UGANDA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Uganda FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. This roadmap was developed in consultation with the National TB and Leprosy Program (NTLP), the Global Fund for AIDS, TB, and Malaria (GFATM), the U.S. Center for Disease Control and Prevention (CDC), and implementing partners,

In 2021, the estimated TB incidence in Uganda was 91,000 and an estimated 12,000 people died from TB. Uganda notified 74,799 incident TB cases . During 2021, 74 percent of total notified bacteriologically confirmed individuals with TB were tested for rifampicin resistance. A total of 506 individuals were diagnosed with drug-resistant TB (DR-TB), and were all put on treatment.

The overall goal of the 2020/21-2024/25 National TB Control Strategic Plan (NSP) is to reduce the incidence of TB by 20 percent by 2024/25. The NSP identified interventions for the general population, children, people living with HIV (PLHIV), and other high-risk populations based on a person-centered approach. It also highlights areas of strategic focus that will enable the achievement of the objectives. These include strengthening:

- Community systems with a focus on reaching high-risk populations that drive the epidemic;
- Public Private Partnerships (PPP);
- Diagnostic and treatment services, including adoption of new technologies, drugs, and approaches;
- Information management, including digital technology;
- Supply chain management; and
- Leadership and accountability, plus resource mobilization and multi-sectoral collaboration.

The proposed FY 2022 USAID TB budget for Uganda is $8 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

The strategy includes increasing coverage of WHO-recommended rapid molecular diagnostic (WRD). The GeneXpert coverage is at 60 percent compared with the national target to reach 80 percent, with only 292 GeneXpert machines covering 1,810 TB diagnostic and treatment units, with a disparity in access by region[1].

To improve access to high-quality TB diagnostic tools, USAID will work with NTLP and

[1] Data from Ministry of Health of Uganda

stakeholders to support the entire TB diagnostic network: updating diagnostic algorithms, adopting new WHO guidelines for TB diagnosis and screening for pediatric TB, scaling up new tools (TrueNat, digital X-Ray coupled with computer-aided detection [CAD] software), improving connectivity solutions, improving laboratory quality management systems, and improving laboratory commodities and supplies management through technical support to NTLP, the National TB Reference Laboratory (NTRL), and the National Medical Stores (NMS).

Engaging all care providers

The scale-up of facility-based active case finding (ACF) toolkits has contributed to the increase in case notification. However, universal TB screening has not been achieved due to suboptimal contact tracing; lack of standardization in selecting, training, payment, and deployment of cough monitors and other community volunteers; inconsistent use of TB stamps; and inadequate use of data to inform screening and contact tracing. USAID will support the NTLP and partners to integrate the Quality Improvement (QI) approach to improve facility and community-based TB screening in all the supported districts, revitalize, orient, mentor, and supervise healthcare workers at public, public not-for-profit (PNFP), and public for profit (PFP) facilities. Furthermore, USAID will support the dissemination of Standard Operating Procedures (SOPs), algorithms, and tools for active case finding—including guidelines/SOPs for cough monitors. Support will also include creating a district forum to analyze and utilize collected data.

Community TB care delivery

USAID will continue to strengthen coordination, community-facility linkages, and the CAST-TB (Community Awareness, Screening, Testing, Prevention, and Treatment to end TB) campaign. USAID will also continue to strengthen skills of community volunteers and health workers to implement and report high-impact case findings; contact tracing; door-to-door community screening in high burden communities; and exit screening in prisons. USAID will support the NTLP to develop a TB Social and Behavioral Change Communication (SBCC) Strategy, with communication materials and tools in local languages and use of alternative mass media (e.g. TV, community radios, social media) to create awareness and engage religious and cultural leaders.

Additional activities to be supported include addressing TB among prisoners, refugees, and cross-border individuals with TB; establishing TB survivor groups and using them in stigma reduction; community advocacy; and awareness activities. To identify and reach out to high-risk communities and hotspots, continuous mapping and targeting of TB hotspots using electronic TB case-based surveillance system (eCBSS) data will be done. USAID will revise tools in contact tracing to include missing variables (index TB individuals), and identification of individuals who are under five, HIV-negative adult contacts and PLHIV, and linkage to TPT.

CURE

Drug-susceptible TB (DS-TB) treatment

The national treatment coverage for TB is 82.2 percent of the annual incident TB cases diagnosed and treated in 2021, still below the target of 90 percent, with 56 percent bacteriologically confirmed against the NSP target of 62 percent. The nationwide scale-up plan to improve treatment success rates (TSR) through a QI package that focused on improving retention, engaging individuals with TB and all care providers and community in TB care delivery is paying off. Of those treated, 85.5 percent were successfully treated, with five percent lost to follow up and seven percent dying.

USAID will support activities to sustain QI approaches that improve TB and TB/HIV clinical cascades, appointment systems in all TB clinics, the scale-up of differentiated service delivery for TB, and the targeted use of differentiated training packages and trainers for different cadres in TB care. One of the lessons from the COVID-19 pandemic is the urgent need to upgrade competency for critical care and co-morbidities working with the Non-Communicable Diseases (NCD) units. USAID will also explore feasible and sustainable ways to scale-up digital adherence technology (DAT).

Multidrug-resistant TB (MDR-TB) treatment

In 2021, Uganda notified 506 MDR-TB cases out of 745 cases estimated in the NSP target. This represents a 68 percent achievement, and only a 36 percent achievement against a much higher United Nations High-Level Meeting on TB (UNHLM) target of 1,400. Uganda achieved a 79 percent TSR, which is slightly below the 80 percent target in the NSP, with the mortality rate at 13 percent and loss to follow-up at four percent, which are both high.

USAID will support MDR-TB TSR improvement through mixed models of facility/community care, monthly clinical cohort meetings, reviews on management of side effects, and clinical decision support for all MDR treatment units. To ensure person-centered care, the NTLP will develop a strategy that balances decentralization (providing care close to where affected individuals live and prefer) versus treatment at specialized treatment units during the first two months, when mortality seems to be high. Implementing facilities will be supported to monitor early warning indicators, conduct regular root cause analysis (RCA) for loss to follow-up, and undertake mortality audits and corrective actions. Additionally, support will be provided to strengthen provider skills for critical care, early diagnosis and treatment, and drug-resistance surveys to update DR-TB estimates.

PREVENT

Prevention

To address gaps in TB prevention efforts, USAID will sustain and expand successful interventions, such as: TPT census to reconcile data, strengthen documentation and reporting, line listing of eligible clients for community initiation; integration of TPT into contact screening, community sensitization on the benefits of TPT; utilize the operational guide for contact screening and Standard Operating Procedures (SOPs) for community TPT provision; and scale up of QI change packages for TPT enrollment and completion. USAID will also support the transition to short TPT regimens through USAID PEPFAR funds, ensure all eligible adults and children receive TPT at USAID-supported facilities, and strengthen toxicity monitoring systems.

SUSTAINABLE SYSTEMS

Commitment and sustainability

In November 2020, Uganda's Prime Minister virtually launched the multisectoral accountability framework (MAF-TB) during the Ministry of Health's Joint Review Mission that was held in conjunction with the Annual TB Stakeholder's Conference.

USAID will work with the NTLP to strengthen the MAF-TB and follow-ups of Ministries, Departments, and Agencies (MDAs) sector's TB programming commitments and NTLP technical assistance to MDAs, so that their commitments are appropriately implemented. Through MAF-TB, USAID will support the Office of the Prime Minister's Steering and Coordination Committee, the Ministerial-level Policy Coordination Committee, and the Ministry of Finance, Planning, and Economic Development in guiding Ministries to include critical TB interventions in their work plans and budgets; explore ways to position TB agenda and required resources in national development plans; support parliamentary TB caucus to effectively shape the agenda; and engage the president's office to participate in TB advocacy activities.

Capacity and functioning systems

USAID will address persisting challenges such as low reporting rates for TB supplies, underutilization of TB reporting and ordering platforms, poor quality of TB orders, distribution infrequency for TB commodities leading to over stocks and under stocks, a lack of a robust pharmacovigilance system, training of Medicines Monitoring Supervisors (MMSs) on TB Supervision, Performance Assessment, and Recognition Strategy (SPARS) intervention. USAID will sustain what is working well, such as effective quantification, regular reporting and monitoring of TB supplies at the national level, intra- and inter-regional distribution of logistics, MMS support timely quantification, ordering and re-distribution of supplies, and existing national

quantification planning framework for TB commodities.

Research

There is discrepancy in academia doing research outside of the research agenda as well as limited use and dissemination of TB research findings to influence policy and programming. The Institutional Review Boards (IRBs) at regional referral hospitals (RRHs) are not functional due to low research skills, client literacy, fear of participating in research, or low capacity to "follow the evidence." USAID will support the NTLP in revitalizing its research forum, working with RRH mechanisms, recruiting epidemiologists to upgrade research capacity at RRHs, and advocating for extensive use of DHS2/HMIS system data for some implementation research or advanced data analytics.