



## TANZANIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Tanzania FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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.

In Tanzania, the burden of TB and drug-resistant TB (DR-TB) is a major cause of illness and mortality; in 2019, an estimated 32,000 people died from TB.<sup>1</sup> However, from 2015 to 2019, there have been sizable decreases in TB incidence and mortality—15 percent and 43 percent, respectively.<sup>2</sup> Tanzania remains on track to achieve the TB incidence reduction milestone of 20 percent set by the World Health Organization’s (WHO) 2020 End TB strategy.<sup>3</sup> While the decreases in TB incidence and mortality are notable, among the 30 high TB burden countries, Tanzania is still ranked 15th.<sup>4</sup> In 2020, the estimated TB incidence for Tanzania was 133,000 cases; in the same year only 85,597 cases (64 percent) were diagnosed and notified to the NTLP.<sup>5</sup> Among the cases notified, approximately 33 percent were women, 51 percent were men, and 16 percent were children.<sup>6</sup> Furthermore, of the estimated 1,520 multidrug-resistant TB (MDR-TB) cases, less than one-third were diagnosed and enrolled on appropriate treatment.<sup>7</sup>

Starting in July 2020, Tanzania began implementing its new National Strategic Plan (NSP VI). The NSP VI describes the country's strategy to achieve the Sustainable Development Goals (SDGs) by 2030 and WHO’s End TB Strategy targets by 2035. To capitalize on success and achievements from the previous NSP, the new NSP VI will continue to prioritize:

- Expanding access to quality TB diagnostic services, including the adoption of new, innovative technologies;
- Eliminating TB case finding gaps, particularly among vulnerable populations;
- Increasing treatment coverage by effectively addressing barriers to access and utilization of services while supporting the unique needs of vulnerable populations;
- Increasing the detection and treatment coverage of DR-TB and MDR-TB; and
- Continuing to strengthen collaborative TB/HIV activities, management of comorbidities, and TB infection prevention for high-risk populations.

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<sup>1</sup> World Health Organization. *Global Tuberculosis Report, 2020*.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

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 Tanzania, there was no impact on country TB case notifications, but there was a 23 percent decline in DR-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 Tanzania is \$7 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

### *TB diagnosis*

USAID TB program is aligned with the NSP VI for Tanzania for 2020-2025, which is to expand the use of molecular technology and scale up the use of Light Emitted Diode (LED) microscopy. USAID also works to expand access to quality TB diagnostic services and the adoption of new technologies by 2025. In FY 2021, USAID will support the NTLP to conduct the Diagnostic Network Assessment. USAID will also support capacity building for TB laboratory staff, sample transportation, and external quality assurance for TB diagnosis and increased access to internationally recommended diagnostic testing. USAID will continue supporting the Central TB Reference Laboratory (CTRL), including preventative maintenance and routine internal and external quality assurance to maintain accreditations. USAID will also support Kibong'oto Infectious Disease Hospital (KIDH), which is a center of excellence for MDR-TB, to continue providing technical assistance (TA) and clinical coaching and mentorship to health facilities with decentralization of MDR-TB services, and coordination of capacity building through innovating approaches by utilizing video conferencing.

### *Engaging all care providers*

NSP VI is building on previous achievements in implementing public-private mix (PPM) strategies to intensify TB case finding, diagnosis, and treatment among private for-profit health facilities, pharmacies, and accredited drug dispensing outlets (ADDOs). USAID supports these activities through a local partner. USAID also supports quality improvement (QI) initiatives to increase access to TB services in health facilities and engage private facilities and traditional healers in

outreach activities. With FY 2021 funds, USAID will continue to support facility-based QI interventions to increase case identification in public and private health facilities, intensified pediatric TB notification in pediatric centers of excellence, and strengthen TB services in prison and police health facilities. Finally, USAID will scale up TB Directly Observed Treatment Short-Course (DOTS) services in private health facilities, will support orientation of staff in drug stores on TB signs and symptoms, and will link ADDOs to community healthcare workers to enhance referrals and sputum sample transportation.

### *Community TB care delivery*

The NTLF recognizes the importance of community-based TB care, particularly for the scale-up of case detection strategies. To be effective, community-based case detection activities must involve TB actors in the community, including people who have had TB, other community-based organizations (CBOs), and civil society organizations (CSOs). The NTLF supports community-based TB care and prevention activities as well as capacity building of CBOs and CSOs. With FY 2021 funds, USAID will support the implementation of the Policy Guidelines for Community Based Health and Social Welfare Services (2020) and the National Operational Guidelines for Community Based Health Care Services (2020) to effectively establish a sustainable community health worker (CHW) workforce and increase linkages at the household level to access high-quality health services. Moving forward, USAID will continue to support TB awareness campaigns including the World TB Day events, scaling-up of TB screening among vulnerable populations, and supporting outreach activities conducted in mining areas, with people who inject drugs (PWID), and in fishing communities. Furthermore, USAID will support Parliament and TB caucus efforts to influence policy change and domestic resource mobilization and support interventions promoting positive health behaviors related to TB.

## **CURE**

### *Drug-susceptible TB (DS-TB) treatment*

Tanzania has managed to achieve and maintain a relatively high treatment success rate (TSR). USAID-supported regions contributed to this achievement. More specifically, USAID supported the roll-out of QI-driven strategies for TB service delivery through mentorship of TB staff; TB services included TB treatment, patient follow-up, counseling, drug dispensing, and proper documentation. With FY21 funds, USAID will continue support of interventions to increase adherence to TB medication, including social behavior change, the use of digital adherence platforms, peer support from people who have had TB, and tracing to reduce lost-to-follow-up clients. Additionally, USAID will continue to prioritize the maintenance and updates of the TB

information monitoring system. In select regions, USAID will also continue to implement people-centered approaches to TB prevention, diagnosis, treatment, and care, including the introduction and scale-up of innovative approaches such as self-screening tools like mobile health applications (e.g., the TAMBUA TB application).

### *Multidrug-resistant TB (MDR-TB) treatment*

Increasing rifampicin-resistant TB (RR-TB) and MDR-TB cases detected and enrolled for treatment from 54 percent to 90 percent is one of the nine objectives of the NSP VI. The NTLP has worked to strengthen MDR-TB case finding activities, the decentralization of MDR-TB services, and the clinical management of people with MDR-TB. To decentralize MDR-TB services, USAID supported the training of healthcare workers, including mentorship, to increase the quality of MDR-TB case management. Moving forward, USAID will: continue supporting the decentralization of MDR-TB services; help establish support systems for those with TB and their families, including food and transport costs; strengthen treatment monitoring; support cohort reviews; provide training and mentoring to healthcare workers; and provide supportive supervision to ensure quality TB service delivery. With FY 2021 funds, USAID plans to continue to support NTLP implementation of MDR-TB treatment in USAID-supported regions. USAID will continue to support KIDH to continue as an MDR-TB center of excellence and will support additional regional and district hospitals to become TB centers of excellence. USAID will also support the decentralization of MDR-TB management and treatment, and active TB drug-safety monitoring and management (aDSM).

## **PREVENT**

### *Prevention*

Strengthening the provision of TB infection services, particularly among household contacts (including under-five children, adolescents, and adults) and people living with HIV/AIDS (PLHIV) is a priority for the NTLP. As such, USAID supported the NTLP in improving the distribution and maintenance of TB preventive treatment (TPT) supplies in health facilities by training staff on maintaining proper documentation and stock management. Additionally, USAID supported the development of infection prevention and control plans at the facility level and the printing of TB prevention information, education, and communication materials and TB screening tools for all 11 USAID-supported regions. Moving forward, USAID will support TB/HIV interventions with a strong emphasis on routine screening among high-risk groups. USAID will continue to support interventions for contact investigation for PLHIV, under-five children, adolescent and adult household contacts of people bacteriologically confirmed, and people with presumptive MDR-TB.

## **SUSTAINABLE SYSTEMS**

### *Commitment and sustainability*

To help increase domestic resource mobilization for TB, USAID will partner with local non-governmental organizations (NGOs) and regional advocacy groups to continue advocating for more resources for TB through technical working groups, the Stop TB Partnership committee, and the National Parliamentary TB Caucus. In 2019, USAID, the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDEC), and PO-RALG signed a memorandum of understanding (MOU) committing to enhance collaboration to end TB in Tanzania. USAID will continue to engage with the Government of Tanzania to reinforce the commitments made in this MOU. USAID also played a pivotal role in the development of the NSP VI and the associated application process for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grant. Additionally, to ensure sustainability of TB control efforts, TB donors and partners will advocate for the inclusion of TB prevention services in the Universal Health Care (UHC) strategy, which already includes access to TB services as a key component.

### *Capacity and functioning systems*

To build the capacity of TB systems, USAID will employ a multipronged approach which will scale up coverage in all technical areas; this approach includes scaling-up of case detection for DR-TB and MDR-TB, as well as working with community health workers, CSOs, and local governments to increase treatment initiation of people diagnosed with TB. Furthermore, USAID will support the NTLP in implementing monitoring, evaluation, and learning across activities to ensure results-based programming as well as informed decision making and planning at all levels. To build a resilient TB program, USAID will also continue to build the NTLP's capacity through TA and will collaborate on establishing an accountability framework for TB.