



ZAMBIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Zambia FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. The roadmap presents a detailed implementation plan for Zambia based on the USAID TB Strategy and the recently updated National TB Program (NTP) Strategic Plan (NSP) 2022-2026. It was developed in consultation with the NTP and with the participation of national and international partners involved in TB elimination in the country.

In 2021, the estimated TB incidence in Zambia was 60,000, and an estimated 7,800 people died from TB. Zambia reported 50,075 TB case notifications, and 84 percent of individuals with bacteriologically confirmed TB were tested for rifampicin resistance. A total of 436 people were diagnosed with drug-resistant TB (DR-TB) and put on treatment.

The proposed activities in this roadmap support the NSP and build on investments made by USAID and other partners to improve and expand TB services, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the World Bank. The National TB Strategic Plan (2022-2026) will guide implementation of planned activities. The NSP is entitled “Towards Elimination,” signifying the transformative approach towards the Ministry of Health’s (MOH) goal of TB elimination by 2030. The focus of the NSP continues to include:

- a. Finding the missing people with TB and closing the case detection gap.
- b. Enhancing diagnostic services, expanding programmatic management of DR-TB, enhancing TB/HIV collaboration.
- c. Scaling up of TB preventive treatment.
- d. Implementing multisectoral and community partnerships and management.

In addition to this, new areas of focus include childhood TB, surveillance, research, and advocacy communication and social mobilization (ACSM).

The proposed FY 2022 USAID TB budget for Zambia is \$7 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

USAID will continue supporting the strategic placement of GeneXpert platforms, the rollout and appropriate use of lateral flow urine lipoarabinomannan (urine LAM), digital X-ray technology, and further expansion of stool specimens on GeneXpert platforms for pediatric TB diagnosis. USAID will support the specimen courier system, lab connectivity systems, and lab information systems; procurement of commodities including forecasting and quantification; staff capacity building; external quality assurance (EQA) for smear, GeneXpert, and culture; and supporting the development of quality management systems strategy for TB benches in peripheral laboratories. To improve DR-TB



case detection, USAID will work with the NTP to increase options for second-line drug-susceptibility testing (DST), including access to extremely drug-resistant (X-DR) detecting cartridges.

Lastly, USAID will support social and behavior change (SBC) interventions aimed at creating demand for TB services, with a focus on improving timely health-seeking behavior to avoid delays in diagnosis. A recent TB mortality study in Zambia concluded that over 70 percent of deaths occurred during the first two months of treatment, indicating advanced disease. Thus, specific communication strategies around desired health-seeking behavior will contribute to reducing mortality.

Engaging all care providers

With FY 2022 resources, USAID will continue to address health system barriers to TB diagnosis through fully integrating TB screening, referral for testing, and recording and reporting at all entry points in the outpatient department (OPD), maternal and child health department, adolescent, and HIV clinics; in-patient departments; and at outreach clinics. USAID will support open access points for fast-track TB services in high-volume facilities. USAID will continue supporting intensified TB case-finding campaigns, particularly in high-volume hospital sites. To strengthen TB screening and case detection in children, with PEPFAR funds, USAID will support routine screening of health care workers (HCWs) and ensure that people living with HIV/AIDS (PLHIV) are screened for TB at every contact with the health system.

USAID will continue to support establishment of linkages between public and private facilities through creating referral systems, providing orientation on recording and reporting, and clinician training in MOH guidelines. USAID will target private pharmacies and hospitals and support private hospitals to access free anti-TB drugs for drug-susceptible TB for their clients. USAID will also re-engage manufacturing and mining companies to implement workplace policies that will include TB sensitization and screening.

Community TB care delivery

USAID will continue to support community approaches to TB service delivery, building on the efforts of previous years and strong relationships between Community-based volunteers (CBVs) and facilities. USAID will also continue support for contact tracing of bacteriologically confirmed TB cases, including reverse contact tracing in children. Further, contacts diagnosed with TB will be linked to treatment, and eligible contacts initiated on TB preventive therapy (TPT). The program will integrate social and behavior change (SBC) approaches with contact tracing to encourage contacts to seek care early if symptoms develop. USAID will continue to support efforts to identify and reach the most at-risk populations using current epidemiological data available to inform TB elimination interventions and, using geospatial technology, will map these hotspots. USAID will conduct sensitization and TB screening in hotspots and congregate settings— including prisons and refugee camps—with trucks, mobile digital chest X-rays, and GeneXpert machines for community case finding. Community interventions will be coupled with strengthened recording and reporting with a



particular focus on integrating community activities into routine reporting.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID will continue to support person-centered approaches through literacy programming for people with TB, effective implementation of the various directly observed therapy (DOT) plans depending on the individual's needs and preferences, provision of one-stop services for TB/HIV and other common morbidities, including diabetes and hypertension; enhancement of appointment systems for quick identification of missed visits; and tracking of loss to follow-up. To address suboptimal linkage to treatment, USAID will continue supporting electronic results transmission and establishment of communication between laboratory and clinical teams. USAID will optimize the existing community treatment supporter program to provide adherence and DOT support and conduct immediate follow up once a client misses a visit.

Multidrug-resistant TB (MDR-TB) treatment

USAID will support further decentralization of DR-TB treatment to districts by training and mentorship of HCWs, supporting clinical expert committee meetings, procuring equipment and reagents for sputum cultures and safety monitoring lab tests, and establishing adverse drug safety monitoring. USAID will support provincial centers of excellence to provide mentorship outreach to district teams. USAID will also support the provision of comprehensive psychosocial counseling to people diagnosed with MDR/RR-TB and connect them with MDR-TB nurses for treatment adherence support and follow-up in the community.

PREVENT

Prevention

For increased impact, USAID (with PEPFAR funds) will support scaling up of TPT for all eligible people living with HIV (PLHIV) and the contacts of individuals with TB, including children under five years of age. USAID will integrate contact tracing with SBC interventions to encourage health-seeking behavior and adherence to TPT. USAID will establish systems to offer TPT to children, adult contacts, and those with medical conditions as outlined in current guidelines. This will include target setting, commodity forecasting and quantification, drug distribution, printing and dissemination of recording and reporting tools, HCW orientation, and engagement of the community in raising awareness as part of demand creation.

SUSTAINABLE SYSTEMS

Commitment and sustainability

USAID Zambia and the Zambian MOH signed the Statement of Partnership on August 30, 2019, which outlined the areas of USAID support to the MOH. With FY 2022 funds, USAID will support the MOH to operationalize a TB Multisectoral Accountability Framework (MAF-TB) by providing coordination support to the NTP and will support development of key accountability measures and



mechanisms for the country. To ensure sustained financing for TB, USAID will revive its partnership with Members of Parliament to ensure advocacy for TB and will continue to build the capacity of local implementing partners.

Capacity and functioning systems

With FY 2022 funds, USAID will continue supporting the NTLP to improve quantification, forecasting, procurement, distribution, and regulatory systems for TB medicines and supplies and strengthen pharmacovigilance for DR-TB and TPT drugs. We will explore avenues to support site level drug stock management.

Research

USAID will support capacity building of staff to conduct operation research in TB through training, mentorship, and strategic partnerships with research institutions and academia. USAID will support operation research to assess the feasibility of implementing pediatric TB treatment decision algorithms recently published by the WHO. This activity will help the WHO to update the pediatric treatment algorithms by generating evidence.