ZIMBABWE TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2020

This is an overview of the USAID/Zimbabwe FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 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.

While there has been significant progress in reducing the TB burden in the country in the last decade, Zimbabwe still ranks 24th among the 30 high TB burden countries in the world.[1] In 2019, the estimated TB burden was 29,000 cases, of which 21,008 TB cases (72 percent) were diagnosed and notified to the NTP.[2] Among the cases diagnosed and notified, 60 percent are men (most of whom are in the economically productive 24-44-years age category), 34 percent are women, and six percent are children.[3] Additionally, Zimbabwe has an estimated drug-resistant TB (DR-TB) burden of 1,200 cases, but only 339 (28 percent) DR-TB cases were diagnosed and notified to the NTP in 2019.[4]

The NTP's National Strategic Plan (NSP) for TB 2021-2025 is aligned with the basic pillars and components of the World Health Organization's (WHO) End TB Strategy and envisions a TB-free Zimbabwe by 2035. Additionally, to show increased political commitment and accountability, the NSP also aligns with the United Nations General Assembly (UNGA) High-Level Meeting on TB targets. To achieve these targets and the ultimate goal of ending TB, the NSP prioritizes: increasing treatment coverage and the treatment success rate (TSR) particularly among drug-susceptible TB (DS-TB) patients; and scaling-up of access to universal HIV testing and HIV treatment coverage among TB patients.

The proposed FY20 USAID TB budget for Zimbabwe is $6 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

There are 140 Xpert® MTB/RIF (GeneXpert) instruments available nationally, of which 110 GeneXpert instruments are equipped with GxAlert. USAID will support the NTP in strengthening and expanding access to the TB diagnostic network by: optimizing the use

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[1] World Health Organization. *Global Tuberculosis Report*, 2020.
[2] Ibid.
[3] Ibid.
[4] Ibid.

of GeneXpert to reach under-served, vulnerable communities; installing solar panels to provide a reliable source of power to run the GeneXpert instruments; providing access to internet connectivity for effective GxAlert reporting; and fast-tracking repair and maintenance of GeneXpert instruments. USAID will also support: the revision of current TB algorithms to encompass all new diagnostics; scale-up of pediatric TB diagnostics; building the staff capacity for drug-susceptibility testing (DST), line probe assays (LPAs), and whole genome sequencing; integration of TB and HIV sample transport systems; strengthening of the laboratory quality management system (QMS), electronic laboratory information management system (LIMS); external quality assessment of GeneXpert and microscopy; and assisting the central reference laboratories in achieving the WHO-biosafety level 3 standards (BSL-3).

Engaging all care providers
USAID will support the NTP in strengthening healthcare workers' capacity through the revision of guidelines and training materials as well as implementing TB patient education and screening integration at all points of service in the healthcare system. Additionally, TB contact investigation will be carried out among all household contacts of all patients diagnosed with TB and DR-TB. USAID will also support the scale-up of childhood TB intervention packages, including clinical mentorship for healthcare workers. Furthermore, USAID and the NTP will engage communities, civil society organizations (CSOs), and public and private care providers on TB case-finding and other TB control activities. Systematic TB screening among vulnerable populations, as well as conducting community-based monitoring to increase social accountability to enhance the quality of services and minimize stigma and discrimination against TB patients, will also be priorities.

Community TB care delivery
The NTP will strengthen the resilient community systems in order to implement increased TB case-finding as the main strategy for community engagement. To achieve this, USAID will support a phased roll-out of incentivized community-based contact tracing through community health workers (CHWs) and scale-up of targeted community TB screening using mobile health services (like Chest X-ray on truck platforms) among vulnerable groups. CHWs will also be engaged in pediatric TB case-finding and referral. USAID will support the commemoration of World TB Day and other community dialogue meetings to raise TB community awareness and to promote health-seeking behaviors. Additionally, USAID will engage TB survivors and school health coordinators on treatment literacy and psychosocial support systems available for patients and their families. Furthermore, USAID will work to mobilize and sensitize traditional healers and religious leaders on TB in order to further facilitate prompt referral of presumptive TB patients.

CURE

Drug-susceptible TB (DS-TB) treatment

In order to increase the TB TSR, the NTP will prioritize (1) support for a secure supply of quality TB medicines and other commodities and (2) implementation of community-based treatment adherence support activities by engaging community actors (see above). USAID will also support the training of healthcare workers using the updated blended learning curriculum which includes clinical rotations. Furthermore, the NTP will integrate routine screening of TB comorbidities (e.g., diabetes, HIV, etc.) to decrease TB deaths. USAID will provide additional support to implement biannual national joint TB-HIV reviews and quarterly TB/HIV partnership forums and planning meetings to review progress towards targets. Furthermore, USAID will support the provision of routine supportive supervision and mentorships to improve the quality of TB care and case management.

Multidrug-resistant TB (MDR-TB) treatment

To support the provision of quality multidrug-resistant TB (MDR-TB) treatment and care, the NTP will establish quarterly cohort reviews of MDR-TB cases, as well as MDR-TB site panels and echo-video learning networks to improve the quality of case management. The NTP will also need to strengthen the provision of incentives and enablers for treatment adherence, and closely monitor and manage adverse drug reactions (ADRs). USAID will provide support to the quarterly peer-to-peer mentorship program to promote collaborative learning and support for DR-TB treatment initiation across different sites, including follow-up and ambulatory facilities. USAID will also work to help train healthcare workers on clinical management of DR-TB patients. Additionally, USAID will provide technical support for the roll-out of the all-oral, bedaquiline-containing shorter treatment regimens as well as the roll-out of novel treatment regimens under operational research activities.

PREVENT

Prevention

To help alleviate the effects of the TB and HIV epidemics, the NTP adopted the 2004 WHO interim policy on TB/HIV collaborative activities. The NTP, along with donors and other partners, developed an addendum on TB infection (TBI) in 2019 which includes TB screening, TB treatment initiation, and TB preventive therapy (TPT) enrollment for all eligible people to reduce the TB burden amongst people living with HIV (PLHIV) and to reduce the HIV burden amongst TB patients. With the capacity already built in the 25 USAID-supported districts, TB screening, treatment initiation, and TPT enrollment for under-five children contacts of bacteriologically-confirmed TB patients and PLHIV will be enhanced. USAID will also support the NTP in launching the shorter TPT (i.e., 3HP) regimen (when the drugs become available) and will continue the TB surveillance activities among healthcare workers.

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. To further foster political commitment, ownership, and sustainability, the Ministry of Health and Child Care (MOHCC) and the NTP will work with USAID to establish and operationalize an accountability framework for TB to accelerate the progress to end TB. Furthermore, USAID will support the NTP in creating partnerships with local organizations, CSOs, faith-based organizations (FBOs), private sector service delivery providers, and academic institutions to advocate for the mobilization of domestic resources for TB to ensure the sustainability of TB programming. USAID will also support the NTP in implementing locally generated solutions to improve TB prevention, diagnosis, treatment, and care services. The MOHCC and NTP, in partnership with USAID, are already building the capacity of local organizations. Additionally, the MOHCC/NTP has established a monitoring and evaluation (M&E) technical working group (TWG) to ensure the institutionalization of the TB care cascades approach to data analysis.

Capacity and functioning systems

Currently the NSP is largely funded by external partners, leaving a huge funding gap in domestic resources for TB activities. Engagement of key community leaders within the context of the accountability framework will be used to lobby for increased domestic resource mobilization for TB. The NSP is a key advocacy tool for increased domestic TB funding. To ensure improved management and efficient utilization of the Global Fund grants, the NTP will continue to coordinate and provide the necessary oversight for the implementation of all TB activities.

Additionally, to address the chronic staff shortages across the health sector, a health retention scheme is being implemented to help ensure an adequately trained workforce; however, a long-term solution for recruitment and retainment of qualified health staff is urgently required. The procurement of TB commodities is mainly funded by the Global Fund through the Global Drug Facility (GDF); the storage and distribution of medicines and other commodities is overseen by the National Pharmaceutical Company (NatPharm). In order to improve the M&E of TB activities, the NTP developed and disseminated a training guide to help improve local data collection, analysis, and use for decision making and strengthened reporting of routine TB surveillance data through integration with the District Health Information Software 2 (DHIS2) system. To effectively collect patient-level data, the NTP, with support from USAID, will roll-out electronic health records (EHR). Additionally, an M&E/Research TWG will be established to spearhead improvements in M&E and develop and implement a TB research agenda.