



INNOVATE
REACH
& CURE
PREVENT
SUSTAIN
USAID TB STRATEGY



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**USAID'S GLOBAL TUBERCULOSIS
(TB) STRATEGY**
2023–2030

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VISION

A TB-free world

MISSION

Provide high-quality TB technical and development assistance through programs founded on principles of diversity, equity, and inclusion, and implemented in partnership with affected individuals and communities.

GOAL

The U.S. Agency for International Development (USAID) will work with partners worldwide to **reach** every person with tuberculosis, **cure** those in need of treatment, **prevent** new infections and progression to active TB disease, while scaling-up **innovations** in detection, care, and treatment, and fostering local ownership to **sustain** TB programs that contribute to pandemic preparedness.



Photo: Betty Kagoro for USAID



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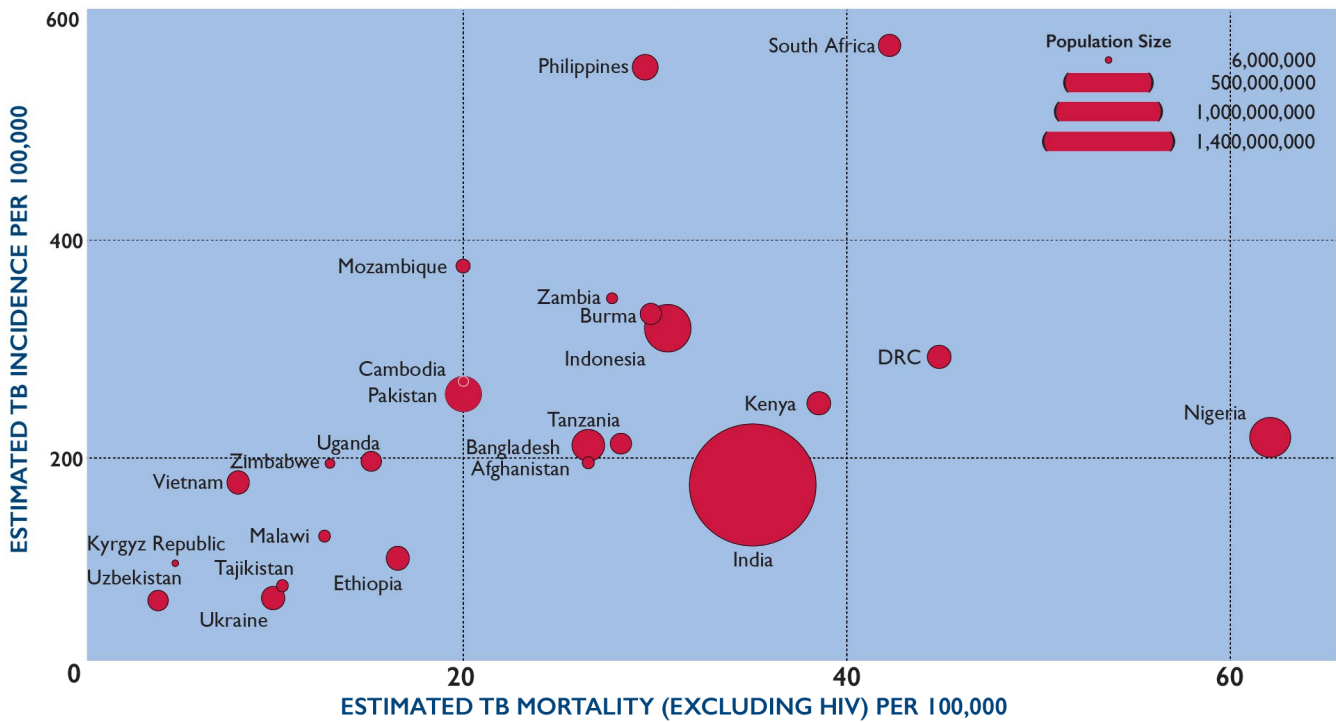
RESULTS FRAMEWORK

USAID aims to achieve its TB, drug-sensitive TB (DS-TB), and drug-resistant TB (DR-TB) goals in priority countries by meeting the targets in the results framework below:

Measurements	Target
Impact	<ul style="list-style-type: none"> • Reduce TB incidence rate by 35% by 2030 • Reduce TB mortality rate by 52% by 2030
Outcome	<ul style="list-style-type: none"> • 90% of incident TB cases diagnosed and initiated on treatment¹ • 90% of incident DR-TB cases diagnosed and initiated on treatment • 90% treatment success rate (TSR) for DS-TB and DR-TB • Provide TB preventive treatment (TPT) to 30,000,000
Process	<ul style="list-style-type: none"> • All priority countries rapidly introduce new TB tools and approaches • All priority countries have strong TB national networks and USAID partnerships inclusive of affected communities • All priority countries include appropriate TB interventions in pandemic preparedness plans • All priority countries have implemented plans to address socio-economic determinants and health-related risk factors that impact the TB epidemic

¹ At a minimum 75% of individuals with TB tested with mWRD in each priority country

ESTIMATED TB MORTALITY (EXCLUDING HIV) BY INCIDENCE IN USAID 24 PRIORITY COUNTRIES



INTRODUCTION

Tuberculosis (TB) is one of the world’s leading infectious disease killers. Until the emergence of COVID-19, the bacterium that causes TB was described as, “the most destructive pathogen on the planet,” killing more than 4,300 people each day.² Despite being preventable, treatable, and curable, this ancient disease continues to kill more people each year than HIV and malaria combined. While a wide range of evidence-based and scientific interventions have been developed to combat TB, due to continued underinvestment and low global prioritization (compared to other diseases), TB persists, resulting in close to 11 million TB cases and 1.6 million deaths annually.³

USAID leads the U.S. Government’s global TB efforts. In cooperation with Ministries of Health, USAID provides bilateral assistance in 24 countries with high burdens of TB. In an additional 32 countries, the Agency provides targeted technical assistance to support the efficient and effective use of the U.S. Government’s investments in the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

USAID works with stakeholders and partners around the world on the shared goals of reaching every person with the disease, curing those in need of treatment, and preventing both the spread of new infections and progression from infection to active TB disease. To achieve these goals, it is necessary to develop new tools and approaches through

research and innovation, implement sound and impactful interventions, and strengthen the systems that utilize these advances to be both resilient and sustainable.

USAID’s evidence-based expansion of its reach, cure, and prevent approach contributes to the [World Health Organization \(WHO\) End TB Strategy 2030](#) targets and the Sustainable Development Goal (SDG) of ending the global TB epidemic by 2030 by reducing TB incidence by 80 percent and decreasing TB deaths by 90 percent compared to 2015.⁴ Building on past successes and optimizing future opportunities, this eight-year USAID Global TB Strategy (2023-2030) lays out our vision, mission, goals, results framework, strategic objectives, and principles to contribute to partners’

² [The Economist](#)

³ Global Tuberculosis Report 2022, World Health Organization

⁴ <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

collaborative efforts to meet upcoming United Nations High-Level Meeting on TB targets, end the TB pandemic by 2030, and eliminate TB by 2050.⁵

USAID's Global TB Strategy was developed through a series of consultations with domestic and international stakeholders, which looked at a wide range of issues including achievements and setbacks; recent developments and trends; innovations

and remaining gaps in the global, national, and local response; and internal and external challenges to TB programs, as well as potential solutions. The Stop TB Partnership's [Global Plan to End TB 2023-2030](#) will be a guide for USAID in determining resource needs for successfully implementing this strategy.

⁵ This USAID Global TB Strategy is specific to USAID's efforts and appropriated funding to combat TB and does not extend to the efforts of other U.S. government agencies towards ending the global TB epidemic. The goal and objectives set forth in this strategy are subject to the availability of funds pursuant to future year appropriations.

THE UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL MEETING ON TB TARGETS

In September 2018, the United Nations General Assembly High-Level Meeting (UNHLM) on TB increased awareness of the disease and set the parameters for the next stage of elimination efforts. At this meeting, Heads of State committed to the ambitious targets of diagnosing and enrolling an additional 40 million people on TB treatment by 2022—commonly referred to as 40x22—to include 1.5 million people with DR-TB and 3.5 million children. Heads of State also committed to enrolling 30 million people on TB preventive therapy, commonly referred to as 30x22. The next UNHLM on TB is slated for 2023.



Photo: COMMIT



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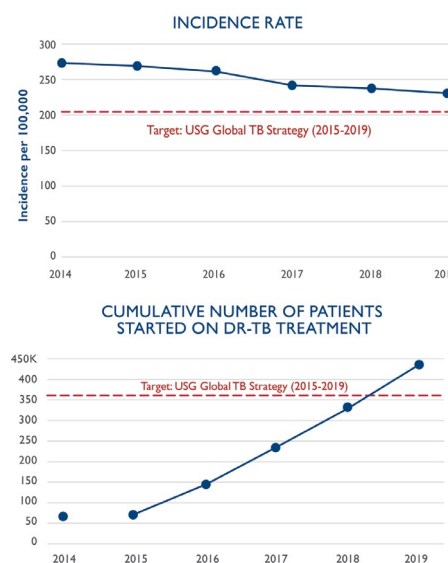
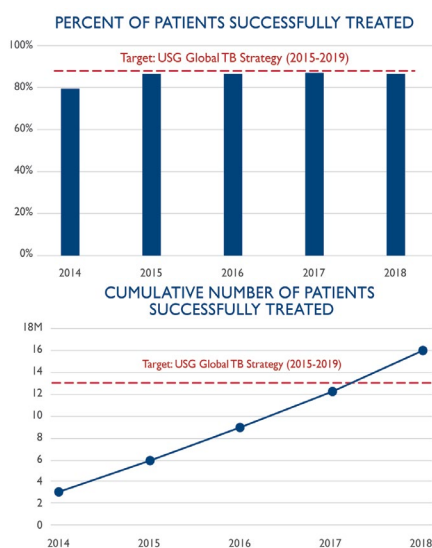
PREVIOUS SUCCESSES

USAID contributions under the U.S. Government (USG) Global TB Strategy (2015-2019) aimed to help countries achieve key targets in the five-year timeframe. Through promoting prevention strategies, improving people-centric care, strengthening service delivery, and providing access to new diagnostics and drugs in the fight against TB, USAID and its partners achieved three of the 2019 strategy targets.

In USAID-supported TB priority countries during the strategy's duration:

- 15.9 million individuals with TB were successfully treated (surpassing the goal of treating at least 13 million people with TB);
- Nearly 438,000 individuals with drug-resistant TB (DR-TB) started on treatment (surpassing the goal of initiating treatment for 360,000 people);
- A 90 percent treatment success rate was accomplished two out of the five years.⁶

While tremendous progress has been made, the incidence rate in USAID-supported TB priority countries decreased by only 15 percent since 2014, falling short of the 25 percent decrease goal. However, this incidence rate reduction in USAID-supported countries was higher than the global average (nine percent) during this period.⁷



⁶ <https://hub.tbdiiah.org/dashboards/aggregate>

⁷ Global Tuberculosis Report 2020, World Health Organization

CURRENT STATUS OF THE EPIDEMIC

Despite an increase in TB diagnosis over the last strategy period, in many countries, gaps remain in accessing appropriate TB services. In 2020, only 75 percent of the estimated incident cases were notified, of those 59 percent were bacteriologically confirmed, and only 33 percent of the actual number of TB cases were diagnosed using a rapid molecular diagnostic test globally.⁸ Low-income countries still do not have ready access to highly sensitive rapid molecular tests, particularly in more remote and hard-to-reach areas. As a result, TB diagnosis may be delayed or missed entirely, resulting in untreated or inappropriately treated cases. Many cases of TB continue to be diagnosed in the private sector and are not reported to public health authorities. Access to appropriate TB diagnosis for children and vulnerable groups continues to be a challenge.

Moreover, the gap between the number of people who developed active TB and the number of people actually diagnosed and reported widened substantially in 2021; it is

estimated that about 4.2 million TB cases went undetected and/or unreported. The COVID-19 pandemic disrupted access to TB detection services, reversing years of progress in closing the gap between 2012 and 2019. The number of new TB case notifications in 2021, 6.4 million, takes the world back to 2016 notification levels. This issue extends to children as well; out of the 20 million people treated for TB from 2018 to 2020 (representing 50 percent of the UNHLM target), 1.4 million were under 15 years (or only 41 percent of the 3.5 million child sub-target was achieved).⁹

The treatment success rate for DS-TB remains high at above 90 percent in most countries. However, the DR-TB treatment success rate remains significantly below 80 percent due to the slow roll-out of newer, shorter, and less toxic regimens. Lack of access to drug-susceptibility tests, porous linkages to treatment, and high loss to follow-up contributes to poor DR-TB treatment outcomes. Treatment outcomes are dependent on many factors in addition to regimen issues including poor

⁸ Global Tuberculosis Report 2021, World Health Organization

⁹ Ibid.



Photo: Urmila Jagannathan

social support systems, limited use of technology to facilitate real-time monitoring and support individuals experiencing adherence issues, and inadequate recording and reporting systems, which fail to identify individual and programmatic issues that would enable timely, targeted interventions. In addition, many individuals with DR-TB require substantial support, especially in the early months of treatment, which can also be difficult for caregivers.

Significant efforts have been made to increase the enrollment of individuals on TPT, particularly among people living with HIV (PLHIV), which has resulted in a 260 percent increase, from one million in 2015 to 3.6 million in 2019. However, COVID-19 disrupted this trajectory and resulted in a 21 percent reduction in individuals provided TPT, to 2.8 million in 2020. To date, only 29 percent of the UNHLM target of providing 30 million with TPT has been achieved.¹⁰

EVOLVING DEVELOPMENT CONTEXT

Ending TB by 2030 and achieving USAID's shared vision of a TB-free world requires adherence to the fundamental tenets of TB: detect, diagnose, treat, and prevent every case using the most up-to-date approved technologies, methodologies, regimens, and vaccines. However, although interventions targeted to the disease are essential to saving lives and mitigating transmission, they are not currently sufficient to move the needle as much or as quickly as needed to reach these ambitious goals.

TB is a disease that preys on those at greatest risk not only medically, but socially and economically. The development of new tools and approaches must be accompanied by a renewed emphasis on the factors that impact transmission and development of the disease as well as increased collaboration across a country's health infrastructure and different sectors. Acknowledging and addressing health-related risk factors, socioeconomic determinants, and other underlying drivers of the TB epidemic are not only important to successfully treating individuals, but critical to ending TB as a public health crisis.

Health-Related Risk Factors

WHO has identified five health-related risk factors that predispose individuals to develop active TB disease: undernutrition, HIV infection, alcohol use disorders, smoking, and diabetes. In 2021, an estimated 2.2 million incident TB cases were attributed to undernutrition, 0.86 million to HIV infection, 0.74 million to alcohol use disorders, 0.63 million to smoking, and 0.37 million to diabetes, although the relative importance of each factor may vary significantly among different populations.

Given the prevalence of these factors, it is clear that greater efforts are required to reach individuals and communities at higher risk, and to engage with communities, providers, and social service programs to lessen their impact. Although TB programs on their own are not able to directly address these issues, acknowledging their importance and impact can help determine the most effective geographic focus for interventions, better tailor program design and implementation, and suggest partnerships that might increase opportunities for successful interventions.

Socioeconomic Determinants

The socioeconomic determinants associated with TB are themselves shaped by even greater forces. There is increasing evidence suggesting that climate change impacts every aspect of life including TB epidemiology, since there are clear indications that climate change affects a number of socioeconomic determinants. Further research is needed to provide more evidence on the link between TB and climate change and identify any practical and optimal approaches that can be promoted to mitigate impact. However, there are a number of immediate actions that can be taken in USAID-supported countries, such as anticipating the likelihood of extreme weather events (EWE) on TB activities, incorporating interventions to facilitate TB service continuation during times of crisis, and working with national TB programs to incorporate interventions into national TB strategic plans.

As an airborne pathogen, TB spreads from person to person, particularly among those who live in close proximity to others and in areas with inadequate ventilation. In addition, rapid and unplanned urbanization which results in overcrowded and

poor living conditions, often combined with high levels of air pollution provide productive breeding grounds for the spread of TB¹¹ (higher prevalence rates of TB have been documented in low- and middle-income countries [LMIC] urban areas). Along with urbanization, there has been significant growth in the private health care sector in these countries, including a variety of for-profit, not-for-profit, formal and informal, domestic, and foreign entities. Unfortunately, these providers often do not rapidly test people with TB symptoms nor adhere to approved national TB treatment protocols. Delayed diagnosis and inappropriate treatment have significant ramifications for individuals with TB, including prolonged illness and morbidity, increased death, enhanced transmission, and the development of drug-resistant forms of TB.

Individuals with TB have long had to endure societal, cultural, racial, and other forms of stigma, which has led to feelings of rejection, isolation, and psychological co-morbidities. This also exacerbates underlying issues of malnutrition and poverty, continuously feeding the vicious cycle. As noted, individuals who develop TB are often poor, and while TB treatment is provided free of cost in most countries, there are many indirect costs associated with TB diagnosis and treatment (e.g., pre-diagnostic and monitoring tests, palliative medications, transport to facilities, etc.). As a result, almost half of TB-affected households face catastrophic health expenditures, which are even more pronounced in those who have DR-TB or are co-infected with HIV, as documented in a systematic review published in 2022.¹²

There is increasing awareness of the role of mental health issues in those suffering from TB and DR-TB, including the effect of TB drugs on mental health. Given the interaction between mental health among individuals with TB, USAID is investigating potential interventions to identify and/or prevent mental health-related issues that may impact effective treatment in individuals seeking and using TB services.

COVID-19 and Future Pandemic Preparedness

In addition, the COVID-19 pandemic has had a significant impact on TB (greater than its impact on any other disease),



Photo: Sanrio GmbH

unraveling years of hard-fought progress. In LMICs, country resources were diverted from TB to tackle the COVID-19 pandemic, disrupting access to essential health services and resulting in significant declines in TB case detection and treatment. Because TB is caused by an airborne infectious pathogen, TB programs were the most applicable to the COVID-19 response. TB services were closed and reopened as COVID-19 centers, and health care workers were redeployed to work on COVID-19. Therefore, it is critical for TB programs to continue to support pandemic preparedness and for future efforts to be built on its foundation.

The TB landscape and the world in which it exists is constantly evolving, and it is impossible to cover all of the new avenues being explored to determine the most effective interventions to reach our USAID and global targets. However, over the next eight years, it is expected that, while the emphasis on the standard tenants of the TB response will continue, albeit with novel tools and fresh innovations, the context will inevitably change, and this strategy will adapt accordingly. Concerted action is required to address challenges related to TB's social, environmental, and economic determinants, as well as the complexity of the disease itself.

10 Global Tuberculosis Report 2021, World Health Organization

11 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6902850/#:~:text=Both%20short%2D%20and%20long%2Dterm,an%20increased%20risk%20of%20TB>.

12 <https://www.nature.com/articles/s41598-021-04345-x>

STRATEGIC OBJECTIVES

Through consultations with partner countries, stakeholders, and experts, USAID identified five strategic objectives to achieve the Strategy's goals.



1. REACH

Maximize the detection of all forms of TB in all individuals of all ages.



2. CURE

Empower all individuals diagnosed with TB to complete treatment and be cured.



3. PREVENT

Stop the spread of new infections and progression from infection to active TB disease.



4. INNOVATE

Research, develop, introduce, and scale-up new tools and approaches to combat TB.



5. SUSTAIN

Build country-owned TB systems, led by local partners, that accelerate progress and support pandemic preparedness.



Photo: Urmila Jagannathan

I. REACH

Maximize the detection of all forms of TB in all individuals of all ages.



USAID will work with high TB burden countries to utilize the most accurate tools to screen and diagnose individuals for TB, particularly rapid molecular diagnostics that include drug-resistant testing and referral tests according to national treatment regimens. Contact investigation, when implemented with fidelity, is very effective in identifying many people with TB that go undetected and are rapidly spreading the disease within families and communities. USAID will support the expansion of contact investigations and other community-based active case-finding approaches targeting high risk groups, marginalized populations, and vulnerable communities, particularly those with other health-related risk factors. USAID will engage stakeholders, particularly those in affected communities and civil society, in the design and implementation of proven, high-quality, cost-effective, and systematic TB screening interventions and increase access to new technologies such as mobile digital x-ray with artificial intelligence (AI). Other activities to remove barriers to care-seeking practices, including stigma reduction and education on TB symptoms, will be supported through this strategy.

Furthermore, USAID will identify and overcome challenges in accessing and utilizing rapid tests, including advocacy for appropriate testing algorithms, more education and training on the use of these tests for both communities and health care workers at all levels, and strengthening the diagnostic network for both first-line and second-line diagnosis and treatment. Facilitating access to rapid TB diagnostic testing within communities and primary health care will enable faster initiation onto appropriate treatment and/or referral for other health conditions to improve overall management of lung health and community-based pandemic preparedness. USAID will work to include private sector providers and laboratories in national TB diagnostic networks so that all persons have access to the best testing technologies, regardless of where they choose to receive health care services.

USAID will work to strengthen TB diagnosis in children and other vulnerable populations by increasing access to innovative rapid molecular testing and improving capacity for clinical diagnosis. USAID is also committed to rapidly developing approaches to introduce and scale-up new tools and technologies to reach all those in need of TB screening and testing.



2. CURE

Empower all individuals diagnosed with TB to complete treatment and be cured.



Evidence shows that person-centered and community-based care improves access to treatment, helps provide equitable distribution of care, and enhances treatment

adherence, which is crucial to curing all forms of TB since lengthy treatment regimens are required. Community-based services also help overcome limitations of health delivery infrastructure, and inadequate human, material, and financial resources. USAID will work to further establish and strengthen links between primary health care facilities and community-based services to improve care for individuals, particularly children, with all forms of TB, and to address underlying socioeconomic determinants and health-related risk factors that predispose them to TB.

USAID will work to build the capacity of community workers in screening, testing, referral (for TB and other health conditions), treatment monitoring, and continuum of care including side effects. Community health workers will be provided the latest technologies and data to make decisions and improve the quality of care. USAID will work to expand its interventions to remove additional barriers individuals face in completing TB treatment, such as access to supportive social services and social protection programs, counselling for mental health, nutritional support, virtual support tools, behavior change education, peer support networks,

and referrals for comorbidities. Efforts will be made to implement these interventions in a way that will strive to also decrease the carbon footprint of health services.

In order to achieve this, USAID will continue to support countries in refining a set of available interventions for different groups of individuals with and at risk of TB, and after assessing the situation, tailor a response based on each person's needs, values, and preferences, and the resources available. If diagnosed with TB, USAID will support comprehensive case-management approaches that emphasize the use of the most effective treatment regimen and address the individual needs in a differentiated manner, particularly for DR-TB care and treatment. Strengthening the capacity of physicians, other health care workers, as well as the community itself, to create an enabling environment for people-centered TB care that is safe, efficient, effective, timely and accessible to all social strata will be a critical component. USAID will build the capacity of both public and private sector providers and establish referral linkages between them to expand access to treatment.



3. PREVENT

Stop the spread of new infections and progression from infection to active TB disease.



To achieve the strategy objectives, considerable effort will be needed to increase TPT enrollment, particularly among adult close contacts. Access to new and more accurate tools to identify TB infection (TBI) and shorter rifamycin-based regimens that have been demonstrated to increase TPT uptake and adherence. WHO recommends TPT for children, household and close contacts of individuals with bacteriologically confirmed pulmonary TB, and individuals in high TB burden countries at elevated risk due to medical or other conditions that weaken immunity. USAID will continue to support countries in implementing TPT at the programmatic level by providing technical assistance in planning, introduction, and updating of existing and expanded TPT policy guidelines. USAID will also work to introduce and scale up new approaches, methods, and diagnostics to screen and test for TB infection, including the expanded screening and testing of individuals at increased risk, as noted above. There are a number of TPT drug regimens available that can prevent the progression of TB infection to active disease. USAID will continue to support scaling up of shorter and efficacious regimens for TPT and secure a continuous supply through coordination among global partners.

The success of TPT implementation will depend on the adherence to and completion of recommended treatment for TB-infected individuals. To achieve TPT's successful

programmatic implementation, USAID will support efforts to improve adherence and strengthen recording and reporting systems by exploring the use of digital solutions.

In addition, infection prevention and control measures for TB, which are wide ranging and include administrative, environmental, and personal protective equipment, have been designed to minimize transmission from one person to another in a variety of settings. USAID will ramp up its support for implementation of infection prevention and control recommendations at all levels of the health system and facilities, and will work towards and advocate for their adaptation and further expansion in community, congregate, and household settings.

As vaccines are critical to preventing and ending TB, it is essential to have a good understanding of the health system and individual uptake barriers to introducing and scaling-up a TB vaccine when it becomes available. Successful strategies and approaches need to be developed to overcome vaccine hesitancy. USAID will also support accelerated vaccine development efforts and programmatic level implementation, upon regulatory approval and availability.



4. INNOVATE

Research, develop, introduce, and scale-up new tools and approaches to combat TB.



USAID will continue to innovate through investments in research activities and the roll-out of new tools that improve the performance and public health impact of country-level TB detection, care, and treatment programs while preventing ongoing TB transmission and mitigating the risks of drug resistance. The focus will be investing in new tools and approaches that are people-centered, less labor intensive for health care workers, more cost-effective, and can be delivered close to communities to minimize burden and improve access, thereby improving disease detection and treatment success rates. USAID will prioritize research and innovation that has the potential to change policy and practice in high TB burden countries within the eight-year strategy period.

USAID's research and innovation efforts will aim to leverage the existing work of other US Government agencies and private sector research institutions. Local research institutions and investigators will be at the heart of all activities so that activities are tailored and adapted to meet the local context. Efforts will be focused on advancing the most relevant technologies and science to tackle the most difficult TB program barriers, particularly those facing the most vulnerable and at-risk individuals. USAID will champion support for the most impactful and relevant research questions and solutions that provide a leapfrog effect on achieving country and global TB goals. USAID will foster an environment for research development, implementation, and effective use of research findings to inform policies at the global and country level as

quickly as possible. Furthermore, USAID will work to build the capacity of communities and civil society so that they may play an active role in decision-making and implementation of TB research.

USAID will continue to utilize innovations to shape the TB commodity landscape to support availability of a quality and affordable supply for the highest TB burden countries. Through USAID's support of the Global Drug Facility, efforts will continue to improve the manufacturing capacity around the world. New diagnostic, treatment and prevention technologies will be brought to bear in the management and oversight of this global TB pooled procurement and supply mechanism to provide a package of services to improve global coordination and build country capacity in procurement and supply chain management.

Along with focusing on medical and technological innovations, USAID will also work on socioeconomic drivers affecting TB at the national level. USAID will invest in research illuminating the core social drivers of TB and design programs to address the drivers that aggravate the chances of developing TB diseases and complicate the treatment outcomes.



5. SUSTAIN

Build country-owned TB health systems, led by local partners, that accelerate progress and support pandemic preparedness.



USAID will address TB with a focus on building an integrated, comprehensive, and strengthened health system that is better prepared to address future airborne pandemics in priority countries. As seen by the devastation caused by COVID-19, airborne infectious diseases are the biggest threats to global health security. No other disease has had a greater impact on TB mortality than COVID-19, wreaking havoc on the detection, treatment, and prevention of TB. As the world remains vulnerable to the next airborne infection, many countries continue to rely on the TB infrastructure and expertise to respond to COVID-19, and can strengthen its preparedness by further investing in the TB response, which utilizes similar interventions and technology needed to fight other airborne infections. Strengthening political commitment and partnerships to enhance the use of TB services for the detection, treatment, and prevention of airborne infectious diseases in high TB burden countries and strengthening the TB components of the health care system will be one of the main objectives of this strategy.

In addition, USAID will continue to strengthen primary health care through support of TB diagnosis, treatment, care, and prevention services. Multisectoral coordination, community mobilization, and people-centered services will be the core of this approach. The goal will be to create one-stop platforms that are capable of providing a multitude of diagnostics and treatment services, strengthening supply chain management systems, and enhancing surveillance capacities to demonstrate an impact on overall lung health services and address other

communicable and non-communicable diseases, particularly other airborne diseases. USAID will also work with the host governments to build strong and seamless networks with all relevant local stakeholders including the private sector and community-based organizations. All of the interventions will be based on evidence and driven by data.

Further, USAID will invest in communities, rights, and gender to support the civil society, academics, community-led organizations, and local organizations to enhance their engagement in law and policy reform, human rights sensitization, advocacy, and demand generation. This community will have an active role in designing, implementing, monitoring, and governing TB programs at the national and sub-national levels to create a more transparent and inclusive TB program. USAID will also advocate for the TB survivors' experience so that their voices are heard and supported every step of the way.

USAID will develop plans to address socioeconomic determinants that directly impact TB outcomes. As a priority, USAID will work to prevent catastrophic costs and vicious cycles of poverty by striving to achieve provision of TB services free of charge, regardless of the type of facility, through insurance, social protection schemes and other sustainable financing mechanisms including innovative strategic purchasing models. Moreover, USAID will work with partners and host governments to diversify TB funding sources, which may include blended financing from the private sector, diasporas, or other philanthropic organizations.

PRINCIPLES

This strategy was developed with the understanding that the next eight years may bring a wide variety of developments that could impact USAID’s planned activities and targets. However, the following seven principles guiding our work will remain constant:

1. | **Diversity, Equity and Inclusion (DEI):** USAID’s TB program will work to promote, enhance, and sustain diversity and inclusion in all activities. To meet our goal of equity, USAID will prioritize working with underserved communities, and those who are in the greatest need.

2. | **Local Ownership and Leadership:** USAID will continue to partner with local governments and organizations and support their direct implementation of TB activities. USAID will actively engage with countries’ leadership to promote program ownership, through both active program monitoring and increased local investments. USAID will continue to support high-level advocacy to actively engage local leaders and communities in eliminating TB at the national level.

3. | **Person-Centered Approach:** USAID will continue to put the individuals and communities affected by TB in the center of all interventions. USAID will support countries in building a holistic, individualized, respectful, and empowering health service delivery system for TB that includes TB-affected individuals in decision-making regarding the development, implementation, and evaluation of care and treatment services. USAID will support national TB programs in adopting flexible and tailored approaches that minimize health system barriers and personal costs and meet the needs and preferences of people affected by TB to improve individuals’ health outcomes.

4. | **Effective and Efficient Programming:** USAID will strive for the effective and efficient use of funds to achieve value for money. USAID will remain flexible and responsive to adapt to the new challenges and situations of the TB epidemic in partner countries.

5. | **Strategic Partnership:** USAID will continue to work with partners including WHO, the Stop TB Partnership, the Global Fund, and others to achieve global goals. As the lead agency for the USG international TB efforts, USAID will continue to coordinate other USG TB efforts and leverage investments to achieve more.

6. | **Evidence Driven Programming:** USAID will support the availability of high-quality, updated, and rigorous systems for TB care across partner countries. USAID will also evaluate systems to generate evidence that will help to improve strategic planning, project design, and resource decisions.

7. | **Multisectoral Approach:** USAID will support the implementation of a multi-sectoral approach to achieve effective accountability of governments and all stakeholders—at global, regional, and country levels—in order to accelerate progress to end the tuberculosis epidemic.

CONCLUSION

While there has been great progress achieved in the last TB strategy, much needs to be accomplished in the next eight years in order to reach the SDG of ending TB by 2030 and achieve USAID's shared vision of a TB-free world. USAID will rely on new innovations and research, while building sustainable systems, to accelerate efforts to diagnose, prevent, and cure TB among all affected people and communities in USAID priority countries. As resources allow, USAID will continue to address the range of health-related

risk factors and socioeconomic determinants that impact transmission and development of the disease.

Over the next eight years, USAID will work collectively with national TB programs, and agencies and partners around the world, and affected individuals and communities to successfully implement this strategy to contribute to the larger goal of ending TB.



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