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TUBERCULOSIS

TANZANIA

Tuberculosis (TB) is the 13th leading cause of death and the second leading infectious disease killer after COVID-19 worldwide in 2021. Tanzania is among the 30 high-burden countries for TB and TB/HIV coinfection. According to the WHO, the TB incidence rate in 2021 was estimated to be 208/100,000 population, which is equivalent to 132,000 total incident cases. However, only 65% of TB patients are being treated. Poverty, malnutrition, HIV infection and diabetes are the main determinants of TB disease in the country.

USAID's TB focus in Tanzania aligns with the USAID's Global Tuberculosis (TB) Strategy 2023–2030, National Tuberculosis and Leprosy Program (NTLP) strategy VI 2021-2025 and Global Strategy towards Ending TB by 2030. The focus is to reach people and communities with TB services through different service delivery models for early identification and diagnosis of TB patients; ensure TB patients have access to quality and patient-centered TB care and treatment; treat TB infection and prevent TB disease in different population groups in different settings; ensure availability of functional and resilient systems for planning, implementation, and monitoring of TB services in the country; and promote innovations and local based evidence in implementation of TB interventions

In FY 2019, USAID/Tanzania signed a Memorandum of Understanding between Tanzania's Ministry of Health and the Prime Minister's Office of Regional and Local Government to commit to the Global Accelerator to End TB. The Accelerator leverages public and private sector resources to build local capacity for client-centered care and treatment of TB patients.

Since FY 2019, USAID partners have been supporting the following activities:

- Expand case detection using improved TB diagnostic and screening tools including the detection of multidrug resistant TB
- Initiating patients on TB treatment in partnership with community TB volunteers, civil society organizations, and local government
- Introducing new drugs and treatment regimens, as well as guidelines and training on their effective use, especially for drug-resistant TB
- Integrating TB and HIV services in 16 priority regions and working with facilities to establish one-stop shop models of care and treatment

Integration, collaboration, and coordination are the three important elements that USAID considers in ensuring sustainability of TB services in the country. In addition, localization of the TB interventions is yielding results in accelerating progress towards ending the disease. Importantly are the two USAID TB Local Organizations Network which have been capacitated to deliver TB services in facilities and communities, and more importantly in leading advocacy to deploy more domestic resources and inclusion of other sectors in fighting TB. USAID still engages other partners under the U.S. President's Emergency Plan for AIDS Relief to support delivery of TB services integrated with HIV.

CHALLENGES

- Limited TB active case finding activities, access to and utilization of WHO recommended TB lab diagnosis continues to be the main barriers in reaching TB and DR-TB patients with treatment services. Almost 60% of TB patients are clinically diagnosed.
- Need for improved TB infection and prevention control measures to prevent transmission within health facilities and beyond healthcare settings.
- Inadequate advocacy for increased domestic resource investment in TB Programmatic management activities
- High staff turnover of health care workers affects the continuity and quality of district- and facility-level coordination, supervision, and mentorship around TB.

IMPACT

- In the year 2021, the USAID support contributed to TB case identification and treatment initiation to 87,415 nationwide but specifically 39,877 TB patients were put on treatment in 16 USAID supported regions.
- Supported decentralization of drug-resistant TB services to over 170 sites around the country, dramatically reducing patient wait times for DR-TB treatment initiation.
- Contributed to the expansion and access to WHO recommended TB molecular diagnosis to 305 facilities.
- Increased in notification of Childhood TB to 16% of all TB notifications, this is above the global target of 15% Maintained a TB treatment success rate of 92 percent.

OVERVIEW

FUNDING LEVEL

\$8 million in FY 2022

MAJOR PARTNERS

- National TB Control Program
- The Global Fund to Fight AIDS, Tuberculosis, and Malaria
- Infectious Disease Detection and Surveillance (IDDS)
- Deloitte
- Elizabeth Glaser Pediatric AIDS Foundation
- John Snow, Inc.

GEOGRAPHIC LOCATION

Nationwide

USAID CONTACT

Ann Murphy
amurphy@usaid.gov