ETHIOPIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Ethiopia FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. The roadmap was developed in consultation with the National TB Control Program (NTP), regional technical agencies, and implementing partners.

In 2021, the estimated TB incidence in Ethiopia was 143,000, and an estimated 21,000 people died from TB. Ethiopia reported 104,606 TB case notifications, and 51 percent of total notified individuals with bacteriologically confirmed pulmonary TB were tested for rifampicin resistance (RR-TB). A total of 518 people were diagnosed with drug-resistant TB (DR-TB), and all were enrolled on treatment.

The national five-year TB strategic plan (NSP) was revised in 2020, covering the period from July 2021 to June 2026. Within the NSP period, the Ministry of Health (MOH) targets to reduce TB incidence and mortality from 151 per 100,000 population and 22 per 100,000 population, respectively, in 2018 to 91 per 100,000 population and 7 per 100,000 population, by the end of the NSP (2026). The NSP has identified the below program gaps and will coordinate all efforts to address these gaps and related challenges. Priority gaps planned to be addressed include:

- Providing quality TB services to people who are in contact with the healthcare system.
- Narrowing the TB screening gap by—
  - Enabling the use of digital X-ray technologies for TB screening purposes with artificial intelligence (AI) to offset the human resource gaps in radiology;
  - Integrating routine TB screening in outpatient department (OPD), with a focus on high-volume health facilities.
  - Monitoring across the screening-care cascade, starting from initial screening and prevent pre-treatment loss to follow up, including use of digital technologies.
- Reducing the TB diagnostics access gap by—
  - Increasing the number of health facilities with sensitive onsite WHO-approved rapid diagnostics (WRD) testing capacity by five hundred.
  - Enhancing the diagnostic capacity of primary care facilities, including through strengthened sample referral systems.
  - Increasing the frequency of specimen collection in high-volume facilities, including public-private mix (PPM-TB) sites in specimen referral network and using locally feasible specimen transport in districts without postal systems.
  - Contracting out TB laboratory machine maintenance to the private sector, including through service contracts with suppliers.
  - Narrowing the funding gap for diagnostic supplies through resource mobilization.
- Addressing the gap in engaging all care providers by—
  - Continuing the use of mobile services for pastoralist communities and document

experience.

- o Integrating outreach TB screening, diagnosis, and linkage model of TB service delivery for internally displaced persons (IDPs), refugees, prisoners, miners, residents of urban slums, pastoralist communities, and school communities in high TB burden woredas/districts.
- Expanding community insurance coverage to mitigate out-of-pocket (OOP) expenditures for TB services.
- Providing comprehensive support to people with TB, including through digital technologies and peer-managed interventions.
- Preventing infection and active TB disease among those at increased risk
- Increasing contact screening coverage through integrated packages of TB services;
- Integrating TB preventive treatment (TPT) in community-based services (Health Extension Program), and in all health care settings that serve populations at increased risk of TB disease;
- Mitigating TB-related stigma in community and healthcare settings and monitoring progress through regular assessment. Building capacity of affected communities, civil society, and the media for effective advocacy, public education, and rights-based responses.
- Proactively managing and mitigating the potential impact of health-related pandemics and other shocks.

The proposed FY 2022 USAID TB budget for Ethiopia is $14 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

Efforts have been made to improve access to molecular diagnostic technology, but challenges such as low maintenance, inadequate human resources, and sample transportation still exist. Almost 80 percent of public facilities and 99.8 percent of private facilities in Ethiopia still depend on microscopy. With FY22 funds, USAID will invest on the following interventions to narrow gaps and address challenges in TB laboratory diagnostics:

- Instituting an alternative sample transport system and continuing investing in optimizing the current sample transport system to improve access to Drug Sensitive Tests (DST).
- Expanding rapid TB diagnostic systems (e.g., GeneXpert and TrueNat) to more health facilities.
- Continue supporting the implementation of internal and external quality assurance measures; and mentoring and monitoring the implementation of the revised TB diagnostic algorithms with expanded use of chest X-ray (CXR) with Artificial Intelligence (AI)-assisted technology as a TB screening tool for key affected populations.

- Integrating TB diagnostic services with mobile health and nutrition work in conflict and post-conflict geo-settings.
- Testing and scaling up laboratory information systems through different mechanisms including the development and implementation of local laboratory connectivity solutions.

Engaging all care providers

To decrease the gap in case finding, Ethiopia implemented high-impact TB case finding initiatives, including TB screening quality improvement, scaling up plans on contact screening, intensified TB case finding, and TB case finding collaboratives in chronic care units (e.g., diabetes mellitus and HIV), in nutrition and children under five units. To further strengthen these efforts, USAID will implement the following interventions:

- Continuous restoration of TB/DR-TB service within facilities that were damaged/looted during the conflict;
- Implementing quality improvement package, including training, mentoring, performance review, and instituting a follow-up system for presumptive TB cases.
- Intensified TB case finding (case finding integration to all units); improve quality of contact screening.
- Using CXR and AI as TB screening tools among high-risk and vulnerable population groups with continuous rollout of high-impact facility-based TB case finding to all hospitals.
- Expanding TB services in more private health facilities while integrating non-NTP service providers, including uniformed service facilities, mega-project health facilities, and prisons in the national TB reporting system; and
- Providing woreda-/district-led TB programming that includes in-service training, woreda-led mentoring, woreda-led supportive supervision, and a woreda-led facility-based performance review.

Community TB care delivery

The priority interventions for USAID activities include:

- Restoration and resumption of Community-Based TB Care (CTBC) services in conflict and other shock-affected regions.
- Coordination and technical assistance to the Ministry of Health (MOH) to provide Integrated Refresher Training (IRT) for Health Extension Workers (HEWs) in hotspot areas.
- Development and implementation of a differentiated innovative community TB care model for TB hotspots identified with the geospatial analysis (Sidama, SWP region, Borena, Guji, and North-West Gondar Zones).
- Continue building the program management and coordination capacity of woredas (districts);
- Implementat**ing** of innovative community-based TB case finding in settings with mobile

communities (pastoralist settings) by using mobile teams equipped with screening and diagnostic tools;
- Strengthening the referral tracking system and continuing to engage more local organizations.
- In addition, USAID will continue to expand key population interventions in newly mapped areas and identified key affected populations, including the scale-up of the Urban TB initiative to secondary cities/towns.

CURE

Drug-susceptible TB (DS-TB) treatment

Ethiopia's TB treatment success rate for drug-susceptible TB is above the global average (90 percent). Current success is due to the decentralization of TB treatment services to all public health facilities and person-centered TB treatment by providing treatment and adherence support at 60 percent of community health structures (health posts). However, there are several gaps in TB treatment and regional variation in treatment success rate. With FY 2022 funds will be used to implement the following interventions to address the performance gaps:

- Developing and implementing shock-sensitive TB treatment (i.e. approaches and interventions that can accommodate needs of people impacted by natural and man-made shocks), treatment adherence support, and treatment monitoring alternatives, including virtual adherence support.
- Further decentralizing TB treatment and adherence support to community health posts.
- Continue implementing and monitoring quality improvement initiatives at TB service facilities, including public-private mix (PPM) facilities.
- Strengthening community-based person-centered care and TB referral system by implementing tracking approaches.
- Continue reinforcing behavioral change communications.

Multidrug-resistant TB (MDR-TB) treatment

USAID activities will cover the following prioritized strategies and interventions:

- Strengthening DR-TB case finding through implementing active case finding strategies, including active contact investigation through both outreach and health facility-based screening and testing;
- Implementing mandatory testing of all bacteriological positive cases for rifampicin resistance per the universal DST policy.
- Instituting an immediate notification system for detected individuals with RR/MDR-TB to ensure linkage to care.
- Rolling out a case-based electronic medical record system for DR-TB to address the data

quality issues and active drug safety monitoring (aDSM).

- Expanding RR/MDR-TB referral Centers of Excellence with intensive care units and surgical services to the regions.
- Strengthening RR/MDR-TB service quality improvement interventions, including clinical review systems, mentoring, catchment area meetings, death audits, and performance reviews.
- Increasing access to ancillary lab tests and treatments, including equipping all Treatment Initiative Centers (TICs) with clinical/lab monitoring equipment.
- Routine and regular program monitoring with catchment area meetings, clinical seminars, mentoring, and performance reviews.

PREVENT

Prevention

USAID supported the NTP in launching the "TB Preventive Acceleration Action Plan" to pace up the rate of TB preventive therapy (TPT) enrollment to meet the UNHLM targets of 121,150 for FY 2021. In FY 2022, USAID TB Activities will continue to support the national and subnational programs to continue with the Acceleration plan. Key focus areas include:

- Scale-up a differentiated service delivery model for TPT for decentralized community-level treatment administration and adherence support.
- Engaging local organizations and community support groups for improved demand creation, contact tracing, preventive therapy administration, and adherence support;
- Developing and implementing a person-sensitive preventive adherence support strategy;
- Strengthening TB infection control package implementation at health facilities, communities, and congregated settings, including periodic TB surveillance in high-risk communities.
- Supporting and advocating for the national health information system for proper incorporation of TB preventive therapy performance recording and reporting system, including indicators.

SUSTAINABLE SYSTEMS

Commitment and sustainability

USAID Ethiopia renewed its partnership with the Government of Ethiopia with a Partnership Statement in 2019. USAID is working with the host government to ensure increased accountability in TB both at the national and sub-national levels toward sustainability. Planned interventions are:

- Continued advocacy with key stakeholders to scale the implementation of Multisectoral

Accountability Framework (MAF) and TB domestic resource mobilization roadmap at national and sub-national TB program management levels;

- Continued direct technical assistance at national/subnational levels to continue building the capacity of local programs on technical, programmatic, and grant management for implementation of high-impact TB interventions;
- Conduct periodic reviews of the progress of local TB programs to sustain key TB programming capacity; and
- Advocate and actively support the private sector, local organizations, and the community group's role in ENDTB through empowerment for meaningful engagement and capacity building efforts.

Capacity and functioning systems

At national level, the project will support the National TB Program (NTP), Ethiopian Pharmaceuticals Supply Services (EPSS), Ethiopian Public Health Institute (EPHI), Ethiopian Food and Drug Authority (EFDA), and other PSM stakeholders through the following interventions:

- Providing technical assistance to national authorities and collaborating with global suppliers, including the Global Drug Facility, for timely procurement (hence reducing procurement lead time) of essential supplies and commodities, efficient use of TB procurement supply chain management dashboards, optimized use of TB software, timely custom clearance, and improved stock-management at federal levels.
- Strengthening in-country distribution, pipeline and stock status analysis, and facility-level inventory management capacity for TB through comprehensive assistance in TB IPLS implementation
- Providing technical leadership for the NTP and EFDA to strengthen the national pharmacovigilance systems for TB, TB, and aDSM and to promote the rational use of TB commodities.
- Assisting the NTP, Ethiopia Public Health Association (EPHA), and Ethiopia Pharmaceutical Supply Service (EPSS) in building the institutional capacity for optimized and reliable supply management systems, from conventional microscopy to rapid molecular technologies, culture, and DST services, which are expected contribute to the establishment of a digitalized TB lab information management system.

Research

USAID has supported the national TB program's TB Research Advisory Committee (TRAC) on evidence generation, capacity building on conducting research, and hosting the Annual National TB research conference. USAID will continue to support the following activities:

- Supporting the development of academia, researchers, and program managers in manuscript

write-up, proposal development, and conducting various TB operational research projects.

- Continue supporting the annual TB research conference to facilitate the sharing of research; and
- Implementing the Eliminate TB Trail project in selected parts of the country to demonstrate how to accelerate the pace of ending TB.