



AFGHANISTAN TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Afghanistan FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. Through the annual TB Roadmap process, USAID has worked with implementing partners (IPs) and national and international TB stakeholders involved in TB prevention and care in the country.

In 2021, the estimated TB incidence in Afghanistan was 76,000, and an estimated 12,000 people died. Afghanistan reported 50,324 case notifications. During 2021, 70 percent of notified individuals with TB were tested for rifampicin resistance. A total of 582 individuals were diagnosed with drug-resistant TB (DR-TB), and 412 of these individuals (71 percent) were put on treatment.

USAID proposes to support the country's National Strategic Plan for TB—which predates the Taliban takeover—to build on investments made by USAID and other partners to improve and expand TB services that include Global Fund TB grants.

The National TB Control Strategy (NSP) aims for a TB-free Afghanistan towards eliminating the disease as a public health problem by focusing on the following objectives:

1. Increase the case notification of all TB cases by at least 12 percent annually until 2023 and maintain full coverage after that to sustain a treatment success rate of at least 90 percent by 2025.
2. Detect and treat at least 80 percent of estimated multidrug-resistant TB (MDR-TB) cases by 2025.
3. Detect and treat at least 50 percent of the estimated latent TB cases as the accumulation by 2025.
4. Ensure affected families do not face catastrophic costs due to tuberculosis.

The proposed FY2022 USAID TB budget for Afghanistan is \$4 million, and with this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

Although the National Tuberculosis Guideline recommends using GeneXpert as the initial test for diagnosing pulmonary TB, it is not widely used nationally due to several operational challenges. Many clinicians still rely on smear microscopy results in conjunction with clinical symptoms and radiographic evidence to diagnose TB. USAID will continue coordinating with the Ministry of Public Health's (MoPH) National Tuberculosis Program (NTP) to strengthen and expand the DS and RR/MDR-TB diagnostic system and continue supporting:

- The supervision and training of laboratory personnel aiming to increase GeneXpert (GX) technology utilization and calibration and maintenance of the GX machines, the procurement of new GX machines, cartridges, and GX check kits for selected health facilities in the targeted provinces.
- Strengthen the lab network's external quality assurance (QA) and introduce GX as a primary diagnostic tool for DS-TB and DR-TB-suspected patients in targeted provinces.
- Supporting the promotion of GeneXpert technology as the primary diagnostic means in targeted provinces through:
 - Sputum sample transportation system improvements from health facilities to GX sites
 - a) Improve TB diagnosis in children using rapid molecular technology (stool sample for GX testing)

Engaging all care providers

USAID will prioritize private provider engagement as part of the tuberculosis activities and scale-up Public-Private-Mix (PPM) and urban DOTS (Directly Observed Treatment, Short Course) approach. The FY 2022-2023 PPM approach will focus on strengthening coordination mechanisms and establishing partnerships between public and private health facilities. USAID will support and capacitate private health care providers, pharmacies, workplaces, and non-NTP facilities to improve TB screening, TB testing that establishes sample transportation and patients' referral system, and mandatory notification for adults and children. USAID projects plan to build on the successful FAST (Find cases Actively, Separate safely, and Treat effectively) to improve health facility practices and reporting systems actively screening for TB among adults and children in urban and rural targeted areas.

Community TB care delivery

Afghanistan's active case-finding NTP approach is largely based on community engagement. Community health workers (CHWs) have completed many field activities, such as active case-finding referrals, contact tracing, and treatment supervision. However, only 60.6 percent of facilities reported their CHWs received any TB training, indicating a training gap may need to be addressed in view of the many services the CHWs are being asked to provide.

For FY 2022 - 2023, USAID will prioritize the following community-based activities:

- Orienting CHWs when following up on cases referral for TB testing and diagnosed cases



for treatment, Community-based - Directly Observed Treatments (CB-DOTS) in selected health facilities (HFs) in targeted provinces;

- Developing and disseminating health information and educational materials, working with communities to provide support for stigma reduction initiatives among individuals with TB, providers, and community members.

USAID projects will ensure active case finding through contact investigation activities that follow up on the contacts of DS-TB and DR-TB index cases—bacteriological and clinically confirmed, as per national guidelines. Through the Targeted Support Teams (TST) activities in targeted provinces, USAID will ensure that the NGO health worker staff are able to screen contacts, refer presumptive cases for further investigation covering transportation costs, and provide TPT to children under five and close contacts with no TB identified.

CURE

Drug-susceptible TB (DS-TB) treatment

DS-TB activities have been mostly funded by the Global Fund, including procurement of first-line medications and diagnostic commodities. In Afghanistan, TB treatment is provided to susceptible TB patients on an ambulatory basis, and patients are assigned to DOT providers for the daily provision of drugs. Hospitalization is limited and based on medical requirements. Monitoring of treatment is done through regular sputum microscopy, and a mechanism exists for tracing treatment interrupters. The facility-based DOTS strategy has been successful but has some significant geographical limitations. Patients often request DOTS providers give the next 5-10 doses of medication for self-administration, making it difficult to monitor treatment adherence. USAID will support DOTS expansion to public and private health facilities in targeted urban areas and districts not reaching TB treatment performance targets and strengthen systems and data use to improve treatment programs.

Multidrug-resistant TB (MDR-TB) treatment

The initiation and intensive phase of treatment of TB patients with drug resistance is provided in Afghanistan at Programmatic Management of Drug resistant Tuberculosis (PMDT) sites, or MDR Wards, in provincial hospitals in major cities. The continuation phase has been provided at the community level through designated DOT providers. In FY 2022-2023, USAID projects plan to strengthen people-centered approaches to support DR-TB patients through lengthy treatment courses by decentralizing the clinical management of DR-TB in urban and rural areas. In addition, USAID will work on increasing the capacity of medical personnel to control and manage side effects for patients on second-line medications. There will be no resources to establish a full value Active TB drug-safety monitoring and management (aDSM) system at this point considering limited communication with the Afghan governmental entities such as the Ministry of Health (MOH) and National Medicine and Health Products Regulatory Authority (NMHRA).



Through USAID, the focus will be on capacity building and strengthening the provision of appropriate and standard treatment plans for individuals with RR/MDR-TB in targeted urban areas to maintain the treatment success rate in FY 2022/2023:

- Upon USAID approval, roll out the Patient Support Package for individuals with DR-TB.
- Strengthen/establish TB and DR-TB treatment in selected private health facilities.
- Strengthen the integration of TB services in other health services, such as diabetes.
- Support DR-TB management in four cities—Kabul, Herat, Mazar and Jalalabad.
- Expand telemedicine for remote areas in coordination with USAID.

PREVENT

Prevention

Prior to the Taliban takeover, the NTP had developed a comprehensive infection control policy, but implementation at peripheral facilities has been limited. Under this strategy, the implementation of infection control at all treatment facilities will be ensured through training of the multidisciplinary team on TB infection control policies and guidelines, as well as the development and implementation of a program for pre-service and in-service TB screening, including routine surveillance among HCW and laboratory personnel. In the absence of a clear TB preventive treatment implementation policy, TPT rollout has been limited among children < 5 years contacts (based on the tuberculin skin test (TST) results) using only isoniazid preventive therapy.

In 2020, the NTP, with the support of the short term technical consultant, developed a detailed strategy and Tuberculosis Preventive Treatment Guidelines to introduce TB infection diagnosis and treatment, including contact tracing algorithms.

In 2022/2023, USAID projects will:

- Improve family-centered models of household contact tracing, screening, and provision of preventive treatment, including adults' close household contacts.
- Guarantee TB Infection Control measures in healthcare facilities to prevent nosocomial TB and DR-TB transmission.

SUSTAINABLE SYSTEMS

Commitment and Sustainability

USAID has signed the main commitment document, Statement of Partnership (SoP), with the MoPH, which defines the framework for all USAID TB Portfolio and Global TB Accelerator elements. However, following the evacuation and closure of the U.S. Embassy in August 2021, USAID/Afghanistan has limited interaction with the Taliban to minimal technical engagement



required for activity implementation or partner and beneficiary safety.

Capacity and functioning systems

Expanding distribution of a well-trained gender-balanced health workforce is a major strategic focus of the MoPH. It remains a critical health sector needs in alignment with the HRH Strategic Plan.

FY 2022/2023 USAID TB Portfolio directions:

- Support day-to-day human resource management to address all TB-related human resources needs to implement the strategic plan in targeted health facilities and communities.
- Provide needs-based quality in-service training and continuing education for all staff (technical and non-technical) involved in TB-control activities at all levels considering recent WHO guidelines.