ETHIOPIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This is an overview of the USAID/Ethiopia FY 2024 Tuberculosis (TB) Roadmap, implemented with the FY 2023 budget. The roadmap was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

TB is still a major public health issue in Ethiopia. World Health Organization (WHO)-estimated TB incidence increased in 2022 to 156,000, and there were 21,000 estimated TB deaths. The country is identified by WHO as a high-burden country for TB and TB/HIV, with 3.9 percent of estimated and notified TB cases occurring among people living with HIV. The overall WHO-estimated TB incidence has been decreasing steadily up until 2021, with an increase estimated in 2022. In 2022, the country notified the highest number of TB cases since 2018, with 113,638 notified, or 73 percent of the estimated, and 661 people were diagnosed with rifampicin or multidrug-resistant TB (RR/MDR-TB); all of these people were initiated on DR-TB treatment. The treatment success rate for DS-TB was 87 percent for the 2021 cohort, and 61 percent for the RR/MDR cohort started in 2020.

The national five-year 2021-2026 TB Strategic Plan (NSP) is under revision based on the findings and recommendations from a mid-term external program assessment conducted in February 2023. The latest 2023-2030 TB, Leprosy, and Other Lung Health Prevention and Control Desk (TBLLD) NSP uses a people-centered framework to consolidate data, identify gaps, and prioritize interventions across the patient pathway and the continuum of care for TB services; NSP's five priority strategic interventions:

1. Address gaps across the individual with TB/client pathway.

2. Prevent infection and active disease.

3. Provide people-centered, equitable, and quality TBLLD services.

4. Enhance bold policies and strengthen supportive systems.

5. Generate quality data, utilize strategic information for accelerated evidence-informed responses.

The proposed FY 2023 USAID TB budget for Ethiopia is $14 million. With this level of funding, USAID will support the following technical areas.

REACH

TB diagnosis

Several challenges to TB laboratory systems persist, including limited access to rapid TB diagnostics, sub-optimal use of existing machines, high module failure and delayed maintenance/replacement, inefficient sample transportation system, high unsuccessful test rate due to frequent power outages, long test turnaround time, limited use of non-sputum samples for GeneXpert tests, high proportion of clinically diagnosed TB cases (53 percent), damage of equipment/facilities during the conflict, and high turnover of laboratory professionals.

With FY 2023 funds, USAID will support the following interventions to address the identified TB diagnostics challenges:

- Expanding rapid TB diagnostic systems (GeneXpert and Truenat) to more public and private health facilities through procurement and placement of additional machines.

- Scaling up an alternate courier system tailored to different geo settings and strengthening the specimen transport system with standard key performance monitoring indicators.

- Supporting tracking and monitoring equipment, preventive and curative maintenance, and placement of power backups.

- Introducing and scaling up non-sputum specimens for TB diagnosis (e.g., stool and extrapulmonary site specimens)

- Providing technical assistance to ensure the implementation of the revised TB diagnostic algorithms in public and private health facilities.

- Enhancing Drug Susceptibility Test (DST) coverage and supporting the decentralization of second-line phenotypic DST for new drugs to regions with existing capacity.

- Supporting evidence generation and scaling CXR with AI as a TB screening tool among high-risk and vulnerable population groups.

- Supporting the National TB reference laboratory by using the available Genome Sequencer

- Restoring and resuming TB diagnostic services in conflict and other shock-affected regions.

- Strengthening the TB laboratory quality management system, optimizing LabXpert connectivity solutions, and scaling up to other TB diagnostics (Truenat, MGIT).

- Supporting revising the National TB Laboratory Strategic Plan to align with the 2023-2030 National TB, Leprosy, and Other Lung Diseases Strategic Plan.

Engaging all care providers

The NTP, with the support of USAID and the Global Fund, engaged more than 1,060 private health facilities in TB service delivery and placed 19 GeneXpert machines in PPM facilities. In 2022, these PPM facilities detected 23,261 TB cases, contributing 18.5 percent of nationally notified TB cases. Despite DS-TB treatment coverage, or 88 percent, significantly improving, the country still misses more than half of DR-TB cases, 56 percent. Inadequate access to sensitive screening tools, limited engagement of private health providers, only 10 percent of private health facilities are formally engaged in TB service, sub-optimal use of rapid molecular tests as initial diagnostic tests, and low universal DST coverage are still the remaining challenges. Moreover, uniformed service facilities are not adequately engaged in TB programming.

In FY 2024, USAID will support the following interventions:

- Enhancing facility-based quality improvement packages to intensify TB case-finding strategies.

- Building the capacity of healthcare providers through training, mentoring support, and clinical seminars for clinicians.

- Enhancing contact screening by expanding practices beyond household contacts to include close contacts and neighbors of infectious index cases and contacts of extrapulmonary TB.

- Supporting the implementation of district lead PPM-TB to improve continued engagement and expansion of PPM DOTS to more private facilities and uniformed settings through differentiated service delivery models.

- Supporting cross-learning activities among regions, woredas, and health facilities.

Community TB care delivery

In FY 2023 USAID, funded implementing mechanisms will focus on the following interventions:

- Continuing building the program management and coordination capacity of woredas/primary healthcare units (PHCUs).

- Supporting NTP in revising the TB operational guide to find missing people.

- Supporting the remapping exercise of TB Knowledge Attitude Practice (KAP) across the region and implementing cost-effective interventions.

- Implementing tailored, people-centered, and gender-transformative community TB care addressing individual lifestyles.

- Integrating community TB case-finding activities with the Mobile Health and Nutrition team in the pastoralist setting and with other existing community platforms funded by USAID supporting different health services provision, i.e., HIV.

- Scaling up sensitive TB screening tools in community TB KAP interventions.

- Building the capacity of local organizations in community TB care activities.

- Intensifying differentiated community-based TB case-finding and prevention strategies in hotspots, targeted geo-settings, and population groups.

CURE

Drug-susceptible TB (DS-TB) treatment

Despite higher TB treatment success at the country level, TB treatment outcomes significantly varied by geographic area, with a success rate ranging from 62 to 99 percent among regions.

In FY 2024, USAID investment will support the implementation of the following activities:

- Strengthening people-centered care strategies tailored to individual lifestyles in pastoralist, urban, and rural areas to address geographical disparities.

- Scaling up implementation of a Differentiated Service Delivery (DSD) model for people with TB through peer and community-supported home-based DOT and Digital Adherence Technology (DAT).

- Collaborating with stakeholders to address the psycho-social and economic problems of people with TB.

- Improving the care cascade and quality of TB service provision in public and PPM facilities, including integrating TB services with other comorbidities (HIV, DM, mental health, etc.) through district-led TB programming,

- Supporting the introduction of newer TB drugs that shorten treatment duration, improve medication adherence, and promote individuals' acceptability to achieve maximum successful treatment outcomes.

- Developing a national-level TB service directory for tracking treatment outcomes of transferred-out TB cases and guiding patient referral.

- Institutionalizing TB program management during shocks, including humanitarian and public health emergencies.

- Supporting the revision of clinical and programmatic management of TB, TB/HIV, DR-TB, and Leprosy guidelines to include the latest global policies, strategies, and best practices in the prevention and care of TB and DR-TB.

Multidrug-resistant TB (MDR-TB) treatment

Despite achieving a good DR-TB treatment success rate and reducing the magnitude of DR-TB, the program must intensify PMDT implementation to address the following gaps: high unfavorable outcomes, the growing gap between detected and enrolled DR-TB cases, limited access to laboratory-based DR-TB treatment monitoring, and lack of support, particularly nutritional and socio-economic support.

In FY 2024, USAID Activities will focus on the following:

- Addressing the DR-TB incidence-notification and enrollment gaps through implementing the DR-TB care cascade and quality improvement services, including capacity-building training, clinical review systems, mentoring, catchment area meetings, death audits, and performance reviews.

- Implementing universal Drug Susceptibility Testing (DST) of all bacteriologically confirmed Pulmonary TB cases and second-line DST for rifampicin-resistant TB cases.

- Introducing and scaling the newer, shorter, and safer complete oral regimens (BPaL/BPaLM).

- Strengthening case-based electronic medical record (EMR) system for DR-TB and active drug safety monitoring (aDSM) reporting.

- Providing people-centered DR-TB care, including psychosocial, nutritional, and economic support.

PREVENT

Prevention

Difficulties continue to impact TB prevention, including a lack of the following:

- Differentiated service delivery approaches for TB preventive therapy (TPT).
- Diagnostic services for TB infection (TBI).
- Limited eligible population groups such as under 15 household contacts and PLHIV.
- Missing other at-risk populations.
- ub-optimal engagement of health extension workers and local partners in community-level contact screening and TPT provision.

The lack of indicative performance tracking of TB infection control measures for decision-making is still a persistent challenge. In FY 2024, USAID will support the following interventions:

- Scaling up differentiated service delivery models for preventive therapy, including community-level treatment administration and adherence support.

- Engaging local organizations and TB survivors' associations for improved demand creation, contact tracing, preventive therapy administration, and adherence support.

- Implementing the revised programmatic management of TB preventive treatment.

- Enhancing community awareness and demand creation.

- Expanding TPT for other at-risk populations, including adult contacts, people with clinical risk groups, and those with high exposure risks, such as prisoners, to address the burden of latent infection and prevention of incident TB cases among high-risk groups.

- Strengthening uninterrupted availability of shorter TPT regimens (3HP, 3RH, 1HP).

- Introducing TBI treatment for contacts of individuals with DR-TB.

- Strengthening TB infection control packages' implementation at health facilities and congregate settings.

Research

USAID's TB Program has been supporting the national TB program's TB Research Advisory Council (TRAC) on evidence generation, capacity building on conducting research, dissemination of evidence, and hosting the Annual National TB Research Conference for over a decade that brought researchers, the academia, TB program workforce, and health sector leadership.

Scale up of New Tools

In FY 2023, while continuing to support the maturation and scale-up of game-changing innovations, adoption of new global developments, including diagnostic and treatment options, and strengthening TRAC for evidence generation, dissemination, and use, USAID's TB activities will include the following:

- Introducing social accountability approaches to empower TB-underserved priority groups to voice their support for TB KAP TB-sensitive TB programming.

- Collaborating with other stakeholders to initiate a TB prevalence survey.

- Piloting the feasibility of integrating CTBC programming in the mobile Health and nutrition teams (MHNT) programming in the pastoral health systems.

- Supporting the programmatic scale-up of Digital CXR as a screening tool for presumptive TB.

- Supporting the introduction of GeneXpert-based stool testing for TB in children.

- Supporting the rollout and use of alternative rapid molecular TB diagnostics such as Truenat.

- Continuing conducting a quasi-experimental study, developing a framework for eliminating TB in a resource-limited setting.

- Supporting the implementation of new, shorter treatment alternatives for TB and DR-TB.

- Continuing supporting TRAC/AHRI, strengthening the local operational research capacity; manuscript write-up, data analysis, conducting 10 TB operational research, and publication.

SUSTAIN

Commitment and Sustainability

Since 2019, USAID has been monitoring the implementation of the Partnership Statement with the host government to ensure increased accountability in TB at the national and sub-national levels toward sustainability, and planned interventions for FY 2023 include the following:

- Continuing the technical assistance through USAID LEAP and TB IPs for revision of the National TB strategic plan document and preparation of the GF TB NFM-4 grant.

- Supporting the NTP in the implementation of MAF and TB DRMS roadmap plan to promote local ownership to accelerate and sustain TB investments.

- Advocating and actively building the institutional capacity of the private sector, local organizations, and community groups to empower them for meaningful engagement in the national END TB efforts.

Capacity and functioning systems

Proposed interventions for FY 2023 include the following:

- Continuing strengthening the national capacity and functionality of the procurement supply management (PSM) units at all levels through:

- Supporting the NTP, Ethiopian Pharmaceuticals Supply Services (EPSS), Ethiopian Public Health Institute (EPHI), Ethiopian Food and Drug Authority (EFDA), and other PSM stakeholders at national and sub-national levels by—

  o Providing technical assistance to national authorities and collaborating with global suppliers, including the GDF, for timely procurement to reduce the procurement lead time for essential supplies and commodities.

  o Strengthening the in-country distribution, pipeline and stock status analysis, and facility-level inventory management capacity for TB through comprehensive assistance in TB IPLS implementation

  o Providing technical leadership for the NTP and EFDA to strengthen the national pharmacovigilance systems for TB and TB aDSM, and to promote the rational use of TB commodities.

o Assisting the NTP, EPHA, and EPSS in building the institutional capacity for optimized and reliable laboratory supply management systems, including the establishment of a digitalized TB lab commodity information management system.

Monitoring and evaluation (M&E) and Health Management Information Systems (HMIS) [and implementation of the Performance-Based Monitoring and Evaluation Framework (PBMEF)]

In FY 2023, USAID's TB program will continue supporting the following TB HIS interventions to address TB program information systems gaps and challenges:

- Deploying and upgrading the MDR TB case-based DHIS2 tracker system.

- Strengthening data quality assurance activities, including capacity building of the TB care providers and health information technicians, optimizing the facility-based performance management team, and using information for program improvement and decision-making at different levels.

- Supporting the development of the next-generation National Strategic Plan (NSP), M&E compendium, plan for TBLLD, guidelines, and GF New funding application for 2024-2027.

Human Resources for Health (HRH)

For FY 2023, TB HRH investment will continue the following:

- Piloting the implementation of standardization of TB policies and strategies in the higher education curriculum

- Piloting and scaling up the National TB e-courses and mobile apps to increase reach and minimize the need for in-service training.

- Embedding two STAR/LEAP Senior TB experts, building the local TB program managers' capacity for leadership through continuous coaching and technical assistance.

- Building the organizational capacity of local organizations including CSOs, professional societies and TB affected communities to promote their role in the effort to end TB.

- Training cascade TB program managers to sub-national level TB management units.