

ZAMBIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Zambia FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB and Leprosy Program (NTLP) and with the participation of national and international partners involved in TB prevention and care in the country.

As one of the major causes of morbidity and one of the country's top ten causes of mortality, TB continues to pose a public health threat in Zambia. With an estimated burden of 333 TB cases per 100,000 in 2019, Zambia is ranked 21st among the 30 high TB burden countries.¹ In 2019, of the estimated 59,000 TB cases, only 36,150 (61 percent) were diagnosed and notified to the NTLP.² Based on the findings from a data quality assessment (DQA) conducted in 2019, 33 percent of TB patients diagnosed between January-August 2019 were not notified to the NTLP.³ Zambia has been able to maintain a high treatment success rate (TSR); however, based on findings from the 2019 DQA, the TSR may be lower than reported.⁴ In 2019, 97 percent of the new TB cases were tested for rifampicin resistance, but only 41 percent of the retreatment cases were tested for this.⁵ Furthermore, Zambia diagnosed 515 drug-resistant TB (DR-TB) cases in 2019—only 19 percent of the estimated DR-TB incidence.⁶

Zambia's National Strategic Plan (NSP) for TB prevention, care, and control 2017-2021 envisions a TB-free Zambia by 2030. More specifically, by providing equitable access to cost-effective, high-quality TB services, the NTLP hopes to reduce the number of TB deaths by 40 percent by 2021 (as compared to 2015). The NSP prioritizes: finding the 'missing cases' to bridge the case detection gap; enhancing diagnostic services; expanding programmatic management of DR-TB; enhancing TB/HIV collaboration; scaling-up of TB preventive therapy (TPT); and strengthening multisectoral and community partnerships.

The proposed FY20 USAID TB budget for Zambia is \$5.5 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

Currently, USAID is supporting a diagnostic network assessment, and the results of this assessment will help guide the strategic placement of diagnostics. Moving forward,

¹ World Health Organization. *Global Tuberculosis Report, 2020*.

² Ibid.

³ Ministry of Health. *A report of the under reporting of TB patients in Zambia, 2019*.

⁴ Ibid.

⁵ World Health Organization. *Global Tuberculosis Report, 2020*

⁶ Ibid.

USAID will support the Zambian Ministry of Health (MOH) to increase diagnostic capacity through: the procurement and placement of Xpert® MTB/RIF (GeneXpert); strengthening connectivity systems for improved transmission of results; roll-out of the urinary lateral flow lipoarabinomannan assay (LF-LAM) to primary-level facilities; and increased utilization of culture facilities. USAID will also support the NTLP in expanding line probe assays (LPA) testing to the provincial level; implementing second-line phenotypic drug-susceptibility testing (DST) tailored to the current treatment guidelines; and supporting a robust courier system for intra-district and culture lab specimen transportation. To increase diagnostic capacity of TB in children, USAID will support the use of stool specimen testing using the GeneXpert platforms. USAID will also support the use of digital x-ray technology for screening to improve diagnostic yield and increase efficiency. Additionally, USAID will ensure quality of testing by expanding external quality assurance programs to all tests.

Engaging all care providers

There is documented evidence that most of the ‘missed’ TB cases have visited a health facility; therefore, the main strategy for case finding will rely on institutionalizing TB screening in facilities at all service points of entry including out- and in-patient departments, HIV clinics, maternal and child health clinics, and adolescent clinics. To support this strategy, USAID will improve recording and reporting systems at service delivery points. Furthermore, USAID will engage private care providers, including pharmacies and drug stores, to report TB cases to the national system and will support mechanisms to enable reporting, referral, and standardization of TB care across public and private sector facilities.

Community TB care delivery

At the community level, USAID will support household contact tracing of bacteriologically-confirmed TB cases including linking contacts to TPT and diagnosed patients to treatment and identification of hotspots using program and other routinely collected data. USAID will also support geospatial mapping of identified TB hotspots and conduct TB awareness, including stigma reduction, and screening activities in identified high-risk areas, including in prisons and mining communities.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID will strengthen patient-centered care models by empowering clients with information; implementing patient-centered approaches and developing treatment plans depending on the patient’s needs and preferences; integrating service delivery for TB patients with HIV and/or other comorbidities; enhancing appointment systems; and strengthening tracking systems for clients who miss appointments to reduce the number of patients lost-to-follow-up. USAID will also work to strengthen the role of the community

in providing treatment support and improving treatment adherence. To address the current gaps in linking diagnosed patients to treatment, USAID will support the roll-out of electronic transmission of results and improve the management of data. USAID will also support the NTLP in finding and addressing the causes of high TB mortality.

Multidrug-resistant TB (MDR-TB) treatment

USAID will support the decentralization of DR-TB care to the district level by: increasing the pool of trained healthcare workers; providing job aids; and procuring commodities for patient follow-up monitoring. USAID will also support operational research on new, novel treatment regimens and establish DST for newer and repurposed drugs. Additionally, USAID will establish provincial centers of excellence to provide staff mentorship and specialized patient care. To support this work, USAID will also help to strengthen surveillance systems including the active drug safety monitoring (aDSM) system.

PREVENT

Prevention

In 2019, Zambia revised its TPT guidelines to broaden eligibility for TPT to include all people living with HIV (PLHIV), under-five children, all contacts, and those with specific medical conditions and to incorporate the use of newer, shorter drug regimens (e.g. RH and 3HP). USAID supported the NTLP to strengthen management of commodities and disseminate and introduce the guidelines coupled via healthcare worker orientation. Following the successful scale-up of TPT implementation, USAID will support the roll-out of high impact activities to all sites in order to achieve the national and United Nations General Assembly (UNGA) High-Level Meeting on TB targets. Moving forward, USAID will support the systematic implementation and scale-up of TPT for household contacts including under-five children, adolescents, and adult contacts as well as other high-risk populations.

SELF-RELIANCE

Commitment and sustainability

USAID played a pivotal role in the development of the NSP and the associated application process for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grant. However, the health sector in general remains widely underfunded in Zambia; the national domestic resources are far below what is required to successfully implement the National Health Strategic Plan (NHSP). With support from donors, like USAID, and other TB stakeholders, the MOH developed a comprehensive Health Care Financing Strategy for 2017-2027. This strategy helps guide resource mobilization, pooling, and allocation in the health sector. The government has introduced a sin tax (a tax on carbonated drinks) and a national health insurance scheme to further mobilize domestic resources for health. USAID, through partnerships with local organizations, will help design sustainable programming and support implementation of TB activities.

Capacity and functioning systems

To build the capacity of the NTLP and MOH and accelerate progress towards country and UNGA targets, USAID will work to provide technical assistance (TA) through an embedded NTLP advisor. Additionally, USAID will: help establish systems for performance assessment of NTLP staff; develop online training materials to reach more healthcare workers across the country; support MOH planning activities; and strengthen joint technical supervision with the HIV program and other partners.