

ZIMBABWE TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Zimbabwe 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.

There has been progress in reducing the TB burden in the country, as Zimbabwe no longer ranks among the 30 high TB burden countries in the world.¹ In 2020, the estimated TB burden was 29,000 cases, of which 16,019 TB cases (55 percent) were diagnosed and notified to the NTP.² Among the cases diagnosed and notified, 61 percent were men (the majority of whom were in the economically productive 24-44 years age category), 33 percent were women, and six percent were children.³ Additionally, Zimbabwe has an estimated drug-resistant TB (DR-TB) burden of 1,200 cases, but only 231 (19 percent) DR-TB cases were diagnosed and notified to the NTP in 2020.⁴

The NTP's National Strategic Plan (NSP) for TB 2021-2025 is aligned with the basic pillars and components of the World Health Organization's (WHO) End TB Strategy and envisions a TB-free Zimbabwe by 2035. Additionally, to show increased political commitment and accountability, the NSP also aligns with the United Nations High-Level Meeting (UNHLM) on TB targets. To achieve these targets and the ultimate goal of ending TB, the NSP prioritizes: increasing treatment coverage and the treatment success rate (TSR), particularly among those with drug-susceptible TB (DS-TB), from 83 percent in 2018 to 90 percent by 2025; scaling-up access to universal HIV testing and HIV treatment coverage among people with TB; detecting 2,267 people with rifampicin-resistant (RR)/multidrug-resistant (MDR)-TB between 2021 and 2025; and increasing the treatment success rate of those with RR-TB/MDR-TB from 57 percent in 2016 to 75 percent by 2025.

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 Zimbabwe, there was a 25 percent decline in TB case notifications and a 30 percent decline in DR-TB case notifications in 2020, compared to 2019. The restrictions that were put in place by

¹ World Health Organization. *Global Tuberculosis Report, 2021*.

² Ibid.

³ Ibid.

⁴ Ibid.

the government at different times of 2020 restricted clients from accessing diagnosis, treatment, and care in most areas. The existing health infrastructure and systems, including at least 40 GeneXpert instruments, several TB isolation health facilities, TB laboratory sites, selected health centers in every region, as well as LOE from health staff, were shifted toward the COVID-19 pandemic response. Further analysis of TB case notifications by district highlights a concerning situation: about 57 percent of the 63 districts in the country reported a decline of TB case notifications of 35 percent or more. 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 Zimbabwe is \$6 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

The NTP promotes universal access to molecular technology (GeneXpert). Currently, there are 140 GeneXpert machines nationally, of which 110 are equipped with GxAlert. USAID will support the NTP in strengthening and expanding access to the TB diagnostic network by: optimizing the use of GeneXpert to reach under-served, vulnerable communities; installing solar panels to provide a reliable source of power to run the GeneXpert instruments; providing access to internet connectivity for effective GxAlert reporting; and fast-tracking repair and maintenance of GeneXpert instruments. USAID will also work to expand and decentralize the TB diagnostic network through placement of 20 Truenat machines and establishing an integrated sample transportation system. USAID will expand capacity for universal access to DST through procurement of XDR-cartridges, which will enhance XDR-TB detection and improve favorable outcomes. USAID will invest in building the capacity of national, provincial, and district supervisors on Quality Management Systems (QMS). USAID will also work with the National TB Reference Laboratory (NTRL) to upgrade its capacity and to establish its role in leading laboratories in the TB diagnostic network.

Engaging all care providers

With USAID support, the NTP will engage and build partnerships with civil society organizations (CSOs) and private care providers, and will strengthen healthcare workers' capacity through the revision of guidelines and training materials as well as implementing TB education and screening integration at all points of service in the healthcare system. With FY21 funds, USAID will enhance

integrated COVID-19, HIV, TB, and MDR-TB case finding and management training to include uniform forces and private practitioners. USAID will work to integrate TB education and screening at all healthcare service points, including out-patient and in-patient departments (OPD/IPD), HIV/ART clinics, nutrition clinics, Maternal Neonatal and Child Health (MNCH), Mother-Baby Care Point (MBCP), Emergency, Dental, and Adolescent clinics/friendly services care points/corners. Additionally, TB contact investigation will be carried out among all household contacts of all people diagnosed with TB and DR-TB. USAID will also support the development of a national Public-Private Mix (PPM) operational plan for provision of TB services in the private sector and build capacity of private pharmacies to screen and refer people with presumptive TB.

Community TB care delivery

In consultation with the NTP, USAID/Zimbabwe developed the TB recovery plan to identify areas of impact for TB programming due to the COVID-19 pandemic. To address the impact of COVID-19, the NTP will strengthen the resilient community systems in order to implement systematic TB screening as the main strategy for improving community care and support. Community healthcare workers (CHWs) will be oriented on signs and symptoms of presumptive TB as well as COVID-19, including contact investigation for early referral to care.

CURE

Drug-susceptible TB (DS-TB) treatment

In order to maintain the TB treatment success rate, the NTP will prioritize: (1) support for a secure supply of quality TB medicines and other commodities, and (2) implementation of community-based treatment support activities by engaging community actors for better management of treatment. Moving forward, USAID will also support the training of healthcare workers using the updated blended learning curriculum which includes clinical rotations. Furthermore, the NTP will engage TB survivors and school health coordinators for psychosocial support for people on treatment, as well as traditional and/or faith healers to provide referrals and support during treatment. Furthermore, USAID will support the NTP to procure, store, and distribute first-line TB medicines and strengthen pharmacovigilance (PV) at all levels.

Multidrug-resistant TB (MDR-TB) treatment

The decline in MDR-TB case notifications every year since 2016, and low treatment success rates, are major concerns for TB management and control in Zimbabwe. To support the provision of quality MDR-TB treatment and care, the NTP will establish quarterly cohort reviews of MDR-TB cases, as well as MDR-TB site panels and echo-video learning networks to help provide real-time DR-TB updates and technical support to DR-TB sites for improved quality of case management.

The NTP also needs to strengthen the provision of incentives and enablers for treatment completion, and to closely monitor and manage adverse drug reactions (ADRs). USAID will provide support to the quarterly peer-to-peer mentorship program to promote collaborative learning and support for DR-TB treatment initiation across different sites, including follow-up and ambulatory facilities. USAID will also work to help train healthcare workers on clinical management of DR-TB patients and support peer-to-peer mentorship to foster shared learning and experiences.

PREVENT

Prevention

To help alleviate the effects of the TB and HIV epidemics, the NTP adopted the 2004 WHO interim policy on TB/HIV collaborative activities. The NTP, along with donors and other partners, developed an addendum on TB infection (TBI) in 2019 which includes TB screening, TB treatment initiation, and TB preventive treatment (TPT) enrollment for all eligible people to reduce the TB burden amongst people living with HIV (PLHIV) and to reduce the HIV burden amongst people with TB. The same year, national guidelines on TBI treatment were also updated to include shorter TPT regimens of 3HP and 3RH. Due to COVID-19 restrictions, coupled with a global shortage of 3HP and high staff turnover, implementation of TBI screening has been inconsistent across the country. Moving forward, USAID will support the NTP to scale up and strengthen implementation of contact investigation coverage through intensified TB case-finding, scale-up of shorter regimens for TPT among PLHIV, and continued surveillance of TB among healthcare workers.

SUSTAINABLE SYSTEMS

Commitment and sustainability

The Ministry of Health and Child Care (MOHCC)/NTP will implement integrated, people-centered TB care and prevention services, and will ensure the existence of bold policies, supportive systems, and intensified research and innovation. To further strengthen sustainability of the TB response and implementation of locally-generated solutions to improve TB diagnosis, treatment, and prevention services, the MOHCC/NTP, in partnership with USAID, is currently building the capacity of local organizations. Additionally, the MOHCC/NTP has established a monitoring and evaluation (M&E) technical working group (TWG) to ensure institutionalization of the TB care cascades approach to data analysis.

Capacity and functioning systems

Currently, the NSP is largely funded by external partners, leaving a huge funding gap in domestic resources for TB activities. Engagement of key community leaders within the context of the accountability framework will be used to lobby for increased domestic resource mobilization for TB service delivery, particularly for healthcare workers. The NSP is a key advocacy tool for increased domestic TB funding. To ensure improved management and efficient utilization of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grants, the NTP will continue to coordinate and provide the necessary oversight for the implementation of all TB activities.

The procurement of TB commodities is funded mainly by the Global Fund through the Global Drug Facility (GDF); the storage and distribution of medicines and other commodities is overseen by the National Pharmaceutical Company (NatPharm). To improve the M&E of TB activities, the NTP developed and disseminated a training guide to help improve local data collection, analysis, and use for decision making and strengthened reporting of routine TB surveillance data through integration with the District Health Information Software, version 2 (DHIS2) system. To effectively collect patient-level data, the NTP, with support from USAID, will roll-out electronic health records (EHRs). Additionally, an M&E/Research TWG will be established to spearhead improvements in M&E and develop and implement a TB research agenda.