



Challenge TB - Kyrgyzstan

Year 1

Quarterly Monitoring Report

April – June 2015

Submission date: July 30, 2015

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Cover photo: Development of GF concept note: Partners meeting with GF portfolio manager, USAID, UNDP, WHO, MSF and HIV center. June 2015 (Credit: Bakyt Myrzaliev)

3. Quarterly Overview

Country	Kyrgyzstan
Lead Partner	KNCV
Other partners	
Workplan timeframe	October 2014 – September 2015
Reporting period	April – June 2015

Most significant achievements:

- The donor approved the Challenge TB strategy, work plan and budget for year 1 in April 2015.
- The Challenge TB project was officially launched on 25 June 2015 during the partners meeting. The KNCV conducted an M/XDR-TB situation analysis for and assessment the clinical pathways and access to DR-TB diagnosis and treatment for adults and children 15-27 June 2015. Existing M/XDR situation, the readiness and capability of the national TB program in implementation of new treatment approaches was discussed with NTP management team, GF/UNDP and MoH. Results were presented and discussed at a partners' meeting. Plan for introduction of the new drugs and regimens will be prepared based on result of this analysis.
- Country Director Bakyt Myrzaliev participated in the international GDI/GLI meeting in April, in Geneva, where was presented advancements and opportunities in diagnosis and treatment with country experiences in strengthening and aligning diagnosis and treatment of DR TB cases. Country representative introduce summary of this meeting to the national (NTP, MoH, Penitentiary sector) and international partners (USAID, Defeat TB, MSF, UNDP) for follow up introduction on the country level during the partner's meeting 25 June 2015.
- Recommendations on including comparison use of Bedaquiline and Delamanid in Law of the Kyrgyz Republic on drugs were provided to MoH.
- USAID TB CARE I funded CORE project on "Local ownership" was completed in June 2015. During the project was determined that in Kyrgyzstan: Extra high workload identified as a hindering factor to fully commit to an initiative; Partner organizations working in the country need to develop exit strategies to make sure that sustainability issues are address.
- In the framework of USAID CORE project "CHILDHOOD TB CARE BASELINE" in June 2015, the KNCV Benchmarking Tool for Childhood TB Policies and Practice was discussed and filled with the leading pediatric TB experts of Kyrgyzstan: National coordinator on TB in children A.Teshebaeva; National M&E coordinator K.Malukova and Bishkek city coordinator on TB in children N.Kusiakova. The data will be used as a baseline on the situation on childhood TB in -country and will guide the planning of potential childhood TB- related activities in coming CTB project years.

Technical/administrative challenges and actions to overcome them:

- Despite the NTP interest in introduction of new drugs and new regimens in Kyrgyzstan, there was some resistance from the MoH due to regulatory requirements in relation to use of the new medicines. In order to overcome this challenge, intensive negotiations were conducted with the MoH. As a result, by the end of July 2015 we expect approval for supply of Bedaquiline and Delamanid for one year.
- In regards with the limited budget in KG office limited HR resources in the Challenge TB country team. Additional technical staff for the project is required. Country office will discuss with USAID mission possibility to hire one or part time staff in APA2.

4. Year 1 activity progress

Sub-objective 3. Patient-centered care and treatment							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
<p>Situational assessment of MDR-TB patients who interrupted or failed treatment in the past regarding vital status, contact details, living conditions, and support and infection control needs</p> <p>Assessment of the M/XDR-TB situation, readiness of the NTP for implementation of new drugs and regimens (in preparation of the planning workshop)</p>	3.2.1	Protocol for analysis and tool for data collection.	<p>Register of patients that need clinical assessment for access to treatment with new drugs and regimens.</p> <p>Policy recommendations on palliative care and IC for people who interrupted or failed MDR treatment in the past</p> <p>Situational analysis report.</p>	MDR-TB patients assessment report	<p>CAR technical consultant Maria Idrissova conducted technical assistance visit in 17-22 May to support the NTP team on development of assessment tool for country preparedness and planning of introduction of shorter MDR-TB treatment regimens and new drugs. At the end of mission the assessment tool for review situation for introduction of the new drugs was developed. The protocol development for the patients review was postponed.</p> <p>HQ and CAR technical consultants Gunta Dravniece and Maria Idrissova conducted a two week's visit in 15-26 June. The following tasks were completed:</p> <ol style="list-style-type: none"> Existing M/XDR situation, the readiness and capability of the national TB program in implementation of new treatment 	Partially met	<p>Due to unexpected big workload at the NTP level, consultants did not visit Osh region. Looking to the situation in place, consultants detect a lot of issues on the national and policy level and were need more time for review it. In this regards was decided to postpone the patients review till the time when country meet all policy and regulations needs on the national level and drugs will available. Patients review protocol will be included in OR protocol.</p>

approaches was discussed with NTP management team, GF/UNDP, MoH

2. Assessment of information flow, review the National data collection tools and available data, including estimated numbers of DR-TB patients eligible for shortened regimens and in need for regimens containing new drugs.
3. Assessment of the clinical pathways and access to DR-TB diagnosis and treatment for adults and children
4. Meetings with responsible specialists in TB hospitals and PHC sites for review of registration and data management on M/XDR TB patients who are already covered or not yet by treatment and services.
5. Meetings with MoH, Drug agency representatives to discuss the drug importation procedures, timelines and requirements for pharmacovigilance.
6. Pilot sites were selected and enrolment estimates for short regimens an pre/XDR regimens (including need for specific drugs procured through GF) were agreed

					<p>with GF/UNDP and NTP</p> <p>7. Preliminary assessment results and next steps were shared with USAID, NTP and international partners</p> <p>8. National XDR-TB management guidelines were finalized during partners meeting. KNCV suggestions were fully accepted by national team and international partners.</p> <p>9. Recommendations for changes in drug low were provided to MoH.</p>		
Development of the National Plan introduction of new drugs	3.2.2		Three day workshop with NTP on the development of the national plan for introduction of new drugs conducted	National plan on introduction of new drugs and regimens available	N/A	Choose an item.	
						Choose an item.	

3. Challenge TB's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., Tuberculosis NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
KGZ-S10-G08-T, UNDP	A2	A1	\$ 25.7 m	\$ 24.7 m	
KGZ-910-G07-T, HOPE	A2	A2	\$ 5.9 m	\$ 5.6 m	

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Country submitted the Concept Note for review in April 2015 and gets it back with questions for updating and clarifications in May 2015.

TB and HIV components work with consultants on updating and finalization of the Concept Note in accordance with recommendations to cover all DR TB patients by the second line drugs and reduce other costs. Planned time for submission August 2015.

The membership of CCM updated, now TB focused NGO represented in CCM.

Transition of PR from UNDP to MoH postponed for one year, it was decided that in the next year UNDP will work on capacity building of MoH for further transition.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Challenge TB with WHO, UNION and UNDP specialists provide support to the NTP in updating and finalization of the Concept Note for resubmission in August.

Fund Portfolio Manager visited Kyrgyzstan in June and Challenge TB team had a meeting with him to introduce the project goals and activities in Kyrgyzstan. GF/UNDP fully supports the plan of introduction of shorter regimens and effective regimens for XDR patients. As the outcomes of this meeting Fund Portfolio Manager, NTP and partners agreed that for the next year country will include 100 DR-TB patients for short regimens under OR conditions and 20 patients for the new drugs treatment. GF and UNDP agreed to procure necessary drugs for short regimens and XDR cases (such as linezolid and clofazimin). It will be included in the Concept Note and Challenge TB will provide technical assistance for implementation of the new drugs and short regimens. The drug estimates were calculated together with NTP and UNDP experts.

4. Success Stories – Planning and Development

Planned success story title:	Preparation to introduction of the new TB drugs
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	7.1. Endorsed, responsive, prioritized and costed strategic plan available
Brief description of story idea:	Plan for introduction of the new TB drugs developed by NTP in collaboration with partners and adopted by MoH
<p>Status update: TBD Preparation started: - idea is determined - sub-objective and intervention area of story selected</p>	

5. MDR-TB cases detected and initiating second line treatment in country

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	528	441	
Total 2011	679	497	
Total 2012	958	775	
Total 2013	1590	1057	
Total 2014	1219	1125	
Jan-Mar 2015	328	323	
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additional Remarks (Optional)
1	KNCV	3.2.1	Maria Idrisova	Development tool for assessment	May, 2015	Complete	22 May	Five days	Yes	Yes	No	
2	KNCV	3.2.1	Gunta Dravniece and Maria Idrisova	Assessment of patient's clinical pathway and to agree on introduction of shortened MDR-TB treatment regimens and new drugs	June, 2015	Complete	26 June	Twelve days	Yes	Yes	No	
3	KNCV	3.2.2	Gunta Dravniece, Susan van den Hoff, Maria Idrisova	Development of the National DR TB plan with new drugs short regimens and pharmacovigilance introduction	Sept, 2015	Pending			Choose an item.	Choose an item.	Choose an item.	
4						Choose an item.			Choose an item.	Choose an item.	Choose an item.	
5						Choose an item.			Choose an item.	Choose an item.	Choose an item.	
6						Choose an item.			Choose an item.	Choose an item.	Choose an item.	
Total number of visits conducted (cumulative for fiscal year)							2					
Total number of visits planned in approved workplan							3					
Percent of planned international consultant visits conducted							66%					