

CAMBODIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Cambodia FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It 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.

Despite improvements in TB control efforts, among the top 30 high TB burden countries, Cambodia ranked twenty-second.¹ From 2000 to 2018, the estimated TB incidence in Cambodia declined from 575 to 302 per hundred thousand.² Cambodia conducted two National TB Prevalence Surveys in 2002 and 2011, which revealed that the prevalence of bacteriologically confirmed TB decreased by 45 percent between the two surveys.³ Additionally, while there have been successes in the treatment of drug-susceptible TB (DS-TB) and multidrug-resistant TB (MDR-TB) in Cambodia, case detection of all types of TB remains a challenge, with more than 40 percent of estimated cases remaining undetected.⁴ In 2019, the NTP reported that 30,017 TB patients were notified,⁵ an increase of 1,397 cases as compared to 2018;⁶ however, the country's estimated TB burden is approximately 52,000,⁷ illustrating that there is still a large gap in case notifications.

Based on the joint program review for TB and key lessons learned from current program implementation, the NTP developed a new National Strategic Plan (NSP) 2021-2030 to end TB.⁸ The NSP will focus on:

- Early detection and treatment initiation of all TB cases by using more sensitive screening and diagnostic algorithms as well as adopting new and more effective treatment regimens with an emphasis on reaching missing cases;
- Addressing other program specific needs and priorities, including community and people-centered care and treatment approaches, public-private mix (PPM) MDR-TB, and TB in vulnerable populations (e.g. prisons, migrants, children, patients with comorbidities like diabetes or HIV co-infection);
- Preventing the emergence of TB in susceptible populations using a combination of biomedical, behavioral, social and structural interventions;
- Building, strengthening and sustaining enabling policies, empowered institutions, human resources with enhanced capacities, and financial resources to match the plan in order to effectively implement the plan; and

¹ World Health Organization. *Global Tuberculosis Report, 2019*.

² Ibid.

³ Mao, T. E. et al. *Cross-sectional studies of tuberculosis prevalence in Cambodia between 2002 and 2011*.

⁴ World Health Organization. *Global Tuberculosis Report, 2019*.

⁵ National TB Program.

⁶ World Health Organization. *Global Tuberculosis Report, 2019*.

⁷ Ibid.

⁸ National TB Program.

- Strengthening NTP monitoring and evaluation (M&E) systems and research activities.⁹

Based on these objectives, a set of interventions were comprehensively designed to align with proven high-impact interventions recommended by the World Health Organization (WHO) and other partners.¹⁰ Included in these interventions is: providing a basic care and prevention package of services to all people living with TB; improving the quality of TB laboratory and diagnostic services at health facilities; strengthening active case finding (ACF) approaches; improving community TB care; strengthening the public-private mix (PPM) for TB care and control; strengthening MDR-TB activities; enhancing and strengthening the TB-HIV and TB-Diabetes services at all levels; strengthening and expanding pediatric TB services at hospitals; strengthening the implementation of TB services in prisons and correction centers; and improving overall TB M&E and surveillance systems.¹¹

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

REACH

TB diagnosis

With an estimated 30,000 missing TB cases, finding, diagnosing, and enrolling TB patients on treatment is at the center of USAID's TB approach in Cambodia. USAID has supported work in 25 operational districts (ODs) in 12 provinces; provided technical assistance (TA) to the NTP to support development of standard operating procedures (SOPs) for laboratories; piloted new innovations in community- and facility-based TB screening, diagnosis and treatment services for DS-TB and DR-TB; and helped to develop the TB-management information system (TB-MIS). Additionally, USAID supported strengthening Chest x-ray (CXR) reading and interpretation for clinicians through in-class training and mobile-based chat platforms among trainees to further facilitate sharing and peer-to-peer knowledge building.

To capitalize on the success of these activities and further accelerate progress, USAID will build the capacity of healthcare workers and health centers and facilities to screen and diagnose TB patients by equipping them with the proper TB diagnostic tools. In USAID supported sites, Xpert[®] MTB/RIF (GeneXpert) connectivity will be piloted to better maximize performance of the instrument and make available real time data on TB diagnostics. Furthermore, activities will also focus on improving the overall TB diagnostic

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

network, including focusing on sputum transportation and enhancing interoperability of diagnostic equipment to promote data availability and usage. USAID will also continue building the capacity of healthcare providers in CXR reading and interpretation through online training and mobile-based chat platforms for TB clinicians.

Engaging all care providers

USAID will build the capacity of health center staff to plan and implement outreach services that expand access to TB screening, diagnosis, and treatment. USAID will implement targeted and focused ACF, increase TB case detection through hospital linkages, and will continue the scale up of the programmatic management of drug resistant TB (PMDT) services to involve all provincial hospitals with GeneXpert instruments. At the national level, USAID will work to help create policies to intensify TB screening at health facilities by establishing a link to core indicators of the government's current performance-based incentive schemes. In collaboration with the medical association, USAID will support policy development to link TB indicators with accreditation and license renewal for healthcare providers. Additionally, USAID will scale-up TB-diabetes bi-directional screening and case management. USAID programs will also expand involvement of private healthcare providers in TB screening and referral and in developing a workplace TB policy to ensure welfare of workers diagnosed with TB. Through these cross-cutting activities, USAID will improve the quality of TB care provided by healthcare providers and will build their capacity to screen and diagnose TB.

Community TB care delivery

USAID will build the capacity of health center staff to plan and coordinate ACF, organize outreach and ensure effective monitoring of these activities to improve detection, treatment, and prevention of TB. By providing TA, USAID will work at the village level to support the NTP to implement case finding and improve the quality of diagnosis and treatment of DS-TB and DR-TB. USAID will engage with village health support groups (VHSGs) and TB champions in the community to raise awareness of and advocate for TB services. ACF activities will include TB community events where people can be screened, diagnosed, confirmed, and referred for treatment using a one-stop-shop approach. Through this integrated social and behavior change programming, USAID will also support passive case finding by educating and empowering elderly populations in two target provinces to recognize the signs of TB and encourage household and community members to get screened and treated.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID will support community-based interventions and ensure a quality cascade for TB care from screening and diagnosis through treatment. USAID will continue to provide

TA to ensure rapid treatment initiation via community care services and at home treatment options and will strengthen quality of DS-TB treatment services by investing in clinical review systems and mentoring programs. Although the reported DS-TB treatment success rate is high, USAID will still work to strengthen data quality and ensure timeliness, accuracy, and reliability of DS-TB data.

Multidrug-resistant TB (MDR-TB) treatment

USAID will support the roll-out of safer, shorter oral treatment regimens for MDR-TB treatment to improve adherence to and completion of treatment and avoid the use of injectables that have shown irreversible, dangerous side-effects. USAID will also improve quality of care by supporting the programmatic management of DR-TB (PMDT) by: (1) improving clinical management through training, supportive supervision, and further integration and institutionalization of PMDT services into the provincial-level TB programs; and (2) strengthening the active drug safety monitoring and management (aDSM) system.

PREVENT

Prevention

USAID will intensify uptake of TB preventive treatment (TPT) in communities and health facilities and strengthen recording and reporting of TPT by linking it to indicators of the TB-MIS. USAID will contribute to the achievement of the ambitious TPT ambitious TPT targets by introducing TB infection prevention strategies in ten USAID supported ODs. USAID will also roll-out social and behavior change communication (SBCC) to increase TB knowledge and health seeking behaviors among high-risk populations.

SELF-RELIANCE

Commitment and sustainability

In Cambodia, USAID's TB activities are intentionally designed to rely on existing infrastructure and systems to promote sustainability and transition of programmatic ownership to the NTP and district health offices. USAID will work directly with the health centers, district and provincial health offices, and health facilities to ensure programs build the capacity of the existing cadres of health service providers. USAID will promote sustainability in the quality of TB care through pre-service and continuing education, training, and accreditation for TB care providers to strengthen and maintain the necessary skills of TB care providers and increase accessible health education opportunities. To further build the capacity of the NTP, USAID has also embedded advisors within the NTP to help strengthen the use of data for decision making and help to guide strategy at the national level. As has been done for adult first line drugs, USAID

will continue to promote the gradual transition to government financing for the procurement of effective quality-assured pediatric first line TB drugs. By engaging with relevant ministries, USAID will continue to work within the National Social Health Protection system in Cambodia, systematizing the coverage of TB care services to ensure poor and vulnerable populations are able to access TB care free of charge. USAID will continue to work with the NTP on finalizing a TB Partnership Statement to guide the roles and responsibilities of USAID and the NTP in ending the TB epidemic in Cambodia.

Capacity and functioning systems

USAID will continue working in ten of the most under-served areas to help build the capacity of the TB diagnostic network and will expand the use of the TB-MIS down to the health center level in these ODs. USAID will help to develop pre-service and continuous learning systems to improve the quality of TB care by health providers and will work within the health accreditation system to ensure providers have the skills and knowledge needed to effectively screen for, diagnose, and treat TB. Working at the strategic level, USAID will be engaged with the TB technical working group, health partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and other donors to advocate for best practices and evidence based TB policies to be integrated into province and district level development plans.