ZIMBABWE TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Zimbabwe FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. The roadmap was developed in consultation with the National TB Control Program (NTP) under the Directorate of AIDS and TB of the Ministry of Health and Child Care (MoHCC).

In 2021, the estimated TB incidence in Zimbabwe was 30,000, and an estimated 7,300 people died from TB. Zimbabwe reported 16,310 TB case notifications. During 2021, 243 of the estimated 780 people with drug-resistant (DR-TB) were diagnosed, and 232 (95 percent) were put on treatment.

The National Strategic Plan (NSP) is aligned to the End TB Strategy, and the MoHCC/NTP adopted the United Nations High-Level Meeting (UNHLM) targets. The NTP NSP set out ambitious goals and targets in pursuit of shared aspirations to End TB by 2035. The strategic objectives are:

- Scale-up contact investigation and strengthen the molecular diagnostic network with connectivity solutions.
- Enhance treatment monitoring (clinical and laboratory) and strengthen the provision of social support.
- Achieve universal HIV testing and ART coverage for TB cases by 2021 and sustain coverage through 2025 by strengthening access and implementation of TB/HIV One Stop Shop model services.
- Detect 2,267 individuals with rifampicin-resistant/multidrug-resistant TB (RR/MDR-TB) TB between 2021 and 2025 through contact tracing of all people diagnosed with MDR-TB and strengthening clinical-laboratory interface-GeneXpert implementation and second-line drug-susceptibility test (DST) for all individuals with RR-TB.
- Increase the treatment success rate of individuals with RR/MDR-TB from 57 percent (2016) to 75 percent by 2025 by engaging multi-disciplinary MDR-TB clinical panels to ensure good clinical and programmatic management of the enrolled DR- TB.
- Establish Echo-Video Learning Network to support remote management of difficult and complex TB cases and integrate pharmacovigilance monitoring and the Electronic Health Record (EHR) system to closely monitor and manage adverse drug reactions.

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

REACH
TB diagnosis
USAID will continue supporting the NTP to promote universal access to molecular tests as the initial diagnostic test for TB. To date, the NTP has rolled out 140 GeneXpert machines across all districts in 128 sites and achieved 90 percent GeneXpert testing among TB cases notified in 2021. In FY 2023, USAID will work with the NTEP in the following areas to establish and maintain a comprehensive, high-quality TB diagnostic network and increase DR-TB case finding:

- Accelerate the expansion and decentralization of TB diagnostic networks through the placement of 20 Truenat machines.
- Implement a smear microscopy hub strategy and provide bridging support for the sample transportation and tracking mechanism.
- Expand capacity for universal access to DST through procurement of XDR cartridges.
- Improve the quality of the TB diagnostic network through capacity building on Quality Management Systems (QMS) and expanding supportive supervision.
- Implement the Driving Xpert Optimization (DXO) strategy to strengthen the GeneXpert and TrueNat networks to ensure the increase in the number of functional GeneXpert modules, strengthened connectivity to help the MoHCC to monitor key performance indicators and sustain power supply to the prioritized GeneXpert sites.
- Strengthen the capacity of the National TB Reference Laboratories (NTRLs) and support the NTP's technical working group (TWG) to monitor and improve the performance of the TB diagnostic network.

Engaging all care providers

NTP will engage and build partnerships with all care providers as planned in the National Strategic Plan. The Public-Private Mix (PPM) framework is the mode of engagement for private providers, while Civil Society Organizations (CSOs) are being mobilized through the Stop TB Partnership to complement government efforts in TB control.

The following are areas for USAID involvement:

- Accelerated integrated COVID-19, HIV, TB, and MDR-TB case finding and management training to all levels of health care providers.
- Integrate TB education and screening at all health care service entry points, including out-patient and in-patient departments (OPD/IPD), HIV/ART clinics, nutrition clinics, Maternal Neonatal and Child Health (MNCH), Mother-Baby Care Point (MBCP), Emergency, Dental and Adolescent clinics/friendly services care points/corners.
- Conduct TB contact investigation among all index individuals with TB and MDR/XDR-TB through the use of Environmental Officers and CHWs.
- Implement the national PPM operational plan for provision of TB services in the private sector and capacitate private pharmacies to screen and refer individuals with presumptive TB.

Community TB care delivery

USAID will support orienting Community Health Workers (CHW) on signs and symptoms of presumptive TB, as well as COVID-19, to include contact investigation for early referral to care. The community-based health delivery system served as an alternative service platform during lockdowns, movement restrictions, and limitations on the capacity of facility-based service delivery during the COVID-19 response. Through partners, USAID will support an accelerated implementation mode that prioritizes community health systems and supports TB case finding at the community level.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID will continue to support the NTP to increase drug-sensitive TB (DS-TB) treatment success by ensuring uninterrupted access to effective TB medicines and better case management. To address outstanding gaps in treatment success rates, USAID and the NTP will:

- Improve quantification, procurement, storage, and distribution of first-line TB medicines, including ancillary TB commodities.

- Strengthen pharmacovigilance (PV) at all levels.

- Implement community-based treatment adherence support to avert individuals lost to care as well as community TB case finding. The NTP will engage TB survivors and school health coordinators on treatment literacy for psychosocial support for people on treatment and traditional and faith healers to provide support during treatment, as well identify signs and symptoms for early referral.

Multidrug-resistant TB (MDR-TB) treatment

USAID will work with the NTP to strengthen the following activities:

- Work with NTP and provinces to agree on a manageable number of treatment initiating facilities (TIFs) across the country that can be fully and regularly supported.

- Expand the network of follow-up facilities that are prepared and supervised by the TIFs;

- Rollout an electronic video conferencing platform and MDR-TB site Panels to all TIFs to help provide real-time DR-TB updates and technical support to DR-TB sites on difficult cases;

- Establish and operationalize site-level DR-TB multidisciplinary expert panels following the developed terms of reference (TOR) for the MDR-TB panel.

- Hold quarterly regional/provincial MDR-TB cohort reviews to provide program and policy updates, review data, assess interim and final outcomes, and take action on all individuals with TB with unfavorable outcomes.

- Ensure timely provision of incentives/enablers (food and transport) to both hospitalized individuals and ambulatory individuals with DR-TB during monthly drug refills at TIFs.

- Work with NTP and provinces to explore how best to access and provide specialized services (e.g., chest X-ray (CXR), dialysis, psychiatry, physiotherapy, Electrocardiography (ECG), hematology, serum chemistry) through service contracts with private providers to ensure high- quality clinical care for people with MDR-TB.

PREVENT
Prevention

To improve TB Preventive Therapy (TPT) coverage, the MoHCC increased the number of sites offering TPT from less than one percent in 2012 to 82 percent by 2018, and the cumulative number of PLHIV started on TPT increased from 98 in 2012 to 293,574 in 2021. To further improve TPT coverage, the MoHCC is finalizing a contact investigation guide to facilitate contact tracing, investigation, identification of people with TB for treatment, and clients eligible for TPT. In addition, the MoHCC incorporated new tools such as TB lateral flow urine lipoarabinomannan assay (LF-LAM) in the TB diagnostic algorithm. To address these gaps, USAID will support the MoHCC/NTP to scale-up and strengthen implementation of the TB/HIV prevention and contact investigation coverage through intensified provider-initiated TB case-finding among People Living with HIV (PLHIV) (increasing impact of PEPFAR funds), routine TB and COVID 19 bi-directional screening and documentation among CHWs and individuals, scale-up of shorter regimens for TPT among PLHIV and improve infection prevention and control (IPC) practices.

SUSTAINABLE SYSTEMS
Commitment and sustainability

The vision of the NTP is to see Zimbabwe "free of TB" with a goal of an 80 percent reduction in TB incidence and mortality by 2025. To further strengthen sustainability of the TB response and implementation of locally generated solutions to improve TB diagnosis, treatment, and prevention services, the MoHCC/NTP, in partnership with USAID, is already implementing people-centered services through the TB local organizations network (LON) being implemented by the Union Zimbabwe Trust. With USAID support, a USAID Advisor has been embedded within MoHCC/NTP. Domestic funding for TBI is mainly through the annual fiscal allocations, where the GoZ supports basic infrastructure and necessary human resources for TB efforts; however, it remains very small due to the ongoing economic situation.

Capacity and functioning systems

USAID will provide support at the national level in the following areas:

- Improving quantification, forecasting, procurement, distribution, and regulatory systems for TB medicines and supplies;
- Supporting the implementation of an electronic tracking system in DHIS2, the routine data quality assessment tool, and the TrainSMART, a database used to capture and manage TB training related data.

Research

The Mission intends to support research that facilitates generating evidence for more effective and optimized use of currently available tools and adaptation/uptake of new tools. Following are key research interventions USAID will be supporting:

- Evaluate treatment outcomes of individuals with TB enrolled on palliative care in the eight supported districts and conduct operational research on TB risk factors and silicosis among artisanal miners in Zimbabwe.

- Conduct an evaluation of GeneXpert Ultra 'Trace Call' Results within the National TB/MDR-TB Algorithm in Zimbabwe. The study will aim to better understand the TB status of individuals with Xpert Ultra trace results and ascertain the utility of repeat testing in improving diagnosis when the initial TB test produces trace results.

- Assess the Impact of Xpert MTB/RIF (Ultra) technology on the proficiency of laboratory personnel in smear microscopy and mitigating strategies. This research is aimed at contributing knowledge needed to maintain the proficiency of TB microscopists in smear microscopy in the context of GX rollout in Zimbabwe.

- Determine the underlying causes of stagnation of bacteriological TB case detection and carry out an impact assessment of Laboratory Network Spatial Analysis (LNSA). The aim of this assessment is to evaluate the impact of LNSA in TB indicators in selected countries.