

AFGHANISTAN TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Afghanistan FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 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.

In 2019, of the estimated 72,000 TB cases,¹ 52,438 cases² were notified—representing 73 percent of cases. This means that 27 percent of TB cases remained undetected or missing. Among the notified cases, the distribution between male and female patients remained similar to the 2018 breakdown, with roughly 46 percent of the total notified cases being women and 33 percent being men.³ Among the proportion of pediatric TB cases, notification gradually increased from 15.5 percent in 2013⁴ to 22 percent in 2019.⁵ For drug-resistant TB (DR-TB), case notification reached 486 in 2019⁶; while there has been steady progress in DR-TB notifications, this still accounts for only 20 percent of the 2,400⁷ estimated cases. The treatment success rate (TSR) among new and relapse cases remained stable at around 90 percent, while the TSR among DR-TB cases enrolled on second-line treatment was around 60 percent.⁸

The National Strategic Plan (NSP) for TB control 2021-2025 will continue to accelerate progress on TB targets to help realize the NTP's vision of a TB-free Afghanistan. By focusing on integrated, patient-centered care and prevention, bold policies and supportive systems, and intensifying research and innovation opportunities, the NTP aims to reduce TB deaths by 75 percent by 2025 and to decrease incidence rate by 20 percent by 2024.⁹ More specifically, by 2025, the NSP aims to: increase the case notification of all TB cases by at least 12 percent annually, while sustaining the 90 percent TSR; detect and treat at least 80 percent of the estimated DR-TB cases; detect and treat at least 50 percent of the estimated TB infection cases; and eliminate catastrophic TB costs.¹⁰

The proposed FY 2020 USAID TB budget for Afghanistan is \$3.6 million.¹¹ With this level of funding, USAID will support the following technical areas with these funds:

¹ World Health Organization. *Global Tuberculosis Report, 2020*.

² Ibid.

³ Ibid.

⁴ World Health Organization. *Global Tuberculosis Report, 2014*.

⁵ World Health Organization. *Global Tuberculosis Report, 2020*.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ National TB Program. *National Strategic Plan, 2021-2025*.

¹⁰ Ibid.

¹¹ USAID/Afghanistan TB programming is supported by the Economic Support Fund (ESF).

REACH

TB diagnosis

In order to increase case detection, the country plans to scale up the use of rapid molecular diagnostic tools as initial tests. To help Afghanistan achieve this, USAID will capitalize on the achievements and successful initiatives of past projects and build upon successes from previous investments. More specifically, USAID will support the NTP in identifying gaps in the diagnostic network by conducting a diagnostic assessment survey as well as providing technical assistance (TA) to strengthen the diagnostic network through the embedded NTP advisor and other projects. Furthermore, USAID will work with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to expand access to Xpert[®] MTB/RIF (GeneXpert) instruments, liquid culture, line probe assays (LPAs), and drug-susceptibility testing (DST). This diagnostic network expansion will be the first step in helping to decentralize DR-TB services. Additionally, as specimen transport remains a challenge, USAID will support the NTP in exploring possible community-based specimen transportation systems.

Also, according to the Ministry of Public Health (MOPH), conflict in Afghanistan continues to weaken the healthcare system and has led to an increase in internal migration resulting in overcrowded living conditions and a poor quality of life that further exacerbates TB transmission in urban areas. Moving forward, USAID will assist the NTP in developing a strategic TB portfolio that will implement an urban model in densely populated settings which will contribute to the institutionalization of TB service delivery within the public and private health sectors. This will allow health facilities in these sectors to provide sustainable TB care to their clients, which will ultimately improve access to free high-quality TB services. Furthermore, this will increase TB case notification, contact screening, and the TSR in these challenging settings.

Engaging all care providers

TB control and prevention efforts are a priority for the MOPH. These efforts require multilateral collaboration across the government and the private sector. Additionally, considering the limited capacities of the public sector, the Afghan Constitution and Afghanistan National Peace and Development Framework (ANPDF)¹² promote the engagement of the private sector in offering high-quality clinical and diagnostic services. Unfortunately, few private-sector providers have been trained on national TB clinical guidelines; this has resulted in misdiagnosis, mis-classification, improper treatment combinations, and incorrect treatment of individuals with TB.¹³ As the MOPH believes that the private sector's contribution to addressing TB will be substantial, facilitating further development of the private sector will be instrumental in achieving the shared vision of a TB-free Afghanistan. Moving forward, USAID will support the NTP in developing standard operating

¹² Government of Afghanistan. *Afghanistan National Development Strategy*.

¹³

procedures (SOPs) for public and private healthcare providers, and in establishing a referral mechanism to direct notified TB cases from the private sector to the public sector. To support this effort, USAID will train private providers in diagnosing, referring, and reporting patients, particularly pediatric and DR-TB patients. Overall, USAID will focus on people-centered care to build on the success of previous projects and work to expand the network of private providers and pharmacies that offer TB services and care including screening and prevention and treatment adherence.

Community TB care delivery

Through the Community-Based Health Care (CBHC) national program, the MOPH recognizes and emphasizes the importance of working within communities to improve access to TB health services.¹⁴ The CBHC acknowledges that communities play an instrumental role in the health of its members and better understand the specific local needs, priorities, and dynamics. USAID continues to partner with communities to implement TB interventions, while also educating and empowering communities to identify and solve their own problems. Additionally, with the help of communities, USAID will encourage people to make use of formal health services and, when necessary, to change behaviors. More specifically, USAID will work with communities to develop informational materials on health in general and health-seeking behaviors and TB in particular. The main goal of these community-based TB control programs is to increase awareness on TB preventive measures and to decrease all causes of mortality and morbidity among women and children.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID aims to increase access to, and quality of, TB treatment management through the engagement of both public and private healthcare providers in the large cities (urban) by reaching high-risk populations, implementing international treatment guidelines, establishing an active drug safety monitoring system (aDSM), implementing bacteriological treatment monitoring, and creating patient-centered social support services. Ultimately, these approaches will result in improved treatment outcomes, halt TB transmission, and prevent the development of more aggressive, drug-resistant strains of TB. More specifically, interventions will focus on:

- Building the capacity of the NTP and public and private healthcare providers to identify and diagnose individuals with TB, and link them to immediate treatment;
- Expanding patient-centric models of care by building strong partnerships among organizations and health workers at all levels in both public and private facilities;
- Improving the management and supply of medicines at health facilities; and
- Improving the surveillance, supervision, and monitoring of TB treatment to ensure patients' welfare.

¹⁴ Aitken, I., and Arwal, S.H. *The Community-Based Healthcare System of Afghanistan*.

Additionally, USAID will search for opportunities to pilot different digital tools for treatment monitoring and adherence, as well as exploring possibilities for integration of TB services within the maternal and child health and nutrition programs at different levels.

Multidrug-resistant TB (MDR-TB) treatment

USAID activities will help the NTP to increase the human resources and clinical and laboratory monitoring capacity with the ultimate goal of strengthening the timely diagnosis and effective management of DR-TB, including strengthening aDSM systems. USAID will be instrumental in: scaling-up access to effective, appropriate treatment at all levels of the health system; establishing and helping to sustain a monitoring and evaluation system for effective monitoring and supervision of DR-TB management; ensuring programs are in place to provide social support to patients and their families; and scaling-up infection control measures in DR-TB wards in hospitals and outpatient clinics.

PREVENT

Prevention

While it may seem overwhelming to implement effective active case finding (ACF) and TB infection (TBI) services in Afghanistan's challenging environment, great progress has been made in developing and planning for the implementation of an evidence-based national policy. In order to increase TBI identification and testing as well as TB preventive treatment (TPT) initiation and monitoring, training and education will need to be provided to all healthcare providers and patients, adequate procurement of diagnostics and medicines (i.e., TB skin test, pyridoxine, isoniazid, rifapentine, rifampicin, etc.) is needed, and an increase in resources to set up and strengthen surveillance systems is also required. Because both public and private sector providers will need to be involved in these activities, simple and easy-to-use diagnostic and treatment algorithms need to be developed that account for the individual risks, local epidemiology, and programmatic performance associated with each region. As such, USAID activities will focus on:

- Building the technical capacity of the NTP to develop and revise SOPs and guidelines for contact investigations and TPT provision;
- Coordinating with TB stakeholders at all levels (i.e., the NTP, Global Fund, provincial health offices, private sector, and other non-governmental organizations) on ACF and TBI activities;
- Establishing training and mentorship systems for healthcare workers;
- Creating systems for screening under-five children who are close contacts of index cases, referring children who have signs and symptoms to health facilities for further evaluation and diagnosis, and referring those without signs and symptoms for TPT;
- Intensifying contact investigation and TPT coverage among adolescents and adult contacts; and

- Collaborating with specialized HIV services and private providers to ensure TB screening and TPT management for HIV-positive individuals.

SELF-RELIANCE

Commitment and sustainability

The ANPDF guides Afghanistan's national efforts to achieve self-reliance and improve the health and well-being of its population. The persisting security challenges and political and economic fragility limit the country's ability to increase domestic revenue streams and prioritize the health sector. Most of the country's health budget is heavily dependent on donor funding. As such, the Health Financing Strategy 2019-2023 focuses on strengthening the harmonization and alignment of donor funding to support national health priorities by:

- Developing a comprehensive tool to conduct regular mapping of current and anticipated external support and resources in the health sector;
- Ensuring effective coordination and communication across development partners to identify a common approach for health financing reform;
- Identifying opportunities to advocate for additional donor funding for the health sector; and
- Strengthening the harmonization of donors' off-budget support with national health priorities.

By using domestic co-financing, medicines, human resources, and infrastructure, health services at the national and provincial levels will be strengthened, which will reduce human rights and gender-related barriers and inequities for seeking TB care and ensure that vulnerable populations and communities can take advantage of these services.

USAID supported these efforts by conducting a quality of TB services assessment (QTSA) in 2018-2019 which provides important information on provider and client perspectives, as well as a broad range of other data, that can be used to inform NTP strategies and prioritization of actions to improve TB services. USAID also played a pivotal role in the development of the NSP and the associated application process for the Global Fund grant. Moving forward, to ensure sustainability, USAID will help to develop and ensure the transfer of all tools and guidelines to the relevant offices within the government and MOPH while also following a jointly created sustainability plan. To increase political commitment, USAID will: work with the MOPH to sign a Partnership Statement committing to continue to collaborate on ending the TB epidemic; build the NTP's capacity by helping to develop effective strategies and policies to address urban TB; help to improve the access of vulnerable populations to health services; and support community-based demand creation activities that will increase TB awareness and promote health-seeking behaviors.

Capacity and functioning systems

With support from all TB stakeholders, the NTP developed a robust and ambitious NSP. This NSP is carefully costed and has become the investment case and primary advocacy tool for mobilizing financial resources for TB. The next step is to propose a mechanism to track the TB financial envelope to better identify gaps while also recognizing that in order to scale up interventions (e.g., ACF, X-ray access, diagnostics, new DR-TB and TPT regimens, etc.), engagement of the private sector, and the quality of services provided, additional resources are required. Recognizing that there is a salient need for continued TA and experience, the NTP will continue engagement with, and coordination of, development partners to ensure that resources are best programmed to meet the needs of the country. Additionally, the MOPH must ensure the engagement of other government sectors (e.g., information, education, social welfare, agriculture, etc.) if the country is to achieve its ambitious TB targets and effectively address issues related to healthcare access, nutritional support, and TB catastrophic costs, and overcome social barriers and TB-related stigma.

Moving forward, USAID will help to address the current gaps in the health management information system (HMIS) by supporting capacity building of human resources for health (HRH) to use data for decision making and policy development, identifying inequities in access to services, revising the HMIS after modification to the basic package of health services, helping to conduct evaluations on national and sub-national health systems, helping to create a national health research database including targeted research training and monitoring, and piloting an electronic medical record system in an urban setting. USAID will also support the NTP by providing TA to ensure training materials are updated and regular, and that quality training is taking place.