



KYRGYZ REPUBLIC TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Kyrgyz Republic Fiscal Year (FY) 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. This TB Roadmap was developed in partnership with the National TB Program (NTP) and other key stakeholders.

In 2021, the estimated TB incidence in the Kyrgyz Republic was 8,500; an estimated 680 people died from TB. The Kyrgyz Republic notified 4,596 incident TB cases. In the same year, 94 percent of notified individuals with TB were tested for rifampicin resistance, and 942 people were diagnosed with drug-resistant TB (DR-TB) and put on treatment.

In 2017, the Kyrgyz Republic adopted the TB V Strategy for 2017-2021 as a guiding document for planning and implementing TB activities nationwide. In 2021, the NTP initiated the development of the TB VI strategy for 2022-2026, which will effectively replace TB V in 2022. TB VI is in its final stages of development and will be sent for government approval in 2022. The TB VI strategy has tentatively adopted the United Nations High-Level Meeting on TB (UNHLM) targets for 2022 and set additional targets for 2023-2026 in line with the projected trends across all key indicators. The TB VI strategy also integrates COVID-19 response activities.

Overall, the strategy places a strong emphasis on TB prevention and early diagnosis, promotion of people-centered care with a focus on high-risk groups, improved cross-sectoral cooperation, and comprehensive psycho-social support for individuals with TB. Finally, the TB VI strategy calls for restructured TB service management with a focus on health system strengthening and sustainability of strategic, effective, and coordinated TB response.

The proposed FY2022 USAID TB budget for Kyrgyz Republic is \$6 million, and with this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

Strengthening the diagnostic and laboratory network is one of the top priorities for the country. The NTP will continue strengthening the 24 GeneXpert networks (particularly for improved functioning of GeneXpert and improved turn-around-time (TAT) and results reporting; the NTP will also focus on increasing rates for bacteriological confirmation and drug susceptibility testing (DST) coverage. FY2023 technical assistance (TA) will focus on promoting increased DST coverage, including—

- Ensuring clinician compliance with the revised diagnostic algorithm and using Xpert

MTB/Rif as a first-line diagnostic tool, and streamlining relevant SOPs at the Primary Health Care (PHC) level;

- Transporting specimens for performing culture and DST, as well as increasing access to next-generation sequencing testing;
- Expanding Laboratory Data Management Information Systems (LDMIS) implementation nationwide with a focus on PHC networks;
- Introducing GeneXpert stool test in children;
- Procuring additional GeneXpert platform for PHC sites; and
- Introducing graphic dashboards on diagnostics in LDMIS for improved data analysis.

Engaging all care providers

TB case recording and reporting have been a concern over the past decade as the NTP has been trying to move from a paper-based system to an electronic TB register. Since 2019, with USAID support, major progress has been made to improve the TB register and reintroduce it nationwide.

In FY2023, USAID will support an inclusive dialogue with national stakeholders to discuss key challenges and opportunities in TB case finding to address COVID-19's impact on TB notifications. Conducting quarterly reviews of key indicators' performance at NTP will be considered to inform stakeholders of current trends and ensure follow-up actions. USAID-funded interventions will further support adopting and expanding electronic clinical and laboratory tools as part of the Kyrgyz government-promoted e-health initiative. The Finding, Actively Separating and Treating (FAST), will be further supported in current sites, and recommendations will be developed for nationwide adoption for both public and private healthcare providers. FY2022 activities will also evaluate the feasibility and adopt, if necessary, innovative bidirectional TB and COVID-19 testing models in pilot sites.

Community TB care delivery

FY2022 interventions will continue supporting the engagement of community stakeholders in raising awareness and addressing misconceptions about TB. Similarly, social behavior change initiatives and continued outreach interventions will be supported among vulnerable and marginalized populations, including close contacts of those with TB, people living with HIV/AIDS (PLHIV), substance abusers, the homeless, and released prisoners. Active case-finding models will be further introduced and expanded in pilot areas, utilizing successful community engagement models. Enhanced engagement with the Village Health Committees is envisioned to ensure locally available community resources reach high-risk groups. Pending the inclusive national dialogue findings on COVID-19's effect on decreased TB notification, additional



interventions will be considered to enhance case findings at the community level.

CURE

Drug-susceptible TB (DS-TB) treatment

Despite introducing person-centered models of care, including Video Directly Observed Therapy (VDOT) and home-based care delivery through Non-Governmental Organizations (NGOs), DOT remains a key challenge in treatment support for individuals with DS-TB. Interventions supporting high-risk groups will focus on increasing use and rapidly expanding the coverage of innovative case management and care models for individuals with DS-TB, including community-based treatment supporters, VDOT, home-based care, telephone counseling, and increased access to nutritional support and medical services. Current efforts supporting the expansion of case management services for individuals with TB through the step-by-step implementation of case management standards at the PHC level will continue.

DS-TB protocol detection and diagnostics will be updated, enhancing adherence to the diagnostic algorithm at the PHC level. Additionally, USAID will conduct a study on suboptimal bacteriological confirmation coverage primarily observed in individuals with DS-TB to inform NTP on potential policy and practice recommendations to increase coverage on this core TB Roadmap indicator.

Multidrug-resistant TB (MDR-TB) treatment

In FY2023, USAID will support interventions to increase bacteriological coverage, GeneXpert, and DST coverage nationwide through ongoing training and follow-up supervision, specifically at the PHC level.

Ensuring care providers follow the diagnostic algorithms and perform clinical monitoring, including Active Tuberculosis Drug-Safety Monitoring and Management (aDSM), will require enhanced monitoring and supervision. Clinical management of DR-TB will be supported at all levels, including MDR-TB concilium, along with interventions to promote treatment adherence through case management and improved aDSM practices. Implementing all-oral regimens and expanded use of shorter regimens will be further supported, specifically through ongoing engagement with key MDR-TB concilium.

USAID will continue supporting NTP using cohort analysis/review tools at the oblast and central levels to routinely monitor DR TB notifications, treatment progress, and safety in individuals with DR-TB. With support from USAID, the NTP has also begun using cohort reviews to proactively manage TB cases to ensure better treatment outcomes.



PREVENT

Prevention

In FY2023, USAID will support the implementation of the new TB infection (TBI) guidelines with updated indicators and additional protocol on managing preventive treatment in PLHIV and children contacts; they align with current World Health Organization (WHO) recommendations on TBI diagnostics and treatment and contact investigation. In FY2023, USAID plans to reach a consensus on gradually adopting new tools to expand preventive treatment coverage while ensuring solid oversight and mitigating potential risks. At the same time, this remains a highly ambitious agenda that requires strong political commitment, and significant policy and practice changes will require a phased approach. Universal TB preventive therapy (TPT) coverage in children under five will be considered a priority for USAID in 2023. With the COVID-19 epidemic ongoing, healthcare worker safety has become a top priority for the NTP. The availability of PPE will be closely monitored, and additional supplies procured if necessary.

SUSTAINABLE SYSTEMS

Commitment and sustainability

The Government of the Kyrgyz Republic continues to demonstrate strong political commitment to the fight against TB. The NTP is currently finalizing the NSP which has adopted the United Nations High-Level Meeting on TB (UNHLM) targets. The NSP will lay the foundation for employing more ambitious strategies to reach new targets for prevention and treatment in relevant policies and guidelines.

The Ministry of Health signed a Statement of Partnership with USAID in July 2019. FY2023 activities will promote the implementation of the ongoing Action Plan as a key driver to ensuring optimized TB care in hospital settings. Also, to ensure that local organizations play a vital and lasting role in the outreach and provision of TB care for patients, such initiatives will be supported through the Support for TB Patients activity. Special focus will be placed on empowering key NTP personnel in the programmatic and clinical management of DR-TB at the central and regional levels.

Capacity and functioning systems

Procurement and supply chain management of essential goods and services for TB care, including drugs and lab reagents, is managed through both the NTP (who procures first-line drugs) and United Nations Development Programme (UNDP) (who procures second-line drugs and lab reagents). Drug quantification has improved with the introduction of QuanTB in 2015-2017, resulting in the adoption of the early warning system for stock levels and reduced risks for stock-



outs and potential expiration. In FY2023, further technical support will be provided to NTP to increase domestic procurement of quality-assured second-line drugs registered in the Kyrgyz Republic.

FY2023 activities will continue adopting and increasing utilization of the TB register nationwide, ensuring operational internal and external linkages between all modules and products; this comprehensive package requires robust technical support, including database maintenance and administration and the implementation of relevant IT security standards. Furthermore, core indicator dashboards will be developed in 2022 with data from the TB register to provide user-friendly options for NTP to manage and analyze vital TB statistics.

Research

In recent years, USAID has not funded any research activities directly in the Kyrgyz Republic. However, USAID implementing partners collaborate, where applicable with modified shorter regimen regional operational research supported by WHO Euro, and BPal introduction operational research by KNCV.

On the demand side, the absence of a strategic research agenda at NTP is further complicated by limited human resource capacity and unstable research funding. In FY2023, USAID will support the two research activities by Analytics for Advancing Financial Sustainability and MICS. Pending NTP's commitment, participation in the Special Program in Research and Training in Tropical Diseases project by WHO will be discussed with national stakeholders.