



ZAMBIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This document summarizes the USAID/Zambia 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 implementing partners involved in TB prevention, diagnosis, and treatment in the country.

Zambia is one of eleven countries the World Health Organization (WHO) designates as high-burden for TB, multidrug-resistant/rifampicin-resistant TB (MDR/RR-TB), and TB/HIV. Despite notable improvements in TB prevention, diagnosis, and treatment services in Zambia, the TB burden remains high, with an estimated incidence rate of 295 per 100,000 population, or 59,000 incident cases, in 2022. In the same year, TB mortality was estimated at 5,300, including 2,800 deaths among people living with HIV (PLHIV). Zambia reported 54,127 TB notifications, representing nearly 92 percent of estimated cases, and among those, 70 percent were tested with a molecular WHO-recommended diagnostic test at the time of diagnosis, and 49 percent were bacteriologically confirmed. Diagnosis of drug-resistant TB (DR-TB) remains a challenge, with only 359 of the estimated 1,900 MDR/RR-TB cases, or 19 percent, reported.

The National Strategic Plan (NSP) includes an emphasis on finding people with DR-TB and ensuring they are treated with effective drug regimens. Expanding and optimizing rapid molecular TB diagnostic tests is also a high priority. TB/HIV collaboration, including the scaling up of TB preventive treatment using shorter regimens among PLHA, is also a critical intervention. The NSP prioritizes multi-sectoral accountability for TB and the engagement of communities and the private sector and is adopting new, shorter treatment regimens for children and adolescents with non-severe drug-sensitive TB (DS-TB) for individuals with DR-TB.

The NSP also prioritizes migrating TB data to a case-based electronic system and digitizing recording and reporting tools to organize data for real-time decision-making. The NTP will continue hosting a weekly TB surveillance and Situation Room, where key indicators are reviewed at the provincial and district levels to identify trends and address any ongoing gaps. Creating demand for TB services through advocacy, communications, social mobilization (ACSM), and research are also key components of the NSP. A follow-up National TB Prevalence Survey and a Community, Rights, Gender, and Stigma Assessment are planned for the period covered by the NSP.

The proposed FY 2023 USAID TB budget for Zambia is \$7 million. With this level of funding, USAID will support the following technical areas.



REACH

TB diagnosis

With FY 2023 funds, USAID will support the appropriate use of urine lipoarabinomannan assay (LAM), conduct training on X-ray reading and interpretation to increase the diagnostic capacity of clinical TB, and further expand the use of stool-based testing on GeneXpert platforms for pediatric TB diagnosis. USAID will continue to support the specimen courier system, strengthen the laboratory connectivity and information systems, procurement of commodities including forecasting and quantification, staff capacity building; external quality assessment (EQA) for smear, GeneXpert, and culture; and support the development of quality management systems strategy for TB benches in peripheral laboratories.

To improve DR-TB case detection, USAID will work with NTLF to conduct data-driven activities using hot spot maps, strengthen the sample courier to culture/reference laboratories, and build the capacity of healthcare workers to utilize I0-color GeneXpert modules and the MTB/XDR assay that will be procured under Global Fund.

USAID will continue supporting social and behavior change (SBC) interventions to create demand for TB services, focusing on improving timely health-seeking behavior to avoid delays in diagnosis. A 2020 mortality study in Zambia concluded over 70 percent of deaths occurred during the first two months of treatment, indicating advanced disease at the time of diagnosis. The new ACSM will inform activity design and implementation regarding specific communication strategies around desired health-seeking behavior, contributing to reduced mortality.

Engaging all care providers

With FY 2023 resources, USAID will continue addressing health system barriers to TB diagnosis by fully integrating TB screening, referral for testing, and recording and reporting at all entry points in Outpatient Departments (OPD), nutrition, maternal child health (MCH), adolescent, HIV, and diabetic clinics; in-patient departments; and outreach clinics.

USAID will continue supporting intensified TB case-finding campaigns, particularly in high-volume sites. To strengthen TB screening and case detection in vulnerable populations, including children, prisoners, and miners, we will support routine screening activities targeting these groups, leveraging the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) investments, and ensuring PLHIV are screened for TB during every contact with the health system.

In FY 2024, USAID will continue supporting establishing linkages between public and private facilities by creating referral systems, providing orientation on recording and reporting to private sector providers, and training healthcare workers on MOH guidelines. USAID will also continue supporting private hospitals in accessing free anti-TB drugs for drug-susceptible TB



clients. USAID will re-engage manufacturing and mining companies through the Multisectoral Accountability Framework (MAF) to implement workplace policies, including TB sensitization and screening.

In FY 2024, USAID will continue supporting the NTLP with facility- and community-based contact investigation screening by improving the identification of contacts, quality of screening, documentation, and reporting of contacts as an entry point for TB preventive therapy or treatment of TB.

Community TB care delivery

In FY 2024, USAID Zambia will continue supporting community-based approaches to TB service delivery, leveraging existing relationships between Community-Based Volunteers (CBVs) and healthcare facilities reinforced during the COVID-19 pandemic. Efforts will include TB contact investigation (TBCI) for confirmed cases and reverse contact tracing in children. Contacts diagnosed with TB will be linked to treatment, and eligible contacts will receive TB preventive therapy. Social and behavior change (SBC) strategies will be integrated with contact tracing to prompt early care-seeking behavior among contacts. Using epidemiological data and geospatial technology, hotspots will be identified and targeted for sensitization. This will include TB screening and community outreach, including prisons and refugee camps. These efforts will also increase TB knowledge, reduce stigma, and promote healthcare-seeking behavior. Mobile digital chest x-ray and GeneXpert machines will continue to be deployed for community case finding, mainly targeting males aged 15-24, identified as having a significant notification gap. Targeted interventions will extend to schools, higher learning institutions, and adolescent and men's clinics. Strengthened recording and reporting systems will integrate community activities into routine reporting mechanisms.

CURE

Drug-susceptible TB (DS-TB) treatment

To optimize treatment outcomes, with FY 2023 funds, USAID will continue to support person-centered approaches through patient literacy programming, effective implementation of the various direct observational 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. As in the past, much of this work will depend on CBVs, who have better access to individuals with TB in their homes and are trusted by the community. To ensure optimal linkage to treatment, USAID will continue supporting the electronic results transmission through the nationally adopted DISA laboratory information system, establish communication between lab and clinical teams, and improve data management. USAID will continue scaling up, pairing individuals with TB with CBVs and a



patient tracker for documentation, evaluating those lost to follow up, and targeting interventions appropriately.

Multidrug-resistant TB (MDR-TB) treatment

With FY 2023 funds, USAID will support further decentralization of DR-TB treatment to districts by training and mentorship of HCWs, supporting the roll-out of the shorter DR-TB treatment regimens, supporting clinical expert committee meetings, procuring equipment and reagents for sputum cultures and safety monitoring lab tests, and strengthening adverse drug safety monitoring. USAID will continue ensuring confirmed individuals with TB are linked to treatment services using established communication channels between lab and clinical teams and continue supporting provincial DR-TB centers of excellence in mentoring district teams. USAID will also support the provision of comprehensive psychosocial counseling to individuals diagnosed with DR-TB, implementing appointment systems to detect clients missing their clinical appointments quickly, and leveraging the availability of DR-TB nurses and CBVs to support contact tracing and treatment adherence.

PREVENT

Prevention

With FY 2023 funds, USAID will collaborate with PEPFAR and the Global Fund to expand Tuberculosis Preventive Treatment (TPT) for all eligible People Living with HIV (PLHIV) and contacts of confirmed TB cases, mainly focusing on children, using successful approaches from previous TPT surge activities.

Zambia has made strides in contact investigation over the past two years, but gaps remain, with the National TB Control Program (NtLP) prioritizing Contact Investigation (CI). Counseling of confirmed individuals with TB will be supported, ensuring screening and TPT provision to all eligible contacts, including children under five. Integration of contact tracing with social and behavior change communication (SBCC) interventions aims at promoting health-seeking behavior and TPT completion. USAID will continue enhancing systems to offer TPT to children, adult contacts, and those with medical conditions as per current guidelines. Activities will include commodity forecasting, drug distribution, tool printing, healthcare worker training, and community engagement to create awareness and generate demand.

INNOVATE

Research

In 2024, USAID will support a Post TB Disability study in a WHO-sponsored multi-country study including Kenya, Uganda, and Zimbabwe. USAID will continue to support staff capacity building to conduct OR TB through training, mentorship, and strategic partnerships with research institutions, projects such as SMART4TB, and academia. USAID will continue



supporting operations research to assess the feasibility of implementing the four-month shorter treatment in children with non-severe DS-TB and the six-month DR-TB treatment regimen using bedaquiline, pretomanid, and linezolid (BPaL) that was adopted in the 2022 National consolidated TB guidelines.

Scale up of New Tools

In FY 2024, USAID will support interventions to improve the yield in GeneXpert tests, introduce newer molecular tests such as Truenat, encourage appropriate urine LAM use, and improve using digital platforms to transmit results and training of HCWs. In FY 2024, USAID will complement the GF initiative of implementing the 10-color GeneXpert module by supporting technical assistance, capacity building, training of HCWs, and strengthening the courier system.

SUSTAIN

Commitment and Sustainability

With FY 2023 funds, USAID will support the MOH in operationalizing a TB Multisectoral Accountability Framework (MAF-TB) by providing coordination support to the NTLP and developing accountability measures and mechanisms for the country. The MAF TB will strengthen the accountability of government, other multisectoral partners, and stakeholders at national and regional levels to accelerate progress to end the TB epidemic by 2030. To ensure sustained financing for TB, USAID will revive its partnership with members of parliament to advocate for TB.

Capacity and functioning systems

To improve efficiencies, 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 with FY 2023 funds. Additionally, USAID will explore avenues to support site-level drug stock management.

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

With FY 2023 funds, USAID will build on activities to address data management challenges through staff training and mentorship using various platforms, including the TB Situation Room, and continue conducting data quality assessment (DQA) exercises and monthly data reviews to ensure data quality. USAID will also continue supporting the NTLP in utilizing a central repository for patient data and electronic health records, such as DHIS2; this will strengthen performance evaluation and data visualization systems. To fulfill requirements for real-time data, USAID will continue supporting the rollout of the TB module in SmartCare as the electronic patient record system and will support MOH in capturing data from community interventions from all provinces.



Human Resources for Health (HRH)

With FY 2023 funds, USAID will support implementing the NTLP training plan, regular supportive supervision, and staff mentorship and use the TB/HIV ECHO platform for online seminars while leveraging ECHO infrastructure established by other USAID implementing partners.