



Statement of Partnership

**Between the Ministry of Health and
USAID/Zambia on Tuberculosis**

August 30, 2019

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Global Accelerator to End Tuberculosis: Statement of Partnership In Zambia

This Statement of Partnership (SP) reflects the intended cooperation between the Ministry of Health (MOH) of the Government of the Republic of Zambia (GRZ) and the United States Agency for International Development in Zambia (USAID/Zambia); collectively these entities will be referred to as the “Parties.” This SP is in accordance with the terms of the Development Cooperation Agreement, dated September 27, 2011 and as most recently amended on September 5, 2018 between the Ministry of Finance of the GRZ and USAID/Zambia.

This SP will provide an implementation framework within which USAID will provide national-level systems strengthening and regional-based USG partners, technical support to the Ministry of Health’s National TB Program (NTP) for improved tuberculosis (TB) control.

I. Background

TB Situation Analysis

TB ranks among the major causes of morbidity and mortality in Zambia. The World Health Organization (WHO) ranks Zambia among the thirty countries with the highest burden of TB in the world. The 2013-14 national TB prevalence survey showed that the country had a higher TB prevalence than previously estimated by WHO. The prevalence of bacteriologically confirmed TB was 638 per population of 100,000 people and the prevalence of all forms of TB was 455 per population of 100,000 people. The prevalence of TB was higher in the urban than in the rural areas; Copperbelt and Lusaka Provinces had the highest prevalence, accounting for 77% of the TB burden in the country. The burden of TB was also higher in males, people living with HIV (PLHIV) and in individuals between the ages 25-44 years, an economic productive age group, pointing to the fact that the TB burden has potential negative economic consequences on the micro and macroeconomic level. Zambia has a high TB and HIV co-infection, with 59 percent of all notified TB patients also infected with HIV.

The TB program in Zambia is five-tiered comprising the national, provincial, district, health facilities, and community levels. The national TB laboratory network comprises 408 TB diagnostic centers across the country with the majority of the laboratories being located in public health facilities. The preferred diagnostic technology for diagnosing TB is GeneXpert, and by December 2018, the country had 222 GeneXpert machines deployed in 207 health facilities. In 2018 a total of 163,756 successful GeneXpert tests were performed; 39,775 tested Mycobacterium TB (MTB) negative and 16,055 were MTB positive. Out of the MTB positive tested 627 were confirmed rifampicin resistant (RR). The country also has three culture laboratories with the capacity to perform first and second line genotypic drugs susceptibility testing (DST). All the three culture laboratories use liquid media while solid media is only available at the National Reference Laboratory (NRL). Second line phenotypic DST is currently not performed in the country. Culture services are generally underutilized due to poor specimen transportation systems. To assure quality, the TB program conducts quality assurance activities, including external quality assurance in TB microscopy, GeneXpert and culture services. An external quality assurance (EQA) system for TB microscopy has been implemented

across the country under the leadership of the NRL. However, not all laboratories are enrolled in EQA. The NRL or the Chest Diseases Laboratory as it is otherwise known is linked with the Uganda Supra National Reference Laboratory (SNRL) for second line anti-TB drugs testing.

Despite the high burden of TB in Zambia, case identification (notification) continues to decline. TB notifications of new and relapse cases have decreased from 57,601 in 2000 to 36,010 in 2017. As many as 25,900 people with TB were not identified in 2017. Due to the high number of unidentified TB cases, TB-associated mortality continues to be high, with an estimated TB-related mortality of 18,000 people in 2017. Another factor contributing to this high mortality is the country's failure to scale up TB preventive therapy (TPT) among PLHIV. In 2017, only 18 percent and 3.8 percent of eligible PLHIV and under-five contacts, respectively, were started on TPT.

Drug resistant TB is an emerging public health emergency in Zambia, with the 2008 Drug Resistance Survey (DRS) showing a resistance to any drug of 9.8 percent (among new TB cases with no history of prior treatment with anti-TB drugs) and multi-drug resistant (MDR-TB) being 1.2 percent. The WHO 2018 Global Tuberculosis Report also estimated MDR/Rifampicin Resistant (RR)-TB incidence of 1,900 and 1,300 MDR-TB patients from the Zambian population of 17 million people. Response to drug resistant TB has lagged behind. In 2017, the Zambian program detected 546 MDR/RR-TB patients out of the estimated 1,300 incident cases and only managed to initiate 270 (50 percent) patients on treatment. Zambia has detected five pre-Extreme DR-TB (XDR-TB) cases and one XDR-TB case.

Set against the aforementioned challenges, Zambia has recorded significant achievements in TB and HIV control: 1) TB treatment success rate has stayed above 85 percent over the last ten years and rose to 90 percent in 2017, exceeding the African region average of 82 percent; 2) HIV testing in TB patients is high, with 93 percent of all notified TB patients having a documented HIV status; 3) 90 percent of TB and HIV co-infected patients are initiated on antiretroviral therapy; 4) TPT guidelines have been revised to include all PLHIV; and 5) shorter regimens for IPT have been introduced.

The program has adopted the District Health Information System (DHIS) 2 as a reporting tool for TB data. The limitation is that DHIS 2 is only available at district level; this means TB reporting from health facilities to the district is still paper based. The process of introducing the electronic based SmartCare system is underway. About 120 GeneXpert machines have been connected to the Data2Care software system, allowing the program to have real time results transmission.

USAID Contribution to TB Care and Prevention

Fighting TB is a top priority for the United States Government and the GRZ. USAID's new TB business model, the "Global Accelerator to End Tuberculosis," will catalyze investments across multiple countries and sectors to end the epidemic while building self-reliance.



USAID has been a leader in the global fight against TB for over two decades and supports anti-TB efforts in more than 50 countries, helping to provide TB treatment to more than 13 million people, including over 300,000 suffering from DR-TB. Since 2000, the USAID TB program has contributed to a nearly 50 percent reduction in TB-related deaths and, with other partners has saved more than 54 million lives.

USG support is most successful when it is coupled and aligned with strong commitments from host governments and other partners. To accelerate action towards ending TB, USAID has announced a new innovative model, “The Global Accelerator to End Tuberculosis” that will leverage additional resources from countries, private sector partners, and other local organizations in order to meet the UN target of treating 40 million people by 2022. It will focus on the countries with high TB burden in which USAID already has existing partnerships, and align with local communities and partners to deliver performance-based results towards the global target. This is a change in approach to ensure USAID is fighting to end TB effectively and efficiently.

USAID/Zambia funding for TB has risen from \$1 million per year between 2006 and 2010 to an average of \$4 million per year since 2010. USAID/Zambia also leverages resources from the US President’s Emergency Plan for AIDS Relief (PEPFAR) for TB/HIV; in 2018 this amount was \$3.6 million. In the coming three years, USAID is supporting the following areas that the National TB Program (NTP) has prioritized in order to achieve TB elimination: Finding the “missing TB cases” (estimated to be about 40 percent of total burden); optimizing diagnostic capacity through sample courier; enhancing TB/HIV collaboration including roll out of TB preventive treatment services; quality improvement of programmatic management of drug resistant TB; building partnerships for TB; and strengthening management capacity in implementing the National TB Strategic Plan (2017-2021).

Notable successes of the cooperation include:

- a) Policy support including developing guidelines for all forms of TB coupled with training and mentorship of healthcare workers and community treatment supporters;
- b) Laboratory strengthening including scaling up new TB diagnostic techniques such as GeneXpert, fluorescent microscopy, and Line Probe Assays (LPA) for drug sensitivity testing; implementing a lab quality assurance program; and procuring reagents;
- c) Improving infrastructure including renovating TB laboratories to achieve biosafety standards; renovating state of the art DR-TB admission wards at University Teaching Hospital, Mansa General Hospital and Kabwe General Hospital;
- d) Programmatic management of drug resistant TB including decentralizing services from 2 initiation centers to 30; establishing a recording and reporting system for drug resistant TB and a system for active drug safety monitoring (aDSM); and supporting clinical management teams to conduct patient reviews in lower level facilities closer to patients resulting in improved treatment success rate (71% in 2018);
- e) Developing capacity for operational research in district level staff;
- f) Strengthening of TB/HIV integrated services including the scale-up of the isoniazid preventive therapy and infection control activities in facilities; and revival of district TB/HIV coordinating body activities; and

- g) Community and advocacy activities including strengthening engagement with community volunteers, treatment support groups; and launching the Zambian Chapter of Parliamentary TB Caucus to which 75 out of 150 Members of Parliament (MPs) are signatories. The MPs have received orientation training in advocacy and community awareness.

II. Purpose

The purpose of this SP is for the Zambian MOH and USAID (the “Parties”) to jointly reaffirm our respective commitments to combating TB in Zambia, and to align expectations related to a joint approach to achieve the objectives and targets to which Zambia is committed.

This SP describes the respective roles and responsibilities that each Party will assume toward the achievement of this purpose, subject to the availability of funds and each Party’s applicable laws and regulations. In particular, the Parties agree that the targets and objectives towards combating TB in Zambia will be achieved only by accelerating implementation of the national strategy and by speeding up the current pace of implementation. Therefore, the Parties will work toward scaling up the implementation of highly effective and strategic interventions. These include policy development and implementation, leadership, service delivery, supervision, supply chain logistics, community engagement, Public Private Partnership, operational research, improved data management for decision making and robust monitoring and evaluation systems that contribute to detecting and diagnosing TB, reducing the TB burden, and ending the spread of TB.

This SP further describes the approaches that USAID is committed to supporting, subject to availability of funds, via technical and operational assistance to the MOH’s National TB Program, including the secondment of highly skilled TB technical experts to the NTP.

Finally, this SP describes the process by which the interventions implemented under this SP will be established.

This SP defines the process, objectives, and approaches for the MOH and USAID’s joint commitment to combating TB in Zambia

III. Objectives and Key Technical Areas

Objectives

MOH and USAID are committed to working together in a joint approach to achieve the following objectives:

United Nations High Level Meeting TB targets for 2018-2022:

- Treat over 200,000 people with drug susceptible TB
- Treat 4,800 people with MDR-TB; and
- Put over 400,000 people on TPT

Key Technical Areas

To achieve these objectives, a substantial number of interventions are needed in multiple technical areas. It is understood that specific approaches outlined below may be altered based on new evidence, and that they will assist in reaching the national priorities. With this understanding and flexibility in mind, the Parties nevertheless agree to make a good faith effort to jointly address the following key technical areas that are critical to ending TB in Zambia:

- a) Enhance the leadership and technical capacity of the TB program at national and sub-national levels to effectively coordinate, guide, and manage implementation of TB control activities. In keeping with GRZ policy, USAID will embed technical specialists in key institutions and close to service delivery e.g. DR TB specialist at the National Reference Hospital Center of Excellence and Lab specialist at National Reference Laboratory;
- b) Implement innovative, proven and effective strategies and tools for improving TB case finding and treatment outcomes to meet national strategic plan targets;
- c) Improve the programmatic management of DR-TB;
- d) Ensure uninterrupted availability of drugs and lab commodities that have acceptable international quality assurance;
- e) Improve availability of and access to quality and effective TB laboratory diagnostic services;
- f) Strengthen private sector engagement;
- g) Strengthen community systems for TB control;
- h) Improve data collection, analysis, reporting and use of data for decision making; and
- i) Enhance results monitoring, evaluation, and operations research.

IV. Roles and Responsibilities

Jointly, the Parties agree to:

- a) Monitor progress, share information, review learnings, and evaluate and report on progress;
- b) Meet on a quarterly basis, or as needed based on mutual agreement to define the specific activities to be undertaken and provide the required guidance to the implementing partners;
- c) Jointly plan and organize any launch or dissemination events related to key technical areas mentioned in Section III; and
- d) Participate in a regular (e.g., semi-annual and annual) performance review process.

The following section describes the individual roles and responsibilities of the Parties to the SP:



Ministry of Health

In support of the aforementioned joint commitment to achieving the objectives outlined above, MOH commits to:

- a) Include the commitments and targets agreed to at the High Level Meeting on TB at the United Nations General Assembly in September 2018 in the National Strategic Plan 2017-2021;
- b) Convene a high-level group that will establish and monitor a Multi-sectoral Accountability Framework for TB involving all key stakeholders;
- c) Improve TB case finding and treatment access, as well as, TB preventive therapy, especially for people living with HIV;
- d) Support an uninterrupted supply of quality assured TB drugs and lab supplies;
- e) Build M&E capacity for effective use of data;
- f) Develop and implement relevant national guidelines and policies;
- g) Convene joint annual action planning processes between MOH, USAID and all other relevant partners, assessing results and agreeing on interventions by GRZ and USAID-funded activities;
- h) Host USAID-seconded TB specialists;
- i) Share routine TB data with USAID, USAID-funded advisors and projects in a timely manner; and
- j) Convene a quarterly meeting to jointly review performance with USAID for activities that involve USAID commodities or technical assistance.

USAID

In support of the aforementioned joint commitment to achieving the objectives outlined above, USAID commits to:

- a) Participate in joint annual action planning process between MOH, all other relevant partners, assessing results and agreeing on interventions by GRZ and USAID-funded activities;
- b) Provide technical assistance, including staff secondments, equipment and supplies to strengthen capacity to achieve agreed upon targets;
- c) Improve TB case finding and treatment access, as well as, TB preventive therapy, especially for people living with HIV;
- d) Provide support for M&E systems including improving data quality and analysis; and
- e) Report on project progress, challenges, and results.

V. M&E Plan

The activities outlined in this SP will be monitored on a quarterly basis. Within six months of adoption of this SP, the Parties will complete an M&E plan which will describe the approaches for ensuring effective implementation and achievement of results. The M&E plan will identify appropriate indicators for each level of the results framework; show data sources and describe how the data will be collected, and collated to regularly inform performance. The proposed plan will provide preliminary five-year performance indicator targets which will be reviewed and possibly revised during implementation discussions. This M&E plan will not be a standalone plan but will build on the existing MOH M&E plan and routine reporting systems.

VI. Communications

The Parties expect to collaborate on the development of outreach materials related to this partnership. Public communications should recognize the Parties through appropriate branding in accordance with their respective legal, policy, and procedural requirements. The Parties should respect one another's confidentiality policies, with the mutual understanding that the Parties intend to publicize their support and its objectives without disclosing any confidential or proprietary information of the Parties. The Parties will endeavor to share information on their individual policies, procedures, and requirements relating to branding, and other communications-related requirements, so that potential obstacles can be addressed in a timely manner.

All communications should be sent to the Parties at the following addresses:

For U.S. Agency for International Development (USAID)/Zambia:
American Embassy
Lusaka
Attn: Director, USAID/Zambia

For MOH:
Ministry of Health
Lusaka, Zambia
Attn: Permanent Secretary, Technical Services

VII. Terms and Conditions

1. **No obligation of funds:** This Statement of Partnership does not effectuate an obligation of funds by any Party. All obligations of funds by USAID to support its undertakings under this Statement of Partnership are intended to be made in other agreements with USAID implementing partners by USAID, consistent with U.S. law and regulations, and in accordance with USAID procurement and other related policies, procedures, and guidelines.
2. **No international status:** It is understood by the Parties that this Statement of Partnership is not an international treaty or international agreement and is not subject to



either the GRZ or USG treaty ratification or other domestic and internal legal procedures for ratification of treaties or international agreements.

3. **Non-binding Statement of Partnership which does not supersede existing agreements:** The terms and conditions shall govern the undertakings of the respective Parties under this Statement of Partnership; however, this Statement of Partnership shall be considered to be a good faith Statement of Partnership to pursue the goals and objectives identified above for the benefit of the people of Zambia, and is non-binding and not legally enforceable on any party. The Parties entering into this Statement of Partnership maintain their own separate and unique missions and mandates and their own accountabilities. This Statement of Partnership shall not supersede or interfere in any way with other agreements or contracts entered into by the Parties, either prior to or subsequent to the signing of the Statement of Partnership.
4. **Assistance under the Framework Bilateral:** All assistance provided by USAID and reflected in this Statement of Partnership is United States assistance within the meaning and terms of the ongoing Development Cooperation Agreement, dated September 27, 2011 and as most recently amended on September 5, 2018
5. **Designated Representatives:** The primary points of contact and liaison for each party to this Statement of Partnership are as follows:

National TB Coordinator, MOH and Director, Health Office, USAID/Zambia, or their successors or designees are the focal points of contact for this Statement of Partnership.

The Parties may substitute the above points of contacts at their discretion and upon notice to the other Party.
6. **Duration:** This Statement of Partnership is effective upon signature of the Parties, and will remain in effect until otherwise notified by either Party.
7. **Resolution of Disputes:** The Parties intend to use the utmost good faith to resolve any issues and disputes that arise under this agreement, bearing in mind that the Statement of Partnership is not for the benefit of the Parties but instead for the people of Zambia.
8. **Amendments:** This Statement of Partnership may be amended or modified in writing by mutual consent of all Parties, as may be necessary from time to time.
9. **Termination:** Each Party may, at its discretion, terminate this Statement of Partnership by providing all other Parties, in writing, a communication reflecting the intent to terminate the Statement of Partnership.
10. **Wind up:** In case of termination of this Statement of Partnership by a Party, the Parties intend to consult with each other on how to bring the Statement of Partnership to an orderly end.

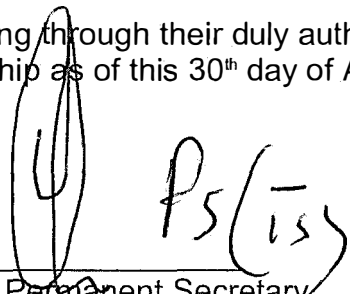


11. **Authority to sign the SP:** By their signatures below, the representatives of the Parties represent that they have the authority to sign the Statement of Partnership.

A handwritten signature in black ink, appearing to be the initials 'ky'.


The Parties, each acting through their duly authorized representatives, have signed this Statement of Partnership as of this 30th day of August, 2019.

Ministry of Health

Handwritten signature of Dr. Kennedy Malama and initials PS (15) written above a horizontal line.

Dr. Kennedy Malama, Permanent Secretary

U.S. Agency for International Development/Zambia



Sheryl Stumbras, Director

A handwritten mark resembling the letter 'k' located in the lower right quadrant of the page.