



## ZIMBABWE TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This is an overview of the USAID/Zimbabwe 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.

According to the World Health Organization (WHO), the estimated TB incidence rate in 2022 was 204 per 100,000 in the population, translating to 33,000 people with incident TB. These estimates have been increasing since a low in 2020, prior to which incidence estimates had been steadily decreasing. Out of the total estimated cases, 20,000 (61 percent) are estimated to be among people living with HIV (PLHIV), and 820 (2.5 percent) are estimated to have multidrug/rifampicin-resistant TB (MDR/RR-TB). The country notified 18,222 TB cases, representing 55 percent of the overall estimated incidence, and 237 MDR/RR-TB cases, representing 29 percent of those estimated. Case notification numbers had been decreasing dramatically up until 2020, when notifications leveled off; they are starting to increase slightly. Estimated mortality among HIV-negative people had been increasing but leveled off in 2022 at 14 per 100,000 population. The estimated mortality among HIV-positive people, however, has been increasing and is now 37 per 100,000.

The National Strategic Plan (NSP) for TB Elimination in Zimbabwe 2017-2025 puts forward bold strategies with commensurate resources to rapidly decline TB in the country by 2025 in line with the global End TB targets and Sustainable Development Goals to attain the vision of TB-free Zimbabwe. The National Strategic Plan (NSP) is aligned with the End TB Strategy, and the MoHCC/NTP adopted the United Nations High-Level Meeting (UNHLM) targets. The NSP has been revised, and an Addendum has been added to capture the changes in the epidemiology and programmatic areas of the TB control response. The addendum highlighted the extent to which the national TB program has complied with evidence-based TB interventions and recommendations over the years. The NTP NSP and Addendum set ambitious goals and targets to pursue shared aspirations to End TB by 2035; the strategic objectives include the following:

- Increasing the treatment coverage of drug-sensitive TB (DS-TB) from 83 percent in 2018 to 90 percent by 2025.
- Achieving universal HIV testing and ART coverage for TB cases by 2021 and sustain coverage through to 2025.
- Detecting 2,267 individuals with RR/MDR-TB between 2021 and 2025.

Increasing the treatment success rate of individuals with RR/MDR-TB from 57 percent (2016) to 75 percent by 2025.



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

## **REACH**

### *TB diagnosis*

USAID plans to support the NTP in strengthening the diagnostic network based on the findings from the diagnostic network assessment. USAID plans to provide the following technical assistance:

- Installing solar power in 30 labs to ensure a steady power supply for GeneXpert machines.
- Decentralizing the placements of Truenat.
- Implement a strategy to improve sample transportation and tracking mechanisms.
- Provide technical support for quality management systems, including training supervisors at different levels.
- Strengthening the capacity of the National Tuberculosis Reference Laboratories (NTRLs) to serve the entire diagnostic network.
- Facilitating regular TB diagnostic network Technical Working Group (TWG) meetings under the National TB Program (NTP) leadership.
- Scaling up pediatric diagnostic testing, especially for childhood TB control.
- Procuring and optimizing mobile digital X-ray machines with computer-aided diagnosis capabilities in 25 districts.

### *Engaging all care providers*

In 2024, USAID will support the NTP to speed up the implementation of the following activities meant to increase facility-based case finding and improve the role of non-NTP providers in TB control:

#### **Increasing facility-based case finding:**

- Accelerating implementation of the FAST (Find cases Actively, Separate safely, and Treat effectively) approach to find nearly half of the TB cases that are “missed.”
- Streamlining data recording and reporting tools and improving inter-communication between the devices will be supported through the ongoing data for decision-making activities.



- Improving and scaling up the hybrid model or multi-pronged approach for TB Contact investigation (TBCI) for households and other close contacts for adults and children.
- Scaling up of ongoing TB collaborative activities with other programs (e.g., intensified case finding (ICF) in diabetes clinics) and expanding to cover other priority clinics (e.g., OPD/IPD), HIV/ART clinic, nutrition clinic, Maternal Neonatal and Child Health (MNCH), Mother-Baby Care Point (MBCP), Emergency, Dental and Adolescent clinics/friendly services care points/corners, Silicosis clinics, and others).

### **Engagement of non-NTP providers and sites (public and private) as part of the public-private mix (PPM):**

- Supporting the ongoing planned engagement with private pharmacists and private doctors to access publicly funded TB commodities. In turn, the private sector will improve on cross referrals and reporting statistics and consumptions to the NTP. Similarly, the NTP will increase the ongoing inclusion of private sector laboratories in national TB diagnostic networks. The NTP will rationalize the pricing models for tests, testing algorithms, and standards by private laboratories.

### *Community TB care delivery*

The main challenges affecting active case finding (ACF) for TB at the community level are low coverage of community-level interventions, duplication of effort among partners, data tools that could be more user-friendly, absent and/or late remuneration of community health workers, and absent/poor social support incentives. Some of the problems will be mitigated in 2024 with better coordination among partners and the inclusion of CHW incentives in funding modalities. In 2024, USAID will support the NTP with the following activities:

- Providing community TB screening activities outreach to vulnerable and marginalized populations using mobile trucks with diagnostic machines on board. Working with artisanal and small-scale mining (ASM) will identify and cover more areas, including mapping out the expansion to other key people.
- Scaling up contact investigation in its hybrid mode, ensuring more contacts per case will be followed up.
- Revamping contact investigation for individuals with MDR-TB will be.
- Scaling up community mobilization activities, including mass education, population-based advocacy campaigns, and other social and behavior change communication (SBCC) activities.
- Developing the role of community-based healthcare workers in TB clinical and psychosocial support to be better defined and rolling out capacity-building activities.

## CURE

### *Drug-susceptible TB (DS-TB) treatment*

The treatment success rate for DS-TB has been improving over the years, from 80 percent in 2014 to the current 88 percent in 2022. In 2024, USAID will continue supporting the existing interventions, which include ensuring uninterrupted access to effective TB medicines and better patient management and case holding. To address outstanding gaps in DS-TB treatment, USAID and the NTP will continue supporting the quantification, procurement, storage, and distribution of first-line TB medicines, including ancillary TB commodities, scaling up pharmaco-vigilance (PV) at all levels, implementing community-based treatment adherence support to avert individuals lost to follow up. In addition, the NTP will engage ex-individuals with TB, school health coordinators, and traditional and faith healers to provide psychosocial support to individuals with TB during treatment and identify signs and symptoms for early referral, USAID will support the following:

- Training healthcare workers using the updated blended learning curriculum.
- Integrating TB control and managing significant comorbidities (e.g., Diabetes, HIV), other risk factors (e.g., malnutrition, smoking, alcoholism), and mental health in TB treatment and support.

### *Multidrug-resistant TB (MDR-TB) treatment*

In 2024, USAID will closely work with the NTP to strengthen the following activities:

- Supporting the TB diagnostic network (GeneXpert functionality, sample transportation, connectivity, and building central laboratory capacity to second-line Drug Sensitivity Testing [SL DST] for the newer shorter regimen drugs).
- Working with NTP and provinces to agree on reducing the treatment initiation facilities (TIFs) for MDR-TB.
- Continuing ongoing rollout of 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 complex cases, including the use of the USAID-supported TB Extension of Community Health Outcomes (ECHO) platform.
- Supporting training and mentorship of healthcare workers (HCWs) through direct facility support and ECHO sessions, including peer-to-peer facility mentorships to foster shared learning and experiences.
- Ensuring the timely provision of incentives/enablers, including food and transport, to hospitalized and ambulatory individuals with DR-TB during monthly drug refills at TIFs.



- Strengthening the capacity of all care providers to support treatment adherence and identify and manage adverse drug events for individuals with MDR-TB, including documentation and reporting of active drug safety monitoring (aDSM).
- Institutionalizing the performance of mortality death audits for MDR-TB cases, including actioning on the findings.

## **PREVENT**

### *Prevention*

USAID will support the MoHCC/NTP in scaling up and strengthening the implementation of the TPT surge plan. Specifically, in 2024, the following activities will be supported:

- Supporting TB/HIV prevention and contact investigation coverage through intensified provider-initiated TB case-finding through all care entry points.
- Supporting routine TB and communicable and non-communicable diseases through bi-directional screening and documentation among HCWs and individuals with TB.
- Supporting scaling up shorter regimens for TPT among eligible clients.
- Supporting expanded use of LF-LAM for TB diagnosis among clients with symptoms of TB in both in and out-patients.
- Improving infection prevention and control (IPC) practices at service delivery sites and workplaces.

## **INNOVATE**

### *Research*

USAID intends to support research that facilitates generating evidence for more effective and optimized use of currently available tools and adaptation/uptake of new tools. The following are critical research interventions USAID will be supporting in collaboration with the NTP:

- Conducting a study on knowledge, attitudes, and practices regarding TB, HIV, and silicosis among Artisanal and Small-Scale Miners (ASMs).
- Conducting an online survey to assess knowledge improvement in TB treatment, care, and management among healthcare workers through ECHO sessions.
- Studying individuals clinically diagnosed with TB and their diagnostic characteristics in selected hot-spot facilities.
- Investigating GeneXpert MTB/RIF ultra “trace call” results to understand TB status and the utility of repeat testing.



- Participating in a multi-country research project to investigate the impact of WHO Recommended Rapid Diagnostics on TB case detection.
- Assessing the impact of Xpert MTB/RIF (Ultra) Technology on laboratory personnel's proficiency in smear microscopy and mitigation strategies.
- Analyzing the coverage and accessibility of the GeneXpert diagnostic network in high-burden TB countries using spatial analysis methodology.
- Evaluating the turnaround time of Culture and Drug Susceptibility Testing results for rifampicin resistant Tuberculosis.
- Assessing the acceptability, feasibility, and effectiveness of Truenat implementation in Zimbabwe.
- Analyzing further the TB Gender-based Research studies conducted in 2022 and implementing a mitigation plan with partners.
- Collaborating with the National TB Program to target social risk factors for TB, including heavy alcohol drinking, smoking, and malnutrition.

### *Scale up of New Tools*

Zimbabwe received 30 Truenat molecular testing machines, placed them at facilities, and integrated them into the connectivity system. Zimbabwe plans to procure X-ray machines with computer-aided detections (CAD4TB) to be deployed in various facilities in 25-USAID-supported districts. The scale-up of digital X-rays with CAD4TB is expected to enhance TB screening activities and increase TB case detection.

## **SUSTAIN**

### *Commitment and Sustainability*

The Government of Zimbabwe is committed to controlling tuberculosis (TB), aiming for a TB-free nation by 2025 with an 80 percent reduction in TB incidence and mortality. While domestic funding for TB control comes mainly from the Government of Zimbabwe's annual fiscal allocations, the economic situation necessitates increased government support for TB program costs. USAID and its TB partners actively engage in and support Global Fund activities, including joint planning and implementation.

### *Capacity and functioning systems*

The procurement of TB commodities in Zimbabwe is primarily funded by the Global Fund through the GDF mechanism, with data-driven quantification in collaboration with the NTP and partners. NatPharm oversees storage and distribution; the Medicines Control Authority of Zimbabwe (MCAZ) ensures medication quality. The country's essential medicines list (EDLIZ) includes TB medicines, except for newer regimens. In 2024, USAID will continue supporting



these supply chain systems and primary healthcare strengthening, including TB One-STOP clinics. Challenges include supplier delivery delays, limited funding for ancillary medicines, and inaccurate supply planning based on program targets instead of actual consumption data. MoHCC/NTP aims to improve quantification accuracy using consumption data.

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

Using FY 2023 funding, all USAID TB mechanisms will work together to strengthen standardized reporting through improved national TB surveillance systems supporting the revision of M&E tools to incorporate the PBMEF indicators. These mechanisms will also continue helping the NTP strengthen the collection, management, and use of high-quality data at all levels for programmatic decision-making, including target setting, technical assistance in developing country plans (e.g., National Strategic Plan and Global Fund requests), and review meetings. Some activities include conducting routine data quality assessments, training HCWs on routine data quality applications, and making sense of TB data use. The NTP moved from quarterly to monthly reporting and will require much support for a smooth transition. USAID will continue supporting the GxAlert system, which is already in place, allowing users to get surveillance and clinical data for real-time use. Support TB cascade review meetings at all levels of care will also be supported.

*Human Resources for Health (HRH)*

Zimbabwe has an HRH operational plan based on the National Health Strategic Plan. In 2013, it had 80,457 health workers, 75 percent in the public sector, mostly nurses and midwives (79.7 percent) and physicians (7.5 percent). However, HRH status deteriorated due to increased attrition, attributed to poor conditions, low salaries, and economic challenges. USAID plans to engage more direct service providers through implementing partners, acknowledging sustainability challenges. A technical advisor placed at the NTP has supported TB control efforts, including Global Fund grant implementation, with plans to continue these activities in 2023.