



MOZAMBIQUE TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Mozambique fiscal year (FY) 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget.

In 2021, the estimated TB incidence in Mozambique was 116,000; an estimated 14,000 people died from TB that year. Mozambique reported 97,921 incident TB cases; all notified individuals with bacteriologically confirmed TB were tested for rifampicin resistance, and 1,380 individuals with drug-resistant TB (DR-TB) were started on treatment.

The National TB Control Program (NTP) developed a national strategic plan to serve as a basis for programming from 2020 to 2029. The structure largely mirrors the World Health Organization's (WHO's) END TB strategy, emphasizing person-centered prevention and care, bold policies and strong systems, enhanced innovation, and research. Strategic objectives include:

- Identify and treat at least 90 percent of incident TB cases;
- Successfully treat 90 percent of all people with drug-sensitive TB (DS-TB), regardless of HIV status;
- Identify and appropriately treat all cases of DR-TB;
- Identify and treat 90 percent of all TB cases occurring within vulnerable populations with a 90 percent treatment success rate (TSR);
- Improve diagnostic network coverage, especially for rapid tests; and
- Advocate for increased domestic resources to support the strategic objectives.

The proposed FY2022 USAID TB budget for Mozambique is \$8 million, and with this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

USAID implemented an array of activities aimed at supporting the NTP to reach its objectives despite ongoing challenges related to general health facility access in rural/underserved areas and maintenance of GeneXpert machines. With FY22 funds, USAID will continue supporting TB case detection in four key areas:

- Development, implementation, and monitoring of effective case-finding strategies;
- Diagnostic network strengthening;
- Improved screening and diagnosis of childhood TB; and
- Improved screening, diagnosis, and treatment support for DR-TB.

USAID will work with the NTP and partners to streamline using the active case finding (ACF) cascade. USAID will also build on previous investments in training and supervision related to pediatric



TB to focus support on improving TB diagnosis among children. To align with new World Health Organization (WHO) guidelines for managing TB among children, USAID will support NTP in developing, piloting, and expanding TB screening strategies. Additionally, USAID will support introducing and scaling up stool-based Xpert testing as an alternative sample for TB diagnosis in children.

USAID will work with the NTP to improve DR-TB detection, which is not accelerating in line with efforts needed to reach the United Nations High-Level Meeting (UNHLM) on TB targets. This work will concentrate on improved identification of presumptive DR-TB cases and expanding high-quality DR-TB diagnosis services. These activities may include but are not limited to, screening campaigns in DR-TB hotspots and among high-risk groups, technical assistance to support second-line drug susceptibility testing (DST)/Line probe assay (LPA), and culture, DST for Bedaquiline, Delamanid, Linezolid, and other drugs as tests become available, and a pilot of Xpert XDR cartridges.

Engaging all care providers

In close coordination with the Provincial Directorate of Health (DPS), USAID initiated public-private mix (PPM) activities in four target provinces by selecting and training staff from 40 private pharmacies, 10 per province, and 662 traditional healers.¹ Training was conducted with the NTP and Pharmacy department at the provincial level, where participants received updated information on TB screening, referral systems of presumptive individuals with TB to specific selected health facilities using referral tickets, and record and reporting.

USAID is also working with up to six private sector companies to provide TB education and train Cough Officers in the workplace, potentially expanding these activities to include screening and referral. USAID signed a memorandum of understanding with the Mozambique Leaf Tobacco Company in Tete, and some activities are in place, but these have been significantly curtailed due to the COVID-19 pandemic. Training to clinic staff, screening campaigns, and referral of individuals with TB between clinics and health facilities is ongoing. USAID intends to engage more private companies in its four provinces: Cornelder, Cimentos de Moçambique, Vale, Gindal, CDN, and Madal.

Community TB care delivery

USAID will continue strengthening and reinforcing coordination and synergy activities with other stakeholders in implementing community interventions in different areas (malaria, HIV, etc.) to improve TB screening in all community interventions and allow references of presumptive cases between activists and health facilities. The project's area leaders may participate in training provided by other partners when possible and appropriate.

USAID will continue promoting the Finding TB cases Actively, Separately safely, and Treating

¹ LTBR Annual Report Y2



effectively (FAST) strategy in the health facilities (HFs) and working with HFs already implementing FAST strategy and expanding this intervention to all project 50 districts. HF staff and activists will be trained to be Cough Officers and identify, separate, and refer all symptomatic individuals from the different sectors of the HF to the TB sector. Project staff providing technical assistance (TA) to HFs will meet with Cough Officers to discuss FAST implementation, keeping them engaged in the activities.

All people with TB and their family members will continue being counseled on COVID-19 during their treatment initiation for TB and follow-up visits at the health facilities. The capacity-building sessions of the civil society organizations (CSO) and community partners in TB will also continue covering the basic components of COVID-19. The platform of TB education and awareness generation in the community will continue to inform people about COVID-19 and TB. Cough Officers will be trained to screen for TB and COVID-19.

For the internally displaced population (IDP), USAID allocated community healthcare workers (HCWs) to the IDP camps. The USAID project will continue supporting screening activities for TB, COVID-19, and malaria for all IDPs arriving in camps and also case-finding activities in the camps in Nampula and Zambezia Provinces to identify presumptive TB cases, collect samples and refer them for GeneXpert. TB screening will continue for family members of all TB cases. We will conduct bimonthly cough days to spread the message about TB and COVID-19, raising awareness about TB and COVID-19 among this IDP population.

CURE

Drug-susceptible TB (DS-TB) treatment

With FY22 funds, USAID Mozambique will continue supporting activities to improve treatment outcomes for people with TB; these include community-based directly observed treatment (DOT) for individuals with TB residing in remote areas and active follow-up of those who miss DOT appointments. USAID partners will support the introduction of new technologies to collect and report data needed to monitor these efforts and will also continue:

- Supporting clinical mentoring and on-the-job training for providers managing pediatric TB treatment cases and children on TPT to address their unique needs;
- Addressing human rights and gender related barriers hampering access to TB services in the program;
- Scaling up one-stop services for TB-HIV co-infection management with dual testing facilities on the existing and new Xpert machines (TB testing, COVID-19 testing, and viral load testing);
- Improving capacities of the health and community staff to provide high-quality services to individuals with TB;
- Updating existing training modules by using the latest global guidelines before training; and



- Ensure re-linkages to care for displaced TB populations, particularly those entering Nampula and Zambezia.

Multidrug-resistant TB (MDR-TB) treatment

USAID will also provide ongoing support for training and clinical mentoring of providers managing individuals with DR-TB, intensively following up with individuals with confirmed DR-TB who do not initiate second-line treatment. The project, in coordination with the provincials NTP, will identify health facilities that can be transformed into centers of excellence where all conditions to perform standard person-centered care will be created, including training of HCWs.

Besides regular TA and supervision visits, the project will implement a model of exchange of experience between provinces and districts; NTP teams with better performance will visit low-performing HFs to share good practices and experiences of working in similar conditions. More clinicians will be hired, reinforcing TA and improving the quality of services so more HFs and HCWs will benefit from regular TA provided by the project. Consequently, more individuals with DS and MDR-TB will receive integrated packages of services.

PREVENT

Prevention

USAID will continue supporting contact investigation for all TB cases, the linkage between screened contacts under 15 years old with the Clinic for Children at Risk (CCR) to ensure all eligible children get initiated on TPT, recorded on CCR registers, and followed up until treatment completion by the same activist supporting the index case at the community level. The USAID is working closely with NTP in rolling out 3HP. Training, TA, mentorship, and quality improvement cycles will also improve TPT retention and completion.

USAID will also continue supporting TB prevention focused on infection control measures such as FAST and training providers on implementing administrative, environmental, and personal controls, per WHO guidelines. Data collection and analysis are challenging due to the inconsistent use of contact investigation tools among providers, activists, and others who support this work. Moving forward, USAID will focus on improving M&E processes and supervision for contact investigation and TPT use among contacts.

USAID will prioritize training and supervising for FAST at high-volume facilities, referring contacts supported by community healthcare workers for TB screening and TPT when eligible, and monitoring TPT to ensure full regimen completion.; this includes TPT for contacts of both DS- and DR-TB cases. Lastly, USAID will support training and supervising community Cough Officers being placed in highly congested areas such as markets, schools, and churches and provide training for religious, school, and community leaders on TB education.



SUSTAINABLE SYSTEMS

Commitment and sustainability

Mozambique is committed to mobilizing sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment, and care of tuberculosis from all sources. For this reason, the Mozambican Government has been increasing the domestic budget allocated to the TB sector and, with the support of its partners, raising more funds for stopping TB.

The Government of Mozambique (GRM) and USAID signed a statement of partnership in August 2019; the mission has leveraged this commitment to request data to support the planning and monitoring of USAID TB activities. The mission will schedule regular meetings with the NTP to review commitments made under the partnership statement, discuss successes and challenges, and jointly monitor key projects within the USAID TB portfolio.

GRM contributes to a larger portion of the national total investment in TB, and USAID will continue supporting that trend. There has been continued high-level political support for TB, with the Mozambican president recently speaking at the UNHLM and presiding over elements of World TB Day.

Capacity and functioning systems

USAID will continue supporting this effort by working closely with the Center for Medicines and Medical Articles (CMAM) and with the NT, which has a team that coordinates orders from the Global Fund and GDF and hopefully leads to better stock management and avoid drug-sensitive and more frequently DR-TB medication stock-outs, a major impact on individuals' treatment success. If effectively implemented, this will create an early warning system and improve quantification, forecasting, procurement, distribution, and regulatory systems for TB medicines and supplies. The CMAM and the GF will also explore developing a better dashboard layer for TB medications and lab commodities.

Research

USAID will continue supporting the NTP's study on shorter treatment regimens (STRs) to evaluate the implementation of total STR oral treatment of Resistant Tuberculosis within programmatic conditions in Mozambique. USAID will conduct operational research to improve understanding of gaps and challenges in the active case-finding cascade. This ACF study intends to determine gaps in lost opportunity for TB diagnoses, what works, and where individuals with TB are lost.

USAID will support the Ministry of Health (MOH) in a study on the programmatic introduction and scaling up of stool-based Xpert testing as an alternative sample for TB diagnosis in children. NTP will implement it in the country's southern region, and USAID will support implementing the project in provinces using the same protocol awaiting ethical approval. USAID, in collaboration with NTP, will conduct semiannual patient satisfaction surveys among current and past individuals with TB to inform



the TB program for programmatic decisions and provide policy changes if needed.