



**Together
we can
end TB**

Mozambique

Experience on self-assessment and planning for the introduction of shorter regimen

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Shorter regimen introduction progress

Preparation and planning

Early introduction

Nationwide scale up

Achievements:

- Approved the implementation by the government (Ministry of Health) – starting in Q3 2024
- Dissemination of the implementation of the short regime to the community and civil society
- Assessment of the readiness of the Health Facilities to implement – phase one
- Quantification of drugs for the first phase and subsequent expansion
- Train of Trainers - Provincial TB and DRTB Focal Points

Required Support:

- Human resources: hire TB clinical officers for high-volume HF and systematic clinical mentoring
- Active surveillance of adverse effects to new drugs
- Operational Research during the implementation

Facility assessment

# facilities initiating treatment on shorter regimen	# facilities preparing and planning to introduce the shorter regimen	# facilities not introducing the shorter regimen	3 main gaps affecting introduction
0	54 HF (phase 1 Southern region)	The remaining HF will be introduced in a phased manner from 2025	<ul style="list-style-type: none">• Lack of qualified human resources (physicians)• Insufficient of medical equipment (scales, altimeters, ECG, sphygmomanometers)• Weak DR TB contact tracing

Stakeholder mapping

# stakeholders supporting the introduction of shorter regimens	Overlapping activities including geographical intervention areas (if any)	Coordination mechanism	3 main gaps affecting the stakeholder support/coordination
21	No	Technical working groups coordinated by NTP	<ul style="list-style-type: none">• Few projects targeting TB• Limited funds for implementation of new approaches

National assessment and planning (1)

Standard	Achievements	Challenges / Gaps
Political engagement and buy-in	<ul style="list-style-type: none"> • High-level political engagement on TB / DRTB • National Strategic Plan includes DRTB management 	<ul style="list-style-type: none"> • Internal budget less than 50% for the management of TB/ DRTB
Advocacy and community engagement	<ul style="list-style-type: none"> • Civil society are involved in the planning of DR-TB services at the national level • Formal coordination mechanism between the NTP and civil society • Public outreach campaigns on the treatment of DRTB 	<ul style="list-style-type: none"> • Weak involvement of Civil Society at Subnational Level • Lack of Mechanisms to evaluate the impact of the campaigns
Enabling environment, people-centred care	<ul style="list-style-type: none"> • Availability of IEC materials on DR-TB • Carrying out activities to reduce stigma and discrimination against people with TB in communities • Policies available to review gaps in TB screening, diagnosis, and initiation of treatment 	<ul style="list-style-type: none"> • TB services are not completely free in the private sector across the cascade of care

National assessment and planning (2)

Standard	Achievements	Challenges / Gaps
Drug forecasting, procurement and supply management	<ul style="list-style-type: none"> Quantification mechanism for the planning and procurement of new drugs for DR-TB The acquisition of drugs that are part of the BPaL/M regimen has been initiated Stock of paediatric formulations available for the treatment of children and adolescents with DR-TB 	<ul style="list-style-type: none"> Pretomanid (Pa)/short-regimen drugs haven't been registered for use at Medicines Regulatory Authority (ANARME) Sporadic drug stockouts
Diagnostics & laboratory infrastructure	<ul style="list-style-type: none"> Rapid molecular diagnostic instruments available in all TB diagnostic laboratories in the country High capacity molecular diagnostic instruments available in central and regional laboratories (Nampula, Beira and Maputo) Mechanism available for inter-laboratory External Quality Assessment (QES) 	<ul style="list-style-type: none"> Limited access to Portable X-ray machines Laboratory response time above 48h
Human resources	<ul style="list-style-type: none"> Existence of a training plan at national level on the latest WHO guidelines (including GLEP/M) for clinical staff Training on the latest WHO guidelines for health professionals is underway 	<ul style="list-style-type: none"> Unavailability of an adequate number of trained personnel in the management, prevention, diagnosis and care of DR-TB Training of community staff on the latest WHO guidelines

National assessment and planning(3)

Standard	Achievements	Challenges / Gaps
Treatment and Care	<ul style="list-style-type: none"> • The initiation of DR-TB treatment is decentralized (primary health care) and can be done on an outpatient basis • Existence of National Committee (weekly virtual meetings) and provincial committees for the discussion of complicated cases • Involvement of community organizations or civil society in the provision of DR-TB treatment 	<ul style="list-style-type: none"> • Unavailability of other diagnostic means for monitoring and follow-up of patients during treatment in some HUs • Implementation of the social support package in all US • Initiation of TPT in DRTB contacts
aDSM	<ul style="list-style-type: none"> • Ongoing discussion for active surveillance of Pretomanide with the Medicines Regulatory Authority (ANARME) 	
Data management (recording and reporting)	<ul style="list-style-type: none"> • Use of information systems that generate reports on treatment coverage (SISMA) • The implementation of the TB Information System (SIS-TB) is underway – with individual information on each patient • Data is accessible and can be used at all levels of management to make decisions regarding the gaps found 	<ul style="list-style-type: none"> • TB testing laboratories transmit the results electronically to clinicians – in the process of connecting the GeneXpert devices to the national laboratory information system

Acknowledgement

- The NTP DR-TB Team
- TB Focal Points at the National level
- TB Technical Working Group
 - TB implementer partners
 - WHO Mozambique
 - The Global Fund
 - Fundação Aurum Mozambique
- The Aurum Institute

