FOLLOW UP ON ROLLING OUT **BPAL(M)** MDR-TB REGIMEN

Zimbabwe Updates

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PRESENTATION OUTLINE

- Zimbabwe MDR-TB Profile
- Context before Kigali meeting
- Timeline of MDR-TB Regimens evolution
  - Challenges with older regimens
- Commitments made, and roadman
- Progress made since Kigali meeting
- BPaL(M) implementation
- Key BPaL(M) implementation gaps
- Next steps

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BURDEN OF TB IN ZIMBABWE

190 per 100K

Incidence

TB incidence: **204** per 100,000 population (**2022**)

6:4

M: F ratio

Males bear the brunt of TB disease

50 %

HIV Co-infection

50% of TB patients are HIV+ (**2022**)

7%

Death rate

7% of patients with TB died (**2022**)

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Source: Global TB Report 2023 (WHO)

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COUNTRY MDR TB PROFILE

2010 → 2024

2 → 188

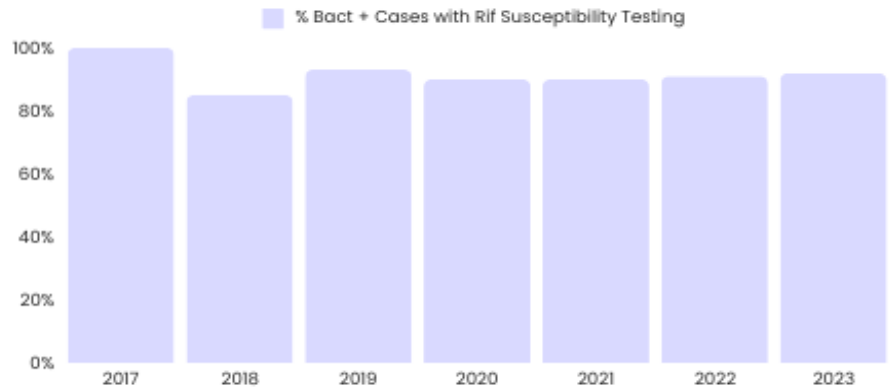
Expansion of TB diagnostic network from 2 Xpert machines in 2010, to 188 machines, including 18 Xpert MTB/XDR + 20 Treunat

Cumulative TB Notifications (2011 - 2023)

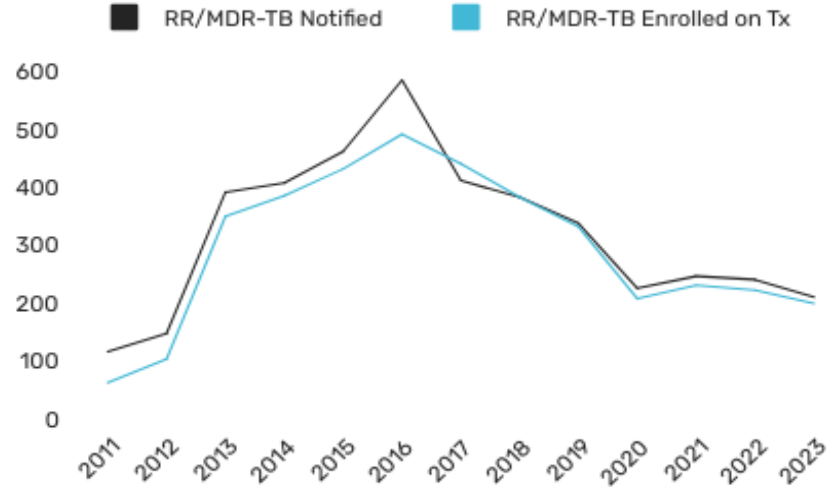
345,616

Since 2011, TB cases have been on a decline, which accelerated during the COVID-19 pandemic but has been rising again since 2022. Despite these achievements, a case diagnosis gap continues to exist

DST to at Least Rifampicin



RR/MDR-TB Cases and Tx Initiation



Initial loss to follow-up continues to be a challenge in MDR-TB control

ILTFU of 5% in 2023 vs 46% in 2011

CONTEXT BEFORE KIGALI MEETING

- BPaL(M) implementation roadmap developed
  - Outlined pathway from policy updates, communication strategy, demand creation, capacity building, operationalization of BPaL(M) and M&E
- Zimbabwe had started process of updating DR-TB guidelines
  - Key updates were to include:
    - Introduction of Xpert MTB/XDR into the diagnostic algorithm for Hr & FQ resistance identification
    - WHO recommendations to adopt BPaL(M) as the treatment regimen of choice for RR/MDR-TB

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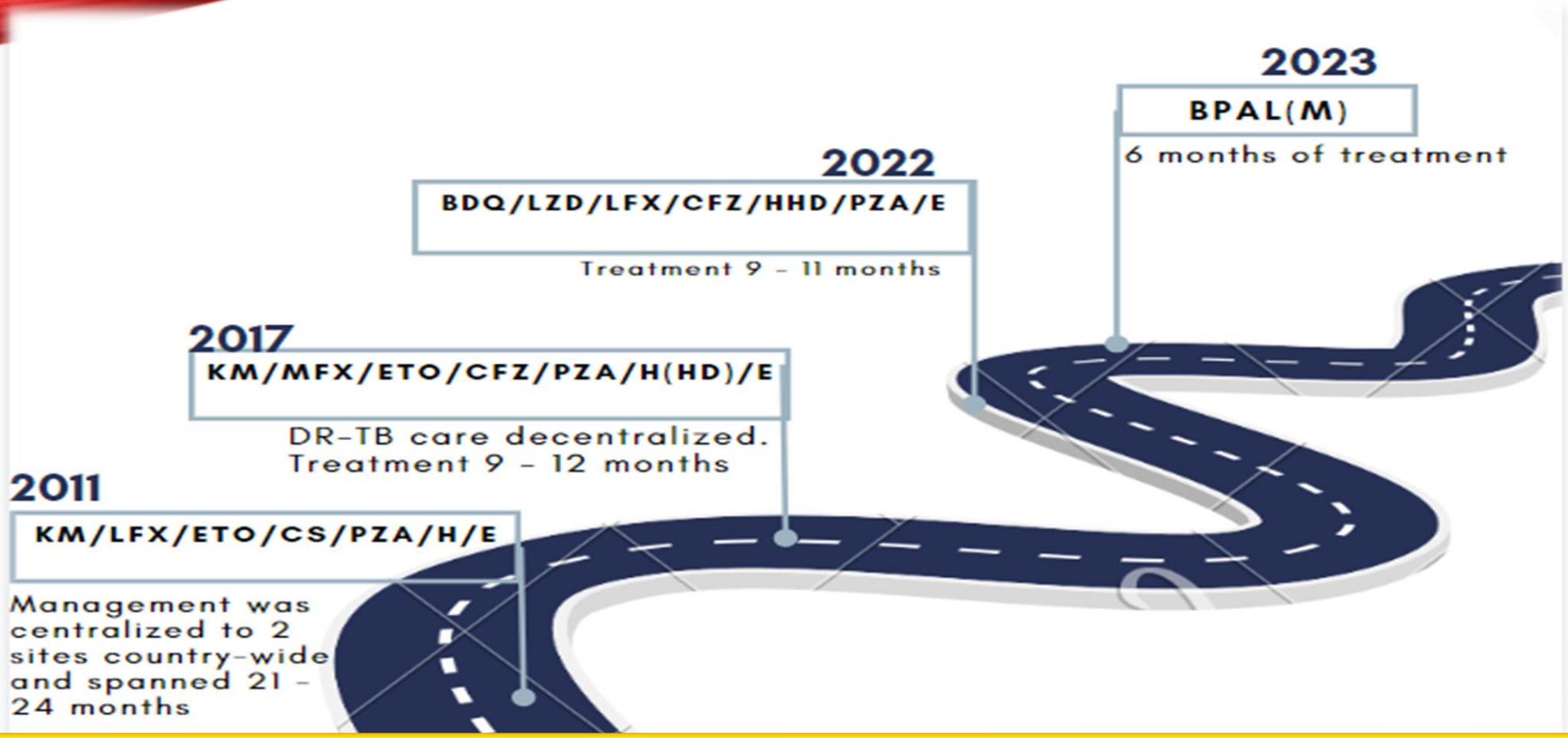
MDR-TB REGIMENS – 2011 TO CURRENT



- Zimbabwe has followed global trajectory and best practices regards adoption of DR-TB treatment regimens
- Guidelines for CMDT updated in December 2022
  - Finalized and adopted in June 2023 following WHO updates
- Operationalization ongoing and at various stages across the country

MAIN CHALLENGES FACED WITH THE PREVIOUS TREATMENT PROTOCOLS

- Long treatment periods using medicines with intolerable side effect profiles
- Inadequate treatment monitoring and aDSM in over-decentralized sites (+163)
  - Audiometry testing and interpretation access inconsistently available
  - Limited site coverage for ECGS, including inadequate operator training
  - Challenges of erratic availability of some test reagents in the public system
    - Especially renal function, liver function, TSH
- Challenges in medicines stock management
- Generally, needed ancillary medicines were not readily available apart from Pyridoxine and CPZ
- Patient treatment evaluation suboptimal limiting DR-TB CQI

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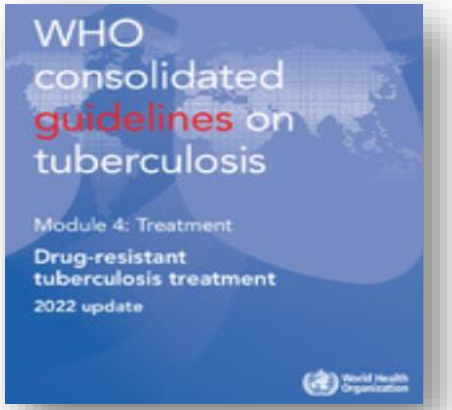
COMMITMENTS AND ROADMAP

- At the Kigali Meeting in 2023, Zimbabwe made commitments to operationalize the use of BPaL(M) following adoption and contextualization of the December 2022 WHO consolidated guidelines
- This hinged on demand creation and awareness raising for BPaL(M)
- Build human and logistics capacity to operationalize the use of the newer all oral regimens
- Provide for scientific stewardship for DR-TB CQI through technical working group



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PROGRESS MADE SINCE KIGALI MEETING

- Adoption of new guidelines integrating use of the BPaL(M) regimen as of June 2023
- Training and capacity building of healthcare personnel on the new diagnostic and treatment approaches
  - Leverages on National TB ECHO platform
  - CMDT trainings: Classroom based TOTs and on-site to DR-TB concilia
  - Part of TB Case Management trainings
    - Focus on advancements
- Establishment of the necessary infrastructure to support the new regimen
  - Procurement of more 10-colour module machines (18 across 10 provinces)
  - Provincial pharmacy hubs formed
- Preliminary statistics and data on the results obtained

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COMMITMENTS AND ROADMAP

Commitments made	Roadmap implemented	Progress to date
Adoption of country adapted WHO recommendations	Yes	• Zimbabwe CMDT guidelines updated and adopted for countrywide use in June 2023
Roll-out of BPaL(M)	Yes	• Guidelines printed en masse, • BPaL(M) earmarked (quantification) for 85% of DR-TB patients annually from 2024
Build capacity among HCWs to use BPaL(M)	Yes	• ALL ten (10) provinces in the country trained on BPaL(M) use including treatment monitoring and aDSM
DR-TB Technical Working Group	Yes	• DR-TB TWG operational • National and Subnational DR-TB Concilia in place • Setting up and building capacity within DR-TB treatment site concilia

DRTB TREATMENT OUTCOMES AUDIT (6 – 20 MAY 2024)

Objective

To identify factors associated with poor outcomes in DR-TB in Zimbabwe context

Methodology

- Selected provinces, districts, facilities with highest unfavorable outcomes
- Review of patient records (checklist)
- Healthcare worker interview
- Caregiver interview (including community level volunteers)

Key Findings

- *Disseminated at Stakeholder debrief meeting*
  - Documentation in patient records sub-optimal
  - Regular clinical and laboratory monitoring not strictly adhered to
  - Gaps in psychosocial support casting recipients of care into poverty and condemning to unfavorable treatment outcomes

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DR-TB MANAGEMENT RECENTRALIZATION

Background

- The PMDT program was decentralized to over 163 DR-TB sites
- This move saw declining treatment outcomes
- Decentralization had been made to sites with no adequate DR-TB lab and clinical capacity
  - Non-existent multidisciplinary collaboration

Primary objective

- To recentralized DR-TB care to fixed DR-TB treatment sites with both lab and clinical capacity to offer "start-to-finish" DR-TB case management.

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RECENTRALIZATION: MILESTONES

	Action	Status
1	Recentralization sites selected across the country	Done
2	Communication with sub-national levels on the recentralization plan and processes	Done
3	Line listing of DR-TB patients at old DR-TB sites and allocating them to new sites (recentralization sites)	Ongoing
4	Forming and sensitizing DR-TB concilia at the 64 new sites to prime for recentralization	Ongoing
5	Training site concilia to provide and support person-centered care for all enrolled DR-TB patients (from simple to complex/difficult)	Ongoing
6	Training of CHWs to support ambulatory DR-TB recipients of care	Pending

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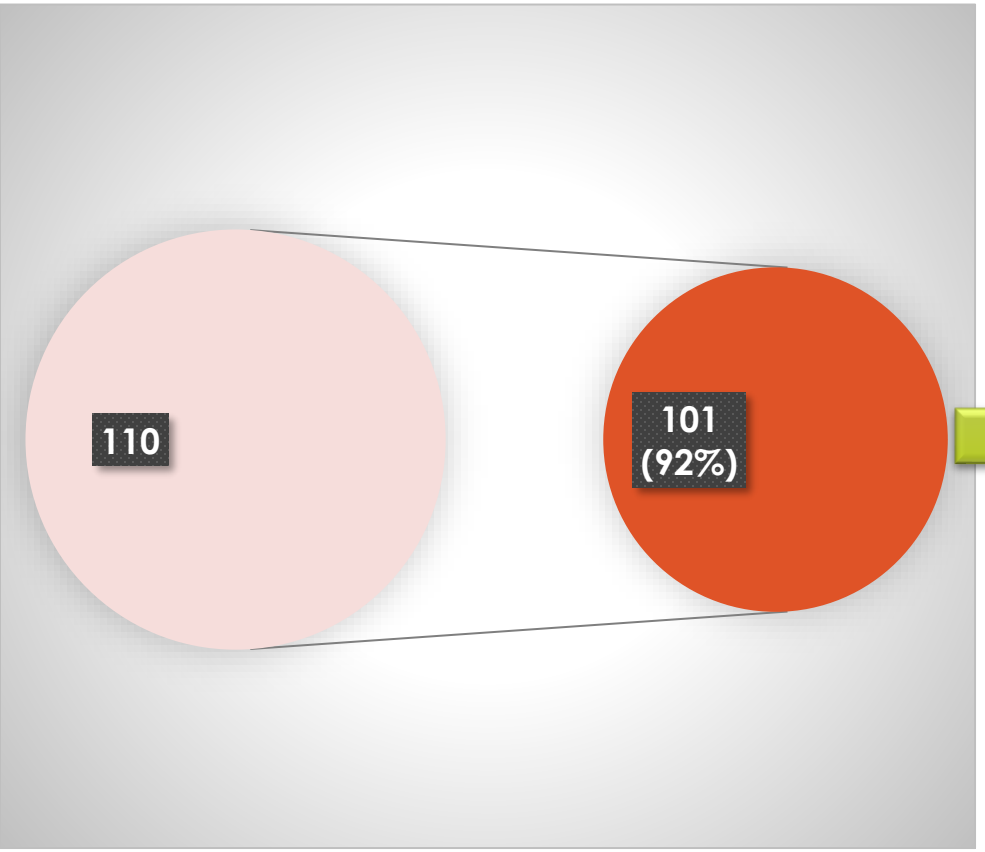
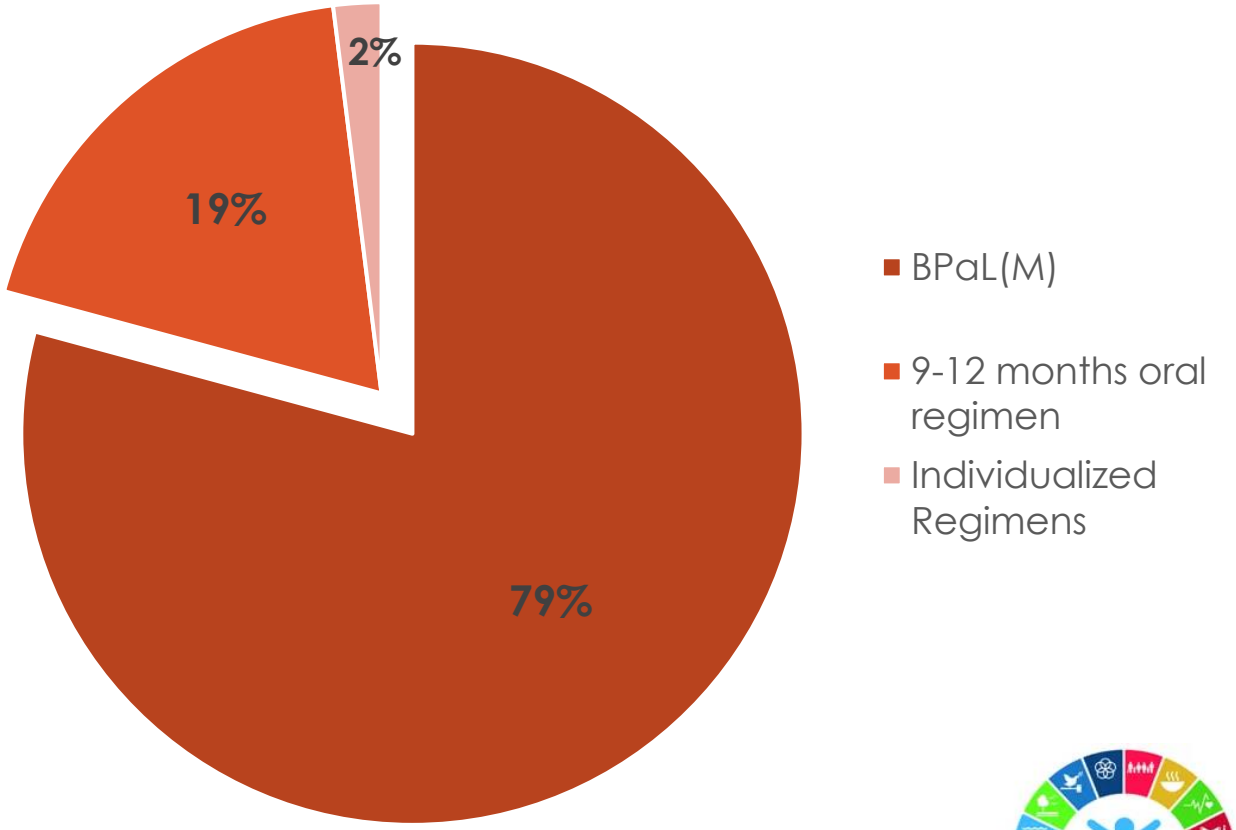
ENROLMENT IN BPAL(M) REGIMEN





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CHALLENGES AND OBSTACLES SINCE BPAL/M ADOPTION

	Challenges and obstacles	Strategies
Case Finding	Suboptimal case finding: 212/720 **(29%)** of expected cases diagnosed in 2023	• Intensified case finding with emphasis on increasing bact. confirmed cases • Second Zimbabwe DR survey ongoing to realign estimates
	Equitable access to FQ resistance testing	• Resources mobilization, increasing coverage of Xpert MTB/XDR from 5 in January 2023 to 18 by March 2024
Case Holding	Medicine stock challenges	• Spoke (district pharmacy) and hub (provincial pharmacy) model for DRTB medicines
	Low access to monitoring tests	• Ringfencing of funds for treatment monitoring laboratory tests
	Sub-optimal patient nutrition and general support	• Improved efficiencies in cash transfers
		• Increased cash support for patients in DRTB care from $25.00/month to $50.00/month
		• More accessible food collection points

ADDITIONAL NEEDS IDENTIFIED FOR MORE EFFECTIVE IMPLEMENTATION

- Strengthening aDSM and pharmacovigilance
  - Improve access to treatment monitoring tests
  - Build capacity among HCWs to identify, report and manage ADRs
- Surveillance on DR-TB regimens to better inform medicines quantification and forecasting
  - Currently BPal(M) does not have 100% coverage
- Electronic patient tracking system needed
  - Strengthen documentation and records keeping for DR-TB recipients of care and allow for swift evaluation of care
  - Need for real-time monitoring for quick course correction
- Optimize social safety nets for DR-TB recipients of care to improve treatment compliance

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NEXT STEPS

- Regular mentorship for high volume facilities in provinces with poorer treatment outcomes
  - South-to-South and TA-led
  - An opportunity for regular evaluation of care and DR-TB CQI
- Continued engagement of laboratory directorate in modeling laboratory service provision in DRTB care
- Close collaboration with National Reference Laboratories for efficient sputum monitoring and results
- Medicines quantification commensurate with demand for BPaL(M)
  - Resources mobilization for ancillary drugs
- Improved access to ECG monitoring
- Nationwide rollout on electronic patient tracker platform for ease and efficiency of evaluating patient care

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