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**CHALLENGE TB**



*Group work of CTB consultants with head of SES MoH, representatives of M&E of NTP, head of the Project Hope and Defeat TB representatives (from left to right) on the partners meeting on preparation Plan for introduction of the new TB drugs and shortened regimens for MDR TB patients*

*Credit to Bakyt Myrzaliev*

**Challenge TB - Kyrgyz Republic**  
**Year 1**  
**Annual Report**  
**October 1, 2014 – September 30, 2015**  
**October 30, 2015**

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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## List of Abbreviations and Acronyms

ADR	Adverse Drug Reaction
AE	Adverse Event
DR-TB	Drug resistant tuberculosis
DST	Drug susceptibility testing
EQA	External quality assessment
GDI	Global Drug-resistant TB Initiative
GLI	Global Laboratory Initiative
MDR-TB	Multidrug resistant tuberculosis
NRL	National Reference Laboratory
PV	Pharmacovigilance
TB	Tuberculosis
SAE	Serious Adverse Event
SES	Sanitary and Epidemiology System (station)
USAID	United States Agency for International Development
WHO	World Health Organization
XDR TB	Extensively drug resistant tuberculosis

## 1. Executive Summary

Kyrgyzstan is among the 27 countries in the world with a high burden of multidrug-resistant tuberculosis (MDR-TB) and 18 high-priority countries for tuberculosis (TB) in the WHO European Region.

According to the WHO Global TB Report (2014), the estimated incidence of all forms of TB in Kyrgyzstan was 141 with prevalence 190 and mortality 11 per 100.000 population. In 2013, there were registered 5859 TB cases in Kyrgyzstan including prison sector. During last 5 years, the highest TB notification rates were reported in Bishkek city and Chui region – 121.6 and 132.3 per 100.000 population respectively. After introduction of HAIN and Xpert MTB/RIF tests and increase of coverage with culture and DST in the country, detection of drug resistant tuberculosis forms was improved. Thus, during last 5 years the detection of MDR-TB increased in 1.5 times from 835 MDR-TB cases in 2009 to 1223 in 2013. The proportion of MDR-TB among new cases in 2013 was 26% and 68% among re-treatment TB cases, resulting in an estimated 1.200 MDR patients annually among notified TB patients.

The overall goal of the CTB project in Kyrgyzstan is to reduce the TB burden in Kyrgyzstan by improved management of pre- XDR, XDR-TB and other complicated forms of MDR-TB.

Based on the National Strategic Plan and taking into consideration the partners' activities in the country, KNCV through Challenge TB project will provide technical assistance to the National TB Program in preparation and implementation of new drugs and treatment regimens in the context of the National TB Program. KNCV will help the country to set up the essential treatment and management conditions for the use of new drugs and treatments, while at the same time developing measures to care for and to prevent community transmission from patients for whom no effective treatment is available.

KNCV is the lead partner of the USAID Challenge TB (CTB) project in Kyrgyzstan. The project implemented in close collaboration with the MoH (including department of pharmaceutical supply), National TB Program (NTP), USAID Defeat TB project, MSF Switzerland and Sanitary and Epidemiology System (SES). Total obligated amount of the first year is 250,000 USD. The donor approved the Challenge TB strategy, work plan and budget for year 1 in April 2015, and the project officially launched on 25 June 2015 during the partners meeting.

KNCV consultants and Branch office KNCV in Kyrgyzstan worked in close collaboration with the National and international partners and assist to NTP achieve the following results:

- CTB completed the assessment of the M/XDR-TB situation and readiness of the NTP for implementation of the new drugs and regimens, including estimations of the number of pre-XDR, XDR and HIV co-infected MDR-TB patients who would qualify for the use of new drugs and regimens.
- CTB developed draft plan for introduction of the new TB drugs and shortened MDR TB patient's treatment regimens. CTB conducted a two-day' consensus building workshop on the new drugs introduction and piloting issues with participation of NTP, MoH, SES, Department of Drug Supply and international partners representatives, held 30 September – 1 October 2015.
- KNCV experts' recommendations on including compassionate use of orphan drugs (Bedaquiline and Delamanid) were included in the draft Law of the Kyrgyz Republic on drugs, and submitted to the government for review and approval in September 2015.

## 2. Introduction

Kyrgyzstan is among the 27 high multidrug-resistant (MDR) TB burden countries in the world. During last 5 years, the number of detected MDR-TB cases increased in 1.5 times from 835 MDR-TB cases in 2009 to 1223 in 2013. In accordance with NTP estimations in the next few years will be detected around 1.200 MDR TB patients annually. The overall goal of the CTB project in Kyrgyzstan is to reduce the TB burden in the country by improved management of MDR-TB, pre-XDR, and XDR-TB.

Based on the TB National Strategic Plan and taking into consideration partners' activities in the country, KNCV through Challenge TB project will provide technical assistance to the NTP in preparation and implementation of new drugs and treatment regimens. Namely, KNCV will help the country to set up the essential treatment and management conditions for the use of new drugs and treatments, while at the same time developing measures to care for and to prevent community transmission from patients for whom no effective treatment is yet available.

Over the life of the project, CTB intends to achieve the following results:

1. The NTP is capable to use new drugs and regimens for M(XDR)-TB patients
2. The diagnostic algorithms and bacteriological follow up are aligned with the program needs to enable proper diagnosis and M/XDR-TB treatment follow-up
3. Treatment and management conditions for implementation of new drugs and regimens are created, starting from the National TB Center
4. Active pharmacovigilance in relation with the introduction of new TB drugs is functioning
5. The NTP has effective and ethical policies and programming to care for infectious TB patients for whom no effective treatment is available.

KNCV is the lead partner of the Challenge TB project in Kyrgyzstan. The project is implemented in close collaboration with the MoH (including department of pharmaceutical supply), National TB Program, USAID Defeat TB project, MSF and SES.

The total buy-in of CTB in the first year was 250,000 USD.

The key activities for the first year included:

1. Conduct assessment of country readiness to introduction of the new TB drugs and shortened regimens
2. Develop the draft country implementation plan for introduction of new TB drugs and shortened regimens for MDR-TB patients
3. Start preparatory work for introduction of the new drugs and shortened regimens with the department of drug supply.

In the first year, CTB project worked at the national level and focused on analysis of DR-TB situation in Kyrgyz Republic; defining the next steps and recommendations for starting preparations to introduce new TB drugs and shortened MDR-TB treatment regimens; developing policy documents and regulations (XDR-TB guidelines and suggestions to the drug law); and drafting the national plan for introduction of the new TB drugs and shortened regimens.

CTB will start introduction of the new TB drugs and shortened regimens from the National TB Center in the second year. The National TB Center is located in Bishkek City, the capital of the Kyrgyz Republic and receives the most complicated cases for diagnosis and treatment of TB patients from all regions.

### 3. Country Achievements by Objective/Sub-Objective

#### Objective 1. Improved Access

##### Sub-objective 3. Patient-centered care and treatment

In the first year, CTB focused on assessing the DR-TB situation and development draft of implementation plan for introduction of the new TB drugs and shortened regimens.

#### Key Results

Under this sub-objective KNCV Branch office in Kyrgyz Republic with support of KNCV regional and HQ consultants achieved the following:

- Assessed readiness of the National TB program for introduction of the new TB drugs and shortened regimens;
- Determined the gaps and weaknesses for the introduction of the new drugs and regimens;
- Developed recommendations for starting the preparations for introduction of the new TB drugs and shortened MDR TB patients treatment regimens,
- Developed a draft of the National implementation plan for introduction of the new TB drugs and shortened regimens starting from pilot sites.
- Recommendations for changes in drug law were accepted by MoH.

#	Outcome Indicators	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y1	Y1
3	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers	I3.2.26 National Plan on preparation for introduction of new drugs developed	N/A	National plan developed	Draft of National implementation plan developed

To prepare the country for introduction of the new TB drugs and shortened MDR TB regimens, the following activities were conducted:

- CTB developed and successfully implemented toll for assessment of situation and country preparedness for introduction of shortened MDR TB regimens and new TB drugs.
- With the purpose to assess the existing M/XDR TB situation, the readiness and capability of the national TB program in implementation of new treatment approaches, CTB reviewed 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. Confirmed the selected pilot sites and agreed with GF/UNDP and NTP estimates on M/XDR TB patients' enrolment for short and pre/XDR regimens.
- National XDR-TB management guidelines were finalized with the support of KNCV consultants. KNCV suggestions were fully accepted by the national team and international partners.

As the concluding activity of APA1, CTB drafted the national plan for the introduction of the new drugs and shortened MDR TB regimens. During the visit for development implementation plan the KNCV-CTB consultants facilitated consensus building amongst stakeholders on introduction of the new drugs and shortened MDR-TB treatment regimens at a two-day workshop. All relevant stakeholders attended the workshop: Ministry of Health (MoH), NTP, National Reference Laboratory (NRL), Department of

Drug Provision and Medical Equipment (MoH), Ethics committee, WHO, UNDP, Project HOPE, Defeat TB, MSF. The draft overviews of the proposed activities and responsible partners were discussed and adjusted during the plenary session.



Picture 1. The partners meeting on development of plan for introduction of the new TB drugs and shortened regimens for MDR TB patients, 30 October 2015. Group work on Drug management and pharmacovigilance. NTP drug management specialist, KNCV specialist, Head of department Drug supply and management Department and Defeat TB drug management specialist (from left to right)

Credit to Bakyt Myrzaliev

## 4. Challenge TB Support to Global Fund Implementation

### 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**

TRP reviewed the Concept Note submitted in August 2015 and came back with comments, country addressed all comments and finally GF approved submitted Concept Note in September 2015.

The membership of CCM was renewed. Now there is a TB focused NGO represented in CCM. The new deputy chair of CCM from NGO representatives is Eugenia Kalinichenko and head of the local TB coalition Indira Kazieva was also accepted as a CCM member.

The PR responsibility will move from UNDP to the MOH next year. It was decided that UNDP would help to build the MoH capacity in management of GF project.

### **Challenge TB involvement in GF support/implementation, any actions taken during Year 1**

Challenge TB with WHO, UNION and UNDP specialists provided support to the NTP in revision and finalization of the Concept Note which was re-submitted in August 2015.

GF/UNDP fully supports the CTB plan to introduce shorter regimens and new drugs for M (XDR) TB patients. The Global Fund Portfolio Manager, NTP and partners agreed that for the next years GF will procure drugs and CTB will provide technical assistance for introduction of the new TB drugs and shortened regimens. It will start from pilots in 2016 with a cohort of 100 DR-TB patients for short DR TB regimens under OR conditions and 20 patients for the treatment regimens with the new TB drugs with scale up planned in future years. CTB does not expect any delay in procurement and importation of drugs, because GF/UNDP have special mechanism in place for urgent supply of TB drugs. Through GF/NFM grant, Kyrgyzstan in 2016-2017 will receive: 1200 courses of pediatric first line drugs; second line drugs: for 958 PDR courses, 1616 MDR TB courses, 300 courses for shortened MDR TB regimens and 204 courses for pre-XDR and XDR. Developed implementation plan for introduction of the new TB drugs and shortened regimens will be added to the national strategic plan as one of the conditions for funding the NFM GF.

## **5. Challenge TB Success Story**

In year 1, the CTB project focused on assessment of NTP readiness for introduction of new TB drugs and shortened regimens and development of an implementation plan. According to the CTB plan, the first patients that will be enrolled on treatment containing new drugs are expected in year 2. Therefore, we are planning to write Success Story about patients started treatment with new TB drugs next year.

## **6. Operations Research**

No OR research was conducted in year 1. OR protocol will be drafted in Q1 of APA2.

## **7. Key Challenges during Implementation and Actions to Overcome Them**

In the beginning of year 1, the MoH did not support the idea on introduction of new TB drugs (Bedaquiline), because the Department of Drug Supply was not involved at the beginning in introduction of the new TB drugs and did not have relevant full information. These drugs have not yet received the results of Phase 3 clinical trials. As a result, there were some concerns and misinformation in the Department of Drug Supply and by the Minister of Health about problems with registration, supplying and utilization of these drugs, so that MoH halted all activities related to the introduction of the new TB drugs. Therefore, CTB in close collaboration with donor and partners (USAID, WHO, MSF, UNDP and ICRC) had to make efforts in addressing MoH concerns about new drugs and explaining pre-conditions as stated by WHO. And MoH representative was involved in all partners meetings and discussions about introduction of the new TB drugs. CTB invited MoH and Department of Drug Supply representatives to the regional workshop on introduction of shortened regimens and new drugs for treatment of MDR-TB conducted by KNCV in Almaty, July 2015.

During the consultants' visit to assess the existing M/XDR TB situation, the readiness and capability of the national TB program in implementation of new treatment approaches in June 2015, consultants did not visit Osh region due to an unexpectedly heavy workload at the NTP level. The consultants detected a lot of issues on the national and policy level and more time was needed to complete the assessment. Therefore it was decided to postpone the patients review until the time when the country meets all policy and regulations needs on the national level and the drugs will be available. Patients review protocol will be included in OR protocol.

## **8. Lessons Learnt/ Next Steps**

During the implementation of year 1 activities, the main lessons learnt were:

- Preparation for introduction of the new drugs and regimens should include advocacy actions in order to get support from the MoH. Preparatory steps take longer time and require advocacy to get support from the local partners. Efforts for proper introduction of requirements are needed for creating conditions for the implementation of innovations.
- Implementation of innovations like new regimens and drugs requires detailed assessment and analysis of the situation followed by planning that should include steps for preparation, implementation and evaluation. Close collaboration with partners is crucial in order to ensure proper implementation of new drugs and regimens. Introductory workshops and/or meetings are crucial for better understanding of requirements for the implementation.
- Creating a strong foundation for introduction of new drugs and regimens is labor-intensive. To ensure proper capacity building of local staff for implementation and the best chance of successful treatment for patients, CTB will focus on piloting the process in one site before scale-up.
- For the next steps, CTB based on the lessons learnt will involve all relevant stakeholders to introduction of the new TB drugs and shortened regimens. In addition, before the implementation conduct introduction and clarification meetings with all relevant partners.

## Annex I: Year 1 Results on Mandatory Indicators

<b>MANDATORY Indicators</b>				
<i>Please provide data for the following mandatory indicators:</i>				
<b>2.1.2 A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Score</b> as of September 30, 2015	2	N/A	<b>None</b>	In 2014 TB CARE I in collaboration with the SNL supported development of the National TB laboratory plan. At the end of 2014 MoH approved this plan.
<b>2.2.6 Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Number and percent</b> as of September 30, 2015	50% (1/2)	N/A	<b>None</b>	Kyrgyzstan has two reference laboratories: NRL at the National level and one intermediate laboratory in Osh oblast. At the national level in NRL laboratory Quality Management System is successfully implemented, but in Osh oblast intermediate laboratory it is not yet sufficient.
<b>2.2.7 Number of GLI-approved TB microscopy network standards met</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Number of standards met</b> as of September 30, 2015	3	N/A	<b>None</b>	The standards met - 3, 9, 11.

<b>2.3.1 Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.</b>	<b>National 2014</b>	<b>CTB 2014</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Percent (new cases)</b> , include numerator/denominator	23,1% (567/2,453)	N/A	<b>None</b>	
<b>Percent (previously treated cases)</b> , include numerator/denominator	56,0% (619/1,106)	N/A		
<b>Percent (total cases)</b> , include numerator/denominator	33,3% (1,186/3,559)	N/A		
<b>3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach</b>	<b>National 2014</b>	<b>CTB 2014</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Number and percent</b>	Civil sector: all forms -7,221 Penitentiary sector: all forms -202 By gender: females - 3192 and males - 4231, Children: (0-4 age) - 154; (5-14 age) - 722	N/A	<b>None</b>	
<b>3.1.4. Number of MDR-TB cases detected</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
Total 2014	1 285	N/A	<b>None</b>	CTB in APA1 did not invest in case detection, in APA1 we focused on providing assessment and development of the implementation plan
<i>Jan-Mar 2015</i>	355	N/A		
<i>Apr-June 2015</i>	315	N/A		
<i>Jul-Sept 2015</i>	N/A	N/A		
To date in 2015	670	0		

<b>3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).</b>	<b>National 2013 cohort</b>	<b>CTB 2013 cohort</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Number and percent</b> of TB cases successfully treated in a calendar year cohort	Data will be entered after the WHO 2015 report is available	N/A	<b>None</b>	
<b>3.2.4. Number of MDR-TB cases initiating second-line treatment</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
Total 2014	1219	N/A	<b>None</b>	CTB in APA1 did not invest in initiating second line treatment, in APA1 we focused on providing assessment and development of the implementation plan
Jan-Mar 2015	355	N/A		
Apr-June 2015	315	N/A		
Jul-Sept 2015	N/A	N/A		
To date in 2015	670	0		
<b>3.2.7. Number and percent of MDR-TB cases successfully treated</b>	<b>National 2012 cohort</b>	<b>CTB 2012 cohort</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Number and percent</b> of MDR-TB cases successfully treated in a calendar year cohort	Getting from WHO	N/A	<b>None</b>	CTB in APA1 did not invest in increasing of treatment success rate, in APA1 we are focused on providing assessment and development of the implementation plan
<b>5.2.3. Number and % of health care workers diagnosed with TB during reporting period</b>	<b>National 2014</b>	<b>CTB 2014</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Number and percent</b> reported annually	01% (49/48,000)	N/A	<b>None</b>	
<b>6.1.11. Number of children under the age of 5 years who initiate IPT</b>	<b>National 2014</b>	<b>CTB 2014</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Number</b> reported annually	550	N/A	<b>None</b>	

<b>7.2.3. % of activity budget covered by private sector cost share, by specific activity</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Percent</b> as of September 30, 2015 (include numerator/denominator)	N/A	N/A	<b>None</b>	In Kyrgyzstan private sector is not involved in TB activities. CTB will not contribute to this area.
<b>8.1.3. Status of National Stop TB Partnerships</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Score</b> as of September 30, 2015	0	N/A	<b>None</b>	
<b>8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Percent</b> as of September 30, 2015 (include numerator/denominator)	0	0	<b>None</b>	In Kyrgyzstan no local organizations received funds from CTB APA 1. CTB did not invest in this area in the first year.
<b>8.2.1. Global Fund grant rating</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Score</b> as of September 30, 2015	A1	N/A	<b>None</b>	
<b>9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Number</b> as of September 30, 2015	<b>0</b>	N/A	<b>None</b>	NTP and UNDP provide regular timely request for drugs. Data source for national APA 1 data is annual NTP and last GLC/GDF/GF mission reports in August 2015
<b>10.1.4. Status of electronic recording and reporting system</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Score</b> as of September 30, 2015	1	N/A	<b>None</b>	Project HOPE is finalizing development of the ERR system (drug management and laboratory components are under development)

<b>10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Yes or No</b> as of September 30, 2015	No	N/A	<b>None</b>	
<b>10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Percent</b> as of September 30, 2015 (include numerator/denominator)	N/A	N/A	<b>None</b>	Due to limited funds CTB in Kyrgyzstan will not provide funds to local partners for conducting OR in the first year. But in the third year CTB will scale up implementation of the new drugs and shortened regimens under OR conditions with involvement of local partners.
<b>10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Yes or No</b> as of September 30, 2015	N/A	N/A	<b>None</b>	In Kyrgyzstan MDR TB patients are treated with the standard two years MDR TB regimens, no OR is provided for changing policies and practices. CTB is planning to introduce new drugs for XDR TB and shortened regimens for MDR TB patients under OR conditions. It will change PMDT guidelines and approaches in DR TB cases detection and management at the national level in APA4.
<b>11.1.3. Number of health care workers trained, by gender and technical area</b>	<b>CTB APA 1</b>		<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
			<b>Limited</b>	

	# trained males APA 1	# trained females APA 1	Total # trained in APA 1	Total # planned trainees in APA 1
1. Enabling environment	0	0	0	
2. Comprehensive, high quality diagnostics	0	0	0	
3. Patient-centered care and treatment	0	0	0	
4. Targeted screening for active TB	0	0	0	
5. Infection control	0	0	0	
6. Management of latent TB infection	0	0	0	
7. Political commitment and leadership	0	0	0	
8. Comprehensive partnerships and informed community involvement	0	0	0	
9. Drug and commodity management systems	0	0	0	
10. Quality data, surveillance and M&E	0	0	0	
11. Human resource development	0	0	0	
12. Introduction of the new TB drugs (workshops for development plan for introduction)	14	33	47	30
Other (explain)	0	0	0	
<b>Grand Total</b>	<b>14</b>	<b>33</b>	<b>47</b>	<b>30</b>
<b>11.1.5. % of USAID TB funding directed to local partners</b>	<b>National APA 1</b>	<b>CTB APA 1</b>	<b>CTB APA 1 investment</b>	<b>Additional Information/Comments</b>
<b>Percent</b> as of September 30, 2015 (include numerator/denominator)	N/A	0	<b>None</b>	In APA1 CTB there was no funding directed to local partners.

## Annex II: Status of EMMP activities

Year 1 Mitigation Measures	Status of Mitigation Measures	Outstanding issues to address in Year 2	Additional Remarks
<p>Technical assistance will be provided in conducting the assessment and the plan development, which will address any potential environmental risks which may result from introduction of the new drugs and regimens. Recommendations will be developed for prevention and mitigation of any potential negative environmental effects.</p>	<p>Technical assistance was provided in conducting the assessment DR TB situation in the country and readiness to introduction of the new TB drugs and development of the plan for introduction of the new TB drugs and shortened regimens. As a result of these activities no environmental impacts were created as no potential environmental risks were identified. Introduction of the new drugs and shortened regimens does not pose a potential environmental risk.</p>	<p>N/A</p>	