



TAJIKISTAN TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This is an overview of the USAID/Tajikistan 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 World Health Organization (WHO) estimated that in 2022, the TB incidence in Tajikistan was 7,800 or 78 per 100,000 population. In the same year, 4,294 individuals with TB were notified, leaving a gap of 45 percent of the people estimated to have TB who were not diagnosed, notified, or placed on treatment. In 2022, the estimated incidence for multidrug-resistant (MDR-TB)/rifampicin-resistant (RR-TB) rose to 2,200 or 23 per 100,000; this estimate steadily increased over the last five years. Of estimated new cases, 28 percent had drug resistance, compared to 33 percent among those previously treated, and of new and relapse pulmonary TB cases, 65 percent were bacteriologically confirmed. Children comprised six percent of notifications, and women over 15 accounted for 41 percent of the total notified.

The Decree of the Government of Tajikistan approved the Ministry of Health and Social Protection of the Population's (MoHSPP) National Strategic Program for TB Control 2021-2025. Its main goal is to decrease the burden of tuberculosis 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.

Tajikistan's NSP has four objectives for 2021-2025:

- Providing universal access to quality early diagnosis of all forms of TB, focusing on testing of contacts and high-risk populations.
- Maintaining universal access to quality, up-to-date treatment of all forms of TB with appropriate support for individuals with TB through person-centered care models.
- Implementing 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.
- Creating an enabling environment and systems for effective TB control.

The proposed FY 2023 USAID TB budget for Tajikistan is \$6 million. With this level of funding, USAID will support the following technical areas:



REACH

TB diagnosis

In 2024, USAID in Tajikistan will continue its efforts to strengthen TB diagnostic services and laboratory infrastructure. Some of the critical activities that USAID will undertake include:

- **Operationalization of BDMAX Next Generation Sequencing (NGS):**
 - Supporting the operationalization of the BDMAX system for the detection of MDR-TB and INH monoresistance.
 - Training laboratory staff, ensuring the availability of necessary equipment, reagents, and disposables, and integrating the system into existing diagnostic workflows.
- **Optimization of Specimen Transportation:**
 - Supporting efforts to optimize the state-funded specimen transportation system, particularly from the village to district level.
 - Improving sample transportation infrastructure is crucial for ensuring samples reach laboratories on time, minimizing delays in diagnosis and treatment initiation.
- **Quality Management Systems (QMS) Support:**
 - Continuing supporting QMS at all laboratory levels by conducting periodic quality improvement audits and updating QMS documents.
 - Ensuring quality and safety policies and procedures are in place, enhancing the reliability and accuracy of TB diagnostic services.
- **Laboratory Information Management System (LIMS) Support:**
 - Continuing to support the LIMS which is essential for streamlining laboratory processes, managing data.
 - Facilitating communication between different levels of the TB diagnostic network.
- **TB Detection at Primary Health Care (PHC) Level:**
 - Allocating funds to strengthen laboratory-based TB detection rates at the PHC level, especially for vulnerable populations such as people living with HIV (PLHIV)



and children.

- Implementing stool-sample GeneXpert MTB/Rif testing using Ultra cartridges, expanding TB-LAM testing, and providing training and education on TB diagnosis.

- **Strengthening phenotypic DST Capacity:**

- Continue investing in strengthening the capacity of the National Reference Laboratory (NRL) and regional labs for phenotypic DST.
- Ensure the availability of accurate drug susceptibility testing to guide TB treatment decisions.

Engaging all care providers and the linkages among care providers

In 2024, USAID's efforts in Tajikistan will continue to focus on enhancing TB detection and management and integrating TB services into primary healthcare and other relevant sectors, and some key actions include the following:

- **Endorsement of TB Integration:**

- Endorse TB integration across all healthcare system levels, including non-governmental organizations to strengthen Tajikistan's ability to address TB throughout the country effectively.

- **Addressing Facility-Based Case-Finding Gap:**

- Collaborating with the National TB Program (NTP) to address the facility-based case-finding gap by understanding who is missed by current efforts and reducing diagnosis delays.
- Strengthening referral mechanisms and continuity of care between healthcare providers and community-based organizations.

- **Capacity Building for Primary Care Professionals:**

- Investing in reinforcing primary care professionals' capacity, including medical and non-medical staff, to improve TB case management and referral processes.
- Training on integrated case management guidelines approved in 2022.

- **Expansion of X-ray screening with Ultraportable X-ray machines:**

- Supporting from the Global Fund (GF) to expand free X-ray screening using



ultraportable X-ray (PXR) machines.

- Bringing screening closer to contacts and presumptive TB individuals who may face challenges reaching healthcare facilities with X-ray capacity due to distance and travel costs.

- **Strengthening Facility-Based Outreach Activities:**

- Continuing focusing on strengthening facility-based outreach activities using FY 2023 funds.
- Monitoring and supporting District TB doctors to primary healthcare providers on TB case notification and management, utilizing TB e-detection tools, and tailored training for primary healthcare workers.

Community TB care delivery

In the last few years, communities and civil society organizations (CSOs) have increased their involvement in TB programming, linking community leaders and members of community organizations, local and state authorities, PHC facilities, and TB services with individuals with TB, presumptive TB cases and marginalized, high-risk groups.

USAID continues to support community-based organizations and activists in carrying out early case detection and treatment adherence by introducing and delivering innovative support models tailored to the needs of individuals with TB, and in FY 2024—

- USAID will also invest in implementing previously developed and approved guidelines for CSOs on TB detection, treatment, and prevention support.
- In addition to wide-ranging screening, USAID will support scaling up the innovative Prevent TB platform, which enables community-level workers to improve TB detection.
- USAID will support the NTP to improve the detection of missed presumptive TB cases among an expanded circle of contact persons, labor migrants, and people living with HIV (PLHIV).
- In FY 2024, outreach will further be expanded through trained volunteers, outreach workers, prison health workers, and health care providers (primary care doctors, nurses, and Healthy Lifestyle Centers' outreach providers) to achieve better coverage with the use of innovative approaches such as E-Detection tool installed on mobile devices.
- To improve case detection for TB and TB infection (TBI), and in line with the overall move to digitalize the health system, USAID will further support using the Prevent TB



platform. The platform allows for monitoring all steps of the preventive cascade of care for contacts of PW-TB, including active case finding (via e-detection) and TB preventive treatment provided by PHC facilities, CSOs, and community networks.

- USAID will further support the national development of a gender-responsive approach to TB response.

CURE

Drug-susceptible TB (DS-TB) treatment

In 2024, USAID in Tajikistan will focus on securing a steady supply of high-quality TB drugs and laboratory supplies through initiatives such as implementing good regulatory practices, expediting registration of WHO-prequalified medicines, and strengthening quality management systems. Additionally, USAID will promote person-centered TB treatment by expanding self-administered and video-supported treatment options, investing in community-based case management, and advocating for standardized social support for individuals with TB. USAID-funded projects will increase coverage of video-supported treatment and transfer knowledge to primary care professionals for sustainable care models. Furthermore, USAID will invest in operationalization, cohort studies, and advocacy for domestic resource mobilization for TB care.

MDR-TB treatment

TB treatment remains centralized in facilities and must be decentralized to the PHC and community level. Outpatient treatment of individuals with DR-TB with PHC involvement in TB care is being promoted. Currently, only 40 percent of individuals with TB initiate treatment in ambulatory settings. USAID will support NTP in coordinating TB individuals' case management through primary care and CSOs to facilitate and expedite community-based case management for DR-TB. USAID investments will include the following:

- Providing technical assistance in the revision of the national DR-TB management guidelines to be aligned with the latest WHO recommendations.
- Developing the national protocol for decentralized outpatient treatment with enhanced community-based social and psychological support.
- Providing technical support and expertise at the central and provincial levels to facilitate the regular performance of clinical audits and cohort analyses.
- Strengthening the active Drug Safety Monitoring System (aDSM) via support to the roadmap development along with relevant training and clinical monitoring.



- Promoting cascade DR-TB case management models with adequate treatment adherence support through trained volunteers and outreach workers, social workers, counselors, and other peer supporters.
- Assisting with implementing the new WHO-recommended, modified, shortened all-oral treatment regimens and new drug combinations (BPaL and BPaLM).

PREVENT

Prevention

USAID will work with the NTP to intensify contact investigation (CI) of newly identified individuals with TB, which is currently suboptimal in Tajikistan, especially with high-risk groups. USAID FY 2023 investments will focus on the following:

- Supporting quality TBI detection and treatment underpinned by the newly endorsed national guidelines.
- Building TBI capacity with lab specialists on Quantiferon testing and primary care specialists on alternative TBI treatment regimens.
- Improving infection control via updated CI guidelines and supporting IC committees to design and implement facility-based CI plans.
- Educating caregivers and family members of people affected by TB on home-based infection control.
- Support NTP in updating the National IC guidelines.

INNOVATE

Research

USAID invests in introduction and programmatic implementation of the new treatment regimens. In late 2020, NTP started operational research (OR) on introducing a modified shorter treatment regimen (mSTR) for DR-TB. USAID, via ETICA and End TB Tajikistan mechanisms, will provide technical assistance in the supported geographic areas and beyond, specifically for BPaL (bedaquiline, pretomanid, and linezolid) regimen implementation. In 2020, Tajikistan began enrolling individuals with DR-TB for the BPaL, and to date, 165 individuals with TB are on mSTR and 56 – on the BPaL regimen. NTP seeks out and enrolls individuals from around the country, and USAID will further help find eligible people to put them on treatment.

Scale up of New Tools

In FY 2024, USAID will invest in implementing research-oriented interventions aimed at introducing and scaling up evidence-based WHO-recommended regimens. In FY 2024, the roadmap envisions supporting further scaling up the BPaL and BPaL-M regimens. It will continue to engage with the Médecins Sans Frontières (MSF) for the introduction of the above



preventive treatment for MDR-TB contacts and other new treatment options as they emerge. Other activities will include but not be limited to (a) rollout of portable X-ray use; (b) video-supported observed treatment in addition to traditional DOT; (c) use of the mobile application OnImpact for contact investigation and community-based monitoring of TB services; (d) recent WHO-recommended changes in the current treatment schemes and oral therapy schemes; (d) shorter treatment regimens for DS-TB; (e) shorter regimens for prevention of TB.

SUSTAIN

Commitment and sustainability

USAID's approach to deepening Tajikistan's commitment to a sustainable TB response is to engage with the government of Tajikistan at all levels, ensuring TB is a priority while enhancing government management and leadership in the response. As the current national TB Strategic Program will end, USAID will assist in the strategy development process for the period beyond 2025. USAID will support the following activities: (a) continuing high-level advocacy to ensure a steady increase in domestic resources to support a robust TB response, in particular to cover first fully- and second-line anti-TB drugs needs; (b) promoting 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) supporting financial transparency mechanisms to link budgets to epidemiological and service provision data to realize seamless management of domestic financing and operations; and (d) establishing 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) continuing supporting NTP in maintaining drug stock management at the national and sub-national levels; (b) advocating and supporting 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) strengthening NTP's management skills to support logistics system, seamlessly transporting drugs reagents and samples to clinical and laboratory facilities.

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

USAID plans to support Tajikistan in further developing its network of established multiple digital platforms for data collection and analysis in the TB service, including integrating Prevent TB with the OpenMRS e-TB register. USAID will further improve data entry and use of these systems. In addition, USAID will also support Tajikistan in installing a tailored laboratory management information system (LIMS), an automated record-keeping tool for sample



management and tracking, automation of laboratory workflows, and inventory of lab consumables.

In addition, the Agency will invest in the following areas: (a) the quality ensured data are harnessed and adequately analyzed to inform programmatic response and policy level decisions; (b) improving overall E-TB Register data reliability, completeness, and accuracy; (c) promoting integration and interoperability with other health information systems, including LIMS, TB information database within the penitentiary system and LMIS, ensuring comprehensive TB data to inform TB response operations.

Human resources for health (HRH)

To help build national capacity in this area, USAID will assist the MoHSPP and the NTP in the development of the strategic human resources (HR) plan to introduce a system for recruiting young TB specialists in professional training to promote career growth. USAID will: (a) leverage existing online professional development activities for other sectors and to understand and apply key lessons learned; (b) review the current PHC staff rewards and incentives in the primary healthcare system and advocate for the introduction of rewards for successful TB efforts; in particular, a greater understanding of provider salaries to help ensure rural PHC providers are successfully recruited and retained to serve individuals with TB; (c) support training module development.