



AFGHANISTAN TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This is an overview of the USAID/Afghanistan FY 2024 Tuberculosis (TB) Roadmap, implemented with the FY 2023 budget. The roadmap was developed in consultation with the USAID/Afghanistan implementing partners (IPs) and national and international TB stakeholders involved in TB prevention and care in the country.

In 2022, the estimated TB incidence in Afghanistan was 76,000, up from 74,000 in 2021; an estimated 9,900 deaths were attributed to TB, and of the estimated incident cases, 51,749 cases resulting in a 68 percent notification rate. Among these individuals, 31 percent underwent WHO-recommended rapid diagnostic testing at the time of diagnosis, down from 38 percent in the previous year. Among pulmonary TB cases, 68 percent were bacteriologically confirmed, and 42 percent were tested for rifampicin resistance. The number of individuals diagnosed with rifampicin-resistant or multidrug-resistant TB (RR/MDR-TB) increased by 35 percent compared to the previous year, totaling 618 cases. Of those diagnosed with RR/MDR-TB, 574, or 93 percent, were started on treatment, representing an improvement from the 85 percent treatment coverage among this group in the previous year. However, RR/MDR diagnoses represent only 17 percent of estimated incidence, suggesting a notable challenge in DR-TB case detection.

Significant programmatic gaps include the missing individuals with both drug-susceptible and drug-resistant TB who need to strengthen active case finding targeting relevant key populations: children, mobile populations, internally displaced populations (IDPs), returnees, and migrants, and intravenous drug users (IDUs), among others. The National TB Program (NTP) developed a robust National Strategic Plan for TB 2023-2026 with four pillars and 20 strategic directions to address critical programmatic gaps. The strategic directions, goals, and targets of the Afghanistan National Strategic Plan 2023 – 2026 align with the End TB strategy (2030), United Nations High-Level Meeting (UNHLM) 2018 declarations, the Global Plan to End TB 2023 – 2030, and Afghanistan TB program review.

The proposed FY 2023 USAID TB budget for Afghanistan is \$6 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

USAID will support expanding and strengthening the diagnostic system for drug-sensitive (DS) and drug-resistant (DR) TB, and the FY 24 activities will include the following:

- Supporting TB screening, facility-based FAST (Find cases actively, separate safely, and treat effectively), and community-based activities, including integration with other services such as diabetes clinics.



- Supervising and training laboratory personnel to increase GeneXpert technology utilization and calibration and maintenance of the GeneXpert machines.
- Strengthening the lab network's external quality assurance (QA) and introducing GeneXpert as a primary diagnostic tool for DS-TB and DR-TB-suspected individuals in targeted provinces.
- Procuring and installing one digital chest X-ray (CXR) with computer-aided diagnostics for TB (CAD4TB) at each of the five cities and piloting the CAD4TB software.
- Supporting Advocacy, Communication, and Social Mobilization (ACSM) campaigns promoting TB education among communities and TB screening activities.
- Conducting a bottleneck analysis of TB services to identify weaknesses and gaps in performance in 14 provinces and support non-governmental organizations (NGOs) in developing improvement plans and strategies to address the challenges.

Engaging all care providers

USAID will prioritize private provider engagement as part of the tuberculosis activities by scaling up the public-private partnership mix (PPM). The PPM approach for FY 2023-2024 focuses on strengthening coordination mechanisms and establishing partnerships between public and private health facilities. USAID will provide support to capacitate private healthcare providers, pharmacies, workplaces, and non-NTP facilities to improve TB screening, TB testing that establishes sample transportation and patients' referral system, and mandatory notification for adults and children. USAID plans to build on the successful FAST approach to improve health facility practices, reporting systems, and active screening for TB among adults and children in urban and rural targeted areas.

Community TB care delivery

Afghanistan's NTP active case-finding approach is primarily based on community engagement. Community health workers (CHWs) have been complementing many field activities such as active case-finding referrals, contact tracing, and treatment supervision. For FY 2023 - 2024, the Mission will continue to prioritize the following community-based activities:

- Orienting CHWs to follow up on cases referred for TB testing and diagnosed cases for treatment in selected HFs in targeted provinces.
- Developing and disseminating health information and educational materials, working with communities to support stigma reduction initiatives among individuals with TB, providers, and community members.



- Ensuring active case finding through contact investigations, following up on contacts of DS-TB and DR-TB index cases, bacteriological and clinically confirmed, as per national guidelines.

CURE

Drug-susceptible TB (DS-TB) treatment

In Afghanistan, DS-TB treatment has been provided and managed on an ambulatory basis, and individuals are assigned to Direct Observational Therapy (DOT) providers for daily provision of drugs. Hospitalization is limited and based on medical requirements. Treatment is monitored through regular sputum microscopy, and a mechanism exists to trace treatment interrupters.

For FY 2024, USAID will support:

- Expanding health facility DOTS to public and private health facilities in targeted urban areas and districts.
- Supporting community health workers (CHWs) in monitoring individuals' treatment completion.
- Capacity building of CHWs through regular in-person training and mentorship.
- Supporting Targeted Support Teams (TST) to identify and minimize competency gaps of healthcare providers in DS-TB treatment.
- Strengthening the existing mechanism for tracing pre-treatment and during treatment lost to individuals lost follow-up DS and DR-TB.

Multidrug-resistant TB (MDR-TB) treatment

In Afghanistan, the initiation and intensive phase of treatment for individuals with DR-TB is provided in provincial hospitals (tertiary-level hospitals) in major cities. The continuation phase has been provided at the community level through designated DOT providers.

In FY 2023-2024, USAID plans on the following:

- Supporting the transition to the newly recommended treatment regimens through requested short-term technical assistance (STTA).
- Strengthening person-centered approaches supporting individuals with DR-TB through lengthy treatment courses by decentralizing clinical management of DR-TB in urban and rural areas.
- Working on increasing the capacity of medical personnel to control and manage side effects for individuals on second-line medications.



- Supporting the establishment of an electronic or nominal registration and recording system for individuals with DR-TB in DHIS 2.
- Supporting telemedicine for remote areas.

PREVENT

Prevention

Shifting from isoniazid preventive therapy (IPT) to rifapentine- or rifampicin-based shorter TB preventive treatment (TPT) will further improve treatment completion, and the country has revised its policy extending preventive treatment to all eligible contacts of all ages. USAID will take the following actions in 2023/2024:

- Improving family-centered models of household contact tracing, screening, and provision of preventive treatment to all eligible contacts of all ages.
- Provide technical support to health facilities for the active household contact investigation activities, monitoring of TPT adherence and completion, and recording and reporting.
- Promoting TB awareness events in targeted health facilities.
- Working with health facilities and TB diagnostic points to ensure infection control measures and protect laboratory personnel (procurement of UV lights, fans, and exhaust for 15 GeneXpert rooms).

INNOVATE

Research

With the 2023 funds, the USAID projects will support designing and piloting operational research projects for in-country validation of the digital chest X-ray with CAD4TB software.

Scale up of New Tools

Scaling-up of the digital chest X-ray with CAD4TB software implementation will be consistent with the pilot results.

SUSTAIN

Commitment and Sustainability

In 2021, the Mission signed the main commitment document, Statement of Partnership (SoP), with the Ministry of Public Health (MoPH), which defines the framework for all USAID TB Portfolio and Global Accelerator to End TB elements. Following the evacuation and closure of the U.S. Embassy in August 2021, USAID/Afghanistan has limited interaction with the Taliban to minimal technical engagement required only for activity implementation or partner and beneficiary safety.



Capacity and functioning systems

The TB drugs and laboratory supplies are procured mainly through the Global Fund (GF) grant. USAID procures minimal laboratory equipment and supplies. Commodities are also provided to the select private health facilities that NTP engages in TB services. For FY 2023-2024, USAID will continue leading the procurement supply chain management (PSCM) sub-group through the following steps:

- Training NGO pharmacy management staff on mSupply use in nine provinces.
- Supporting inventory control in all USAID-supported health facilities.

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

In FY 2023-2024, USAID will continue to host and provide maintenance to the DHIS2 server and improve reporting of the revised TB formats in DHIS2. USAID/UHI will also support the establishment of an electronic or nominal registration and recording system for individuals with DR-TB in DHIS2.

Human Resources for Health (HRH)

Limited use of technology in capacity building includes web-based lectures and workshops, development of web-based training databases, and a lack of coordination between MoPH and the Ministry of Higher Education (MoHE) for pre-service training at medical universities, intermediary institutes, and other entities involved in pre-services health training. With USAID support, the NTP has introduced ECHO, a TB/DR-TB management, experience sharing, and learning system in five big cities. FY 2023/2024 USAID TB Portfolio directions include the following:

- Supporting day-to-day human resource management to address all TB-related human resources needs to implement the strategic plan in targeted health facilities and communities.
- Providing needs-based quality in-service training and continuing education for all staff (technical and non-technical) involved in TB-control activities at all levels considering recent WHO guidelines.