



TAJIKISTAN TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Tajikistan FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget.

In 2021, the estimated TB incidence in Tajikistan was 8,600 and an estimated 1,300 people died from TB. Tajikistan reported 4,158 TB case notifications (New and Relapse), and nearly 99 percent of people with bacteriologically confirmed TB were tested for rifampicin resistance. A total of 606 individuals were diagnosed with drug-resistant TB (DR-TB), and 533 people (88 percent) were put on treatment.

The Ministry of Health and Social Protection (MOHSPP)'s National Program for TB Control 2021-2025, approved by the Decree of the Government of Tajikistan, pursues the goal of decreasing the burden of TB 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, which will decrease illness and deaths and prevent further development of drug resistance. Four main objectives are defined for 2021-2025:

1. Provide universal access to quality early diagnosis of all forms of TB focusing on testing of contacts and high-risk population.

1.1 Enhanced active case finding

1.2. Increased access to the quality TB lab services

1.3 Guaranteed and stable funding for TB laboratory network

2. Provide universal access to quality, up-to-date treatment of all forms of TB with appropriate support through person-centered care models.

2.1 Quality treatment provided to all individuals with TB in line with the latest WHO recommendations and national TB guidelines.

2.2. Uninterrupted drug and reagent supply, stock management, storage and distribution.

2.3. Provision of comprehensive care to all individuals with TB through person-centered models.

3. Implement effective, comprehensive TB prevention measures to protect the individuals exposed to TB, as well as the general population from TB disease and have an impact on the reduction of the TB epidemic in the country.



3.1. Quality Effective TB prevention measures with significant impact on reduction of TB transmission.

4. Create an enabling environment and systems for effective TB control.

4.1 Political commitment to providing support and dedicating resources for a successful TB control program.

4.2 Regular assessment of the level and quality of implementation of the National TB Control Program for 2021-2025.

The proposed FY 2022 USAID TB budget for Tajikistan is \$6 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

To strengthen laboratory services in FY2023, USAID will support the National TB Program (NTP) program as below:

- USAID, in collaboration with NTP, will support a comprehensive Quality Management System (QMS) at all laboratory levels, through conducting periodic laboratory quality improvement audits and reviewing and updating QMS documents to ensure quality and safety policies and procedures are in place.
- To strengthen the network with clinical innovations and IT solutions, USAID will continue supporting the Laboratory Information Management System (LIMS).
- USAID will also provide technical assistance for boosting laboratory-based TB detection rates at the primary health care (PHC) level, especially for people living with HIV (PLHIV) and children.
- USAID will continue supporting access to phenotypic drug-susceptible TB (pDST), by strengthening National Reference Laboratory (NRL) and regional lab capacity.
- In the laboratory resource mobilization domain, USAID Tajikistan will collaborate closely with the Ministry of Health and Social Protection of Population (MoHSPP) to ensure a cost-effective TB diagnostic network is underpinned by a skilled workforce via design and implementation of a human resource development plan.
- USAID will assist in maintaining lab equipment capacity.

Engaging all care providers



USAID is implementing interventions that are based on the active case finding approach linking together TB centers, PHC facilities, and community organizations. Effective contact investigations are the principal underpinning component of this approach. USAID will continue to support this activity in 2023.

USAID will also focus on strengthening facility-based outreach activities. This includes the provision of continuous monitoring and support by the district TB doctors to PHC providers on TB case notification and case management. The NTP, supported by USAID, will work in collaboration with the PHC service to follow an updated national clinical PHC diagnostic algorithm, find cases using the recently introduced TB e-detection tool, and conduct tailored training for PHC workers on innovative TB case finding.

Community TB care delivery

USAID will continue to support community-based organizations and activists to carry out early case detection and support treatment adherence by introducing and delivering innovative support models tailored to the needs of individuals. Trained using USAID's Enhanced Case Finding (ECF) element, instructors, volunteers, and outreach workers will be able to screen target groups and vulnerable populations, identify presumptive TB cases, and refer them for further evaluation and testing. USAID will also invest in the implementation of previously developed and approved guidelines for civil society organizations (CSOs) on TB detection, treatment, and prevention support.

Reaching marginalized populations is a cornerstone of the five-year National Program for TB Control, and USAID will support the NTP to improve the detection of missed TB cases among an expanded circle of contact persons, labor migrants, and PLHIV. As stigma and discrimination became worse during the COVID-19 pandemic, further activities will support refresher training for outreach workers, community volunteers, and the PHC workforce for better outreach and case identification. In addition, the community-led monitoring of TB care based on the *One Impact* application will be expanded to the south of the country.

CURE

Drug-susceptible TB (DS-TB) treatment

A people-centered approach to TB treatment is instrumental in achieving the best treatment outcomes. During the COVID-19 pandemic, Tajikistan's NTP prioritized home-based treatment to limit COVID-19 exposure for vulnerable individuals with TB. This necessitated the expansion of self-administered (SAT) and Family Direct Observation Therapy (F-DOT). USAID will promote a tailored approach of technology-supported treatment adherence with a flexible mix of facility- and community-based directly observed therapy DOT, video-observed therapy (VOT), and F-DOT. USAID will also support the NTP in further advocating for standardized social support for people with TB, as most are aged 20-45 and often are households' primary breadwinners.



USAID will invest in: (a) further operationalization, constant revision, and an updating process to maintain a continued focus on people-centered TB care, implementing proven innovations to support individuals with TB; (b) regular cohort studies to understand post-treatment TB recurrence and mortality, as well as studies assessing post-treatment disability and mental health, pulmonary function, and emerging chronic diseases to expand the treatment and care cascade; prevention of TB recurrence, improved diagnostics and treatment success beyond the treatment completion; and (c) advocacy for domestic resource mobilization and operationalization at the national level (with coordinated and concerted voice of TB partners).

Multidrug-resistant TB (MDR-TB) treatment

Introduction of modified shorter treatment regimen (mSTR) and BPaL (bedaquiline, pretomanid, and linezolid) regimens under the operational research conditions in 2021 followed the plan of gradual extension to the whole country. Protocols on extension of both oral regimens (ORs) were developed and submitted to the Ethical Committee of MOHSPP.

Clinical monitoring of TB treatment for adverse drug reactions (ADR) is conducted at the outpatient level, and people with severe or serious adverse reactions are hospitalized. USAID will continue to strengthen active pharmacovigilance and drug safety monitoring and management.

USAID investments will include: (a) provision of technical assistance in revision of the national DR-TB management guidelines to be aligned with the latest WHO recommendations; (b) development of the national protocol for decentralized outpatient treatment with enhanced community-based social and psychological support; (c) technical support and expertise to the central and province level concilia with the regular performance of clinical audits and cohort analyses; (d) strengthening active Drug Safety Monitoring System (aDSM) via support to the roadmap development along with relevant training, clinical monitoring, etc.; (e) promotion of cascade DR-TB case management models with adequate treatment adherence support through trained volunteers and outreach workers, social workers, counselors, and other peer supporters; and (f) assistance implementing new WHO-recommended modified, shortened non-injection treatment regimens and new drug combinations BPaL under operational research conditions.

PREVENT

Prevention

While infection control measures are inadequate in most TB facilities and in home-based care in Tajikistan, each health care facility engaged in TB treatment should implement an appropriate TB infection control plan to minimize nosocomial transmission and regularly test providers to identify provider infections early. USAID will advocate for setting up effective infection control (IC) committees in TB facilities responsible for developing facility-specific IC plans and for their implementation, monitoring, and regular review.



USAID FY 2022 investments will focus on the following: (1) support to quality TBI detection and treatment underpinned by the newly endorsed national guidelines; (2) TBI capacity building with lab specialists on QuantiFERON testing and primary care specialists on alternative TBI treatment regimens; (3) infection control improvement via updated IC guidelines, support to IC committees to design and implement facility-based IC plans; (4) home-based infection control education for caregivers and family members of people affected by TB; (5) Support NTP in updating the National IC guidelines.

SUSTAINABLE SYSTEMS

Commitment and sustainability

USAID engages with the Government of Tajikistan at all levels to ensure TB is a priority while enhancing Government management and leadership of the response. USAID will support the following activities: (a) continue high-level advocacy to ensure steady increases in domestic resources to support a robust TB response; in particular, to fully cover first- and second-line anti-TB drug needs; (b) promote private sector engagement to realize cost-effective outsourcing to expand and contract the reach and quality of TB diagnostics and treatment services as needed, especially in rural areas; (c) support financial transparency mechanisms to link budgets to epidemiological and service provision data to realize seamless management of domestic financing and operations; (d) establish an effective social contracting mechanisms to support NGOs and CSOs to provide feasible TB care and support.

Capacity and functioning systems

USAID will support the following activities to improve procurement and logistics capacity to manage the TB drug and lab supply chain, specifically: (a) continue to support NTP in maintaining drug stock management at the national and subnational levels; (b) advocate and support revising legislation, registration and procurement procedures to ensure uninterrupted provision of an adequate volume of high-quality TB drugs and laboratory reagents and supplies; (c) strengthen NTP's management skills to support logistics system, seamlessly transporting drugs reagents and samples to clinical and laboratory facilities.

Research

In FY2023, USAID will invest in implementation research-oriented interventions aimed at introduction and scaling up of evidence-based WHO recommended regimens. In FY2023, the Roadmap envisions to support further scaling up of the BPAL regimen and will continue to engage for the introduction of this and other new treatment regimens as they emerge. Other activities will include but not limited to: (a) recent WHO-recommended changes in the current treatment schemes and all oral therapy schemes; (c) shorter treatment regimens for DS-TB; (d) shorter regimens for prevention of TB treatment and testing for infection (e.g., IGRAs).