

## UGANDA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Uganda FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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.

TB presents a public health problem in Uganda. In 2020, an estimated 90,000 people fell ill with TB in Uganda, and an estimated 16,100 people died.<sup>1</sup> While men make up the majority of TB cases (57 percent) in the country, children account for 12 percent.<sup>2</sup> In 2020, 60,887 TB cases were diagnosed and notified to the NTLP (68 percent); this means that approximately 29,000 cases were either not diagnosed or diagnosed and not notified to the NTLP.<sup>3</sup> Furthermore, in 2020, of the estimated 1,500 drug-resistant TB (DR-TB) cases, only one-third were diagnosed and notified to the NTLP.

Through the new National Strategic Plan (NSP) 2020/2021-2024/2025, the NTLP aims to address the persisting challenges with TB in Uganda. More specifically, the goal of the NSP is to reduce TB incidence by 20 percent. To achieve this, the NTLP will focus on: strengthening community systems with a focus on reaching high-risk populations and scaling-up TB preventive treatment (TPT); enhancing the public-private collaboration; improving diagnostic and treatment services, including the adoption of new technologies and medicines; supporting information management, including digital technologies; strengthening supply chain management; and increasing leadership, accountability, multisectoral collaboration, and resource mobilization for TB.

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019—representing a more than 20 percent decline. In Uganda, there was an eight percent decline in TB case notifications and a 14 percent decline in DR-TB case notifications in 2020, compared to 2019. The impact of COVID-19 was particularly felt during the first wave (April to June 2020) of the pandemic, as demonstrated by an 18 percent reduction—as compared to the preceding quarter—in the number of people with TB diagnosed and notified to the NTP during this period. After this initial wave, a modest increase in TB screening and testing was observed; however, case notification levels still lag behind pre-

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<sup>1</sup> World Health Organization. *Global Tuberculosis Report, 2021*.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

pandemic levels. As outlined in this Roadmap, USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time, and to build more resilient TB programming.

The proposed FY21 USAID TB budget for Uganda is \$7 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

### *TB diagnosis*

USAID will continue to strengthen Uganda's comprehensive TB diagnostic network (100 laboratory/transport hubs) and 236 facilities with GeneXpert instruments. The support will include expanding the access to, and coverage of, rapid diagnostics for all individuals with presumptive TB by building laboratory capacity, increasing access to drug-susceptibility testing, and rolling-out quality management systems. Additionally, USAID support will help to improve the utilization of smear microscopy for following-up with patients on TB treatment, or patients who have had a chest X-ray (CXR), first- and second-line line probe assay (LPA), culture (solid and liquid), and urinary lateral flow lipoarabinomannan assay (LF-LAM). Strengthening an integrated sample referral system to improve access and connectivity solutions will also be a priority. Laboratory staff will be trained and the quality management systems will be rolled out to all level IV health centers in the network.

### *Engaging all care providers*

With support from USAID and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), the NTLP implemented an active case finding (ACF) toolkit using quality improvement (QI) approaches in nine districts in the central and eastern regions that contribute to one-third of the missed TB cases nationally. Lessons learned from the initial implementation period informed the scale-up of the intervention to 50 more districts in the country. Moving forward, USAID will continue to support the NTLP and partners to scale-up ACF in supported districts to ensure systematic screening for TB for all patients presenting at health facilities, link presumptive people with TB to molecular TB diagnostics, and ensure prompt initiation of TB treatment for those found to have TB. This support will be directed to both the public and private sectors with a focus on engaging diverse private-for-profit (PFP) facilities to further expand ACF.

### *Community TB care delivery*

With support from USAID, the NTLP implemented a National TB Civil Society Organization (CSO) Engagement Strategy in 2019. Additionally, in October of that year, the Ministry of Health (MOH) approved the National Community TB Operational Guidelines. Under these national-level

policy milestones, USAID implementing partners (IPs) supported community-level interventions at the subnational level for community actors to contribute to increased TB case finding, TPT uptake, TB treatment support and retention, and TB awareness. Moving forward, USAID investments will focus on addressing remaining challenges faced by community-based TB care delivery systems, such as a lack of centralized reporting for community TB activities, the small scale of implementation of high-yield activities like contact tracing, limited or lack of engagement of TB survivors, and proactive patient support measures. USAID will work with the NTLIP and partners to strengthen coordination and build the capacity of community health workers (CHWs) and CSOs to scale up high-impact TB case finding, address stigma, promote awareness, and implement treatment adherence activities, while integrating COVID-19 infection prevention and control measures and communications to promote TB and COVID-19 bi-directional screening and testing.

## **CURE**

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

While treatment coverage has improved, the number of bacteriologically-confirmed cases and the treatment success rate (TSR) remain below the 90 percent target. In 2019, USAID implemented a national TSR QI package, leading to a national 13 percent TSR increase—to 85 percent—in 2020. USAID will continue to support the District Health team in these QI initiatives moving forward. To increase treatment adherence, USAID will help implement various activities, such as engaging mass media, using digital adherence technologies (e.g., 99DOTS and video directly observed therapy [V-DOT]), and ensuring commodity security.

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

Preliminary data indicated that there has been an increase in TSR for people with MDR-TB. This is largely due to the roll-out of over 260 GeneXpert instruments, decentralization of MDR-TB care to 17 regional referral hospitals, and improvements made to the specimen transport system. However, the NSP targets for MDR-TB were not achieved because further optimization of the GeneXpert instrument network and strengthening of the specimen transport system are required. Moving forward, USAID will continue to support MDR-TB care through a set of key interventions, including the introduction of an all-oral bedaquiline-containing shorter treatment regimen and other new, novel regimens (e.g., bedaquiline, pretomanid, and linezolid [BPaL]). USAID will also strengthen health worker capacity through clinical mentorship activities, implementation of facility-based cohort reviews and mortality edits, supportive supervision, increasing use of the virtual ECHO platform for MDR-TB experts, panel meetings to support clinical management, and strengthening active TB drug-safety monitoring and management (aDSM) systems. USAID will

support the management and utilization of the DR-TB management information system (DR MIS), in addition to supporting appropriate infection prevention and control measures, including the provision of personal protective equipment (PPE).

## **PREVENT**

### *Prevention*

In 2020, USAID supported implementation of a 100-day TPT campaign to increase the number of people living with HIV/AIDS (PLHIV) enrolled on TPT, resulting in TPT coverage of more than 72 percent of PLHIV on ART and 98 percent of HIV-positive children and adolescents. Remaining challenges to TPT coverage include inadequate TPT commodities, suboptimal retention, and concerns about adverse drug reactions. To address these challenges, USAID will support the following strategies:

- Procurement of TPT commodities, including 3HP, through USAID PEPFAR funds;
- Screening at all entry points in health units, prisons, and other congregated settings;
- Advocating for improved ventilation in public spaces and transport services;
- Procurement and supply management of PPE; and
- Strengthening toxicity monitoring systems.

## **SUSTAINABLE SYSTEMS**

### *Commitment and sustainability*

The Government of Uganda (GOU) is committed to ending TB and renewed its commitment by adopting the targets made at the United Nations General Assembly (UNGA) High-Level Meeting on TB. In accordance with these commitments, USAID supported the NTLP to develop the Multisectoral Accountability Framework for TB (MAF TB). The Prime Minister launched the MAF TB during the Ministry of Health's Joint Review Mission that was held in conjunction with the Annual TB Stakeholder's Conference in November 2020. USAID will continue to work with the NTLP to guide refinement and submission of pending commitments to the MAF TB coordination committee and support technical assistance to implement MAF TB programming. USAID will also seek concurrence from development partners working with other sectors to promote implementation of interventions that contribute toward the UNGA targets. In coordination with the Global Fund's Country Coordination Mechanism, USAID will support Uganda's TB NSP in promoting accountability and transparency in the use of TB programming funds.

### *Capacity and functioning systems*

TB medicines and laboratory commodities are currently funded by the GOU, the Global Fund, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) for selected supplies. The NTLP procurement and supply chain management (PSM) team collaborates with the Quantification and Procurement Planning Unit (QPPU) of the MOH's Pharmacy Department to quantify TB and leprosy medicines and supplies. USAID has helped build the capacity of the QPPU in procurement planning, quantification, and inventory management. USAID, through an embedded NTLP advisor, has further built the capacity of the National Medical Stores (NMS) in improving its procurement planning and distribution. Moving forward, the National Drug Authority (NDA) will establish a national pharmacovigilance coordination unit within the MOH that includes TB public health programs.

Significant progress has been made in the development and piloting of the electronic case-based surveillance system (eCBSS), currently running in 97 health facilities across the 15 regions of Uganda. USAID will continue to support eCBSS scale up and other monitoring and evaluation activities, including quarterly and annual review meetings, printing and roll-out of revised HMIS tools, and internet connectivity for telementoring at MDR sites. Persisting challenges in human resources for health (HRH) include staffing norms, which are limiting and unresponsive to the changing epidemics, as well as the increase in demand for health services. These broader HRH issues affect TB control program performance at all levels. To help address this issue, USAID is working with the MOH to improve the human resource information management systems (HRIS) to guide the MOH in improving staffing rates and capacity and increasing productivity.