



UZBEKISTAN TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Uzbekistan 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 both the TB incidence and mortality have decreased in Uzbekistan, persisting challenges exist in closing the gap between the estimated TB incidence and case notification. Additionally, among the high multidrug-resistant TB (MDR-TB) burden countries, Uzbekistan is ranked 16th.¹ In 2020, 12,111 TB cases were notified to the NTP, 91 percent of whom were tested with rapid diagnostics at the time of diagnosis. MDR-TB poses a significant public health threat; it is estimated that 12 percent of new TB cases and 22 percent of previously treated TB cases have MDR-TB.² In recent years, the treatment success rate (TSR) has remained quite high—at above 90 percent; and in 2020, all people diagnosed with drug-resistant TB (DR-TB) were enrolled on treatment.³

Uzbekistan is committed to eliminating TB by 2050. Uzbekistan's National TB Strategy 2021-2026 aims to reduce the TB incidence rate by 50 percent and the number of TB deaths by 75 percent by 2025 (as compared to 2015). Furthermore, the NTP aims to achieve the United Nations High-Level Meeting on TB (UNHLM) diagnosis and treatment targets by expanding access to diagnostics; ensuring access to quality, person-centered TB services especially for high-risk groups; scaling-up prevention programming; and strengthening management of the TB response.

To further support TB control efforts, as part of the Government of Uzbekistan's comprehensive health reforms, the National Strategy Concept of Healthcare Improvement for 2019-2025 specifically outlines TB incidence reduction goals. In addition, two presidential decrees prioritize TB service provision, the *Improvement of TB and Pulmonology Services* and *Accelerating Pharmaceutical Industry Development*. The Ministry of Health (MOH) and Ministry of Finance (MOF) are working together to address health financing reforms to offer social health insurance and a state-guaranteed package of healthcare services starting January 2021.

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

¹ World Health Organization. *Global Tuberculosis Report, 2021*.

² World Health Organization. *Global Tuberculosis Report, 2020*.

³ World Health Organization. *Global Tuberculosis Report, 2021*.

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 Uzbekistan, there was a 26 percent decline in TB case notifications and a 14 percent decline in DR-TB case notifications in 2020, compared to 2019. 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.

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

REACH

TB Diagnosis

USAID will support the NTP in strengthening the TB diagnostic network, laboratory management, and a laboratory logistics management information system (LMIS) to allow for the effective scale-up of TB and DR-TB case detection and drug-susceptibility testing (DST). More specifically, USAID will provide technical assistance (TA) to the NTP to strengthen the use of data for decision making, strengthen laboratory quality management systems, and conduct regular laboratory audits. In addition, USAID will identify and help address gaps in the GeneXpert network, to support the NTP in its adoption of rapid molecular technologies (Xpert) as a primary diagnostic test. USAID will provide support to optimize the specimen transport systems, maximize and build the capacity of current health staff, and more. USAID will support updating national policies to introduce new technologies, including Next-Generation Sequencing of Mycobacterium TB (NGS), interferon-gamma release assays (IGRA), GeneXpert, more recent molecular tests such as BD-MAX MDR-TB (supported by the World Health Organization [WHO]), and Diagnostic Value of Urine Lipoarabinomannan (Urine-LAM). USAID will support the Drug-Resistance Survey (DRS), which will be conducted in the country to clarify the burden of MDR/RR-TB resistance to fluoroquinolones, and assess the investment impact on TB epidemiology to facilitate managerial decisions. USAID will also assess laboratory infrastructure to address infection prevention and control and help introduce child-friendly diagnostics.

Engaging all care providers

USAID will support an increase in quality care and improve reporting in all facilities. More specifically, USAID will build the TB detection, diagnosis, treatment, and care capacity of primary healthcare centers (PHCs), including building supportive supervision structures to ensure quality

of care as well as advocacy to support outpatient care for people with MDR-TB. Additionally, USAID will employ a multidisciplinary team approach to further ensure the provision of quality TB service delivery, including treatment support and counseling through innovations including video-supported treatment (VST) and psychosocial support. USAID will support Enhanced Case Finding (ECF) to identify TB cases in vulnerable populations and high-risk groups outside of health facilities by engaging the community and employing social and behavior change specialists to encourage high-risk individuals to get tested for TB, in addition to supporting the NTP for simultaneous testing of TB and COVID-19 and integrated TB and COVID-19 contact investigations.

Community TB care delivery

USAID is revitalizing TB prevention and case-finding efforts outside of health facilities for high-risk groups. USAID will support the NTP to reach vulnerable groups and link them to comprehensive TB services by working with social workers involved in community outreach to provide individual and group consultations for vulnerable groups and their relatives, referring them, and transporting or escorting them for TB screening. Specialized counseling and referral services will focus on former prisoners within two years of their penitentiary release. USAID supported a gender analysis to determine gender, stigma, and other social barriers to accessing TB services. USAID will now work with TB survivors, celebrities, and key decision-makers to conduct public awareness events to reduce social barriers to TB services, among other activities based on the results of the survey.

CURE

Drug-susceptible TB (DS-TB) treatment

Persisting challenges exist in transitioning from heavily facility-based health systems of TB care and service delivery to a more people-centered model. USAID has made substantial investments, including providing essential TA, to help the NTP make this transition and assimilate a culture of continuous quality improvement. USAID will continue to support monitoring and evaluation (M&E) for DS-TB and DR-TB data in collaboration with district clinics in Uzbekistan, as well as implementation of an electronic surveillance system equally beneficial for all people with TB regardless of resistance pattern. Additionally, USAID will employ a multidisciplinary team approach to help increase treatment success as well as case detection, referral, and management. USAID will support the NTP in adoption of electronic tools to mitigate the COVID-19 impact on TB services and improve treatment outcomes by aligning electronic systems and the implementation of VST. Through local partners, USAID will work to strengthen pediatric TB services by including psychosocial support services for children and their families.

Multidrug-resistant TB (MDR-TB) treatment

To further improve and sustain the DR-TB treatment successes, USAID will continue to work to ensure the availability of high-quality, all-oral shorter treatment regimens for DR-TB as well as provide mentoring and support to ensure providers follow the revised national guidelines for managing adverse drug events. More specifically, USAID will support the NTP in adopting a people-centered model of TB care to achieve the ambitious TB targets and ensure universal access to DR-TB diagnostics, treatment, and care for priority populations. USAID-supported interventions will strengthen the active TB drug-safety monitoring and management (aDSM) systems by helping to pilot national policies and practices. USAID will also support the NTP in the introduction of new diagnostic algorithms that include line probe assays (LPA).

PREVENT

Prevention

USAID prevention efforts will focus on intensifying contact investigation interventions by implementing new technologies and effectively training staff to trace possible transmission among contacts. USAID will support cascade training planned for primary healthcare doctors on TB contact tracing, identifying and testing individuals at high risk of TB infection and progression to active TB disease, and delivering effective and safe TB preventive treatment (TPT). USAID will also support Uzbekistan's NTP in developing programmatic management of TB preventive treatment (PMTPT) and systematic screening for tuberculosis disease. USAID will introduce new TPT regimens and new tools for routine screening of risk groups for TB. USAID will also provide TA to help the NTP in updating TB prevention guidelines, adopting new TB preventive treatment regimens, and to revise the national clinical protocol for infection control, assess the regulatory framework and guidelines for infection control, and improve infection control measures at facility and community levels. With a focus on reaching high-risk groups, USAID will help the NTP to strengthen collection, analysis, and use of prevention data.

SUSTAINABLE SYSTEMS

Commitment and sustainability

The Government of Uzbekistan remains committed to achieving the UNGA targets and eliminating TB. With the release of a presidential decree on TB services in 2019, the government demonstrated the commitment to roll-out new approaches to TB prevention, diagnosis, and treatment, including a comprehensive package of services for high-risk and vulnerable groups. The

decree also committed a substantial increase in domestic resources to fight TB. Even so, persisting challenges remain in ensuring the speedy implementation of health system reforms, especially for TB services, and in transitioning to expanded outpatient MDR-TB treatment and care. With TA and support from USAID, the NTP has been leading the charge in promptly updating its policies and introducing innovative diagnostic technologies.

Capacity and functioning systems

USAID continues to support the NTP in accelerating its response to the TB epidemic through innovation and health system strengthening. To this end, as the country transitions to domestic procurement, USAID will help ensure that drug procurement and supply chain systems are sustainably managed. USAID will also strengthen the regulatory system for medicines to ensure access to quality-assured medicines in the country. USAID will also support the NTP in strengthening health management information systems (HMIS) and M&E.