TB COMMUNITY COORDINATION HUB

Case Study from Cambodia: The Impact of Funding Freezes on Community-Based TB Programs

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"60 to 70% of our operation was supported by USAID, and the suspension has had a high impact… its impact [is] not just [on] us as the host organization, but also the network, the national network, and their structure down to the community."

– TB program implementer in Cambodia

Background

Tuberculosis (TB) remains a significant global health challenge as the world's deadliest infectious disease. TB too often goes undetected, and that places at risk not only the person with TB but also their family members, including young children who can rapidly develop the disease once infected. For those who are properly diagnosed, treatment can be a challenge due to medication side effects, economic losses, lack of proper nutrition, in addition to mental health issues, stigma, and discrimination. Community-based programs play a crucial role in addressing these gaps. However, recent U.S. government foreign aid funding freezes have halted the work of these programs, threatening progress made in countries such as Cambodia and other high TB burden settings.

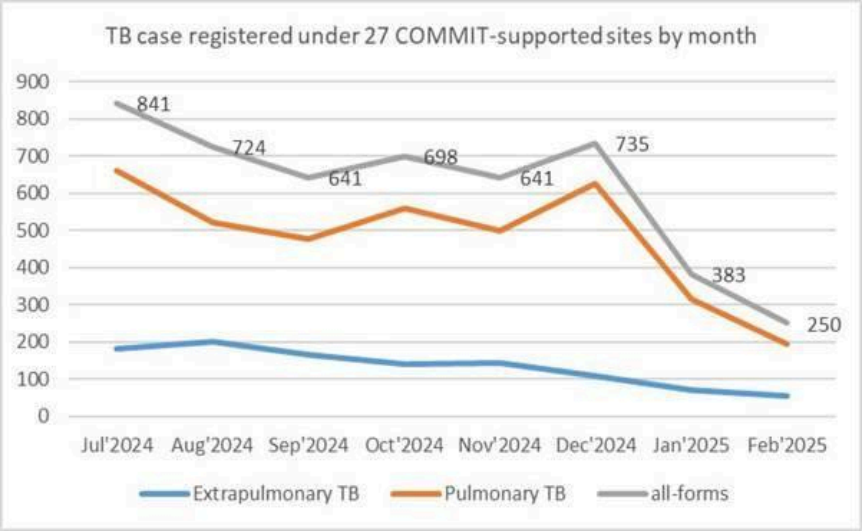
Program overview

In Cambodia, local organizations have led much of the work in the fight against tuberculosis. Long standing partnerships have been established with domestic health authorities and international organizations to meet ambitious goals on TB. The programs have a proven track record for success focused on strengthening community-based interventions, including active TB case finding, increasing enrollment of TB preventative therapy, and enhancing treatment support. Yet, with the withdrawal of U.S. funding, many organizations now face severe financial constraints, unclear policy guidance, and forced layoffs of critical staff and community health workers who are on the frontlines.

Key TB interventions interrupted

Active TB Case Finding: Prior to the U.S. funding freeze, community health workers (CHWs) conducted community and household TB screenings, identifying individuals with TB symptoms and referring them for diagnostic testing. Mobile ultra-portable diagnostics were also deployed in remote areas to ensure access to timely detection. Once a diagnosis was confirmed, CHWs facilitated linkage to government health centers and referral hospitals for

immediate enrollment into TB treatment. With funding cuts, these essential services are at risk despite massive progress in both detection and prevention efforts of TB in the country.



The pause, and subsequent termination, of USAID funded TB programs in Cambodia has resulted in a 66% decrease in TB case notifications. This means that each month, in just the nine provinces covered by this program, hundreds of people sick with TB are going undiagnosed and not able to start treatment.

Treatment Support: People diagnosed with TB received adherence support through home visits by CHWs (who themselves are TB survivors and/or members of TB-affected families) and digital adherence technologies (e.g., mobile text reminders), which is crucial because of the six-month course of daily treatment. The ability of CHWs to provide this support has taken a tremendous hit, severely limiting access to care, particularly in rural and high-risk populations. CHWs are the bridge in connecting affected communities to health care.

"We don't want to see anyone drop the treatment. And we know exactly those who have TB. They are not coming to [the] health facility. And we heard from healthcare providers; they told us the number of clients coming to [the] health facility, and [it is] not the same as the number when we used to support and refer."

– TB program implementer in Cambodia

Loss of Essential Staff: One USAID funded program has reported that they, with their three partners covering nine provinces, were forced to lay off 5,000 CHWs and 200 full-time staff due to funding freezes. This has directly impacted service delivery and patient support, and will very likely lead to worse detection and treatment outcomes.

"People require a lot of mental support because it's not just one day or two day treatment… Our clients say, 'I'm okay. My medication is not yet out of stock'. I'm so glad. But they also say, 'I lost my support'. For [the] first month, I think the situation may be okay, but I am not sure. Maybe tomorrow, the day after tomorrow, or second month, third month, what is the situation [going to] look like?"

– TB program implementer in Cambodia

What's at stake in our global fight against TB

- **Threatened Case Detection**: One USAID funded program in Cambodia aims to diagnose 10,000 people with all forms of TB and enroll 10,000 onto TB preventive therapy. This important work is now uncertain due to funding constraints.
- **Decreased Treatment Adherence Support**: The ability of CHWs to provide essential treatment support has been largely halted, raising concerns about patients' ability to complete treatment. USAID funded TB programs in Cambodia have contributed to drug-resistant TB (DR-TB) treatment success rates improving to 83% in 2023, considerably higher than the global average of 68%.
- **Potential Surge of Drug-Resistant TB**: Without consistent access to diagnostics and treatment, people with TB face heightened risks of developing drug-resistant TB, which poses a serious global health threat. One key aspect of USAID funded TB programs in Cambodia has been providing treatment support for over 300 people with multidrug-resistant TB.
- **Capacity Building and Retention of Health Workers**: Health workers were trained in TB detection, treatment protocols, and counseling skills to enhance their ability to support patients effectively. In 2023, U.S. investments helped train over 250,000 health workers in USAID TB priority countries. The work of CHWs builds trust with the community and encourages engagement with health systems. Currently, however, budget constraints and uncertainty of program continuation raise major concerns.

Urgent action needed to restore TB programs

The freeze on U.S. government foreign aid funding has put millions of lives at risk by jeopardizing TB programs that have proven their impact year after year. Congress must act urgently and demand that the State department reinstate terminated lifesaving programs. Without continued financial support, hard-won gains in TB detection, treatment success rates, and healthcare infrastructure will be lost. This means access to care will be severely limited for communities who need it most, and the world will face a potential surge in drug-resistant TB. This puts people here in the U.S. at risk too. As an airborne infectious disease, TB anywhere is TB everywhere.