CAMBODIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Cambodia 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.

From 2000 to 2019, the estimated TB incidence in Cambodia declined from 575 to 287 per hundred thousand.[1] Cambodia conducted two National TB Prevalence Surveys, in 2002 and 2011, which revealed that the prevalence of bacteriologically confirmed TB decreased by 45 percent between the two surveys.[2] Additionally, while there have been successes in the treatment of drug-susceptible TB (DS-TB) and multidrug-resistant TB (MDR-TB) in Cambodia, case detection of all types of TB remains a challenge, with more than 40 percent of estimated cases remaining undetected.[3] Furthermore, in 2020, the NTP reported that 29,139 people with TB were notified,[4] a slight decrease of 880 cases as compared to 2019 due to the COVID-19 pandemic.[5]

Based on the joint program review for TB and key lessons learned from current program implementation, the NTP developed a new National Strategic Plan (NSP) 2021-2030 to end TB.[6] The NSP focuses on:

- Early detection and treatment initiation of all TB cases by using more sensitive screening and diagnostic algorithms, as well as adopting new and more effective treatment regimens with an emphasis on reaching missing cases;
- Addressing other program-specific needs and priorities, including community and people-centered care and treatment approaches, public-private mix (PPM), MDR-TB, and TB in vulnerable populations (e.g., those in prisons, migrants, children, and individuals with comorbidities like diabetes or HIV co-infection);
- Preventing the emergence of TB in susceptible populations using a combination of biomedical, behavioral, social, and structural interventions;
- Building, strengthening, and sustaining enabling policies, empowered institutions, human resources with enhanced capacities, and financial resources to effectively implement the plan; and
- Strengthening NTP monitoring and evaluation (M&E) systems and research activities.[7]

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[1] Ibid.
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[3] World Health Organization. *Global Tuberculosis Report, 2019.*
[4] National TB Program.
[5] World Health Organization. *Global Tuberculosis Report, 2019.*
[6] National TB Program.
[7] Ibid.

Based on these objectives, a set of interventions were comprehensively designed to align with proven high-impact interventions recommended by the World Health Organization (WHO) and other partners.[8] Included in these interventions are: providing a basic care and prevention package of services to all people living with TB; improving the quality of TB laboratory and diagnostic services at health facilities; strengthening active case finding (ACF) approaches; improving community TB care; strengthening the PPM for TB care and control; strengthening MDR-TB activities; enhancing and strengthening the TB-HIV and TB-diabetes services at all levels; strengthening and expanding pediatric TB services at hospitals; strengthening the implementation of TB services in prisons and correction centers; and improving overall TB M&E and surveillance systems.[9]

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 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, compared to 2019—representing a more than 20 percent decline. In Cambodia, there was an almost three percent decline in TB case notifications in 2020, compared to 2019. As outlined in this Roadmap, 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, and to build more resilient TB programming.

The proposed FY21 USAID TB budget for Cambodia is $6.5 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

In 2021, the NTP updated its policy to use molecular testing as the primary TB diagnosis approach and expanded the molecular testing network from 73 to 96 GeneXpert machines at 73 sites. USAID has supported work in 25 operational districts (ODs) in 12 provinces; provided technical assistance (TA) to the NTP to support development of standard operating procedures (SOPs) for laboratories; piloted new innovations in community- and facility-based TB screening, diagnosis, and treatment services for DS-TB and DR-TB; and helped to develop the TB-management information system (TB-MIS). Additionally, USAID supported strengthening chest X-ray (CXR) reading and interpretation for clinicians through in-class training and mobile-based chat platforms among trainees to further facilitate sharing and peer-to-peer knowledge building. As a result, the number of presumptive TB cases tested using GeneXpert has increased steadily over the past few years.

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[8] Ibid.
[9] Ibid.

In 2022, USAID will build the capacity of healthcare workers and health centers and facilities to screen and diagnose people with TB. In USAID supported sites, GeneXpert connectivity will be prioritized to improve results and make available real-time data on TB diagnostics, with CXR utilized as a screening tool. In addition to GeneXpert, USAID will pilot Truenat in USAID and Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)-supported sites. Furthermore, activities will focus on increasing contact investigation, community TB screening, and improving the overall TB diagnostic network, including focusing on sputum transportation and enhancing interoperability of diagnostic equipment to promote data availability and usage. USAID will also continue building the capacity of healthcare providers in CXR reading and interpretation through online training and mobile-based chat platforms for TB clinicians.

Engaging all care providers

USAID will build the capacity of health center staff to plan and implement outreach services that expand access to TB screening, diagnosis, and treatment. With FY21 funds, USAID will support scaling-up hospital linkages, including systematic TB screening at out-patient and in-patient services, referral of those with TB to quality diagnostic services, and enhanced data recording and reporting. At the national level, USAID will work to help create policies that support intensifying TB screening at health facilities by establishing a link to TB core indicators as part of the government's current performance-based incentive schemes. Within the private sector, USAID will continue to scale up the SwipeRx app, a mobile application and database that allows pharmacies to connect with their peers, stay informed on updated clinical information, and manage e-referrals of individuals with TB. USAID programs will also build capacity of private healthcare providers in TB screening and referral. At a policy level, USAID will work with the Cambodian Medical Association to develop a policy that links TB indicators with accreditation and license renewal for private healthcare providers. USAID will also work with private entities to mainstream TB prevention and control into their workplace occupational health policies.

Community TB care delivery

USAID will build the capacity of health center staff to plan and coordinate ACF, organize outreach, and ensure effective monitoring of these activities to improve detection, treatment, and prevention of TB. In FY 2022, USAID will: (1) support community-based contact investigation among individuals with confirmed TB to identify presumptive TB and connect them with nearby health facilities equipped with diagnostic capabilities; (2) support the "seed and recruit" methodology through engaging with a network of TB survivors to reach others and provide social support for TB treatment and care; (3) continue to support implementation and scale-up of ACF with mobile

chest X-ray and GeneXpert to bring diagnostics to the community; and (4) support an incentive-based program to encourage presumptive individuals with TB to get tested and complete treatment if positive.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID has been actively supporting the NTP in ensuring rapid treatment initiation and maintaining high treatment success rates through successful strategies, including decentralization of TB treatment, effective community mobilization, and outreach visits to individuals with TB for treatment support and follow-up. USAID will continue to strengthen management of those with TB, including treatment and follow-up, supportive supervision, on-the-job coaching and mentoring, and training in community-based TB treatment. USAID will conduct quality of care audits and use TB-MIS to ensure that effective, timely, and person-centered care are provided to those with TB. USAID will also work to strengthen data quality and ensure timeliness, accuracy, and reliability of DS-TB data.

Multidrug-resistant TB (MDR-TB) treatment

MDR-TB case finding in Cambodia remains concerningly low and is an area of focus for USAID. USAID will support the NTP to finalize the Guidelines on Implementation of New DR-TB Treatment Regimens and support the roll-out of safer, shorter MDR-TB oral treatment regimens to improve adherence to and completion of treatment. To address the gap in MDR-TB case detection, USAID will ensure that all TB retreatment cases, close contacts of individuals with MDR-TB, and PLHIV who have TB symptoms will be tested with molecular diagnostic tools. USAID will also improve quality of care by supporting the programmatic management of DR-TB (PMDT) by: (1) improving clinical management through training, supportive supervision, and further integration and institutionalization of PMDT services into the provincial-level TB programs; and (2) strengthening the active drug safety monitoring and management (aDSM) system.

PREVENT

Prevention

In recent years, USAID provided technical support to the NTP to finalize TB preventive treatment (TPT) guidelines, build capacity for healthcare providers at the community levels, procure TB preventive drugs, and to roll out TPT implementation among close contacts and individuals. With strong leadership from the NTP, Cambodia enrolled 19,771 individuals on TPT in 2020–135 percent over the UNHLM target. Nevertheless, roll-out of services was hindered by the availability

of drugs at the national level, and field activities such as training and contact investigation outreach have also been limited during COVID-19 restrictions. With FY21 funds, USAID will work with the NTP and other partners to mobilize resources on TPT drug procurement, management, and distribution to avoid a drug stockout. USAID will also intensify uptake of TPT in communities and health facilities through contact investigation and outreach to PLHIV in ten ODs. To provide health education and address TPT hesitancy, USAID will also roll out social and behavior change communication (SBCC) to increase TB knowledge and health-seeking behaviors among high-risk populations. Additionally, assistance will be provided to the NTP to ensure full utilization of the TPT module in the TB-MIS to improve the recording and reporting of TPT data.

SUSTAINABLE SYSTEMS

Commitment and sustainability

In Cambodia, USAID's TB activities are intentionally designed to rely on existing infrastructure and systems to promote sustainability and transition of programmatic ownership to the NTP and district health offices. USAID will work directly with the health centers, district and provincial health offices, and health facilities to ensure programs build the capacity of the existing cadres of health service providers. USAID will promote sustainability in the quality of TB care through pre-service and continuing education, training, and accreditation for TB care providers to strengthen and maintain the necessary skills of TB care providers and increase accessible health education opportunities. To further build the capacity of the NTP, USAID has also embedded advisors within the NTP to help strengthen the use of data for decision making and help to guide strategy at the national level. As has been done for adult first-line drugs, USAID will continue to promote the gradual transition to government financing for the procurement of effective quality-assured pediatric first-line TB drugs. By engaging with relevant ministries, USAID will continue to work within the National Social Health Protection system in Cambodia, systematizing the coverage of TB care services to ensure poor and vulnerable populations are able to access TB care free of charge. USAID will continue to work with the NTP on finalizing a TB Partnership Statement to guide the roles and responsibilities of USAID and the NTP in ending the TB epidemic in Cambodia.

Recognizing that ending TB requires wider political commitment beyond health, USAID will promote the application of the WHO Multisectoral Accountability Framework for TB (MAF-TB). Through participation on the Inter-Coordination Committee (TB ICC), the TB sub-technical working group (TWG), the Health TWG, and through leveraging relationships in other sectors, USAID will advocate for diverse sectoral membership in the ICC and will support the NTP to engage non-health sectors in TB control activities based on the lessons learned from HIV/AIDS programs.

Capacity and functioning systems

USAID will continue working in ten of the most under-served areas to help build the capacity of the TB diagnostic network and will expand the use of the TB-MIS down to the health center level in these ODs. USAID will help to develop pre-service and continuous learning systems to improve the quality of TB care by health providers and will work within the health accreditation system to ensure providers have the skills and knowledge needed to effectively screen for, diagnose, and treat TB. Working at the strategic level, USAID will be engaged with the TB TWG, health partners such as the Global Fund, and other donors to advocate for best practices and evidence-based TB policies to be integrated into province and district level development plans.