



## TANZANIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Tanzania FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB and Leprosy Program (NTLP) and with the participation of national and international partners involved in TB prevention and care in the country.

In Tanzania, the burden of TB and drug-resistant TB (DR-TB) is a major cause of illness and mortality; in 2019, an estimated 32,000 people died from TB.<sup>1</sup> However, from 2015 to 2019, there have been sizable decreases in TB incidence and mortality – 15 percent and 43 percent respectively.<sup>2</sup> Tanzania remains on track to achieve the TB incidence reduction milestone of 20 percent set by the World Health Organization’s (WHO) 2020 End TB strategy.<sup>3</sup> While the decrease in TB incidence and mortality are notable, among the 30 high TB burden countries, Tanzania is still ranked 15th.<sup>4</sup> In 2019, the estimated TB incidence for Tanzania was 137,000 cases; in the same year only 81,208 cases (59 percent) were diagnosed and notified to the NTLP.<sup>5</sup> Among the cases notified, approximately 32 percent are women, 52 percent are men, and 16 percent are children.<sup>6</sup> Furthermore, of the estimated 1,700 multidrug-resistant TB (MDR-TB) cases, only an estimated one-third were diagnosed and enrolled on appropriate treatment.<sup>7</sup>

Starting in July 2020, Tanzania will begin implementing its new National Strategic Plan (NSP VI). This NSP VI describes the country’s strategy to achieve the Sustainable Development Goals (SDGs) by 2030 and WHO’s End TB Strategy targets by 2035. To capitalize on success and achievements from the previous NSP, the new NSP VI will continue to prioritize:

- Expanding access to quality TB diagnostic services including the adoption of new, innovative technologies;
- Eliminating TB case finding gaps particularly among vulnerable populations;
- Increasing treatment coverage by effectively addressing barriers to access and utilization of services while supporting the unique needs of vulnerable populations;
- Increasing the detection and treatment coverage of DR-TB and MDR-TB; and

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<sup>1</sup> World Health Organization. *Global Tuberculosis Report, 2020*.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

- Continuing to strengthen collaborative TB/HIV activities, management of comorbidities, and TB infection prevention for high-risk populations.

The proposed FY20 USAID TB budget for Tanzania is \$6.5 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

### *TB diagnosis*

USAID supports the NTLP in improving access to TB diagnostics by strategically supporting activities that improve TB diagnostic technologies, strengthening the sample referral system, and improving the quality of laboratory services across TB diagnostic networks. More specifically, USAID supported the scale-up of Xpert<sup>®</sup> MTB/RIF (GeneXpert) through coordinated placement, service, and maintenance of the instruments as well as through support for human resources for health (HRH) at the Central TB Reference Laboratory (CTRL). Moving forward, USAID will continue to support the optimization and scale-up of GeneXpert, strengthening of the specimen referral system, coordination and implementation of the TB diagnostic network assessment, and active monitoring and evaluation of the national TB laboratory network. Additionally, in partnership with the Government of Tanzania (GOT), USAID will continue to build laboratory capacity for second-line drug-susceptibility testing (DST). Furthermore, USAID will support Chest X-ray (CXR) services in order to strengthen the TB screening and diagnostic capacity among children, adults, and vulnerable populations.

### *Engaging all care providers*

To engage all care providers, the NTLP's strategic interventions include: facility-based active case finding (ACF) using a quality improvement (QI) approach; engagement of community actors in TB ACF and tracing of contacts and patients lost-to-follow-up; and strengthening of TB services for vulnerable populations including prison inmates, elderly people, people living in slums, and students and educators in schools. To support the NTLP in engaging all care providers, USAID will continue to support facility-based QI approaches to increase case detection in both public and private health facilities; intensified pediatric TB case finding in pediatric centers of excellence; and strengthening of TB services in prisons and police health facilities.

### *Community TB care delivery*

The NTLP recognizes the importance of community-based TB care, particularly for the scale-up of case detection strategies. To be effective, community-based case detection activities must involve TB actors in the community including former TB patients, other community-based organizations (CBOs), and civil society organizations (CSOs). The

NLTP supports community-based TB care and prevention activities as well as capacity building of CBOs and CSOs. To support the NLTP, USAID engages TB survivors and community health workers to conduct contact tracing among relatives of TB patients with bacteriologically confirmed pulmonary TB and among presumptive MDR-TB patients. Additionally, USAID conducts campaigns for mass TB screening in congregate settings including prisons, slums, fishing points, sites for intravenous drug users, mining areas, and high-risk areas with a large number of vulnerable populations. Furthermore, USAID supports the World TB Day awareness and screening campaigns by staging a week of screening in different hotspot locations including cities and high-risk areas with a large population of vulnerable people. Moving forward, USAID will continue to support community-based TB care through intensified contact tracing; training of new TB survivors and community health workers on how to conduct case finding in their community; supporting digital TB screening efforts; hosting TB awareness campaigns including the World TB Day events; and scaling-up of TB screening among vulnerable populations.

## **CURE**

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

Tanzania has managed to achieve and maintain a relatively high treatment success rate (TSR). USAID-supported regions contributed to this achievement. More specifically, USAID supported the roll-out of QI driven strategies for TB service delivery through mentorship of TB staff; TB services included TB treatment, patient follow-up, counseling, drug dispensing, and proper documentation. Moving forward, USAID will continue to support the NLTP and the President's Office of Regional Administration and Local Government (PO-RALG) in maintaining the high TSR by continuing the roll-out of QI approaches in TB treatment and will empower TB survivors and community health workers to conduct follow-up activities for TB patients lost-to-follow-up. Additionally, USAID will continue to prioritize the maintenance and updates of the TB information monitoring system. In select regions, USAID will also continue to implement patient-centered approaches to TB prevention, diagnosis, treatment, and care including the introduction and scale-up of innovative approaches such as self-screening tools like mobile health applications (e.g. the TAMBUA TB application).

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

The NLTP recognizes the importance of improving access to MDR-TB services and has worked to strengthen MDR-TB case finding activities, the decentralization of MDR-TB services, and the clinical management of MDR-TB patients. To decentralize MDR-TB services, USAID supported the training of healthcare workers, including mentorship, to increase the quality of MDR-TB case management. Moving forward, USAID will: continue supporting the decentralization of MDR-TB services; help establish support

systems for TB patients and their families including food and transport costs; strengthen treatment monitoring; support cohort reviews; provide training and mentoring to healthcare workers; and provide supportive supervision to ensure quality TB service delivery. USAID will also continue to work closely with the PO-RALG to ensure the provision of quality TB service delivery by ensuring that appropriate training at the regional- and district-level is taking place.

## **PREVENT**

### *Prevention*

Strengthening the provision of TB infection services, particularly among household contacts (including under-five children, adolescents, and adults) and people living with HIV/AIDS (PLHIV) is a priority for the NTLP. As such, USAID supported the NTLP in improving the distribution and maintenance of TB preventive treatment (TPT) supplies in health facilities by training staff on maintaining proper documentation and stock management. Additionally, USAID supported the development of infection prevention and control plans at the facility-level and the printing of TB prevention information, education, and communication materials and TB screening tools for all 11 USAID-supported regions. Moving forward, USAID will continue to support interventions for contact investigation of under-five children, adolescent, and adult household contacts of bacteriologically confirmed TB patients and presumptive MDR-TB patients. Moreover, USAID will help to strengthen the routine screening in congregate settings and among healthcare workers.

## **SELF-RELIANCE**

### *Commitment and sustainability*

The GOT's financial commitment to the national TB budget is less than six percent. To help increase domestic resource mobilization for TB, USAID will partner with local non-governmental organizations (NGOs) and regional advocacy groups to continue advocating for more resources for TB through technical working groups, the Stop TB Partnership committee, and the National Parliamentary TB Caucus. In 2019, USAID, the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDEC), and PO-RALG signed a memorandum of understanding (MOU) committing to enhance collaboration to end TB in Tanzania; USAID will continue to engage with the GOT to reinforce the commitments made in this MOU. USAID also played a pivotal role in the development of the NSP VI and the associated application process for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grant. Additionally, to ensure sustainability of TB control efforts, TB donors and partners will advocate for the inclusion of TB prevention services in the Universal Health Care (UHC) strategy which already includes access to TB services as a key component.

### *Capacity and functioning systems*

To build the capacity of TB systems, USAID will employ a multi-pronged approach which will scale-up coverage in all technical areas; this approach includes scaling-up of case detection for DR-TB and MDR-TB as well as working with community health workers, CSOs, and local governments to increase treatment initiation of diagnosed TB patients. Furthermore, USAID will support the NTLP in implementing monitoring, evaluation, and learning across activities to ensure results-based programming as well as informed decision making and planning at all levels. To build a resilient TB program, USAID will also continue to build the NTLP's capacity through technical assistance (TA) and will collaborate on establishing an accountability framework for TB.