KYRGYZ REPUBLIC TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Kyrgyz Republic 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.

The Kyrgyz Republic is among the high multidrug-resistant TB (MDR-TB) burden countries.[1] The country has an estimated TB burden of 7,100[2] and detected 6,138 (87 percent) individuals with TB.[3] Additionally, the MDR-TB and extensively drug-resistant TB (XDR-TB) burden has been increasing with 1,577 registered cases in 2019 alone.[4] The estimated proportion of MDR-TB among new cases is 29 percent, and among the retreatment cases it is 60 percent.[5]

In 2017, the Kyrgyz Republic adopted the National TB Strategy for 2017-2021 as a guiding document for planning and implementing TB control activities nationwide. The Ministry of Health (MOH) and NTP are currently working to develop an updated National Strategic Plan (NSP) for 2021-2023. This new NSP is in line with the United Nations General Assembly (UNGA) High-Level Meeting on TB targets. The new NSP prioritizes:

- Improving active case finding and enhancing contact investigation policies and practices; increasing the percentage of bacteriologically-confirmed pulmonary TB cases and expanding drug-susceptibility testing (DST) coverage;
- Introducing and expanding the use of novel drugs and treatment regimens, including the all-oral shorter regimens and individualized regimens for DR-TB;
- Providing TB preventive therapy (TPT) to people living with HIV/AIDS and children under 14 who are contacts of TB patients; and further expanding TPT, diagnostic, and treatment options to adult contacts and high-risk groups; and
- Increasing the domestic resources for TB.

The proposed FY20 USAID TB budget for Kyrgyz Republic is $6 million. With this level of funding, USAID will support the following technical areas:

---

[1] World Health Organization. *Global Tuberculosis Report, 2020.*
[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] Ibid.

REACH

TB diagnosis

The continuing primary objective for TB diagnostics in 2021 will be ensuring compliance with the established diagnostic algorithm and expanding DST coverage. Earlier improvements in specimen transportation systems and adoption of a logistics management and information system (LMIS) have contributed to a better managed diagnostic network, while the introduction of next-generation sequencing and interferon gamma release assay (IGRA) testing in research and pilot settings have expanded new diagnostic options for latent TB infection (LTBI). USAID's ongoing technical support will focus on promoting increased DST coverage, gradual adoption of next-generation sequencing and IGRA testing, ensuring fully functional and operational LMIS synchronized with other modules, and supporting the operability of an effective specimen transportation system.

Engaging all care providers

Facility-based case finding, while generally on track with UNGA targets, will require additional improvements, particularly at the primary healthcare (PHC) level. Improved specimen transportation, along with the major overhaul of the electronic TB register supported by USAID in recent years, provides new opportunities for increased case finding. Moving forward, USAID activities will further support the adoption and expansion of electronic clinical and laboratory tools as part of the government's promoted e-health initiative. Also, MOH-initiated incentives and tracking of TB detection and bacteriological confirmation at the PHC level has been put on hold pending resolution of IT-related issues, which can be addressed through the adoption of an electronic patient card initiative and reintroduction of electronic TB registers, supported by USAID.

Community TB care delivery

Community-based case finding is largely funded through project-related activities; however, it is an important contributor to the NTP's National TB Strategy. USAID has recently supported a variety of initiatives focusing on community screenings, patient referrals, and case management expansion. Moving forward, USAID will support the engagement of religious leaders in raising awareness and addressing misconceptions about TB, the further development of social and behavior change (SBC) initiatives, and the promotion of the continued outreach interventions targeting vulnerable groups, such as close contacts, people living with HIV/AIDS (PLHIV), substance abusers, homeless individuals, and released prisoners. Active case finding (ACF) models will be further introduced and expanded in pilot areas by utilizing successful community engagement models.

CURE

Drug-susceptible TB (DS-TB) treatment

Promoting expanded options for the treatment of drug-susceptible TB (DS-TB) in outpatient settings while ensuring effective case management and patient support systems will remain a critical priority for DS-TB activities. Recent incentives that were instituted for PHC providers for successfully treating TB cases proved to be an effective catalyst for better TB case management and improved treatment outcomes. Pending registration of quality-assured first-line TB drugs will also pave the way for increased local drug market competition and new legal options to procure quality-assured drugs with domestic funding. Because people-centered care remains a critical challenge, USAID-funded activities will prioritize support for utilizing and rapidly expanding innovative models for case management and care of DS-TB patients, including virtual directly observed therapy (DOT), home-based care, telephone counseling, and access to nutritional support and medical services.

Multidrug-resistant TB (MDR-TB) treatment

Combatting MDR-TB has been the top priority of the NTP and its partners. The full adoption of UNGA targets for MDR-TB enrollment in 2021 (2,015 patients) would have been aspirational even in the pre-COVID era, as it implies a significant increase in enrollments. USAID-funded programs have provided key technical assistance to the NTP in recent years in the adoption of new drugs and treatment regimens for DR-TB, active drug safety monitoring (aDSM), case management, and the utilization of other patient-centered models of care. Moving forward, USAID will focus on ensuring that care providers follow the diagnostic algorithms and perform clinical monitoring, including aDSM, through enhanced monitoring and supervision. Clinical management of DR-TB will be supported at all levels, including DR-TB consiliums, along with interventions to promote treatment adherence and improved aDSM practices. A rapid transition to all-oral, shorter- and long-term treatment regimens will be further supported, specifically through ongoing engagement with key MDR-TB consiliums. Finally, the NTP will also be trained to utilize cohort analysis tools at oblast and central levels to routinely monitor the treatment progress and safety of DR-TB patients, and make proactive case management adjustments to ensure better treatment outcomes.

PREVENT

Prevention

While the UNGA TB prevention targets have been adopted in the current NSP, pending MOH endorsement, national policies have yet to develop a stepwise approach to achieving these targets. Past USAID-funded activities on preventing the transmission of TB focused on improved contact investigation, the introduction of IGRA in research settings, and the enhancement of infection prevention and control practices in TB and

PHC facilities. Moving forward, new TB prevention guidelines will outline key goals and approaches in tackling TB transmission utilizing most current World Health Organization (WHO) recommendations on TB infection (TBI) diagnostics and treatment, contact investigation, and infection prevention and control. This document will lay the groundwork for more specific revisions of current policies and standard operating procedures (SOPs). To reach a consensus on the gradual adoption of new tools to expand TPT coverage while ensuring strengthened oversight and mitigating potential risks, inclusive dialogue with key stakeholders on adopting IGRA testing and novel TPT treatment regimens, monitoring and evaluation, as well as strengthened recording and reporting systems for TPT is required.

SELF-RELIANCE

Commitment and sustainability

The government of the Kyrgyz Republic continues to demonstrate strong political commitment in the fight against TB through the adoption of UNGA targets and a consistent increase in the domestic funding for TB. The ongoing Action Plan 2017-2026 on TB service optimization, initiated by the MOH and NTP in 2017 with USAID support, resulted in significant operational savings for the NTP, amounting to one million dollars annually. These savings are being reinvested in drug procurement and increased salary support for PHC providers among other priorities. Moving forward, USAID will promote the continued implementation of the Action Plan 2017-2026 as one of the key drivers for ensuring optimized TB care in hospital settings. Similarly, support for nationwide expansion of the increased salary support for PHC providers, initially initiated in Chui and Talas oblast, will also be considered a priority. USAID will ensure that local community organizations continue to play a vital and lasting role in the outreach and provision of TB care for patients.

Capacity and functioning systems

Under the capacity and functioning systems component, adoption of health management information systems (HMIS) is a top priority for the NTP and MOH through the e-health government initiative. With USAID support, electronic in-patient cards and LMIS have been successfully introduced and operationalized in TB services in recent years. Moving forward, USAID will support the ongoing reengineering/development and piloting of the TB clinical, pharmacy and specimen transportation modules; outpatient electronic cards; aDSM and knowledge management modules; and monitoring and evaluation and statistic dashboard, while ensuring operational internal and external linkages between all modules and products. Implementing this comprehensive package of activities will require robust technical support, including database maintenance and administration, and implementation of relevant information technology (IT) security standards.