



TANZANIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Tanzania FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. The roadmap was developed in consultation with the National TB and Leprosy Program (NTLP) and with the participation of national and international partners involved in TB prevention and care in the country.

In 2021, the estimated TB incidence was 132,000, and an estimated 26,000 people died from TB. Tanzania reported 86,701 incident TB case notifications. During 2021, 90 percent of total notified individuals with bacteriologically confirmed TB were tested for rifampicin resistance (RR-TB). A total of 448 people were diagnosed with drug-resistant TB (DR-TB), of which 444 (99 percent) were enrolled on treatment.

The National Strategic Plan (NSP) VI 2020-2025 envisions a Tanzania free of TB. This vision aligns with the national priorities of building a nation with healthy people by decreasing deaths caused by communicable diseases. The NSP lays out a framework for attaining the SDGs by 2030 and the WHO-developed End TB Strategy by 2035. The plan has ambitious yet feasible objectives based on lessons learned from the past. It is a person-centered plan that aims to innovatively address barriers to access, utilization, and the needs of key and vulnerable populations for TB care and prevention services. The plan focuses on expanding access to quality TB diagnostic services, including the adoption of new diagnostic technologies; increasing MDR-TB case-detection and treatment initiation; building supportive systems and resilient program management and coordination for the implementation of TB services; and ensuring the implementation of evidence-based interventions through an institutionalized and efficient M&E system and coordination of research. The plan underscores the importance of the right mix of medical and non-medical interventions through a multisectoral approach in order to achieve the 2025 targets outlined in the NSP VI.

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

REACH

TB diagnosis

Tanzania's TB diagnostics network covers about 43 percent of its 8,549 total health facilities, and it has a relatively functional specimen referral system with a total of 1,619 facilities covered. However, a number of barriers, including inadequate capacity utilization of the GeneXpert machines, deficient sample transportation network design, and limited availability of diagnostic network data to support laboratory commodity quantification, have been identified. In FY 2023, USAID aims to address these persistent challenges in TB diagnosis using innovative and cost-effective approaches. USAID will support following areas:



- Continue efforts to increase utilization of GeneXpert machines by supporting the replacement of worn-out modules, closely monitoring Service Level Agreement (SLA) implementation, supporting stable power back-up for the GeneXpert machines, and ensuring the utilization of the molecular testing platforms.
- Improve logistics and coordination of the TB specimen referral system. Furthermore, USAID will support capacity building on the use and maintenance of the existing TB platforms for molecular testing.
- At the Central TB Reference Laboratory (CTRL) and four zonal TB laboratories, continue to support second-line TB drug susceptibility testing capacities and ensure that a specimen referral mechanism is in place to increase coverage of second-line Drug Susceptibility Test (DST), especially in previously treated individuals with TB.
- Continue to support the National TB Laboratory Technical Working Group quarterly meetings and implement routine internal and external quality assurance programs.
- Oversee annual calibration and certification of biosafety cabinets for improved safety of staff at CTRL and zonal TB laboratories.
- Support the expansion of GxAlert/Aspect connectivity and the use of the information for real-time monitoring of GeneXpert utilization, maintenance, and calibration status, and the automated notification of TB test results to healthcare workers to improve patient management.

Engaging all care providers

In FY2023, USAID will continue to expand implementation of Quality Improvement (QI) initiatives in the supported regions. In addition, USAID investments will be used to:

- Build the capacity of facilities and consider leadership and accountability in monitoring implementation of QI activities. The integration of facility QI activities into the Quality Improvement Teams will continue to be emphasized.
- Strengthen capacity on infection prevention measures for healthcare workers and individuals with TB, key in TB case-finding activities in the facility.
- Investigate contacts of individuals with TB, which will also include intensified TB case-finding in malnutrition, diabetes clinics, and children's clinics in facilities in supported regions.
- Ensure quality screening services by conducting training in facilities where healthcare workers have not been trained on QI.
- Build the capacity of district teams to monitor the implementation of the facility TB case-finding activities. Supportive supervision will also be conducted in facilities.
- Continue building the capacity of healthcare workers to perform triaging in different clinics, including safely separating those with a cough to ventilated areas while waiting for medical services in the facilities.

Community TB care delivery

Limited engagement of other sectors beyond health in active TB case finding activities, including mining, fishing, labor, and justice sectors, is a major gap in the implementation of community TB care. Based on the current knowledge from the patient pathway analysis, community members seek care from a variety of places, including Accredited Drug Dispensing Outlets (ADDOs), traditional healers and/or public health facilities when they have a cough.

- Engagement of traditional healers and ADDOs to conduct screening and referral to health facilities has been an important strategy that USAID will continue to implement in the next fiscal year.
- In addition, USAID will also support efforts by Community Health Volunteers (CHVs) and former individuals with TB to conduct community TB contact tracing activities to different population groups. USAID will use the recently approved National Operational Guideline for Community Based Health Services to support training and engagement of Community Health Workers on TB services in hotspot areas, which include mines, fishing camps, schools, markets, etc.
- USAID will continue with TB awareness activities in communities through radio talk shows, commemoration of World TB Day, and supporting cultural groups with TB messages.
- Moreover, USAID will join efforts on implementation of multi-sectoral engagement for TB activities beyond health.
- The duration of illness for MDR-TB is always long and associated with community stigma, and to address this, USAID will support social support services for individuals with MDR-TB, including re-integration into the community during treatment and afterward.
- USAID will also support the operationalization of TB guidelines on advocacy, communication, and social mobilization and guidelines on community rights and gender for TB in supported regions as an effort to raise awareness of TB and ensure community engagement in TB community care.

CURE

Drug-susceptible TB (DS-TB) treatment

To achieve TB treatment success, Tanzania adopted several strategies which include directly observed treatment (DOT) at facility and community; provision of TB drugs for free; and capacity building of healthcare providers to offer TB treatment services including monitoring treatment and retention in different age groups. With FY 2022 funds, USAID will continue to support interventions that increase adherence to TB medication and address stigma through a variety of platforms including radio, social media, and community outreach. Individuals who have recovered from TB will be engaged for community tracing of defaulters. The delivery of psychosocial support packages will be strengthened to improve adherence to TB treatment in individuals in intensive phase and those returned to care. In addition, USAID will support the establishment of new DOT centers. USAID will continue to support supervision and mentorship



visits to strengthen TB care and treatment monitoring, and put a special focus on children and those with comorbidities using national experts. This will go hand in hand with advocacy for more video conferencing sessions to discuss TB management for individuals. USAID will support any country's efforts in planning and operationalization for the new TB treatment options of lower duration as per the new WHO recommendations.

Multidrug-resistant TB (MDR-TB) treatment

In FY 2022, USAID will support the decentralization of the MDR-TB sites offering shorter regimens through capacity building of healthcare workers and also capacity building of programs for monitoring MDR-TB person-centered care services at lower levels. USAID will capacitate MDR-TB treatment centers to monitor drug toxicity and take timely actions in the management of those events. Mentorships will be strengthened to ensure individuals with MDR-TB with comorbidities are well managed. USAID will continue to ensure, at least in every geographical zone, that there is an expert to provide technical assistance to regions in the provision of MDR-TB person-centered services. USAID will continue to support Kibong'oto Designated Hospital to continue as an MDR-TB center of excellence. In addition, USAID will continue to support community MDR-TB care packages, which include the integration of individuals with MDR-TB into the community. Transport allowances will be provided to all adults and children with MDR-TB will be provided with nutritional support. TB survivors will be deployed to support individuals' with MDR-TB retention into treatment.

PREVENT

Prevention

Infection prevention is the primary measure to prevent TB, and scientific literature shows that healthcare workers are at a significant risk of TB infection compared to the general population. To reduce this risk, USAID has been supporting capacity building with healthcare workers on infection prevention and control, ensuring there is appropriate ventilation in TB service delivery points, that healthcare workers are routinely screened, and individuals with presumptive TB are appropriately trained on sputum collection and mouth covering during coughing.

In FY 2022, USAID will continue to support implementation and monitoring delivery of TB preventive therapy (TPT) services to all eligible groups; this will include adoption of newer and shorter regimens, linkage from contact investigation to TPT services, capacity building of facility and community providers on TPT services, and data reviews on TPT initiation and completion in different population groups. In addition, USAID will support monitoring the implementation of TPT services as well as infection prevention and control efforts at health facilities to reduce the risk of TB transmission. In facilities offering MDR-TB services, USAID will support provision of N95 masks and ensure service providers adhere to infection prevention and control measures as outlined in the national guidelines on infection prevention and control.



SUSTAINABLE SYSTEMS

Commitment and sustainability

In FY 2022, USAID will collaborate with NTLF to strengthen capacity in TB program management through the TB Implementation Framework Agreement (TIFA) mechanisms. Advocacy efforts for more resource allocation for TB will continue to be supported through Civil Society Organizations, the Stop TB Partnership forum, and the national TB caucus. USAID will work in collaboration with WHO and other partners to ensure timely adoption and operationalization of the new WHO recommendations on TB diagnosis and treatment for different population groups. USAID will provide technical assistance in the mid-term review of the National TB Strategic Plan VI to learn issues pertaining to program governance at the lower level and recommend areas for improvement. USAID will continue with efforts to facilitate linkage of individuals with TB to access quality health services without additional out-of-pocket fees.

Capacity and functioning systems

USAID will continue to support the national TB program and partners to implement effective solutions to end TB by reaching every person with TB, curing those in need of treatment, and preventing the spread of disease and new infections. USAID's strategy is to employ a multi-pronged approach that scales up case detection using improved TB diagnostic and screening tools, including those to detect MDR-TB; it initiates individuals on TB treatment in partnership with community TB volunteers, civil society organizations, and local government. Also included in the strategy is the introduction of new drugs and treatment regimens, as well as guidelines and training on their effective use, especially for DR-TB. In FY 2023, USAID will also collaborate with other stakeholders to build national and sub-national skills in TB laboratory commodities quantification.

Research

Innovations, locally generated solutions, and research are important catalysts for countries to improve TB prevention, treatment, care, and support to individuals with TB. The country implemented several research areas in FY 2021, including implementation experience on TPT, cascade analysis of TB pathways from screening to linkages to services (TPT or TB treatment), introduction of digital X-rays as another layer in TB screening, TB treatment adherence using digital technology, use of TPT for MDR-TB and USAID is supporting a feasibility study on the use of TrueNat Plus for TB molecular diagnosis. In FY 2022, USAID is planning to continue supporting research on the implementation of TrueNat Plus and operational needs for the adoption of stool specimens for TB diagnosis in children, including evaluating the approach for national scale-up. The next year of implementation will be a good time for conducting a comparative study on costs for TB screening using C-Reactive Protein markers to Digital X-rays as additional layers of WHO's four-symptoms screening.