



## TAJIKISTAN TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Tajikistan 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.

While significant progress has been made in decreasing TB incidence and mortality in Tajikistan, the country is ranked 23rd among the high drug-resistant TB (DR-TB) burden countries.<sup>1</sup> With an estimated 7,700 TB cases and 2,400 DR-TB cases, the disease continues to present a significant public health threat.<sup>2</sup> In 2019, 5,755 TB cases were notified to the NTP, representing approximately 75 percent of the estimated cases.<sup>3</sup> Of these, 43 percent were women and 57 percent were men.<sup>4</sup> The disease predominantly affects the most economically productive population, with almost two-thirds of all new TB cases diagnosed among people between ages 15 and 44 years.<sup>5</sup>

The main goal of the NTP, housed under the Ministry of Health and Social Protection of the Population (MOHSPP), is to decrease the TB burden, and its impact on social and economic development in Tajikistan, by ensuring universal access to timely, quality diagnosis and treatment of all forms of TB, including TB infection (TBI), which will decrease illness and deaths and prevent further development of drug resistance. By 2025, Tajikistan aims to decrease TB mortality by 35 percent (as compared to 2020); reduce TB incidence by 50 percent (as compared to 2015); reduce the proportion of multidrug-resistant (MDR-TB) cases to under 10 percent; and ensure universal access to diagnosis of and treatment for all forms of TB. To achieve these targets, the NTP, through its National Strategic Plan (NSP) for TB 2021-2025, will focus on interventions that: expand coverage to quality and rapid TB diagnostics, especially among contacts and high-risk populations; ensure universal access to quality treatment and care; implement effective, comprehensive TB prevention measures; and create an enabling environment and corresponding systems to effectively support TB control efforts.

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

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<sup>1</sup> World Health Organization. Global Tuberculosis Report, 2020.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

## REACH

### *TB diagnosis*

To achieve ambitious TB detection targets, strengthening the TB diagnostic network is crucial and well-articulated in the NSP. In the last five years, USAID has prioritized increasing access to rapid molecular diagnostic technologies and drug-susceptibility testing (DST) in every regional laboratory across the country by providing technical assistance (TA) to ensure new diagnostic equipment is utilized and maintained. USAID has worked closely with the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) to build the capacity of the National TB Reference Laboratory. To further enhance the lab network, USAID will focus on: enhancing specimen transportation, promoting quality improvement within the laboratory system and across the overall TB diagnostic network, ramping up access to phenotypic DST at the subnational level, revitalizing laboratory equipment maintenance, and promoting lab human resource development.

### *Engaging all care providers*

Early identification of individuals most at risk for TB requires a more in-depth understanding of the delays in the system. USAID is working with the NTP to integrate TB into primary healthcare to more rapidly identify presumptive TB cases and high-risk groups under clinical supervision. USAID will also provide TA to promote greater integration of TB detection with various chronic disease services. USAID will continue to invest in eliminating barriers to access of TB services by strengthening facility-based outreach activities.

### *Community TB care delivery*

Communities and civil society organizations (CSOs) have increased their involvement in TB control programming by fostering a network of community leaders and members of community organizations, local and state authorities, and primary healthcare (PHC) facilities and providers. Over the last five plus years, USAID supported the establishment of 143 community health committees that have a track record of detecting one in three new cases identified in U.S. Government-supported geographic areas. USAID will continue to work with nongovernmental organizations (NGOs) and CSOs to build their capacity to effectively fill TB response gaps, such as community-based outreach to at-risk populations, including prison inmates, for effective TB prevention, care, and treatment support.

## CURE

### *Drug-susceptible TB (DS-TB) treatment*

USAID is supporting the expansion of ambulatory treatment and care with enhanced patient adherence. Moving forward, USAID TA will focus on improving the supply chain

of quality first- and second-line TB drugs and laboratory consumables, further operationalization of the patient-centered TB care model with the use of video observed therapy (VOT) and family directly observed therapy (F-DOT), revision and promotion of the patient support package, and operational studies.

### *Multidrug-resistant TB (MDR-TB) treatment*

The 2017 Drug Resistance Survey (DRS 2017) illustrated that overall MDR-TB rates are as high as 19.9 percent among new cases and 41.1 percent among retreatment cases. Focus on DR-TB treatment and care cuts across all objectives of the NSP. As per the World Health Organization (WHO) recommendations on drug-resistant TB treatment, USAID has promoted and supported the roll-out of shorter and individualized treatment regimens across the country. USAID will facilitate the utilization of active drug safety monitoring (aDSM) to ensure the appropriate use of new drugs, a requirement for pharmacovigilance by WHO for the introduction of the new regimens and drugs. Moving forward, the main strategies and approaches to increasing the successful treatment of DR-TB are as follows: support the updating of the case management guidelines to comply with the latest WHO advice; promote decentralized outpatient treatment with patient support; support quality improvement activities; and further strengthen the country's pharmacovigilance system.

## **PREVENT**

### *Prevention*

The NTP has set ambitious targets for TB prevention, particularly in increasing the coverage of contact tracing and scaling-up of TB preventive treatment. USAID's previous efforts were mainly aimed at supporting infection prevention and control measures, but to support the NTP's ambitious goals, USAID will expand its focus to include strengthening TBI detection and treatment with strong capacity building of primary healthcare providers and TB laboratory specialists in addition to targeting infection prevention and control improvements.

## **SELF-RELIANCE**

### *Commitment and sustainability*

Fostering an enabling environment and creating or enhancing the necessary systems to achieve the ambitious TB targets is a priority for the NTP. Additionally, the NTP recognizes the importance of country ownership and continuous stewardship and accountability, demonstrated by increased political commitment and resources to match. USAID will support these principles and interventions to increase Tajikistan's self-reliance by supporting efficiency improvements in the NTP and helping to mobilize domestic resources for a stronger and more sustainable TB response.

### *Capacity and functioning systems*

The quality of procured drugs and lab supplies still needs improvement, along with better quantification, forecasting, overall health information flow, and resource mobilization. USAID has supported the NTP in registering new quality-assured manufacturers of first-line drugs, as well as in rolling out OpenMRS (Open Medical Registration System) throughout the country and building the capacity of TB managers and service providers. USAID will continue to support interventions to improve the procurement and logistics capacity to manage the TB drug and laboratory consumables supply chain, enhance TB data quality and reliability, and support integration with other health information systems. USAID will also support the strengthening of health workforce capacity with a focus on primary care providers, and promotion of actions towards strategic purchasing of TB services. Additionally, USAID will continue to work with stakeholders (including local and community-based organizations) to protect and promote human rights and gender equity by helping address and reduce stigma and discrimination for all TB patients, especially for TB patients with other comorbidities (such as HIV).