



TAJIKISTAN TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Tajikistan FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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.¹ With an estimated 8,000 TB cases and 1,730 DR-TB cases in 2020, the disease continues to present a significant public health threat, and is a major burden on the country's already strained healthcare system and its economic development.² In 2020, 4,316 TB cases were notified to the NTP, representing approximately 54 percent of the estimated cases.³ Of these, 44 percent were women and 50 percent were men.⁴ The disease predominantly affects the young and most economically productive population group, with almost two-thirds of all new TB cases diagnosed among people between ages 15 and 44 years.⁵

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.

¹ World Health Organization. Global Tuberculosis Report, 2021.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019—representing a more than 20 percent decline. In Tajikistan, there was a 28 percent decline in TB case notifications and a 37 percent decline in DR-TB case notifications in 2020, compared to 2019. USAID collaborated with the NTP to conduct a modeling study to explore how limitations caused by the COVID-19 pandemic could affect TB diagnosis, treatment, and prevention, and concluded that even temporary disruptions in TB services can have a substantial impact on TB incidence and mortality in Tajikistan over the next five years. To mitigate the long-term impact of these disruptions on program implementation, USAID responded rapidly and developed a [TB Recovery Plan](#) for an additional \$1.2 million of core funds to address the impact of COVID-19 on TB interventions. As outlined in this Roadmap, USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time, and to build more resilient TB programming.

The proposed FY21 USAID TB budget for Tajikistan is \$6 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

Strengthening the TB diagnostic network is crucial to achieve the United Nations High-Level Meeting (UNHLM) targets for TB detection. USAID supported the NTP to improve access to rapid molecular diagnostic technologies and ensure availability of drug-susceptibility testing (DST) in every regional laboratory across the country. USAID provided technical assistance (TA) to ensure that the diagnostic network is utilized and maintained. However, a suboptimal sample transportation system remains as one of the main barriers to adequate case detection. To further enhance the lab network, USAID will continue to implement effective approaches addressing multiple areas of critical importance—such as quality management systems, laboratory information management systems, etc. USAID will provide TA to increase laboratory-based TB detection rates at the Primary Health Care (PHC) level, especially for people living with HIV/AIDS (PLHIV) and children. In FY2022, USAID will continue supporting access to phenotypic DST, by strengthening the capacity of the National Reference Laboratory (NRL) and regional labs to assess and manage rational workload distribution within the laboratory network.

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 rapidly identify presumptive TB cases and high-risk groups under clinical supervision. As part of the Tajikistan TB Recovery Plan, USAID will undertake a number of interventions to intensify case finding by outreach/social workers in additional geographic areas. In 2022, USAID will focus on strengthening facility-based outreach activities. Additionally, USAID will work together with the NTP and the primary healthcare service to follow an updated national clinical diagnostic algorithm using digital tools for detection and conduct tailored training for primary healthcare workers on innovative TB case finding.

Community TB care delivery

In the last few years, 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 PHC facilities and providers. 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. With FY21 funds, outreach for CSOs will further be expanded through trained volunteers, outreach workers, and healthcare providers (primary care doctors, nurses, etc.) with the use of innovative approaches such as the E-Detection tool installed on mobile devices for improved coverage.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID is supporting the expansion of ambulatory treatment and care with enhanced treatment support. Moving forward, USAID will work with the NTP to improve the procurement and supply chain management for procuring first- and second-line TB drugs and other laboratory consumables. USAID will promote a tailored approach of technology-supported treatment adherence with a flexible mix of facility- and community-based care, video-supported treatment, and family-supported treatment. USAID will also support the NTP in further advocating for social support for people with TB.

Multidrug-resistant TB (MDR-TB) treatment

Data from the Drug Resistance Survey, conducted in 2017, reveal MDR-TB rates 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 management and monitoring (aDSM) to ensure the appropriate use of new drugs—a requirement for pharmacovigilance by WHO for the introduction of new regimens and drugs. Moving forward, the main strategies and approaches to increasing the successful treatment of DR-TB are as follows: support updating of the case management guidelines to comply with the latest WHO recommendations; promote decentralized outpatient treatment with adequate care mechanisms; support quality improvement activities; and further strengthen the country’s pharmacovigilance system. USAID will also support implementation of the new WHO-recommended modified shortened non-injection treatment regimens and new drug combinations (bedaquiline, pretomanid, and linezolid [BPaL]) under operational research conditions.

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 (TPT). The MOHSPP endorsed the National Guidelines on Latent TB Infection in March 2021, which outlined updated targets for 2021–2025 set forth by the NTP based on investigating ten contacts per individual with TB. In FY 2022, USAID will support quality TB prevention detection and treatment underpinned by the newly endorsed national guidelines. USAID will also support capacity building of lab specialists on QuantiFERON testing and primary care specialists on alternative TB infection treatment regimens. USAID will also build on its previous efforts of infection control (IC) improvement by implementing updated IC guidelines and providing support to IC committees to design and implement facility-based IC plans and home-based infection control education for caregivers and family members of people affected by TB.

SUSTAINABLE SYSTEMS

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. With USAID's technical assistance, the NTP successfully procured the first batch of first-line TB drugs and is gradually taking over the procurement of all second-line drugs, with 30 percent of second-line TB drugs to be procured by 2025. USAID will assist the NTP and the MOHSPP to further advocate for increasing state commitment to TB activities, and establish an effective social contracting mechanism to support local NGOs and civil society organizations to provide TB care. The NTP recognizes the importance of country ownership and continuous stewardship and accountability, demonstrated by increased political commitment and resources to match. Moving forward, USAID will continue to engage with the Government of Tajikistan at all levels and 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 the Open Medical Registration System (OpenMRS) 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 people with TB, especially for individuals with other comorbidities (such as HIV).