



KYRGYZ REPUBLIC TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This is an overview of the USAID/Kyrgyz Republic FY 2024 Tuberculosis (TB) Roadmap, implemented with the FY 2023 budget. The roadmap 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.

The Kyrgyz Republic is among the 30 global high-burden multidrug-resistant TB (MDR-TB) countries and the 18 high-priority countries in the World Health Organization (WHO) European Region. In 2022, only 702 of the estimated 3,000 people with MDR-TB were notified (23 percent). In the same year, the overall case detection rate fell to 53 percent from 61 percent in the previous year due to an increase in the estimated incidence of TB and a slight decrease in the number of people notified with TB. The estimated TB incidence has been increasing since 2020 and is now 8,600, according to the WHO. Meanwhile, notifications fell sharply in 2020 and have not rebounded to pre-pandemic levels. The proportion of people reported with TB in 2022 who were bacteriologically confirmed was 68 percent; this metric has been slowly increasing.

In 2021, the NTP initiated the development of the national TB VI strategy for 2022-2026, which was endorsed in March 2023. The TB VI strategy encompasses the WHO End TB Strategy and integrated COVID-19 response activities. Overall, the strategy strongly emphasizes TB prevention and early diagnosis, promotion of person-centered care with a focus on at-risk groups, improved cross-sectoral cooperation, and comprehensive psychosocial support for individuals with TB. Finally, the TB VI strategy also calls for restructured TB service management to strengthen the health system and ensure the sustainability of strategic, practical, and coordinated TB response.

The proposed FY 2023 USAID TB budget for Kyrgyz Republic is \$6 million. 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 country's top priorities. The NTP will continue strengthening the network of 25 GeneXpert platforms, particularly for improved turn-around time (TAT) and results reporting.

FY 2024 technical assistance (TA) will focus on promoting increased drug susceptibility test (DST) coverage, including:



- Promoting clinician compliance with the revised diagnostic algorithm, using GeneXpert MTB/Rif as a first-line diagnostic tool, and streamlining relevant standard operating procedures (SOP) at the primary health care (PHC) level.
- Strengthening PHC capacity to ensure timely transportation of quality specimens.
- Increasing access to next-generation sequencing testing in programmatic settings.
- Enhancing laboratory diagnostic management information system (LDMIS) focusing on GeneXpert coverage recording and reporting functionality.
- Programmatic introduction of GeneXpert stool test in children.

Engaging all care providers

Most TB case findings in the Kyrgyz Republic occur at primary healthcare facilities. The Finding, Actively Separating and Treating (FAST) approach, introduced in 2012 at the PHC level, has not been institutionalized. In FY 2024, 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 FAST strategy will be supported in all current sites. Additional contact investigation sites for pilot implementation will be supported in Osh. Furthermore, best practices and accomplishments in contact investigation pilots will be evaluated and endorsed as MOH policy in 2023, including updated recording and reporting forms.

Community TB care delivery

Community-based TB case finding, in contrast with facility-based case finding, is not extensive or significant in scope. Case finding in communities is not explicitly reflected in national policies and is mainly supported by donor projects and Village Health Committees (VHC). Current activities also support a systemic approach to collaboration between community organizations and PHC providers, focusing on screening and referral services for the most vulnerable populations, DOT, and counseling. A Social and Behavior Change (SBC) assessment was conducted in 2020. Based on the findings of the assessment, a national TB SBC strategy is still being developed.

FY 2024 interventions will continue supporting the engagement of community stakeholders in raising awareness and addressing misconceptions about TB. Similarly, SBC initiatives and continued outreach interventions will be supported among vulnerable and marginalized populations, including close contact with individuals with TB, people living with HIV (PLHIV), substance abusers, the homeless, and released prisoners. Active case-finding models will be continued in pilot areas through the Support to TB Patients and Cure TB project (e.g., mobile X-ray screenings among high-risk groups) utilizing previously implemented successful community engagement models. Enhanced engagement with the Village Health Committees is



also envisioned to ensure locally available community resources are used to reach high-risk groups.

CURE

Drug-susceptible TB (DS-TB) treatment

In FY 2024, interventions supporting high-risk groups will focus on increasing use and rapidly expanding the coverage of innovative models of case management and care for individuals with DS-TB, including via community-based treatment supporters, video-based observation therapy (VOT), home-based care, telephone counseling, and increased access to nutritional support and medical services. Current efforts will continue supporting the expansion of case management services for individuals with TB through step-by-step implementation of case management standards at the PHC. Shorter DS TB regimens will also be considered for implementation pending the adoption of these regimens in the national guidelines. Finally, individuals with DS TB at risk of loss to follow-up will be supported to improve treatment adherence.

MDR-TB treatment

In FY 2024, USAID will support interventions to increase bacteriological coverage, GeneXpert, including the Stool Xpert test, and DST coverage nationwide through training and supervision at the PHC level.

Ensuring care providers follow the diagnostic algorithms and perform clinical monitoring, including active drug safety monitoring (aDSM), requires enhanced monitoring and supervision. Implementation of new regimens (BPaI and BPaLM) for DR-TB will be further supported once the guideline updates are Ministry of Health (MOH)-approved.

USAID will continue tracking and bringing back on-treatment individuals with DR-TB who were previously declared LTFU and supporting individuals with DR-TB who run a risk of treatment interruption in select sites nationwide. Support will be provided to NTP in utilizing cohort analysis/individual case review tools at the oblast and central levels to routinely monitor DR-TB notifications, treatment progress, and safety in individuals with DR-TB.

PREVENT

Prevention

Increased prevention targets for 2024-2026 are being discussed under the new national M&E Plan; however, reaching these ambitious targets will pose a significant challenge for the NTP, as the current coverage of preventive treatment is rather inadequate. TB preventive therapy (TPT) coverage remains low across all priority groups and particularly low in individuals over five years of age.

In FY 2024, USAID will support the implementation of the new TB infection guideline with updated indicators and additional protocol on managing preventive treatment in PLHIV and children contacts; the guideline aligns with current WHO recommendations on TBI diagnostics



and treatment and contact investigation. An operational implementation plan and training on the new guideline will be supported to promote the gradual adoption of new tools to expand preventive treatment coverage while ensuring solid oversight and mitigating potential risks. The innovative TPT case management approach for contact children will be supported in FY 2024 and further enhanced with support group services for individuals with TB.

INNOVATE

Research

In FY 2024, USAID will support NTP's research department to enhance its research capacity, promote new partnerships with external institutions, and help diversify research funding. NTP's participation in the SMART4TB project will also be encouraged to implement national research priorities in collaboration with SMART4TB consortium members.

Scale up of New Tools

In FY 2024, increased coverage for DR-TB genome sequencing will be supported along with operational support to expand the use of QuantiFERON for TB infection diagnostics. Increased domestic funding for PHC provider incentives will be facilitated to cover Issyk Kul oblast and Bishkek city, improving case engagement services for individuals with DS and DR-TB. Finally, the Tuberculosis Management Information System (TB MIS), including the TB register and LDMIS, will be further institutionalized and transferred to NTP in 2024 to ensure sustainability.

SUSTAIN

Commitment and sustainability

The government of the Kyrgyz Republic continues to demonstrate a strong political commitment to the fight against TB. The new TB VI strategy will lay the foundation for employing more ambitious strategies to reach new targets for prevention and treatment in relevant policies and guidelines. The MOH signed a Statement of Partnership with USAID in July 2019. This TB Roadmap for FY 2023 was developed in partnership with the NTP and other key stakeholders while creating the multisectoral accountability framework (MAF), which is pending. USAID and IPs regularly facilitate a review with NTP of the critical targets and commitments outlined in the Statement of Partnership and National Strategic Plan.

FY 2024 activities will promote the implementation of the ongoing Action Plan as one of the key drivers to ensuring optimized TB care in hospital settings. Similarly, ensuring the availability of domestic funding for payment incentives for PHC providers in Bishkek city and Issyk Kul region will be facilitated to improve treatment outcomes. Also, to promote local organizations' role in the outreach and provision of TB care for individuals, such initiatives will be supported through the new bilateral activity. A particular focus will be placed on empowering key NTP personnel in the programmatic and clinical management of DR-TB at the central and regional levels through TB Advisors.



Capacity and functioning systems: Procurement and supply chain management (PSM)

In FY 2024, further technical support will be provided to NTP to increase domestic procurement of quality-assured second-line drugs registered in the Kyrgyz Republic. USAID will support the registration of five additional drugs, including bedaquiline, delamanid, linezolid, clofazimine, and rifapentine, in 2024 to expand the pool of locally available quality-assured drugs.

Monitoring and evaluation (M&E) and Health Management Information Systems (HMIS) [and implementation of the Performance-Based Monitoring and Evaluation Framework (PBMEF)]

Adopting a Health Management Information System (HMIS) in TB is a top priority of the MOH and NTP. FY 2024 activities will support the operationalization of the TB register and LDMIS nationwide, improvement of their functionalities, and external linkages between all TB MIS components. Such a comprehensive package will require robust technical support, including database maintenance and administration and the implementation of relevant IT security standards. Transfer from paper-based to electronic forms under the TB register is being initiated and finalized in 2023. Simultaneously, Cure TB will support a gradual transition of TB MIS management to NTP throughout 2023-2024.

Human resources for health (HRH)

The long-term availability of healthcare workers will need to be addressed by developing new HR policies and creating meaningful incentives. Also, while significant attention has been placed on in-service clinical training, supporting pre-service training programs may contribute to developing a strong cadre of TB professionals who can narrow the human resource gaps in the future. Following the creation of the new department at NTP in charge of strategic planning and research, a concerted effort will be applied to support the human resource capacity of this new department.