follows:

- The number of those “screened”⁵ for TB infection is the number of individuals who are in close contact with TB-positive patients screened for active TB disease (based on country-specific protocols), less the number of contacts diagnosed with active TB disease.

Health providers in USAID’s priority countries for TB have made significant progress in scaling-up contact-investigation (CI): The screening of close contacts increased by 131 percent between 2018 and 2019. Screening for active TB disease through CI improves the early detection of TB cases and helps identify individuals to enroll in TPT. The ultimate goal is to reduce TB transmission in the community through improved detection of cases and their initiation on treatment to improve outcomes for people with TB. Growing evidence shows the effectiveness of CI in enhancing case-finding and expanding access to TPT. Therefore, USAID encourages National TB Programs to implement systematic and routine CI, screen for active TB disease versus TB infection, and increase the access and delivery of TPT to appropriate individuals.



⁴ For Indicator Two: For 2018, the governments of 17 out of 23 USAID priority countries had data available to report (The People’s Republic of Bangladesh; Burma; the Kingdom of Cambodia; the Federal Democratic Republic of Ethiopia; the Republics of India, Indonesia, Kenya, Malawi, Mozambique, South Africa, Tajikistan, Uzbekistan, and Zambia; the United Republic of Tanzania; Kyrgyz Republic; the Federal Republic of Nigeria and Ukraine); for 2019, the governments of 15 countries had data available to report (The People’s Republic of Bangladesh; Burma; the Democratic Republic of Congo; the Federal Democratic Republic of Ethiopia; the Republics of India, Indonesia, Kenya, Malawi, Mozambique, South Africa, Uzbekistan, and Zambia; the United Republic of Tanzania; the Federal Republic of Nigeria and Ukraine).

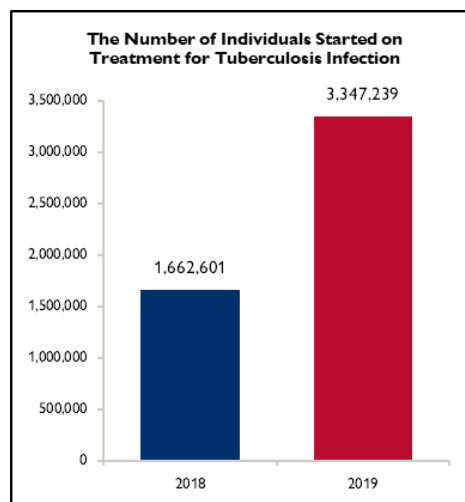
⁵ Because individuals who have TB infection (as opposed to those ill with active TB disease) do not exhibit any signs and symptoms, programs that prevent TB and care for cases of the disease do not commonly use the terminology “screening” for TB infection. In addition, active TB-screening protocols and the types of data collected vary by country.

Indicator Three: The number of individuals, including close contacts, started on treatment for TB infection.⁶

To collect consistent data on Indicator Three, USAID defined technical terms as follows:

- The "number of individuals started on treatment for TB infection" is those who are eligible for TPT (i.e., individuals ruled out for active TB disease and who meet other criteria), as specified in national guidelines or protocols on TB-preventive treatment. This also includes all household contacts (including children under five) of notified, bacteriologically confirmed new and relapsed pulmonary TB cases, and people who are living with HIV (PLHIV).

In USAID's priority countries for TB, this indicator increased by 101 percent between 2018 and 2019. However, significant challenges remain in expanding TPT among children and adult contacts. The management of TB infection involves a comprehensive package of interventions: identifying and testing individuals; delivering safe and effective treatment so patients complete treatment; and continuously monitoring and evaluating this process.

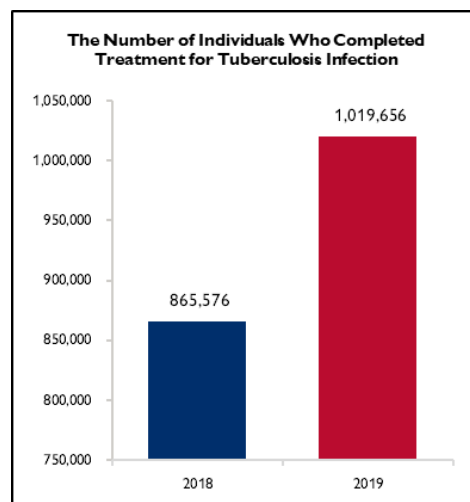


Indicator Four: The number of individuals who complete treatment for TB infection.⁷

To collect consistent data for Indicator Four, USAID defined technical terms as follows:

- "The number of individuals who complete treatment for TB infection" is the number of individuals who completed a recommended (based on national guidelines and protocols) TPT treatment. Current TPT treatment periods range from three months (with shorter regimens) to 36 months for PLHIV in settings with a high-burden of TB.⁸

Historically, the initiation or coverage of TPT was the only TB-prevention indicator governments recorded. In the past several years, however, the global community has made a concerted effort to monitor TPT outcomes and the completion of TPT treatment as well. An individual's level of protection from a course of TPT depends on the extent to which he or she adhered to proper treatment protocols and duration. Many factors influence the complex behavior of adherence to treatment,



⁶ For Indicator Three, the governments of all 23 USAID priority countries had data available to report.

⁷ For Indicator Four: For 2018, the governments of 17 out of 23 USAID priority countries had data available to report (The Islamic Republic of Afghanistan; the People's Republic of Bangladesh; Burma; the Democratic Republic of Congo; the Federal Democratic Republic of Ethiopia; the Republics of India, Kenya, Malawi, Mozambique, The Philippines, Uganda, and Zambia; the United Republic of Tanzania; Kyrgyz Republic; the Federal Republic of Nigeria; Ukraine; and the Socialist Republic of Vietnam); for 2019, the governments of 16 countries had data available to report (The Islamic Republic of Afghanistan; Burma; the Democratic Republic of Congo; the Federal Democratic Republic of Ethiopia; the Republics of India, Indonesia, Kenya, Malawi, Mozambique, Uganda, and Zambia; the United Republic of Tanzania; Kyrgyz Republic; the Federal Republic of Nigeria; Ukraine; and the Socialist Republic of Vietnam).

⁸ Given the differences in the reporting and treatment periods, the cohort of people reported under Indicator Three (started TPT treatment) is not necessarily the same cohort of people who completed treatment for TB infection reported under Indicator Four.

including personal motivation, individual beliefs about health and medicine, the perceived risks and benefits from treatment, co-morbidities, competing demands that conflict with taking medicine, family environments, the complexity and toxicity of drug regimens, and trust and relationship with health providers. As such, adherence to, and the completion of, TPT remains one of the biggest challenges in expanding the intervention. In USAID's priority countries for TB, the Agency's programs tailor their interventions to encourage adherence to, and completion of, treatment, to the local context and the specific needs of risk groups. Despite challenges, TPT-completion rates increased by 18 percent between 2018 and 2019.

CONCLUSION

Despite this progress, the world currently is not on track to meet the UNHLM's target of enrolling 30 million people in TB-preventive therapy by 2022. USAID recognizes the importance of preventing the transmission of TB and the progression of TB infection to active disease. The new international TPT [guidelines](#) recommend more effective, yet more expensive, treatment options, as well as the inclusion of additional vulnerable populations who need them. Therefore, more domestic resources than previously estimated are required to implement these necessary prevention measures.

Ministries of Health in most of USAID's priority countries for TB have taken important steps in making progress toward the UNHLM's prevention targets, including by updating TPT implementation guidelines to align with the global recommendations. Governments' adoption of these specific guidelines and the progress over the past year in these four indicators demonstrate the political will and commitment to focus on preventing TB. However, without the allocation of appropriate resources at the national level, USAID will not be able to capitalize on these commitments and accelerate action to achieve the global goal and promote self-reliance.