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TB CARE I

Kyrgyzstan

Year 1

Annual Report

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List of Abbreviations

ACSM	Advocacy, Communication and Social Mobilization
AFEW	AIDS Foundation East-West
APA1	Annual Plan of Activities Year 1
DOTS	The internationally recommended strategy for TB control
GF	Global Fund to Fight AIDS, TB, and Malaria
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HRD	Human resources for health
HSS	Health Systems Strengthening
HW	Health Worker
IC	Infection Control
ICRC	International Committee of the Red Cross
IUATLD	International Union Against Tuberculosis and Lung Disease
KfW	German development bank
KNCV	KNCV Tuberculosis Foundation
MDR-TB	Multidrug-Resistant TB
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSF	Medicines Sans Frontiers
NCP	National Center of Phthisiology
NGO	Non-Governmental Organization
NRL	National Reference Laboratory
OR	Operational Research
PMDT	Programmatic Management of Drug-Resistant TB
PR	Principal Recipient
QHCP	Quality Health Care Project
SLD	Second-Line Drug
SOP	Standard Operating Procedure
SRL	Supra-National Reference Laboratory
TA	Technical Assistance
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

The USAID supported five-year (2010 -2015) TB CARE I project is implemented in Central Asian countries by KNCV Representative Office in Central Asia. During the first project year, TB CARE I was implemented in three Central Asian countries – Kazakhstan, Kyrgyzstan and Uzbekistan.

TB CARE I is implemented in key geographic areas of Kyrgyzstan: capital of the country Bishkek and Issyk-Kul oblast.

The collaborating partners of TB CARE I are the following government bodies: National TB programs, Ministries of Health, Internal Affairs, Justice, Labor and Social Defense, Prison Service, and international organizations such as USAID Dialogue on TB/HIV and Quality Healthcare Projects, Supranational Laboratory in Gauting, MSF, ICRC, AFEW, GFATM, World Bank and KfW.

In APA1, TB CARE I worked in eight technical areas:

1. Universal Access
2. Laboratories
3. Infection control
4. Programmatic Management of Drug Resistant TB
5. TB/HIV
6. Health system strengthening
7. Monitoring & Evaluation, Surveillance and OR
8. Drug supply management

Below is the summary of major achievements and challenges by technical areas:

Universal and early access

Key achievements

- National TB program for 2012-2016 was developed by the TWG at the NTP; host country and international stakeholders were actively engaged in its development.
- TB CARE I conducted a round table to promote a dialogue between Ministries and other national and international partners involved in addressing TB control among migrants.
- Under the guidance of TB CARE I, Supra National Reference Laboratory provided assistance in developing the National Laboratory Plan, facilitated by Evgeny Sagalchik from SNRL Gauting.

Laboratories

Key achievements

- Review of TB laboratory service of civil and penitentiary systems was conducted by international specialists Girts Skenders and Evgeny Sagalchik from SNRL Gauting who also facilitated the development of National Laboratory Guideline for enhancing TB laboratory service (see Picture 3).
- Laboratory recording and reporting forms were adapted and adopted in accordance with international standards and country needs.

Infection control

Key achievements

- Assessment of TB IC in project sites was conducted by the regional TB IC consultant Vlad Furman. As a result of this mission, draft IC-TB guideline has been developed.

PMDT

Key achievements

- TWG on the development of protocols on TB in children have been established. NTP with support of TB CARE I organized several meetings of TWG to draft protocols on TB in children.

Tuberculosis / HIV

Key achievements

- National Strategic TB/ HIV plan were drafted in collaboration with state, international and non-government organizations.

Health System Strengthening

Key achievements

- A workshop on patient support system was organized to promote the dialogue between government institutions, international and national organizations on support of TB patients.

Monitoring and evaluation

Key achievements

- Consolidated action plan for improving the surveillance system was developed in collaboration with GF and Project HOPE and other host country and international stakeholders. Plans and descriptive document were approved by the MoH.

Table 1: Completion of TB CARE I Technical areas

Technical Areas	% Completion
1. Universal and Early Access	89%
2. Laboratories	92%
3. Infection Control	69%
4. PMDT	75%
5. TB/HIV	75%
6. Health Systems Strengthening	75%
7. M&E, OR and Surveillance	100%
8. Drug supply and management	Cancelled
Overall work plan completion	82%

Below is the summary of baseline data for TB CARE I indicators that are used to measure TB CARE I's contribution to the targets:

TA Universal Access:

1. TB cases in migrants reported to NTP among the total number of TB patients.
 - Registered cases among TB patients remain at the same level. TB cases in migrants reported to NTP among the total number of TB patients: Bishkek - 9,2%; Issyk-Kul - 6,3%.

TA laboratories:

1. Developed National laboratory strategic plan.
 - Laboratory plan has been drafted and submitted to NTP.

TA Infection control:

1. Ratio of TB notification rate in health care staff.
 - 98,2 by 100 000 in health care staff.

TA PMDT:

1. MDR TB cases put on treatment (number and percentage of diagnosed MDR TB cases).
 - Coverage by SLD is at 62%. 792 MDRTB cases were diagnosed and put on treatment.
2. Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB).
 - Number of children put on MDR TB treatment in accordance with international guidelines are 5.

Detecting MDR TB is the priority for children and is 100%.

TA TB/HIV:

1. Country has a National strategic plan on TB/HIV collaborative activities in line with WHO standards.
 - National strategic plan on TB/HIV collaborative has been drafted. It will be finalized and discussed with partners on TWG on TB/HIV, and will be submitted to NTP and AIDS center.

TA HSS:

1. Default rate among TB patients.

- Bishkek: 12,2%; Issyk Kul: 1,4%. Number of defaulters among TB patients in Bishkek is higher because of a higher number internal and external migrants, former prisoners, drug users and homeless people. These groups have lower adherence to treatment.

TA M&E:

1. Reporting units at all levels of data flow submitting timely reports according to national guidelines (number and percentage).
 - All 10 reporting units submit timely reports according to national guidelines.
2. Feedback from systematic analysis of surveillance and programmatic data and related recommendations provided by central to lower levels.
 - Regular analysis of surveillance and program data are conducted annually and recommendations are discussed on the central level by the board of directors in National Center of Phthisiology. After monitoring visits, the recommendations are shared with the lower level institutions.

Introduction

In Kyrgyzstan, TB CARE I project is implemented in key geographic areas in Kyrgyzstan: capital of the country Bishkek and Issyk-Kul oblast. KNCV is the only TB CARE I coalition partner in the country.

In Year 1 TB CARE I worked in eight technical areas in the following scope:

Universal and Early Access: under this technical area TB CARE I focused on improvement of TB control in prisons, strengthening commitment to TB control in migrants and introduction of international recommendations on childhood TB.

Laboratories: technical assistance was provided for the development of National Laboratory Plan, Laboratory Maintenance Guide and SOPs and implementation of new diagnostic tool (Xpert MTB/Rif)

Infection control: TB CARE I provided technical support for the development of the national TB-IC Plan and National Guideline based on the results of TB-IC assessment.

PMDT: project focused on development of PMDT plans, revision of clinical protocols and development of training curricula on management of (X)MDRTB including management of (X)MDRTB in children.

TB/HIV: technical assistance was provided in revision of TB-HIV policy (National Order, National Plan and Guideline). TB CARE I provided assistance for development of National Strategic Plan on TB/HIV.

Health Systems Strengthening: TB CARE I contributed to strengthening of local capacities in strategic planning and training in different aspects of TB control.

M&E, OR and Surveillance: TB CARE I focused on the improvement of surveillance and monitoring systems in project sites including prison system.

TB CARE I provides the leadership required to implement USAID's TB strategy and to support national TB programs. This project works in close collaboration with the National TB programs, Ministries of Health, Internal Affairs, Justice, Labor and Social Defense and Prison Service, host country stakeholders and donors including GFATM, World Bank, KfW, and international organizations such as Dialogue on TB/HIV, Quality Health Care, MSF, ICRC, AFEW, Supranational Laboratory in Gauting and other NGOs.

Universal Access

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
				Y1	Y1	
1	Improved TB control in prisons	Bacteriologically confirmed TB cases in prisons reported to NTP	Bacteriologically confirmed TB cases reported in project sites (indicator for case detection), disaggregated by culture and DST results (indicator for access to bacteriological examinations in prison)	Not available	Not available	Lack of coordination between country lab services. Next steps: Draft National Laboratory Plan will be developed to include comprehensive collaboration of lab services in civilian and prison sectors.
2	Strengthened TB control in migrants	TB cases in migrants reported to NTP among the total number of TB patients	TB cases in migrants reported to NTP among the total number of TB patients	Bishkek - 9,2% Issyk-Kul - 6,3%	Bishkek - 9,2% Issyk-Kul - 6,3%	Challenges: Lack of reliable information about TB situation among migrated population. Limited access of migrants to TB services. Next steps: Establishment of thematic working group on TB in migrants. Analysis of policies on TB in migrants.
3	International standards on TB management (including childhood TB) introduced in country	Number of childhood TB cases	Number of childhood TB cases disaggregated by active (contact, risk group examination) and passive case finding	Bishkek - 121 TB cases in children Issyk-Kul - 33 TB cases in children Active: Bishkek - 106 (87,6%) Issyk-Kul - 32 (96,7%) Passive: Bishkek - 15 (12,4%) Issyk-Kul - 1 (3,3%)	Not available	Challenges: Limited capacities on childhood TB in the country. Legal framework related to TB control in children needs changes. Absence of data is attributed to poor national register management. Next steps: Workshop on discussion pre-final version of National TB program. Presentation of a pre-final version of guideline on TB in children.

Key achievements:

- Assessment of TB control program in civil and prison systems was conducted for the development of action plan for TB CARE I in APA1. TB CARE I regional technical staff and international consultants participated in the mission.
- International standards on TB management were adopted during development and discussion of draft Guideline on TB management in Children.

- National TB program for 2012-2016 was developed by TWG with participation of host country and international stakeholders. (See Picture 1 below).



Picture 1. Country Director of TB CARE I with Deputy General Director (Myrzahat Imanaliev) of NTP present an updated National TB Program for 2012-2016.

- A round table was conducted to promote a dialogue between governmental bodies (Ministry of Labor, Migration Police, Ministry of Health, Ministry of Social Affairs, Prison Service), international and national partners. The outcome of the meeting was initiation of the revision of KR legislation to increase access to medical service for internal migrants.
- TB CARE I facilitated the support of the Supra National Reference Laboratory in the development of National Laboratory Plan, which was facilitated by Evgeny Sagalchik from SNRL Gauting. (See Picture 2 below).



Picture 2. Deputy Head of Medical Department, Prison System (Esentaeva Elza) reporting on laboratory testing in prisons.

Challenges:

- Weak laboratory service in prison system because of poor management and infrastructure; lack of resources and integration with civilian laboratory service.
- Legal framework related to TB control in children needs revision.

Next steps:

- TB CARE will aim to provide access to quality lab services for TB patients in prisons.
- National protocol on TB in children will be revised.

Laboratories

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
				Y1	Y1	
1	Laboratory strategic planning capacity improved	Developed National laboratory strategic plan	National laboratory strategic plan is developed Yes/No	No	No	<p>Challenges: Weak management of national laboratory service. Weak infrastructure of laboratory service and lack of human resources. Lack of local capacities for planning.</p> <p>Next steps: Draft National Laboratory Plan is being developed, to be finalized in July 2012</p>
2	Management of laboratory services improved	Number of laboratories that have updated laboratory SOPs in line with WHO standards (number and percent)	Number of culture laboratories that have SOPs in line with WHO standards out of total number of culture laboratories in project sites (number and percent)	0	0	Activity is postponed until APA2.
3	TB diagnostic capability enhanced through introduction of new diagnostic tools	TB patients diagnosed by GenExpert (number and percent)	TB patients diagnosed by GenExpert in project sites (number and percent out of all TB patients in project sites) disaggregated by TB/MDR TB	0	0	<p>Upon mission decision, procurement of GeneXpert by TB CARE I is cancelled because 6 GeneXpert machines are procured by other partners, also taking into account problems with SLDs and further maintenance of GeneXpert.</p> <p>Activity was reprogrammed and upon approval of USAID CAR mission, this activity was replaced by a</p>

						regional workshop on GeneXpert implementation conducted with TA from WHO EB. Representatives from NTP, NRL, PIU GF and other partners participated in the regional WS.
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Key Achievements

- Review of the Prison Service practices was conducted by an international specialist Girts Skenders for the revision and planning activities in APA 1.
- National Laboratory Guideline enhancing TB laboratory service for prison and civil laboratories was developed in collaboration with SNRL, Germany, and specialists from prison and civil sectors.



Picture 3. Working group developing a plan on strengthening laboratory services in prisons

- Laboratory recording and reporting forms were adopted and adapted in accordance with international standards and country needs.

Challenges

- Weak infrastructure of laboratory service and lack of human resources.
- Insufficient coordination of GeneXpert implementation at the country level.

Next steps:

- Assist in implementation of National Laboratory Plan, its monitoring and evaluation.
- Assist in the creation of country working group jointly with SNRL and NRL on GeneXpert implementation. Assist in the development of clinical protocols and diagnostic algorithm using XpertMTB/RIF.

Infection Control

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
				Y1	Y1	

1	Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	Ratio of TB notification rate in health care staff	Ratio of TB notification rate in health care staff over the TB notification rate in general population, adjusted by age and sex in project sites	118 per 100 000 doctors and nurses		98.2/100,000	Challenges: Limited knowledge of international recommendations on TB-IC. Outdated national policies on infection control in TB. Next steps: Training for members of TB-IC TWG. Draft guideline in APA2.
2	Developed local capacity on TB IC	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent)	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent) disaggregated by prison and civil sector	0		0	TB-IC training postponed until APA2.

Key Achievements

- Development of IC guidelines and regulatory documents in accordance with international standards were discussed during the workshop conducted with participation of regional TB IC consultant Vlad Furman. Development of TB IC guideline is in progress (see Picture 4 below)



Picture 4. Regional TB IC consultant Vlad Furman is presenting on international standards on TB IC.

Challenges:

- Limited knowledge of TB-IC international recommendations.
- National regulations on infection control of TB need to be revised.

Next steps:

- Training on TB-IC will be provided
- TB CARE will finalize TB-IC guidelines, including in prison sector.

Programmatic Management of Drug Resistant TB (PMDT)

Technical Outcomes

	Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
1	PMDT scale up in civil and prison sectors	MDR TB cases put on treatment (number and percentage of diagnosed MDR TB cases)	Number and % of lab-confirmed MDR-TB patients enrolled on 2nd-line anti-TB treatment among all lab-confirmed MDR-TB cases during reporting period in project sites disaggregated by civil and prison sector	492 (62%)			MDR TB protocols are being revised. Data not available due to poor national TB register management
2	Improved X/MDR TB management in children	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB)	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB) disaggregated by oblasts	Number of children registered with MDRTB - 17		Number of children registered with MDR TB in the country -5	Guidelines on TB in children are being developed. Current decrease can be attributed to insufficient diagnostic coverage.

Key Achievements

- Draft protocol on TB in children was developed and discussed.

Challenges

- Limited resources and lack of knowledge in primary health care on ambulatory treatment of DR TB patients.
- Insufficient supply of SLD for detected DR TB patients.

Next Steps

- Promote commitment of the government officials to procure SLD for proper treatment of DR TB patients.
- Finalization of protocols on TB in children.

TB/HIV

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
				Y1	Y1	
1	Increased demand for TB/HIV activities	Country has a National strategic plan on TB/HIV collaborative activities in line with WHO standards	National strategic plan on TB/HIV collaborative activities is in line with WHO standards and available in country (yes/no)	No	No	National TB and HIV plan is drafted and being finalized.

Key Achievements

- National TB/HIV strategic plan has been drafted in collaboration with state, international and non-government organizations (see Picture 5 below).



Picture 5. Country Director of TB CARE I (Myrzaliev Bakyt) with Senior Regional TB Consultant (Maria Idrissova) present an updated National TB and HIV Plan.

Challenges

- Absence of National Guideline on the management of TB/HIV

Next steps

- TB CARE I will finalize the National TB/ HIV plan in June of 2012.

Health System Strengthening (HSS)

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments	
				Y1	Y1		
1	Improved local human resource capacity	Number of training curriculum (modules) developed	Number of developed and implemented training curriculum (modules) on different topics	0		0	Moved to APA2
2	Improved patient adherence to treatment	Default rate among TB patients	Default rate among TB patients in project sites disaggregated by TB and MDR TB	All TB Bish - 12,8% IssK - 2,0% MDR TB - not available		All TB Bish - 12,2% IssK - 1,4% MDR TB - not available Period: October - December 2011	Next steps: Establishment of thematic working group and development of patient support system

Key Achievements

- Assessment of health care system in project sites was conducted jointly with HRD international consultant from KNCV HQ and regional technical staff. As a result of assessment, mission recommendations for HRD plan were developed.
- A round table was conducted to promote the dialogue between state bodies (Ministry of Social Affairs, Ministry of Health, Ministry of Labor, Prison Service), international and national partners to initiate the development of TB patients support system.

Challenges:

- Social support for patients is poor well because of the lack of state funds. Social support of TB patients almost fully depends on external funds (Global Fund, USAID, ICRC, MSF – Swiss, and Project Hope).

Next steps

- Establishment of a thematic working group and development of patient support system.

M&E, OR and Surveillance

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
				Y1	Y1	
1 Improved surveillance system (including MDR TB and TB/HIV)	1)Reporting units at all levels of data flow submitting timely reports according to national guidelines (number and percentage) 2)Feedback from systematic analysis of surveillance and programmatic data and related recommendations provided by central to lower levels	1)Reporting units at all levels of data flow in project sites submitting timely reports according to national guidelines (number and percentage) 2)Reporting units that have received feedback from central level (number and percentage)	1) 0 (0%) 2) 0 (0%)		will be measured in APA2	The current surveillance system is not functioning and poorly managed by the NTP. Lack of surveillance system in prisons. Next steps: Revision of surveillance system in the country and development of surveillance system on prison sector in line with the national system.
2 Strengthened local capacities on OR	OR studies completed & results disseminated (number)	Number of OR studies completed & results disseminated	0		0	Challenges: Lack of local capacity for OR.

Key Achievements

- Consolidated action plan for improving the surveillance system was developed in collaboration with GF, Project HOPE and other host country and international stakeholders. Plans and descriptive document were approved by MoH. (see picture 6 below)



Picture 6. Regional M&E Officer is facilitating a consolidated action plan on improvement of surveillance system.

- Recording and reporting forms are being revised in accordance with international standards and country needs.

Challenges

- The current surveillance system is not functioning and is poorly managed by the NTP.
- Lack of surveillance system in prisons.

Next steps

- Assistance will be provided in the revision of surveillance system in the country and development of surveillance system in prison sector in line with the national system. Operational research will be conducted focusing on national surveillance system, also covering prison TB program.