

## ZAMBIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Zambia 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.

As one of the major causes of morbidity and one of the top ten causes of mortality, TB continues to pose a public health threat in Zambia. With an estimated burden of 319 TB cases per 100,000 in 2020, Zambia is ranked 21<sup>st</sup> among the 30 high TB burden countries.<sup>1</sup> In 2020, of the estimated 59,000 TB cases, only 40,000 (68 percent) were diagnosed and notified to the NTLP.<sup>2</sup> Based on the findings from a data quality assessment (DQA) conducted in 2019, 33 percent of people diagnosed with TB between January-August 2019 were not notified to the NTLP.<sup>3</sup> Zambia has maintained a high treatment success rate (TSR), at almost 90 percent. In 2020, 91 percent of new TB cases, and 88 percent of the retreatment cases, were tested for rifampicin resistance.<sup>4</sup> Furthermore, in 2020, Zambia diagnosed 484 drug-resistant TB (DR-TB) cases—only 13 percent of the estimated DR-TB incidence.<sup>5</sup>

Zambia's National Strategic Plan (NSP) for TB prevention, care, and control is under development. In the meantime, the National TB program is still implementing the 2017-2021 NSP that envisions a TB-free Zambia by 2030. More specifically, by providing equitable access to cost-effective, high-quality TB services, the NTLP hopes to reduce the number of TB deaths by 40 percent by 2021 (as compared to 2015). The NSP prioritizes finding the 'missing cases' to bridge the case detection gap, enhancing diagnostic services, expanding programmatic management of DR-TB, enhancing TB/HIV collaboration, scaling-up of TB preventive treatment (TPT), and strengthening multisectoral and community partnerships.

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 Zambia, there was a 11 percent increase<sup>6</sup> in TB case notifications but a six percent decline<sup>7</sup> in

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<sup>1</sup> World Health Organization. *Global Tuberculosis Report, 2021*.

<sup>2</sup> Ibid.

<sup>3</sup> Ministry of Health. *A report of the under-reporting of people with TB in Zambia, 2019*.

<sup>4</sup> World Health Organization. *Global Tuberculosis Report, 2021*.

<sup>5</sup> Ibid.

<sup>6</sup> Based on data collected by the World Health Organization.

<sup>7</sup> Based on data collected by the World Health Organization and National TB Program.

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 FY21 USAID TB budget for Zambia is \$6 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

### *TB diagnosis*

Currently, USAID is supporting a diagnostic network assessment, and the results of this assessment will help guide the strategic placement of TB diagnostics. Moving forward, USAID will support the Zambian Ministry of Health (MOH) to increase diagnostic capacity through: increasing the utilization of GeneXpert; strengthening connectivity systems; roll-out of the urinary lateral flow lipoarabinomannan assay (LF-LAM); and increased utilization of mycobacterium culture facilities. USAID will also support the NTLP in expanding line probe assay (LPA) testing to the provincial level, implementing second-line phenotypic drug-susceptibility testing (DST) tailored to the current treatment guidelines, and supporting a robust courier system for intra-district and culture lab specimen transportation. In addition, USAID will support enrolling more laboratories on the external quality assistance (EQA) system for smear microscopy, GeneXpert, and culture testing. To increase diagnostic capacity for TB in children, USAID will support the use of stool specimen testing using the GeneXpert platforms. USAID will also support the use of digital X-ray technology for screening to improve diagnostic yield and increase efficiency and support the development of a quality management system strategy for TB benches in peripheral laboratories.

### *Engaging all care providers*

Zambia's TB prevalence survey shows that the majority of people with TB are missed within the health facilities where they have sought care; therefore, the main strategy for case finding will rely on institutionalizing TB screening, referral for testing, and recording and reporting entry points in facilities at all service points of entry, including out- and in-patient departments, HIV clinics, maternal and child health clinics, and adolescent clinics. To reach people at all entry points to the health system, USAID will support bidirectional screening for COVID-19 and TB as well as support capacity building and training for TB screening in children. USAID will continue to establish linkages between public and private facilities through the creation of referral systems, building the surveillance capacity, and developing MOH guidelines for clinicians, with a specific focus on reaching private pharmacies and hospitals. Furthermore, USAID will engage private care providers, including

pharmacies and drug stores, to report TB cases to the national system and will support mechanisms to enable reporting, referral, and standardization of TB care across public and private sector facilities.

### *Community TB care delivery*

USAID support and capacity building for active case finding activities using community approaches has contributed to 33 percent of the notifications in six USAID-supported provinces. At the community level, USAID will support the integration of COVID-19 contact tracing with community TB activities as well as household contact tracing of bacteriologically confirmed TB cases. This will include linking contacts to TPT and people diagnosed to treatment, in addition to the identification of hotspots using program and other routinely collected data. USAID will also support geospatial mapping of identified TB hotspots and conduct TB awareness, including stigma reduction, and screening activities in identified high-risk areas including in prisons and mining communities. Further, community interventions will be coupled with strengthened recording and reporting with a particular focus to integrate community activities into routine reporting.

## **CURE**

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

USAID will strengthen people-centered care models by empowering clients with information, implementing people-centered treatment plans depending on the individual's needs and preferences, integrating service delivery for people with TB and HIV and/or other comorbidities, enhancing appointment systems, and strengthening tracking systems for clients who miss appointments to reduce the number of people lost-to-follow-up. USAID will continue to strengthen linkage to treatment by supporting the electronic surveillance system, establishing communication between lab and clinical teams, and improving data management. USAID will also work to strengthen the role of the community in providing treatment support and improving treatment outcomes. USAID will explore virtual supported therapy plans to assist people during times of COVID-19 constraints. USAID is currently supporting the NTLF to understand the causes of high TB mortality; findings from the study will be used to design interventions to address risk factors for high TB mortality.

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

USAID will support the decentralization of DR-TB care to the district level by increasing the pool of trained healthcare workers, providing job aids, and procuring commodities to follow-up monitoring. USAID will also support operational research and the development and dissemination

of guidelines on new, novel treatment regimens. Additionally, USAID will support provincial centers of excellence to provide staff mentorship and specialized care, and to ensure the provision of psychosocial counseling to people diagnosed with MDR-TB/rifampicin-resistant TB (RR-TB) so that they better understand their treatment and monitoring plan and the benefits and side effects of treatment. USAID will leverage the availability of MDR-TB nurses to provide treatment support by phone and in the community, depending on the COVID-19 situation. To support this work, USAID will also help to strengthen surveillance systems including the active drug safety monitoring (aDSM) system.

## **PREVENT**

### *Prevention*

In 2019, Zambia revised its TPT guidelines to broaden eligibility for TPT to include all people living with HIV (PLHIV), under-five children, all contacts, and those with specific medical conditions, and to incorporate the use of newer, shorter drug regimens (e.g., RH and 3HP). USAID supported the NTLP to strengthen management of commodities and disseminate and introduce the guidelines coupled via healthcare worker orientation. Following the successful TPT implementation surge, USAID will support the roll-out of high impact activities to all sites to achieve the national and United Nations General Assembly High-Level Meeting on TB (UNHLM) targets. USAID support will integrate contact tracing with social and behavior change communication (SBCC) interventions to encourage positive health-seeking behavior and improve treatment outcomes. Moving forward, USAID will support commodity forecasting and quantification, drug distribution, printing and dissemination of recording and reporting tools, healthcare worker orientation, and engagement of the community in raising awareness as part of demand creation. USAID will also leverage the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) resources to scale up TPT for all eligible PLHIV using high-impact activities implemented in the TPT surge.

## **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. However, the health sector in general remains widely underfunded in Zambia; the national domestic resources are far below what is required to successfully implement the National Health Strategic Plan (NHSP). USAID will support the MOH to operationalize a TB Multisectoral Accountability Framework by providing coordination support to the NTLP and will support development of key

accountability measures and mechanisms for the country. To ensure sustained financing for TB, USAID will partner with members of Parliament and private sector entities to generate a roadmap for private sector engagement (PSE). USAID, through partnerships with local organizations, will help design sustainable programming and support implementation of TB activities.

### *Capacity and functioning systems*

To build the capacity of the NTLP and MOH, and accelerate progress toward country and UNGA targets, USAID will work to provide technical assistance (TA) through an embedded NTLP advisor. Additionally, USAID will: help establish systems for performance assessment of NTLP staff; develop online training materials to reach more healthcare workers across the country; support MOH planning activities; and strengthen joint technical supervision with the HIV program and other partners.