

ETHIOPIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Ethiopia FY 2022 Tuberculosis (TB) Roadmap, implemented with the 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.

Tuberculosis (TB) continues to be a major public health problem in Ethiopia. Among the top 30 high TB burden countries, Ethiopia ranked twelfth; and among the high multidrug-resistant TB (MDR-TB) burden countries, Ethiopia ranked twenty-fourth.¹ While some gains have been made in decreasing TB incidence, from 421 (in 2000) to 132 (in 2020) per 100,000, the incidence of and mortality from drug-susceptible TB (DS-TB) remain high, while treatment coverage remains low.² In 2020, of the 157,000 estimated cases of TB, 108 of 193 (71 percent) were notified, among which 70 percent were pulmonary TB cases—and only 62 percent of these pulmonary TB cases were bacteriologically confirmed.³

Currently, the NTP revised its five-year TB and Leprosy National Strategic Plan (TBL-NSP), which will cover the period 2021-2026. The TBL-NSP recognizes that among the current gaps in TB programming are lack of initial presumptive TB screening, access to TB diagnostics, engagement of all healthcare providers, and a multisectoral accountability framework, as well as persisting critical gaps in case notification, human resources for health (HRH), funding for TB, and the general health system. All of these are combined with an overall limited capacity to effectively scale-up interventions. The TBL-NSP aims to reduce TB incidence and mortality from 151 cases per 100,000 and 22 deaths per 100,000, respectively, in 2018, to 91 cases per 100,000 and seven deaths per 100,000, respectively, by 2026, by prioritizing the following interventions to address these gaps:

- Scaling-up the use of rapid molecular diagnostics for routine screening;
- Engaging all care providers in TB diagnosis and care;
- Prioritizing reaching vulnerable populations (like refugees, prisoners, miners, etc.);
- Decentralization of TB care and treatment;
- Mitigating the catastrophic cost of TB care on patients and their households;
- Increasing contact screening coverage and integrating TB preventive treatment (TPT) in community-based and other types of health services;

¹ World Health Organization. *Global Tuberculosis Report, 2019*.

² World Health Organization. *Global Tuberculosis Report, 2021*.

³ Ibid.

- Mitigating TB-related stigma in the community and healthcare settings and monitoring progress through regular assessment; and
- Proactively finding ways to manage and mitigate potential COVID-19 impacts.

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 Ethiopia, there was a 2.6 percent decline⁴ in TB case notifications and a 10 percent decline⁵ in DR-TB case notifications in 2020, compared to 2019. 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.

The proposed FY 2021 USAID TB budget for Ethiopia is \$14 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

Strengthening both the quality and quantity of TB screening; increasing access and utilization of quality, rapid diagnostics, including to the private sector (including access to drug-susceptibility testing [DST]); optimizing TB laboratory safety measures; enhancing efficient and effective use of available diagnostic tools through preventive and curative maintenance; adopting newer diagnostic technologies; transforming laboratory recording and reporting; and establishing and implementing laboratory quality management system, are priorities for Ethiopia's NTP.

USAID will support the following interventions to narrow gaps and address the challenges in TB laboratory diagnostics:

- Expansion of rapid TB diagnostic systems (e.g., GeneXpert) to more health facilities by supporting the procurement of machines, with a target of one WHO-recommended rapid diagnostic (WRD) test per district;
- Strengthening and expanding the sample referral system;
- Strengthening human resource capacity of TB laboratories and seconded a Senior Laboratory technical expert;

⁴ Based on data collected by the World Health Organization.

⁵ Based on data collected by the World Health Organization and the National TB Program.

- Establishment and implementation of a laboratory information system;
- Decentralizing the external quality assurance system; and
- Implementation of the revised diagnostic algorithms with expanded use of Chest X-ray (CXR) with Artificial Intelligence (AI)-assisted technology, such as a TB screening tool for key affected populations and settings.

In addition, USAID support will improve DST through instituting a performance review system with targets set for testing sites, improving DST data reporting through LIS/GXAlert connectivity, and implementing the revised international policies. USAID will also support the integration of TB-COVID-19 case finding interventions by promoting simultaneous TB and COVID-19 screening and integrated TB-COVID-19 contact tracing at the community and facility levels. Support will be provided for an integrated TB-COVID-19 specimen referral system and bidirectional testing using rapid diagnostics (e.g., GeneXpert, TrueNat) whenever feasible.

Engaging all care providers

Though Ethiopia has endorsed the provision of TB services in all health facilities, engagement of private providers remains lower. USAID plans to increase active and intensified facility-based TB case finding and expand TB services to non-NTP public and private providers. Moving forward, USAID priority investments will be focused on improving the quality of TB screening through training, mentoring, and standards of care (SOC) guided programming; intensifying facility-based TB case finding; and engaging existing uniformed services (e.g., army, police, and prison health facilities) in the TB program system. In addition, USAID will support capacity building through in-service training, mentoring, supportive supervision, and facility-based performance reviews.

Community TB care delivery

Community-based TB care is one of the pillars of the NTP's TBL-NSP. More specifically, the national priorities are increasing presumptive TB case identification and referral, TB treatment adherence support, contact and lost case training, and community education and social mobilization. In addition, mapping and targeting TB service provision to key affected populations and settings is also a priority. USAID supported the national and sub-national TB programs in the development of guiding documents, orientation/training of districts to cascade community-based TB care to primary healthcare units/health posts, and demonstrating results from interventions that targeted key affected populations.

Moving forward, USAID will focus on building local government capacity to maintain strong community TB care services, including efforts to capacitate primary healthcare units to function optimally, scale-up interventions for key populations, and implement community-level screening by using sensitive tools in priority districts. Further, USAID will advocate and provide technical assistance for national and regional TB programs, including local governments, to contextually plan and implement community-based interventions that are sensitive to, and cognizant of, human rights, gender, stigma, and other specific needs of key populations. USAID will pilot a package of interventions in several districts including community-level TB infection treatment, implementation of community-based TB case finding in settings with mobile communities, strengthening the community TB program's patient referral tracking system, and strengthening the community TB program structures in the health center.

CURE

Drug-susceptible TB (DS-TB) treatment

Ethiopia is implementing patient-centered equitable and quality TB treatment to address the gaps in DS-TB treatment success. This includes improving the quality of TB care and patient support systems, establishing referral linkages from diagnosis to treatment, and timely monitoring of patients as well as data quality. USAID activities are critical in the development and implementation of patient-centered quality services. USAID's district-led TB programming investments will support the following interventions to address DS-TB treatment gaps:

- Implementation of a package of TB care quality improvement standards at all health facilities;
- Strengthening of community-based patient-centered care;
- Conducting inventory studies in conflict areas to assess the magnitude of lost-to-follow-up and unevaluated cases and design conflict-sensitive programs;
- Strengthening the referral system for individuals with TB through the implementation of tracking approaches;
- Introducing digital adherence tools to further improve treatment adherence in relevant settings; and
- Advocating for support systems and reinforcing behavioral change communications.

In addition, USAID will facilitate the use of digital adherence technologies and of community TB adherence support systems for people with TB and/or COVID-19.

Multidrug-resistant TB (MDR-TB) treatment

Ethiopia has significantly reduced the magnitude of DR-TB by expanding case finding and treatment services. USAID activities initiated and expanded MDR-TB services to clear the backlog of those with TB awaiting treatment and institutionalized the service to limited health facilities. Moving forward, USAID will focus on active DR-TB case finding, strengthening clinical and laboratory monitoring, implementation of the universal Drug Susceptibility Testing (DST) policy through mandatory testing of all bacteriologically-confirmed pulmonary TB cases for at least rifampicin resistance (RR), expanding referral Centers of Excellence for DR-TB care, instituting an immediate notification system for detected DR-TB cases to ensure linkage to care, introducing a patient-based electronic medical records system for RR-TB/MDR-TB cases, strengthening clinical review systems and mentoring programs, and rolling out the all-oral shorter regimens for MDR-TB treatment.

PREVENT

Prevention

Ethiopia faces barriers that resulted in TB prevention gaps, which include lack of programmatic coordination, planning, and monitoring of TB prevention implementations at different levels, limited capacity and commitment of the workforce, lack of differentiated approaches including community-based TPT, and lack of indicative tracking of TB infection control measures for decision making. USAID activities will focus on:

- Conducting root-cause analysis among key stakeholders for programmatic implementation of TPT with leadership of the NTP and the National HIV program;
- Strengthening the programmatic planning, coordination, and monitoring of preventive therapy at national and sub-national levels;
- Developing a national operational plan for accelerated TPT implementation;
- Introducing a differentiated service delivery model for preventive therapy for decentralized community-level treatment administration and adherence support;
- Engaging local organizations and community support groups for improved demand creation, contact tracing, preventive therapy administration, and adherence support;
- Supporting the national rollout of the new shorter preventive therapy regimen, including by supporting the review, update, and dissemination of necessary Standard Operating Procedures (SOPs) and provider toolkits;
- Strengthening the implementation of TB infection control packages at health facility, community, and congregated settings, including periodic TB surveillance in high-risk communities;

- Advocating for and support of the national HIS on District Health Information Software, version 2 (DHIS 2) for proper incorporation of TPT performance recording and the reporting system, including indicators;
- Conducting a series of national and sub-national sensitization workshops and performance reviews on the implementation progress of the operational plan; and
- Advocating for and implementing a TB preventive policy in the multisectoral responses in TB high-risk institutions, workplaces, and high-risk settings.

SUSTAINABLE SYSTEMS

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. USAID will continue to work with government systems and will also ensure that interventions can be successfully implemented not only in the project districts but also in non-presence districts.

Capacity and functioning systems

USAID will continue working toward integrating TB commodities into the integrated Pharmaceuticals Logistics System (IPLS) to increase efficiency and sustainability. USAID will also ensure that TB needs and modules are included in systems such as the electronic Community Health Information System (eCHIS), the Health Management Information System (HMIS), and a new electronic Human Resource Information System (HRIS), as well as in data use discussions and tools. TB activities will also be included in crosscutting USAID activities.