



CAMBODIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Cambodia FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. Through the annual TB Roadmap process, USAID has worked with CENAT (National Center for TB and Leprosy Control) leadership and partners in systematically reviewing the TB program to identify gaps, assign priorities, and map donor support according to comparative strengths and budget availability.

In 2021, the estimated TB incidence in Cambodia was 48,000, and an estimated 4,000 people died. Cambodia reported 21,589 case notifications. A total of 137 people were diagnosed with drug-resistant TB (DR-TB) cases and put on treatment.

The National Tuberculosis Program (NTP) developed the National Strategy to End TB from 2021 - 2030 based on the Joint Program Review (JPR) held in June 2019 and key lessons learned from current program implementation. The vision of the National Strategy is a Cambodia free of TB with zero deaths, disease, and suffering due to TB by 2050. To fulfill this vision, NTP has set out the goal to accelerate the reduction of TB incidence by 80 percent and mortality by 90 percent between 2015 and 2030 by focusing on five main objectives:

- Objective 1: Find and treat all tuberculosis cases early using more sensitive screening and diagnostic algorithms as well as new and more effective treatment regimens, with an emphasis on reaching missing cases.
- Objective 2: Address other program specific needs and priorities, including community directly observed treatment (C-DOTS), multidrug-resistant TB (MDR-TB), public-private mix (PPM), TB/HIV, TB-diabetes, TB in prisons, Childhood TB, and TB in migrants.
- Objective 3: Prevent the emergence of TB in susceptible populations using a combination of biomedical, behavioral, social, and structural interventions.
- Objective 4: Build, strengthen, and sustain enabling policies, empowered institutions, human resources with enhanced capacities, and financial resources to match the plan
- Objective 5: Strengthen NTP monitoring and evaluation system and research activities.

The proposed FY 2021 USAID TB budget for activities to be implemented in FY 2023 in Cambodia is \$7 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

In line with the new NSP (2021-2030), USAID will support Cambodia to expand and improve the quality of the TB diagnostic network. The expansion will focus on strengthening TB diagnosis



capabilities at the health center level to increase community access and improve accuracy and speed of diagnosis for all forms of TB. USAID will support the scale-up of molecular diagnostic tools (GeneXpert and Truenat) for primary diagnosis, with chest X-ray (CXR) utilized as a screening tool. USAID is currently supporting a national lab network assessment, which will help partners understand the gaps and improve the quality of TB lab services.

USAID will also build the capacity of health workers at referral hospitals to read and interpret CXR to increase the quality of TB screening. This will be done through development of a web-based training module for reading CXR. USAID will assist the NTP to develop internal and external quality control systems on CXR reading and interpretation, which will include randomly selecting CXR reports from active case finding (ACF) activities and posting them for verification by external experts. In addition, USAID will pilot the use of an artificial intelligence (AI) system to support CXR readers' reading skills/ability and reduce their workload burden at the selected health facilities. USAID will procure the system to support the pilot project and document lessons learned for sharing and scale-up.

While the proportion of MDR-TB cases detected remains low, USAID will work with NTP to review the current approach for MDR-TB case detection to identify the challenges and provide a feasible and sound recommendation to narrow the gap in missing cases. USAID will work with the NTP to review retreatment TB cases, people living with HIV/AIDS (PLHIV), and close contacts of those with MDR-TB for testing with GeneXpert.

Engaging all care providers

USAID will continue to support and advocate NTP/MOH for scale-up of hospital linkages throughout the country to improve TB case detection, enrollment, and referral. Activities include scaling up routine and systematic TB screening at triage/out-patient and in-patient wards of RHs and HCs to identify individuals with presumptive TB, referring them to quality diagnostic services with links to treatment or care, improving the skills for TB diagnosis, using up-to-date guidelines and algorithms, and strengthening proper data recording and reporting via an electronic web-based TB MIS. Building on efforts to integrate TB quality improvement tools (clinical vignettes) into the National Quality Enhancement Monitoring (NQEM) assessment toolbox, USAID will coordinate closely with the NTP and the Hospital Service Department of MOH to include the TB tools into the Government performance-based incentive scheme for health facilities.

In Cambodia, the majority of contact investigation takes place at the health center and community level. USAID will continue to support and strengthen contact investigation of all bacteriologically confirmed individuals with TB as soon as they are notified.

Given that approximately 60 percent of individuals with TB seek private sector care first, but TB diagnosis and treatment is only authorized in public health facilities, USAID is supporting the NTP to



develop the Public Private Mix (PPM) Guidelines and Standard Operating Procedures (SOP) 2022 - 2027. The guidelines will broaden the current scope of PPM from just focusing on the referral of individuals with TB to engaging private sector providers in diagnosis and/or treatment. With FY 2022 funds, USAID will support the application of the new guidelines and SOPs through cross-cutting private sector quality improvement activities that introduce standards of care for TB services in the private sector.

At a policy level, with FY 2022 funds, USAID will work with the Cambodian Medical Association to develop policy that links TB indicators with accreditation and license renewal for private health care providers. This will promote involvement of private health care providers in screening and referring more presumptive TB individuals for diagnosis and treatment. USAID will work with the MOH to update the TB curricula at the pre- and in-service levels so that private and public providers are capable of diagnosing and treating TB, laying the groundwork for PPM.

Community TB care delivery

The persisting barriers to access for early TB diagnosis include distance and costs associated with traveling to health facilities, lack of awareness of TB, and fear of COVID-19 infection. To address these barriers, USAID will continue to support community-based contact investigation among confirmed individuals with TB to identify presumptive TB individuals and connect them with health facilities nearby equipped with diagnostic capabilities. USAID will expand TB case finding activities to four additional underserved operational districts through deploying mobile screening and diagnostic tools (chest X-ray and Truenat) and intensified contact tracing in communities. The use of these mobile tools to reach distant communities will be piloted, and lessons will be shared with the NTP for expansion in other operational districts. USAID will continue to support a behavior change activity that is applying incentive-based programs to encourage presumptive TB patients to get tested and complete treatment if positive. As a new activity with FY 2022 funding, USAID will introduce a school-based screening activity to identify children at risk of TB and refer them to health centers. This activity will employ new methods in TB screening and diagnosis for children, including stool sampling, to find cases and refer for treatment.

FY 2022 funds will be applied to support the development of updated national advocacy, communication, and social mobilization (ACSM) strategy and guidelines. USAID will focus on capacity building efforts for relevant national and subnational implementers on the improvement of social behavior change (SBC) approaches and the application of innovative SBC solutions.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID will provide support to ensure individuals diagnosed either via ACF or passive case finding are on treatment. To improve adherence and reduce individual and health system costs, USAID will provide technical support to NTP for introducing and implementing the WHO rapid communication



guidance on a four-month treatment regimen for drug-susceptible TB, which is a short, effective course of treatment, allowing faster cure and easing the burden on both individuals with TB and the healthcare system. USAID will support the revision of the DS-TB treatment guideline/SOP and will support health care provider capacity building activities to strengthen management of those with TB, including treatment and follow-up, supportive supervision, and training in C-DOTS. Quality of care audits that review the process of TB notification to completion of treatment and verification of cure will be implemented by cross-checking patient treatment cards, reviewing TB registers, and interviews of those with TB. In addition to site monitoring and coaching, USAID will enhance the use and monitoring of TB-MIS to ensure that the status of individuals with TB disease has been tracked and updated according to treatment schedules and completion dates.

Ensuring people with TB have access to and adhere to treatment regimens as pandemic-related challenges arise is still a USAID priority.

Multidrug-resistant TB (MDR-TB) treatment

USAID will continue to support the NTP in implementing shorter treatment regimens along with the revision of programmatic management of DR-TB (PMDT) guidelines and capacity building of MDR-TB health care providers on the implementation of PMDT.

To improve quality of care, USAID will continue to support the implementation of PMDT services, improve clinical management, and support transportation for follow-up appointments. In collaboration with WHO, USAID will provide focused support to the NTP in the implementation of active TB drug-safety monitoring and management (aDSM), one of the concerns identified by the recent regional Green Light Committee visit to prevent irreversible side effects from treatment. A case mortality audit will be implemented to better understand the root cause of deaths, which can provide insights into future clinical management. In addition, USAID will continue to provide support in reviewing data from different sources, including TB-MIS, to ensure that all TB retreatment cases, close contacts of MDR-TB, and PLHIV who have TB symptoms will be tested with molecular tools.

PREVENT

Prevention

USAID will work with the NTP and other partners to improve coordination via technical working group (TWG) meetings and mobilize resources on TPT drug procurement and management and distribution to avoid stockout. USAID technical assistance will coordinate with WHO to support the TWG on TPT and facilitate the effective management of the group. USAID will continue to provide technical support to NTP staff and sub-national levels on drug management, including planning and forecasting of new TPT drugs to prevent drug stockout in the country. To address and prevent misperceptions by caregivers on TPT, USAID will support SBC messaging approaches and TB awareness raising and screening in schools and communities.



USAID will focus efforts on contact investigation (CI) activities by working with health care providers and the community to ensure that all close contacts of bacteriologically confirmed DS and DR-TB will be screened, evaluated, and enrolled for treatment until completion.

USAID will assist NTP to ensure full utilization of the TPT module in the TB-MIS to improve the recording and reporting of TPT data. Assistance in this will contribute to building reliance on NTP's usage of the TB-MIS as the primary M&E system for recording and reporting.

SUSTAINABLE SYSTEMS

Commitment and sustainability

USAID has been working with the General Secretariat for the National Social Protection Council to bring global standards and best practices into the implementation of the National Social Protection Policy Framework (NSPPF). With the previous year's funding, USAID has worked with the NSPPF to enhance transparency and accountability for TB funding through national social protection schemes and increase efficiencies in processing individuals with TB under social health insurance schemes. With FY 2022 funds, USAID will continue work in resource mobilization for TB through activities that strengthen the community network and commune council's engagement for health governance and accountability. This is in line with the Royal Government of Cambodia (RGC) policy on deconcentrating and decentralization (D&D) for health governance enacted in 2019. USAID activities will build the capacity of the sub-national level to budget for TB programming and advocate for resources.

Recognizing that ending TB requires a political commitment beyond health, USAID will continue to promote the application of the WHO Multi-sector Accountability Framework (MAF). Through participation in the Inter-Coordination Committee (TB ICC), the TB sub-TWG, and the Health TWG, and through leveraging USAID's relationships in other sectors, USAID will advocate for diverse sectoral membership in the ICC and will support NTP to engage non-health sectors in TB control activities based on the lessons learned from HIV/AIDS programs.

Capacity and functioning systems

Over the past few years, USAID has supported CENAT to gradually transition from USAID support to 100 percent government financing for the procurement of adult first-line drugs (FLDs) for the treatment of DS-TB. USAID, in previous years, has also built CENAT staff capacity for quantification, forecasting, and supply chain management of TB commodities. With FY 2022 TB funds, activities will strengthen active TB drug-safety monitoring and management (aDSM) for the MDR-TB oral shorter regimen or new TB drugs and build capacity for quantification, forecasting, and supply chain management of TB commodities in the ten USAID ODs.