

QUARTERLY PROGRESS REPORT

PROGRAM TITLE: USAID Tuberculosis Control Program for the Central Asian Region

COOPERATIVE AGREEMENT NO: 176-A-00-04-00006-00

PROGRAM SITES: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan

REPORT PERIOD: January 1 – March 31, 2005

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LIST OF ACRONYMS

ADB	Asian Development Bank
BCC	Behavioral Change Communication
BPPS	Best Practice Performance Site
CAR	Central Asian Republics
CCES	Committee of Criminal Executive System
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CMCC	Central Medical Consultant Committee
DMOH	Deputy Minister of Health
DOTS	Directly Observed Therapy Short Course
DST	Drug Sensitivity Testing
FDC	Fixed Dose Combination
FMC	Family Medical Center
GDF	Global Drug Facility
GFATM or Global Fund	Global Fund for AIDS, Tuberculosis and Malaria
GLC	Green Light Committee
GoT	Government of Tajikistan
GUIN	Penitentiary System
HLWG	High Level Working Group
HMIS	Health Management Information Systems
HQ	Headquarters
IC	Information and Communication
ICRC	International Committee of the Red Cross
IEC	Information, Education, Communication
JHU	Johns Hopkins University
JSI	John Snow Incorporated
KNCV	Royal Dutch Tuberculosis Association
LSAT	Logistics System Assessment Tool
M & E	Monitoring and Evaluation
MDR-TB	Multi-drug Resistant Tuberculosis
MIA	Ministry of Internal Affairs (Kazakhstan)
MIS	Management Information System
MOHMI	Ministry of Health and Medical Industry (Turkmenistan)
MOJ	Ministry of Justice
NCPH	National Center of Phthiology (Kyrgyzstan)
NJ	New Jersey Medical School – Tuberculosis Center
NRL	National Reference Laboratory
NTBC	National Tuberculosis Center of the Republic of Kazakhstan
NTP	National Tuberculosis Program
OTBD	Oblast TB Dispensary
PHC	Primary Health Care
PRI	Penal Reform International
PSF	Pharmacies San Frontieres
PTI	Pretrial Isolators

RCCTBC	Republican Coordination Council for TB Control
RDU	Rational Drug Use
RK	Republic of Kazakhstan
R&R	Recording and Reporting
RRCS	Republican Red Crescent Society (Kazakhstan)
SES	Sanitary Epidemiological Service
SOW	Scope of Work
SS- or S-	Sputum Smear Negative
SS+ or S+	Sputum Smear Positive
TB	Tuberculosis
TBD	TB Dispensary
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Thematic Working Group
UNDP	United National Development Program
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization
X pulmonary	Extrapulmonary

QUARTERLY REPORT
January 1, 2005 – March 31, 2005

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In Response To:
Cooperative Agreement No: 176-A-00-04-00006-00

Regional Summary

1. Notification of award of the project grants (May 2004) was followed by initial implementation planning and partner briefing (June 2004) and presentations to USAID and regional staff of the strategy of approach which launched project-specific activities in July 2005. The conclusion of the first quarter of 2005 finished about 9 months of implementation of the project.
2. During the period of April 1 – December 31, 2004, 9030 TB cases of all types were notified in project areas, among whom 2935 were new smear positive cases that are the primary focus of the DOTS strategy. Smear conversion rates among the cases identified and reported on so far in the period have averaged about 80% with the best results in Kyrgyzstan (~91%) and the least good in Almaty Oblast, Kazakhstan (~67%). All cases who successfully convert should be assured of being cured if they successfully received good quality drugs during the intensive phase of treatment. In reality, there are still loss-rates from the conversion stage to the proven cure stage of 1% to over 15% in the various countries. This is primarily the challenge for primary health services together with technical support from TB dispensaries to overcome, ensuring all patients complete treatment and produce a negative smear at the end. The third major area of work to control the TB epidemic is achievement of reasonable cure rates among those cases which have been previously treated for TB (both relapse cases and other smear positive cases (not failures or chronics)). Performance with these cases resulting from the DOTS activities in each of the countries has been moderately successful with cure rates likely to continue to be in the 60th & 70th percentiles.
3. Significant additional challenges in the project deal with drug resistant forms of TB, growing potential challenges from HIV co-infection, and effective TB treatment in the prison system and transferal to civil care on release, must also be the subject of further progress.
4. All of the tools of modern TB control need to be brought to bear to accomplish improved and sustainable performance by the end of the project, including: political will to test alternative policies and encourage their use in field conditions; rigorous adherence to proven diagnostic protocols with lab services of good quality; intensified training and use of IEC and BCC methods to motivate and change the practices of health professionals for greatest effectiveness and to build support and acceptance in the population; improved drug management and logistics services in a policy framework of standard treatment guidelines and standardized drug regimens of assured quality; and, most importantly, standardized recording and reporting methodologies and the analysis of results

achieved in each group of patients with rapid feedback of results to manager in each administrative area and follow-up support by their supervisors.

5. The foundations for progress on all of these fronts have been laid during the first nine months. The country progress reports below set out the many areas of work and significant accomplishments. For the overall summary, the most important among these for the quarter include:

Structures to achieve and sustain political support and shape effective policy.

- a) Formation of the first HLWG (the “Technical Group”) in Kazakhstan. The first meeting took place in Almaty, on March 31, 2005. Organizing of TWG work processes and coordination of the activities of different organizations working on TB control in Kazakhstan should be the next steps.
- b) The Drug Management Workshop has been provided to PHC leaders (by partner, JSI) in Tajikistan. Follow-up steps will be done by country team in terms of improvement of drug management system on the country level.
- c) Work plans for TWGs have been developed in Kyrgyzstan. Due to political circumstances work in this direction was necessarily suspended temporarily. Oblast Round Tables should take place as an additional source of information for the TWG’s activities but had to be rescheduled. Further progress in these processes will have to await stabilization of the political situation.
- d) The MoH has set up the structure of the HLWG (the “CCM”) in Uzbekistan. Local considerations caused the structure of HLWG in Uzbekistan to be complicated in its first form. PH currently is working very close with MoH, RDC and the TB institute to make improve functionality of the structure in the period moving forward.
- e) Preparatory work for the HLWG (the “Interdepartmental Coordination Board” (ICB)) took place in Turkmenistan. ICB is to be a part of National TB program and PH staff devoted a lot of efforts in preparation process of a formal document on the National TB program. Preparatory steps have been started for the first ICB meeting.
- f) An Oblast Roundtable took place in Almaty Oblast in Kazakhstan. Before the meeting, teams of PH specialists performed a comprehensive assessment of strengths and improvements needed in policies and practices in the oblast. The RS for drug management, RS for laboratory, RS for BCC/IEC, and RS for prison all contributed in their areas of expertise. According to the PH work plan, Almaty oblast has been chosen as a Best Practice Performance Site (BPPS – a tentative name pending discussions and agreement with the local government) and further dialogue with National TB program will be linked to results to be achieved in Almaty oblast, such as National BCC/IEC component of TB program and monitoring.
- g) The draft paper on the concept of BPPS has been finalized and readied for presentation to the National health authorities. The country team and the Technical director have discussed further steps in this direction at the meeting in Almaty.

Workplanning for Year 2

- h) A meeting to review implementation of the first year work plans of the project was held in Almaty in February. Detailed discussion of achievements and constraints during the first year program implementation took place under the supervision of the Director of the Program and Technical Director.
- i) Country managers, RS and policy specialists have developed matrixes (available on the PHConsortium website). Matrixes 1, 2 and 3 could be used as a basis documents for development of work plans for TWGs in each country. Matrix 1 has been developed by policy RS, Matrix 2 has been developed by each RS and contains information about the most important issues, main

consequences and themes of actions in corresponding field, and Matrix 3 has been developed by each country manager.

- j) Based on Almaty staff meeting discussion, draft work plans for the second year have been developed that are consistent with the matrices and with the strategic needs of the project.
- k) Five days meeting took place in Millwood with intensive discussion of drafts of second year plans by country managers and all partners of PHC. The design of the meeting allowed each country manager to meet each PHC partner and discuss in details work plans. Morning sessions have been designed to discuss the working process by each PHC partner (five days – five partners) and Director of the Program, Technical Director and Senior TB Advisor.

Regional Specialists.

- l) **Laboratories.** The Lab specialist finished assessment visits (Uzbekistan and Turkmenistan) and drafted assessment reports. The PH RS and head of Kazakh Ref Lab have discussed lab assessment report. There are several concerns that have been provided by lab RS including quality of microscopy, quality assurance system for microscopy and methodology of DST. The last issue is particularly important in terms of high percentage of MDR TB among new cases and retreatment cases as well. It was noted that there are two methods (absolute concentration and proportional) that are mixed up for DST methodology and assessment of the results of DST. This might cause some mistakes in DST results which will lead to wrong case management and wrong estimation of second line drugs need for the whole country. Meeting with CDC lab specialists took place with discussion of work coordination. Further steps should be done by both sides to make this collaboration fruitful.
- m) **Prisons.** The assessment visit in Kyrgyzstan took place. First training for Kyrgyz penitentiary specialists has been organized in Center of Integrated Education (CIE) (not yet officially opened) in Karaganda. Active preparation has been performed for the same training for Uzbek penitentiary specialists and for assessment visit of prison RS to Uzbekistan. The first deputy of minister of MoJ Republic of Uzbekistan has signed corresponding agreement. There are three main results out this work: first, CIE are getting prestige as training center not only on country level but on regional level as well; second, the situation with TB in Kyrgyzstan prisons is very disturbing and such training for prison specialists is a very good opportunity to move this situation in a positive way; third, the Uzbekistan prison systems still remain very closed and those first steps are important to make it open and to improve the TB situation.
- n) **Drug management.** The Uzbekistan assessment visit took place during the quarter. The draft report is under internal discussion. As soon as it is ready (final Russian version) it will be presented to National authorities. Kyrgyzstan. The assessment visit to the penitentiary system also took place and key findings have been addressed at the TWG prison session.
- o) **MDR TB and TB HIV.** The RS has just started to work and is collecting information about the MDR TB situation in Kazakhstan, Kyrgyzstan and Uzbekistan. This information includes not only available information about level of drug resistance but current policy and management tools (case finding, treatment protocols, case management, safety). As soon as this work is finalized, the issue concerning drug resistance will be addressed to TWG's and HLWG' S in each country.
- p) **BCC/IEC.** TOR for the visit to Uzbekistan has been intensively discussed. This discussion helped to approach strategic vision of BCC/IEC activities inside of the project. As a result of this discussion, work on assessment tool has been initiated (Questioner for health providers).

Partners. Work plans. Assessment visits.

- q) **JSI.** The second year work plan has been developed. Based on experience in assessment visits and report writing process, and a general schema has been developed: - assessment visit - draft

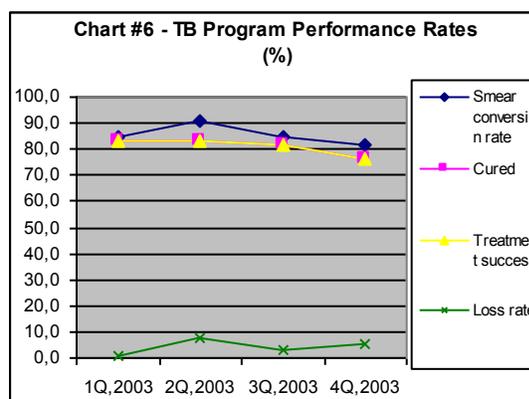
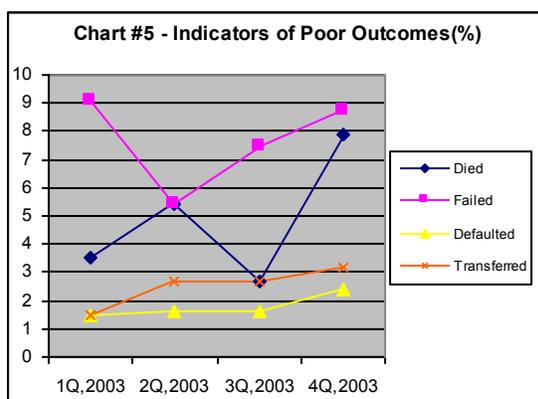
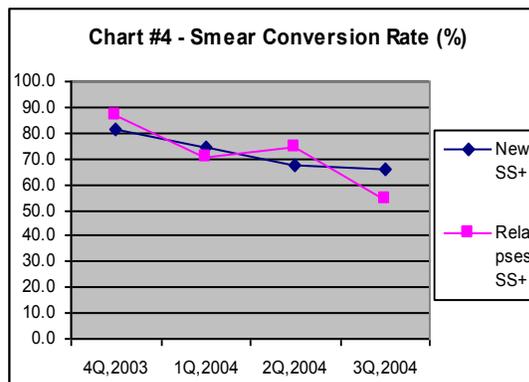
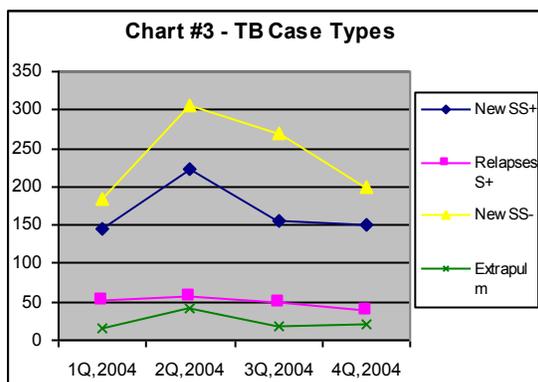
report in English - internal discussion - final English version of the report – Russian translation of the report – preliminary presentation to the local counterparts – final version of the report – presentation to health authorities. The schema listed above has been included into work plans in each country. English version of Turkmenistan drug management report has been finalized. Uzbekistan English draft report under internal discussion.

- r) **NJ NTBC.** Extensive information exchange took place between NJ NTBC and Kyrgyzstan team regarding MDR TB situation. Prof. Riechman has recorded two lectures (MDR TB and TB/HIV) for training course in Bishkek (the training has been cancelled due to political situation).
 - s) **CAMRIS.** PH specialists and CAMRIS have discussed three main directions in joint activities: webpage and information system design and operation, policy assessment studies and BoD study. During the meeting in Millwood necessary adjustments were included in work plans of each country team in terms of assessment visits of CAMRIS into the region. There were several discussions (meetings and conference calls) regarding webpage design as a follow up of Millwood meeting. Progress on these items is awaiting CAMRIS' submission of an acceptable budget to implement the workplan.
 - t) **JHU.** There were several discussions in Millwood, over the vClass and in conference calls about strategy of BCC/IEC. These have helped the overall strategy of this component to now focus appropriately on health providers. The factual data from cohort analysis shows that the group of patients who are lost from proven cure after having successfully been converted in the intensive phase of treatment are often affected by poor service from medical personnel. Tools for assessment of health provider's knowledge of DOTS and their attitude towards DOTS and TB patients will be developed. Based on results found necessary adjustments will be included in overall BCC/IEC strategy and in training.
6. The multiple objectives of this complex and multi-component project in the five countries of Central are further reported on in the individual country section below. Please note that no regional report was received from CAMRIS, JSI or Chemonics.

Kazakhstan – Q1, 2005 – Bibigul Alimbekova

Kazakhstan has established the High Level Working Group on TB (TB Technical Working Group). Thematic Working Groups (Thematic sub-groups) will be formally approved upon the decision of the Ministry of Health.

Selected TB Performance Graphs for the Almaty Oblast



Analysis

- Chart 3** – Over the 2nd, 3rd and 4th quarters of 2004 the total number of patients with pulmonary TB decreased but the proportion of cases SS+ increased by 6.4% and reached 43.1%. In the 3rd and 4th quarters the number of new cases SS+ remained on the same level whilst the number of new cases SS- decreased. The number of relapses and extrapulmonary cases remained at a relatively stable level throughout 2004. Obviously, there is a regularity of an annual rise in the number of TB patients in the 2nd quarter and a fall in the number of TB cases in the 4th quarter. The increase in the number of new patients with pulmonary TB in the 2nd quarter is a result of intense prophylactic examinations and accessibility of medical services determined by climate conditions.
- We could not find any objective reasons for a regular decrease in the number of pulmonary TB cases during the assessment visit. There is an assumption that it is linked with registration. Statisticians stop registering TB patients in the middle of December and sometimes earlier due to the start of preparation of the annual report which is supposed to be submitted to NTBC by the end of the month.
- The patients detected at the end of the 4th quarter are provided with treatment, but not registered in TB 07 for the 4th quarter. They are registered as patients detected in the 1st quarter of the following year.
- Interruption of registration of detected patients at the end of the year affects (reduces) the morbidity rate.

5. During the next monitoring visit to Almaty oblast, the Project HOPE country team will conduct an analysis of the situation described and develop a plan of remedial actions.
6. **Chart 4** – the sputum smear conversion rate among new patients in the 3rd quarter remained on the 2nd quarter level while it decreased among relapses. In the future it will lead to a reduction in the treatment effectiveness. The factor with the most considerable impact on the decrease in the sputum smear conversion rate in Taldykorgan is late detection of TB cases. While visiting the OTBD dispensary the HOPE team observed the procedure of treatment control during the intensive stage of treatment and did not reveal any particular inconsistencies. However, the procedure of recording the process of taking TB drugs established by the MOH is quite complex and requires laborious completion of the register, with the patient's signature for taking each TB drug. This could lead to the absence of a daily strict supervision over TB drugs taking.
7. In order to improve activities for well-timed TB detection, PHC medical staff of Almaty oblast will receive TOT training delivered by the trained team of clinical trainers.
8. **Chart 5** – There was a growth in the number of failed outcomes from the 2nd quarter. The main cause is insufficient supervision over treatment during the continuation phase. The assessment visit showed that the majority of TB patients receive treatment during the continuation phase of treatment through the dispensary department of OTBD. In fact, over half the patients take a 1 week to 1 month dosage of medication home. During the Oblast Round Table the issue of obligatory involvement of PHC in the provision of the continuation phase was addressed. During the monitoring visit the dynamics of this integration process will be ensured.
9. The growth in the mortality rate in the 4th quarter confirms the assumption about late detection and late TB patients' seeking of medical care. Although the quality of registration of died outcomes might also affect the mortality rate.
10. In the 4th quarter of 2003 there was a reduction in the sputum smear conversion rate, cure rate and treatment success and a corresponding rise in the loss rate compared to the previous quarters. Remedial actions are currently taking place by provision of training activities for laboratory staff and TB and PHC doctors to improve skills and knowledge of health personnel and monitoring of performance in Almaty oblast.

QUARTERLY PROGRESS SUMMARY

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL

11. **HLWG.** Noticeable progress has been made during the first quarter of 2005 on establishing a formal High Level Working Group on TB in the Republic. The HLWG named Round Table of key stakeholders took place on March 31, 2005 in the USAID CAR Mission. The number of participants reached 46 and included the members of Parliament of RK, MOH, MOJ, Ministry of Economy and Budget Planning, NTBC, Republican Sanitary-Epidemiological Station, USAID, CDC, KNCV, WHO, Gorgas Initiative, AIDS Foundation East-West, CAPACITY project, AIHA (the list of participants is attached to web version of the Quarter 1 Report, 2005).
12. The main goal of the Round Table meeting was to adopt Regulations on HLWG and TWG as well as to discuss the role of international organizations in social partnership in Kazakhstan. The international organizations listed above provide technical assistance in the implementation of the National TB Program and their representatives participated in the preliminary discussion of Regulations on HLWG and TWG.
13. Regulations on HLWG (in Kazakhstan it will be named Technical Working Group) and TWG (in Kazakhstan - Thematic subgroups) were approved, and an action plan which will enable their functioning has been outlined. First of all, Regulations will be submitted to the Meeting of National Coordinating Council on Health Protection under the Government of RK for approval. The suggested

time for submission is the 2nd quarter of 2005. Later on the next HLWG meeting will be held to discuss the Work Plan.

14. As it was indicated in the regulatory documents, the goal of creating the Technical Working Group (TWG) on TB Control is to provide technical assistance to the Government of the Republic of Kazakhstan in the further development and implementation of the National TB Control Programme.
15. TWG has the following main objectives:
 - Identify priority directions for the National TB Control Program and on the basis of them establish Thematic subgroups.
 - Improve legislative and other regulatory basis on TB Control.
 - Develop effective interaction and collaboration with public and international organizations in the framework of the implementation of National TB Control Program.
16. **TWG.** The participants highlighted 7 directions of TB activities, in accordance to which Thematic subgroups will be created. The Ministry of Health proposed to establish the following thematic subgroups:
 - Epidemiologic surveillance
 - Laboratory service
 - TB in prisons
 - Drug management
 - Multi-drug resistance of tuberculosis mycobacteria
 - TB and HIV/AIDS
 - Health education

In addition, the participants of the Round Table proposed establishment of another two thematic subgroups for consideration by the MOH: Organization of treatment and provision of observed chemotherapy and Social support.

17. Responsible persons will have to submit materials on existing problems to the Ministry of Health during the second quarter of 2005.
18. The Program Managers meeting with participation of the USAID CAR Mission Health Project Management Specialist, Dr. Indira Aitmagambetov, a took place on February 25-28, 2005, to discuss the results of the first year TB Program implementation and the draft Annual Work Plan for the second year. The meeting involved CAR TB Program Managers and Regional Specialists and outlined the main achievements of the first year and planned activities for the second year of TB Program implementation.
19. As a follow up step to the Program Managers Meeting the HOPE Consortium Partner's Meeting took place at HOPE Center on March 7-11, 2005 to finalize the Second Year Work Plan. **COP**, TB Program Managers, Technical advisors and HOPE Consortium Partners shared their lessons learned and discussed the plan of future activities.

II. BUILDING HUMAN AND SYSTEMS CAPACITY

Integration between TB services and PHC network

20. In order to achieve the integration of TB control into the primary health care network the managers of polyclinics were invited to participate in Oblast Roundtable which took place in Taldy-Korgan. Since one of the main findings during the baseline assessment of TB activities in Almaty Oblast and in Taldy-Korgan was the need for improvement of PHC network doctors' knowledge of TB aspects and strengthening health care providers' commitment to smear microscopy in pulmonary TB cases detection these issues have been highlighted during the Roundtable.

21. In the 2nd quarter the training of PHC doctors of Taldykorgan in DOTS strategy will start, and monitoring visits will be conducted later to evaluate how they apply the knowledge and skills gained to their work places.

Strengthening the Laboratory Network

22. Findings of the assessment visit conducted by the Regional Laboratory Specialist and Country Laboratory Specialist to Almaty oblast showed an unsatisfactory quality of examinations performed in smear microscopy laboratories. On the basis of these results the discussion with CDC and NRL representatives took place and training was provided for lab specialists in Taldykorgan.
23. To ensure accessibility of smear microscopy for the population of Almaty oblast, in addition to the laboratories, 130 smear preparation points were set up to prepare slides and transport them to the rayon laboratory for further examination.
24. The preliminary analysis of the work of smear preparation points in Almaty oblast was conducted: the total number of smear preparation points in the North region of the oblast is 48 (according to the official data), but, in actuality, there are 64 smear preparation points. 41 smear preparation points out of 64 are located within 5 to 50 kilometers from the rayon laboratory. Therefore, it would be more rational to transport the sputum to the laboratory rather than prepare slides in the smear preparation points. This issue will be addressed during the monitoring visit next quarter.
25. In 2004 only 25 laboratories (39%) out of 64 smear preparation points performed examinations; the rest of them did not perform any examinations. In 25 smear preparation points, 164 people were examined in the year of 2004. On average, 1 person (or three smears) was examined in a smear preparation point per month. There is no separate specialist assigned to prepare smears, so the examinations are performed by a nurse in charge of a section in a region. The quality of prepared smears is not satisfactory.

The monitoring visit with NRL specialists is planned for the beginning of the second quarter.

Strengthening Human Resource Capacity

26. A DOTS refresher training was delivered for TB doctors from Taldykorgan and pre-trial facilities. The number of participants was 20 TB doctors. Special emphasis was made on the methods of conducting cohort analysis. Reporting forms from the Oblast TB Dispensary were used as teaching materials. According to the participants' feedback, before training they had not been familiar with the basis of cohort analysis that enabled them to understand the results of their activity. Next quarter the TOT training seminar for 10-12 TB doctors will be delivered to build the Team of Clinical Trainers in Almaty oblast. Each training session for PHC doctors will include materials on conducting cohort analysis of the quarterly data and only on this basis required remedial actions will be planned and the progress of TB activities will be evaluated.

Creating Rational Drug Management Systems

27. Sessions on quantifying drug requirement and rational TB drugs use were delivered for the medical staff of Almaty oblast, in order to develop their skills and increase expertise on the above-mentioned sections of drug management.
28. A situational analysis of drug management countrywide was carried out on the basis of data obtained during the baseline assessment in Almaty oblast.
29. The presentation materials on "Overview of the existing TB drug management system and possibilities for its improvement" was developed and presented in the framework of an MDR conference. During the conference, facilitation was provided for the working group on TB drug management.

30. A meeting involving the NTBC Director and National Coordinators was held to discuss the possibilities for rationalization of the current TB drug management system in concordance with recommendations developed by the working group in the framework of the MDR conference with the purpose of their further submission to MOH RK. These recommendations focused mainly on improvement of the following: practical guidelines on TB treatment, efficiency of the procurement cycle and establishment of system of monitoring and evaluation of TB drugs use process.

Improve Program Management, Supervision and Surveillance

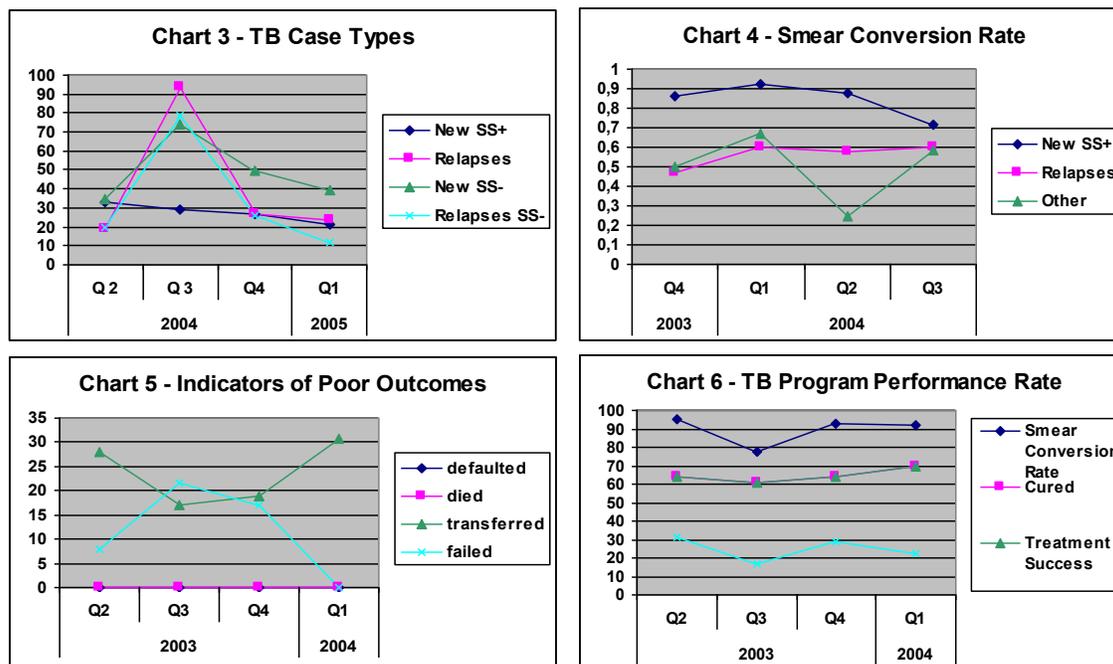
31. The document defining the strategy of implementation of the Project in Almaty oblast presents the main opportunities for strengthening the TB Program on the oblast level, their consequences and required remedial actions to improve implementation of the Oblast TB Program.
32. On finalizing of the final version of the concept of the Project in Almaty oblast, it is planned to present it to NTBC, MOH and TWG for the purpose of discussing and legalizing this document. On the basis of the presented concept of planning joint activities aimed at improving legal and regulatory framework and increasing the quality of TB activities performance, the proposed concept will initiate the understanding of the wide use of cohort analysis as a basis for policy promotion and implementation of DOTS on a higher level of effectiveness.

III. COMMUNITY ADVOCACY AND MOBILIZATION

33. The activities in preparation for World TB Day were conducted in accordance to the plan. On the initiative of Project HOPE, a competition was announced for the best success story about TB patient's treatment among TB dispensaries of Almaty and Taldykorgan. Success stories were submitted and analyzed by NTBC staff members and Project HOPE representatives, and the authors of the best stories were awarded prizes.
34. In the framework of World TB Day, a competition was announced for the best TB poster among prisoners in Almaty and Karaganda oblasts. Before the event, the terms of the competition were discussed with administration and participants were provided with the necessary materials. It was noticed that the color black prevailed in TB posters, and that shows the need to raise awareness on successful stories in the penitentiary system.
35. In December of 2004, NTBC, NC for Healthy Life Style Development, Red Crescent Society, and Project HOPE announced the Republican Competition for the best publication about TB in mass media among journalists. 42 press reports from different regions of Kazakhstan were considered. It should be highlighted that 24 articles were submitted for the competition in 2004, in contrast to 6 articles in 2003. It illustrates the increased interest of mass media in TB issues.
36. As proposed by WHO, Project HOPE, in collaboration with NTBC and KNCV, started a joint activity aimed at the creation of information materials for imprisoned TB patients and prisoners who are not sick with TB. Consequently, target groups were identified (new TB cases, chronic TB cases, people who are not sick with TB, superintendents) and a questionnaire will be developed for the target groups to identify form and content of needed information materials.
37. A press conference involving journalists from the newspaper "New Generation" that was dedicated to the World TB Day took place on March, 11, with the participation of Project HOPE. The conference materials were published in the March 17, 2005 issue of the newspaper (available in Russian).

PRISON PROJECT IN KARAGANDA OBLAST

Selected TB Performance Graphs for Karaganda Prison



38. In comparison with the previous quarter, there was a significant decrease in the total number of detected TB cases from 130 to 80. It is linked with the changes in the system of registration of TB patients in the oblast penitentiary system.
39. Since the 1st quarter of 2005, upon the decision of Medical Department Criminal Committee of Executive System Management of MOJ RK, patients who arrived at the High Security Regime Colony AK 159/17 from the entire country are registered at the place where they were detected and are not included in the statistical data of Karaganda oblast.
40. It was also observed that:
- Proportion of new TB cases increased from 59% to 68% in the 1st quarter of 2005.
 - Proportion of new SS+ cases reached 35% in the 1st quarter 2005.
 - Proportion of relapsed SS+ increased from 20.7% to 27% in the 1st quarter of 2005. Proportion of relapsed SS- decreased from 20 to 13, 6% in comparison with the previous quarter.

Due to the increase in the proportion of relapsed SS+ by 6.3% in the 1st quarter of 2005, it is planned to conduct an investigation of the reasons which caused these relapses: mistakes in type definition, late detection of TB cases, poor quality treatment previously received, or medical staff and patients' non-adherence to treatment. The percentage of pulmonary TB relapses after receiving treatment regimens of the 1st, 2nd, and 3rd categories will be calculated; a distinction will be made between intra-hospital and facility relapses, as well as time periods of their development.

41. The sputum smear conversion rate decreased significantly in the 3rd quarter of 2005. Treatment effectiveness among new cases in the system rose towards 69%. Treatment effectiveness among new cases SS+ in colonies reached 81.8%, in pre-trial facilities -0%.
42. A positive dynamic in treatment effectiveness among new cases SS+ was registered in colonies and, in the 1st quarter of 2002 it reached 48%. In pre-trial facilities the treatment effectiveness rate is low due to the short-term of patients' stay in the facility and uncompleted treatment. During the

Coordinating Panel meeting on the basis on cohort analysis findings it is planned to discuss reasons for low effectiveness of treatment as well as a fall in the sputum smear conversion rate among new cases SS+.

QUARTERLY PROGRESS SUMMARY

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL

43. The final versions of the initial assessment report of prisons in Karaganda and Almaty oblasts were submitted to the National Team of GMD CCES MJ RK (General Medical Division of Committee of Criminal Executive System MOJ RK). The recommendations made by the assessment team were incorporated in the work plans of medical services of the oblasts.
44. Permission for Kyrgyzstan and Uzbekistan specialists to visit the Center of Integrated Training in Karaganda was obtained.
45. The Letter on Cooperation and Common Understanding in the penitentiary system of Karaganda oblast between Project HOPE and KNCV is presently under consideration.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL

Integration between TB Services

48. The Program “before release from penitentiary facilities” is continuing.

Strengthening the Laboratory Network

49. The final version of the protocols on smear microscopy and culture testing is being discussed with the Regional Laboratory Specialist.
50. The Lab specialist from the penitentiary system of Almaty oblast received basic training on smear microscopy.

Strengthening Human Resource Capacity

51. DOTS training on the Specifics of TB Program Implementation in Prisons was delivered for the Kyrgyzstan penitentiary system staff. The training took place in the penitentiary system of Karaganda oblast and included a theoretical part, visits to facilities of different types and on-the-job training. The Team of Trainers was comprised of Oblast Coordinators of Karaganda Oblast Prisons and Project HOPE regional and country specialists. During the training session the participants developed their skills in using indicators for quality assessment of TB activities performance in prisons and conducting cohort analysis. It is planned that these skills will be used at the oblast and facility levels.
52. The trainers of DOTS training center based in Oblast Association Phthisiology of Karaganda oblast delivered training for staff nurses and medical assistants of isolators-pre-trial facilities for the 72 hour inmate keeping of the oblast.

Creating Rational Drug Management Systems

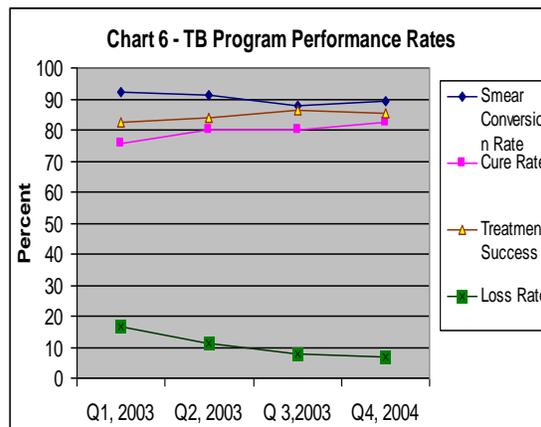
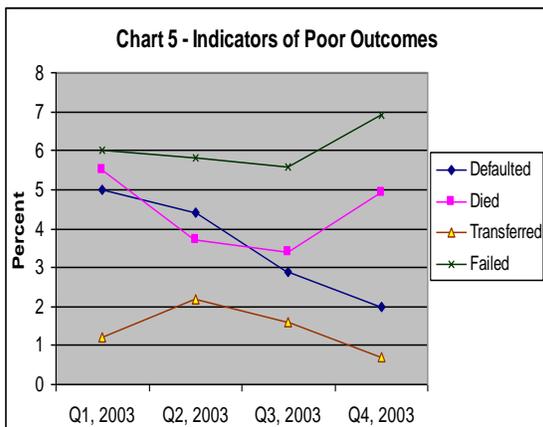
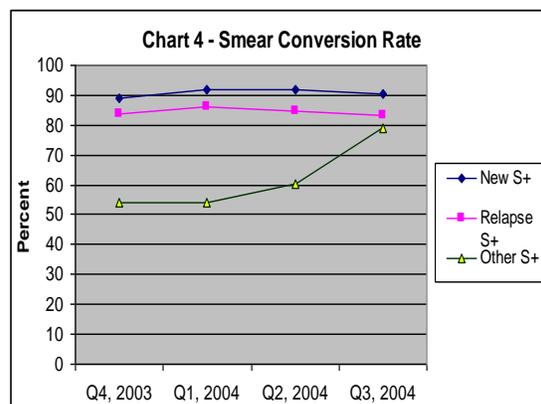
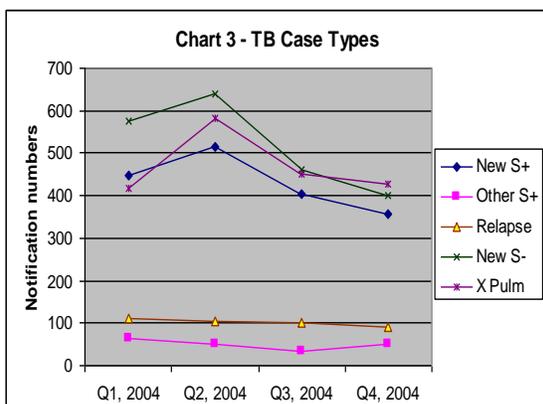
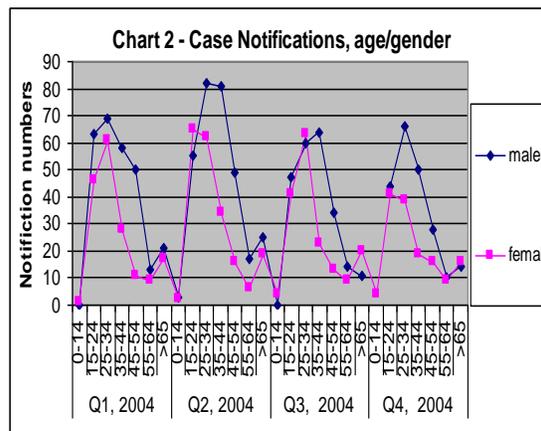
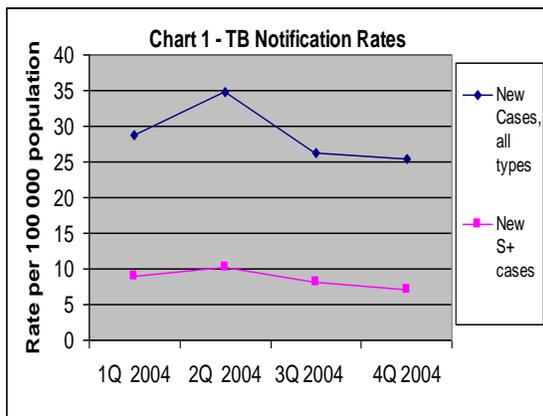
53. A recording form for evaluation of rational TB drug use at the facility level was developed by the Regional Specialist on Drug Management.
54. Rational TB drug use problems in Almaty oblast were discussed with the Chief of GMD CCES MJ RK and TB expert of CCES of the oblast. The recommendations were incorporated in the report on the initial prisons assessment.

Registration and Statistics

55. Preparation of materials for the meeting with the Oblast Prison Coordinators from all over the country at the GMD CCES MJ RK level aimed at discussing TB cases registration system and issuing Prikaz on registration in prisons.

Kyrgyzstan—Q1, 2005—Meder Omurzakov

Kyrgyzstan is approaching the WHO global target in achieving 85% treatment success.



Analysis

1. Kyrgyzstan registered 114.9 new TB cases per 100,000 population in 2004. The tendency towards stabilization of registered new TB case rates has been observed for the last three years 128.4 (2001), 126.4 (2002), and 123.6 (2003). It has been accompanied by a decrease in the mortality rate: 13.9 (2002), 11.8 (2003), and 11.4 (2004). Treatment success has been gradually increasing for the last three years: 80.6% (2001), 82% (2002) and 84.5% (2003). Chart 6 clearly demonstrates positive progress in program performance and indicates that health workers are following the principles of the DOTS strategy.

2. However, some drawbacks exist in Kyrgyzstan: high rates of new S- and extra pulmonary cases. The reasons of this are poor laboratory performance and excessive use of X-ray for TB diagnostic. These issues should be addressed for TWG discussion in the future to change existing prikaz.
3. It should be noted that mortality and failure rates have soared in the past quarter. This has mostly occurred in Naryn oblast and Bishkek. However the increasing of mortality and failure rates in Naryn oblast is not related to poor program performance. The absolute figures in Naryn oblast have not increased and remained at the same level as in previous quarters (one person died and one person had failure outcome). It is the law of small numbers. As for Bishkek, there is a problem with integration of TB and PHC services and this has been constantly stated in quarter reports.

QUARTERLY PROGRESS SUMMARY

4. Year one of the program has been successful and established a good basis for the next year. The creation of the Coordinating Council on Tuberculosis in Kyrgyzstan and Thematic Working Groups enables partners working in TB to join and coordinate efforts to reach more favorable results in TB control. Commencement of integration between TB and PHC service in Bishkek gives hope for improvement in indicators of the National TB program. Based on these accomplishments, a working plan for the next year has been developed and coordinated with HOPE Consortium partners.
5. In the first quarter of 2005, parliament elections were carried out in Kyrgyzstan. Political demonstrations and meetings of people who were not satisfied with the results of the parliament elections led to Revolution and government turnover. The political situation in the country had a negative impact on the activities conducted by CAR TB Control Partnership. In this connection, a visit of JSI partners for drug management assessment has been postponed. The time and dates of monitoring and trainings had to be changed. Planned oblast round tables have not been conducted.
6. The previous President of Kyrgyzstan signed amendments in Law "Protection of Kyrgyz population from tuberculosis" on March 14, 2005, decree #51. TB specialty is not popular among medical students, nurses and young specialists. The Kyrgyzstan TB service has a lack of nurses and laboratory specialists. The aim of the changes is to attract medical workers to TB service. According to changes medical personnel working in TB service will receive salary increases (30%) and extension of vacation (12 days).
7. TB has not been covered by the Mandatory Medical Insurance Fund (MMIF) in Kyrgyzstan so far. Per amendments, TB will be included in the MMI system and TB patients will be able to receive non-TB treatment through MMIF. No doubt these changes are important for TB program, since they could improve the situation with high turnover among TB staff, especially among laboratory specialists and benefit TB patients. Success will depend on the government capability to ensure fund allocation for implementation of amendments.
8. The Ministry of Health Care of KR is developing a National Health Program "Manas II" for the period 2006-2010. The working group consisting of specialists from different areas of health care is working on this document.
9. The National TB Program "Tuberculosis II" will have finished by the end of 2005. National Center of Phtisiology is developing a "Tuberculosis III" program for the next five years. The program will outline the main directions and priorities for the National TB program for 2006-2010.
10. Kyrgyzstan is initiating a new application for the Global Fund to Fight AIDS, TB and Malaria (GFATM) for 2006-2010. Initially the application was supposed to be only for the penitentiary system. After discussions and consultations, Kyrgyz authorities decided that the application would include civil society as well as the penitentiary system of Kyrgyzstan. The CAR TB Control Partnership is actively participating in application process.

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL

11. The Thematic Working Groups have started their activities, and have developed terms of reference (TOR) and working plans for the first year. On March 1, 2005, a working session of the Coordinating Council secretariat was held. The objective of the session was to consider TWG working plans for the first year and approve TOR for each group. The chairmen of the TWG presented working plans of each group with discussions following.
12. The National TB Program is planning to develop National TB manual. It was decided to involve TWG in this process. Main directions of TWG activities for the first year would be preparation of National TB Manual and coordination of activities between different organizations. It was recommended to include responsible persons for each activity of TWG. It was proposed to make necessary changes and amendments in working plans by the end of March. The next working session of secretariat has been planned for April, 2005.
13. Planned oblast round tables have not been conducted due to political situation in the country.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL

Integration between TB Services and PHC Network

14. The process of TB and PHC integration in Bishkek is under progress. An instructive letter #02-7-288 of the MOH KR approved common instructions: on sputum collection for a health care worker, sputum collection for a patient, directly observed chemotherapy and diagnostic algorithm of TB patient detection. This letter will serve as directive document for PHC physicians in Bishkek in their practice. A plan for on the job training of PHC specialists in Bishkek has been designed for the 2nd quarter of 2005.
15. The letter approved “Guidelines on Conducting Controlled Chemotherapy for Health Care Workers.” The present guidelines were developed under WHO supervision for persons rendering assistance in TB treatment (A guide for tuberculosis treatment supporters WHO/CDS/TB/2002) and were suggested by the regional drug management specialist of the CAR Project HOPE as one of the aspects of the efficient use of TB drugs. The materials of the guidelines were adapted according to the National TB Control Program requirements. The guidelines in colored poster (A3 format) will be published at the expense of the Global Fund to Fight AIDS, TB, and malaria in the KR and then will be integrated in the training materials on DOTS for Primary Health Care workers.
16. At present, 138 TB patients are receiving the continuation phase of treatment in PHC facilities in Bishkek.
17. Since September 2004, 13 trainings have been conducted at which 232 PHC physicians have been trained. At present, all identified PHC physicians in Bishkek have passed trainings on DOTS strategy.

Strengthening the Laboratory Network

18. A working plan on the laboratory component for the next year has been developed and coordinated with the Regional specialist and partners.
19. According to the National Program data, TB detection in the laboratories of the primary health care increased to 7.3% during 2004, in comparison with 4.9% in 2003.
20. A decision was made at the Thematic Working Group (TWG) session on DOTS, that a group in a laboratory should operate as a sub-group in the composition of a group on DOTS because many issues in the laboratory component should be solved in interrelation and together with other issues of the TB Control Program. The first organizational session of the laboratory sub-group was held. T. Murzabekova, a laboratory specialist of the national Center of Phthisiology, was appointed as the chairperson of the laboratory sub-group. A TOR and work plan for 2005 were developed and approved at the session. The present version was submitted for approval to the Coordination

Committee Secretariat (CCS). The CCS expressed the opinion that the laboratory component should be identified as a separate Thematic Working Group and responsible persons should be indicated in the work plans, including financial sources of the different actions proposed by the TWG.

21. At the expense of the Global Fund, it is planned to reconstruct a building for the reference laboratory. The CAR TB Control Partnership and GFTAM agreed on participatory work in building reconstruction. The CAR TB Control Partnership is planning to take part in a premise reconstruction with the help of the small grant funds of the US Department of State for reconstruction. For this purpose, Project HOPE specialists wrote a proposal for a grant in order to reconstruct a building of the reference laboratory. The grant funds are to be used for repair of the roof and ceiling in the reconstructed building.
22. Reagents and needed supplies for bacterioscopic examinations for all Kyrgyzstan laboratories were procured at the expense of GFTAM. Also plastic disposable containers for sputum collection were produced and distributed to the oblasts and penitentiary institutions.
23. During the quarter, one planned monitoring of five facilities of the PHC and TB facilities in Talas oblast was conducted. According to monitoring data, the situation from the time of the last monitoring in 2003 has been slightly changed, and some problems have been revealed. All these problems were addressed to oblast TB authorities.
24. A positive point is the fact that in Talas oblast A. Fedko, a laboratory coordinator assigned by an order, is operating. She is able to conduct monitoring qualitatively and supervise the situation for the laboratory component in Talas oblast. This is of great importance because the GFTAM is planning to allocate funds to the oblast TB dispensaries in order to conduct monitoring at the rayon level.

Strengthening Human Resource Capacity

25. Within the framework of training PHC physicians, a joint work on training health professionals with the Kyrgyz State Medical Institute for Training and Retraining Cadres (KSMI T&RC) has been extended. Trainings were conducted in the southern part of the country, where 82 PHC physicians were trained. All trainings were conducted in close cooperation with NCPH, Global Fund TB Project and KSMI T&RC.
26. Project HOPE specialists took an active part in the development of the DOTS section in the guideline on PAL for PHC physicians. This guideline has been issued and it is used in trainings all over Kyrgyzstan.

Creating Rational Drug Management Systems

27. According to the principal targets of the activity of the CAR TB Control Partnership under the Drug Management component the work plan for 2005-2006 was developed. The planned activity complies with the objectives of the National TB Control Program and enables an enhancement of the quality of its implementation. The work plan was developed in agreement with the regional specialist and JSI partners.
28. The drug management assessment which was supposed to be in January was postponed until May due to parliament elections in Kyrgyzstan.
29. The session of the Thematic Work Group (TWG) on DOTS was held, during which the sub-group on efficient drug management (EDM) presented an annual work plan. After discussion and making alterations, the final version was presented to the Coordinating Committee Secretariat on TB for review and was approved.
30. The work on integration of assessment instruments on rational drug use in the National TB Control Program is continuing. In this regard, the national team tested the assessment instruments during

monitoring. The comments on assessment instrument and indicators will be discussed at the TWG session.

31. During the reporting period, one monitoring visit was held in Talas oblast. Monitoring covered Primary Health Care facilities and the Oblast TB Dispensary. During monitoring all aspects of the TB program were assessed, including management of anti-TB drugs. Check lists on improving drug provision quality and quality of DOT (rational drug use) were used. The monitoring visit showed that health care specialists lack knowledge on calculation of anti-TB drug needs. The evidence is that all facilities calculate anti-TB drug needs without taking into account chemoprophylactic treatment for the contact persons. The quantitative discrepancies for four anti-TB drugs were revealed in two facilities out of the five because of lack of the responsible persons for keeping reporting and recording documentations and distribution of anti-TB drugs. Assessment of the DOT quality demonstrated insufficient knowledge of the persons responsible for DOT. A report and action plan for solving of revealed drawbacks has been prepared under monitoring outcomes, which were presented for further discussion to the Chief of the Oblast TB Control Center.

Improve Program Management, Supervision, and Surveillance

Monitoring

32. Because of the election campaign in the country and busy schedules of health institution leaders, the monitoring of Naryn oblast and trainings on the sites for the physicians and nurses in PHC of Bishkek were postponed until the second quarter of 2005.
33. In the previous quarter, the specialists of NCPH and the CAR TB Control Partnership conducted joint monitoring in Talas oblast. The monitoring demonstrated the improvement of the oblast center of monitoring. The obstacles at the rayon level are caused by constant turnover of staff. Monitoring in the country is not regularly conducted as before, from the oblast to the rayon levels, since the funds for gasoline are lacking and the vehicle is often out of order. The Global Fund TB project is planning a fund allocation for the oblast centers for monitoring at the rayon level.
34. On March 1, 2005, the DOTS work group presented the TOR and work plan at the session of the Coordination Committee Secretariat. The Secretariat approved the plan and TOR.

Registration and Statistics

35. A comparative analysis of the annual data demonstrated the positive dynamics of DOTS strategy development in the country. According to the reporting data of the national program in 2004, in comparison with 2003 the new TB case notification rate decreased from 124.2 to 114.9 per hundred thousand population and the mortality rate decreased from 11.8 to 11.4.
36. According to the reporting data for the new detected cases in 2004, in comparison with 2003 the new case notification rate with the positive smear has increased, among the pulmonary TB cases from 25% to 28.3%. On the other hand, rates of pulmonary TB with the negative smear (from 36% to 34%) and extra pulmonary TB (from 32.7% to 31%) have decreased.
37. According to cohort analysis data, among the new TB cases with positive smear registered in 2003 in comparison with 2002 the cases of failure outcomes are decreasing from 7.1% to 5.9% and the decrease of such treatment outcome as defaulters from 4.6% to 3.8%. In comparison with 2002, the Cure rate of 2003 has increased by 1% and makes up 79%.

Hospitalization and Treatment

38. There are TB cases detected through fluorography. The reason is an acting Order of the KR MoH No. 267 of 11.04.98 "On Strengthening the role of Polyclinic Institutions of the Republic at an Early Stage of TB Detection," where in Sub-Paragraphs 1 – 3 it is a specified provision of all the persons preliminary applied to out-patient – polyclinic institutions with fluorography as well as an annual

examination of the decreed contingent of the population. Review of the present Order is planned to discuss at the TWG session on DOTS. Some cases of incorrect completion of TB 01 forms and uncontrolled treatment at the primary health care facility are observed. The specialists of the monitoring team are constantly emphasizing the importance of DOT and train rayon specialists on TB 01 form completion during monitoring visits.

III. COMMUNITY ADVOCACY AND MOBILIZATION

39. The Thematic Working Group continues its activities. Three meetings of the Thematic Working Group were held where a final version of the TOR of the Thematic Working Group and annual work plan were designed. The TOR and work plan were submitted to the CC secretariat. The National Strategy on TB health education is being developed, a situational analysis of TB health education in the country has been performed and the Strategy goals and objectives have been set out.
40. In the current year, a campaign dedicated to World TB Day was aimed at the health care providers. TWG members have chosen the slogan “No TB!” for the current year. The assignments for each partner-participant of the present campaign were specified for performing actions planned for the World TB day. The Thematic Working Group on TB health education coordinated assignment performance by each participant.
41. World TB Day activities covered the general population, patients, school students and high-risk groups (prisoners). The leaflets and booklets containing TB information in both Kyrgyz and Russian languages were prepared for conducting TB health education. World TB Day activities lasted for two months.

PRISONS

42. Within the first quarter, three sessions of the TWG on prisons have been held. Work plans for 2005, TOR have been drawn up; the minutes of sessions have been taken. But the plan and TOR will be revised and they will have to be submitted for Coordinating Council Secretariat consideration in early April 2005.
43. Assessment in penitentiary system has been carried out in the last quarter. The assessment included all aspects of the TB program in prisons: case detection, case registration, information management, treatment, and integration between civil and penitentiary systems, and the drug management system.
44. The assessment has been performed by the Thematic Working Group members consisting of Global Fund TB Project, International Red Cross, Project HOPE TB program, medical department and Project HOPE Regional Specialist on prisons. Visits have been made to peripheral colony #8 in Belovodskoye of Chui oblast, colony 31 TB hospital for new detected cases, and pre-trial detention #1 in Bishkek. Meetings were held with representatives from the Global Fund TB Project, International Red Cross, and Ministry of Justice. The TWG on prisons held a meeting with regards to the preliminary assessment results. Preliminary results were discussed at the meeting and priority actions have been outlined. A draft assessment report will be submitted for the consideration of partners before April 15, 2005
45. Within the framework of the TB control program in penitentiary system, the training “Quality Management in Penal System Health Care” was held in the Karaganda oblast penal system during January 10-14 for Kyrgyzstan health specialists. Four specialists from the penitentiary system and 2 responsible persons for prison in MOH and NCPH participated in the training. All trainees successfully completed the training course and received certificates.

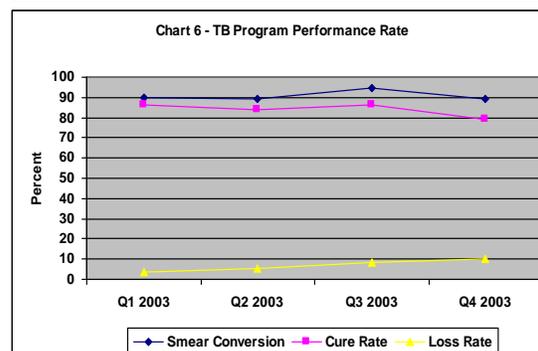
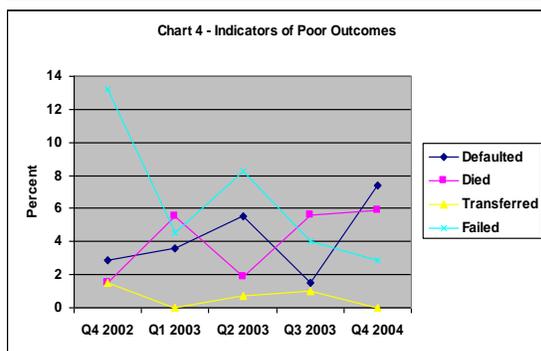
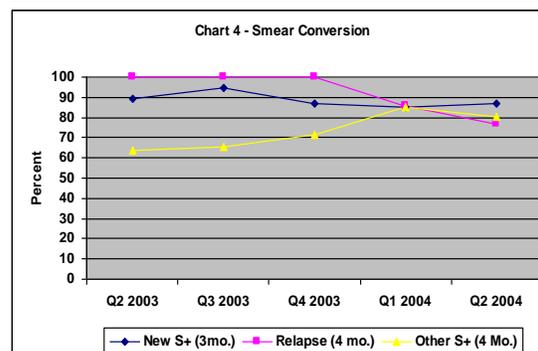
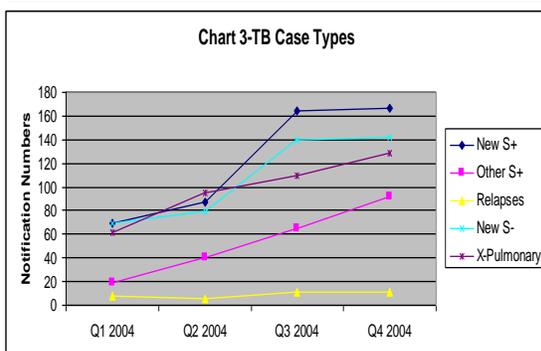
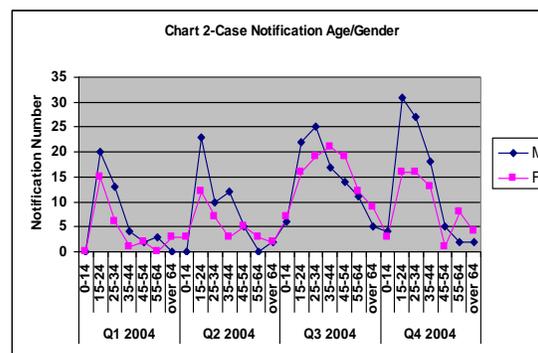
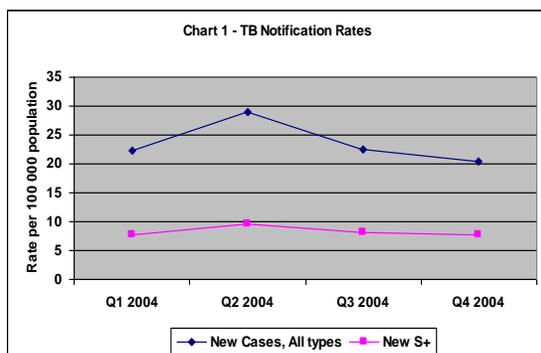
TB/HIV

46. The Committee Secretariat did not approve the TB/HIV TOR and work plan for 2005 that were developed by the TWG. The members of the TWG are reworking the TOR and plans, and the Secretariat will review them at the beginning of April.
47. In the framework of the thematic work group on TB/HIV, specialists were invited for writing an application for Global Fund: "The Program and the Ways of its Implementation on TB and HIV-infection Problems in Penitentiary System of the KR Ministry of Justice." The work group performed the work in January 2005. Dr. L. Saidashev, a doctor of the Republican Center "AIDS," was a leader of the working group.
48. The application has been signed at the KR Ministry of Justice and Republican Center "AIDS" and currently is under review by the Republican Center "AIDS" General Director.

MDR TB

49. The first session of the TWG on MDR was held in February 2005. The TOR and plans on MDR developed by TWG in April have been approved at the first session of the Coordination Committee Secretariat. The TWG will participate in developing a National Manual on TB. On the developing MDR/TB component in the composition of the national manual on treating multi-resistant TB the third line anti-TB drugs shall not be considered because of their unavailability in the republic. The standard regime will be used in MDR treatment. An individual approach shall not be used in a treatment regime, and it relates to the lack of the substances for the definition of drug resistance to the second line medicines.
50. The national team is working on training and monitoring plans for MDR TB. These plans will be discussed in TWG sessions. The next session of the TWG is planned for April 2005. The National team is planning to prepare an application for Green Light Committee submission for next year (100 patients).
51. The repair of a department for treatment of multi-resistant TB has been completed at the expense of Global Fund TB project funds. The national team is making a list of patients to enroll for MDR treatment. The continuation phase of treatment is being deliberated to conduct in PHC facilities of Bishkek and Chui oblast. The issue of treatment in the continuation phase of treatment is still under question. There are no trained specialists on MDR in PHC facilities and there is a risk that PHC will not be able to cope with the controlled treatment.

Tajikistan–Q1, 2005–Tom Mohr



Analysis

- The first three charts illustrate information about the DOTS expansion in Tajikistan. As of the 4th quarter, 18 pilot rayons were covered by the DOTS program. Seven pilot rayons of Khatlon oblast were opened in the fourth quarter. The increasing number of TB cases in Chart 3 does not represent a worsening of the overall epidemiological situation. It should be noted that the notification rate per 100,000 people, in general, is still lower (about 80/100,000) than might be expected (127/100,000). Specific exceptions to this are: Baljuvan, Dushanbe, Hamadoni, Timur Malik, and Vose Rayons.
- Charts 2 and 3** clearly reflect the incoming data from new DOTS pilots and thus increasing notification numbers are seen in quarter 3 and 4, 2004 relative to the earlier period.
- Chart 2** illustrates that the TB epidemic situation is wide spread and is effecting mainly the young population and men more than women.
- Chart 3** shows that the number of New S+ cases has increased relative to the other case types. This is a positive trend as curing TB in this group will have the highest impact in reducing the TB epidemic. According to WHO estimations for Tajikistan this is only about 12% of expected New S+

case detection rate. Meanwhile the high number of New S- cases should be reviewed to ensure that microscopy is used as the main diagnostic tool for all pulmonary cases. This should be done through the quality control of the laboratory diagnostics. The increasing numbers of Other S+ patients is to be expected with the expansion of the DOTS program. It should be noted that most of these re-treatment cases from new pilots had previous non-standard treatment before the beginning of the DOTS program. These represent prevalent cases in the community. "Relapses" (7 cases) 4.3% remain within a reasonable level. All are "DOTS Relapses". A check should be made about whether D.O.T. was implemented well during the previous treatment course. The "died" cases show an increasing tendency which is likely due to late diagnosis. Note: Three of four "died" patients were labor migrants returning from Russia.

5. **Chart 4** shows smear conversion data from six pilot regions (Dangara, Dushanbe, Khojand, Kulyab, Rudaki and Vose). It should be noted that the smear conversion rates could be misleading. In Khatlon Oblast, the high conversion rate is in some cases due to late control microscopy analysis being incorrectly reported (e.g. Data of microscopy results on the 5th month were recorded as the 2nd month in the TB 03 form). This situation continues at present.
6. **Chart 5** Finally the "Defaulted" are increasing, but the absolute number (5) is not very high. Of the five patients who had defaulted treatment course were: two of them left for seasonal work, two people went to non DOTS rayons of the country after ending intensive phase and one refused to take DOTS treatment because of intolerance to the TB drugs.
7. **Chart 6** shows a difference between Conversion rate (89.2%) and Cured (79.1%) - 10,1%. Treatment success in Q4 2003 was 83.5%, thus would show a smaller difference (5.7%). Regardless of that fact, this highlights the absolute necessity of ensuring strong treatment control during the "Continuation" Phase of treatment. If this second phase of treatment is strongly controlled it should be possible to maintain and even improve treatment outcomes relative to initial smear conversion rates.

QUARTERLY PROGRESS SUMMARY

8. Note: The quarterly summary provides a general overview of the key events taking place within the National TB program. This section of the report includes information on all areas of the country and all agencies involved in the TB control effort. As the primary recipient of the Global Fund grant and implementing agency of the USAID grant it should be recognized that Project HOPE efforts are being synergized with all agencies working jointly with the MoH on the National TB program to help ensure DOTS implementation throughout the country will provide a comprehensive and effective program for Tajikistan.
9. During the first quarter of 2005 several points should be highlighted. The expansion of the DOTS program has continued at a rapid pace despite a limited Anti-TB drug supply. In addition to the expansion, the fact that various agencies are now involved in DOTS implementation has revealed differences in implementation between agencies and the resulting need to improve coordination between agencies. Meanwhile regular monitoring and evaluation visits have revealed that technical aspects of the program need continual strengthening. In response to the monitoring and evaluation visits, the training program addresses these technical issues during regular training.
10. During the last quarter DOTS expansion increased from covering approximately 34% of the population to 44.3%. Expansion included seven rayons in Khatlon Oblast supported by Merlin and additional two rayons in Sughd Oblast supported by the MoH, WHO and Project HOPE. Expansion could have been even broader but there were limitations due to drug supply. The GDF order for the country is due to arrive during the second quarter of this year. In an effort to overcome the situation of limited drug supply Merlin has contributed drugs from their own stocks and bought some anti-TB drugs locally.

11. Monitoring of the rapid expansion of the program has revealed some difference in the practical implementation of the DOTS program. As should be expected in a new program, mistakes are found and corrected during the course of program implementation. Despite the normal strengthening of programmatic implementation issues, one crucial issue was raised that requires additional coordination and cooperation between all implementing agencies. This is a difference in the interpretation of case definitions implementing agencies utilize for determining treatment category for patients. This is a very serious issue that must be resolved as the use of a non-standardized approach between agencies will result in the mixing of cohort data. The mixing of patients within the cohorts would make it impossible for the National TB program to correctly assess the results of the program and to make the necessary adjustments in program implementation based on these results. This issue is ongoing and has been taken up by the technical members of the various partners. The issue has also been raised for the upcoming WHO Assessment mission (May 2005) that will be jointly financed by WHO, partners and the Global Fund. This is a key issue to solve, as quality DOTS implementation is crucial to avoid creating larger problems for the country.
12. Despite the finding of serious issues in the technical implementation of the DOTS program during the previous quarter, it is positive that the Monitoring and Evaluation teams of the program are identifying these problems and beginning to address them with the various partners in the program. Mechanisms are in place to address the various issues. It should be noted that during monitoring trips, technical mistakes are addressed on site with medical workers and subsequently addressed with TB Coordinators on-site. This is followed up with written monitoring reports. In addition, specific issues are also referred to training in order that during regular training and retraining to enable trainers to highlight common problems for the medical staff to be aware of during their own work. In spite of the fact that these mechanisms are in place, there needs to be continued strengthening and refining of these processes especially as this relates to coordination between agencies. This point is being addressed through the objectives of the USAID project.

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL

13. Political Support for the DOTS program remains strong within the MoH. During the first quarter of 2005 preparations to strengthen the system of political support for TB catalyzed by the GFATM grants. The Global Fund requires governments to develop a strong coordination body (Country Coordination Mechanism-CCM) to oversee the GFATM grants. Addition grants will not be approved by the Global Fund unless CCM's are organized into working bodies. As a result the GoT is currently working on reorganizing the CCM. This work has involved the gathering of recommendations from implementing agencies to provide input to the GoT in this process. The UNDP has worked closely with partners to spearhead this process. In relation to this effort, Project HOPE has moved forward on the creation of an Inter-Agency Coordination Council to work on TB. A TOR for this group has been written and proposals for the development of technical working groups needed for coordinating the TB program implementation across the country. In addition, Project HOPE was asked by UNDP and MoH partners to assist in organizing International NGOs to help ensure their representation on the CCM. This process is ongoing.
14. Another activity under this objective is that Project HOPE's partner in the Central Asian TB Control Partnership, CAMRIS has fixed a date for their assessment visit to Tajikistan. This assessment will be a TB policy assessment and is scheduled for June, 2005. Project HOPE has also asked for CAMRIS to provide input into the Health Management Information Systems (HMIS) working group of which Project HOPE is a contributing agency.
15. The HMIS working group has been organized through the State Medical Statistics Department and includes various NGOs working on HMIS systems and health reform. The Minister of Health has signed a Prikaz to ensure agencies better coordinate their work in the development of a single HMIS

system rather than developing numerous parallel systems. It is hoped that this initiative will result in the development of an Integrated Disease Surveillance System.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL

Integration of TB Control within a Reformed Health System

16. Project HOPE's participation in the HMIS working group has been the main activity under this objective during the first quarter of 2005. Additionally, discussions have been ongoing with partners about forming a technical working group or joining to existing working groups to address the further integration of TB services into the PHC services.

Strengthening the TB Laboratory Network

17. During the first quarter of 2005, Project HOPE continued various activities to strengthen the TB laboratory network in Tajikistan. These activities include finalizing of the Project HOPE Laboratory Assessment, reviewing proposed laboratory guidelines for the country and the carrying out of regular monitoring and on-site training. Of note: The National Laboratory has started culture activities in the laboratory bases in the basement of the Republican TB Center.
18. Project HOPE has finalized the laboratory assessment and translated the document into Russian Language in order to share with partners. Meetings with partners about the results of the assessment are scheduled. It is hoped that the findings of the assessment will be used to further strengthen the laboratory network as the National TB Program expands throughout the country.
19. During 2002, Project HOPE and local MoH partners worked on the development of TB Laboratory guidelines on microscopy, culture and drug sensitivity testing. Due to internal concerns about the format of these documents, Project HOPE has conducted a review of the documents that were produced. Project HOPE's Regional Laboratory Specialist has drawn up a set of discussion points and recommendations on how to adjust and use these documents to further develop the laboratory component of the TB program. This is will be discussed with SES counterparts during the 2nd quarter.
20. Monitoring activities of the microscopy laboratories have been carried out throughout all pilot rayons during the previous quarter. These monitoring activities include on-the-job training and quality control checking of the work of microscopy laboratories. It is significant to note that the laboratories in Khatlon Oblast have made significant improvements in their work over the last period.
21. As noted above, the National Laboratory staff has independently begun carrying out culture activities in the laboratory facilities located in the basement of the Republican TB Center. Project HOPE has expressed serious concerns about the lack of infection control precautions and appropriate safety equipment in place to conduct such work. This is especially important as laboratory supplies provided by Project HOPE to be utilized in the soon to be renovated laboratory were utilized to undertake this work. Under the present conditions the results of the culture activities will be unreliable. At the same time the medical staff working in this location are exposed to undue risk of infection due to the lack of standard infection control equipment or protocols.

Strengthening Human Resource Capacity

22. Since Project HOPE began working in Tajikistan, building local capacity has been a primary aim of the program. To this end nearly all HOPE activities are carried out jointly with local counterparts. Training seminars and monitoring missions have continued in DOTS pilots. In total 11 seminars were held. Financing included both USAID funds and Tajikistan's Global Fund finances. In total 151 workers were trained. This included different levels of medical workers including: TB Specialists, PHC Doctors, Nurses, TB Coordinators, Medical Administrators and for the first time mass media journalists. It should be noted that the national trainers still need to be further developed

to fulfill the training needs that are anticipated as the DOTS program expands. For this reason, the annual work plan included ToT seminars for trainers for fall of 2005.

Creating Rational Drug Management Systems

23. The drug management team of Project HOPE was very active during the first quarter of 2005. Activities included management of existing stock levels, projecting needs, and regular monitoring activities, distribution of the Drug Management Assessment, a round table on drug management and the starting of a technical working group to address drug management issues.
24. The rapid expansion of the DOTS program has put significant pressure on the central stocks of Anti-TB drugs available in the country. Despite recommendations from Project HOPE to the MoH and partners not to overdraw on the buffer stocks of drugs available in the country these recommendations were ignored. The current stock levels in country are presently not sufficient to cover the 2nd quarter distribution cycle scheduled for April. It is hoped that the safety stocks kept at the peripheral drug store levels will be enough to ensure the drug supply can be maintained until the scheduled supply of GDF drugs will arrive. An uninterrupted drug supply is a basic principle of the DOTS strategy. The current situation should be considered by all agencies involved in the TB program to avoid this situation in the future. Project HOPE Drug Management Specialists have spent long hours calculating stock levels and drug needs for the various regions of the country. This has included projecting needs for the current DOTS pilot area throughout the country.
25. The concluding of the initial Drug Management Assessment Report conducted by John Snow Incorporated (JSI) and Project HOPE was followed by distribution of the report to all partners. After soliciting comments from all partners, a round table meeting was held with all partners. This was done to help ensure a standardized approach to this crucial component of the program and to help ensure that all agencies would work in accordance to the recent MoH Prikaz on Stock Management. During the workshop, agencies agreed to form a Technical Working group (TWG) on drug supply. A Terms of Reference (TOR) for the group was completed and agreed upon with participants of the round table. The TOR is awaiting final approval from MoH counterparts. Members of this TWG on drug management are already working on implementing the recommendations from the drug management assessment report (e.g. Finalizing Registration of all Anti-TB drugs supplied to the DOTS program). It is hoped that the formation of this group will help to avoid future problems in drug supply and assist in developing a responsive drug management system. This will ensure an uninterrupted supply of anti-TB drugs for the National TB Program.

Improve Program Management, Supervision, and Surveillance

26. Activities for this objective included: conducting Cohort Analysis Training seminars, and ordering and receiving the supply of reporting and recording forms used by the National TB program. Other related activities were outlined above (e.g. Drug Management System plans and Laboratory Management Assessment details).

Community Advocacy and Mobilization

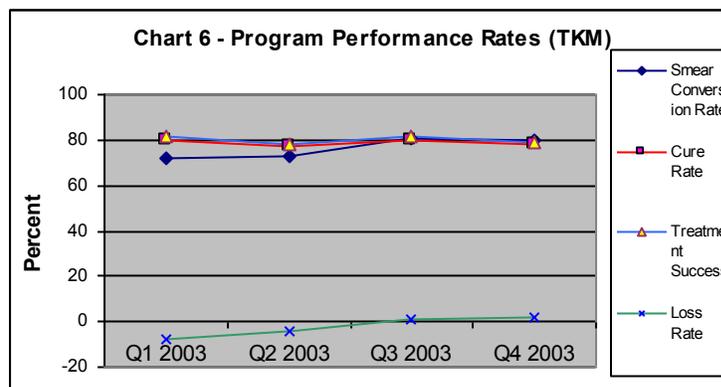
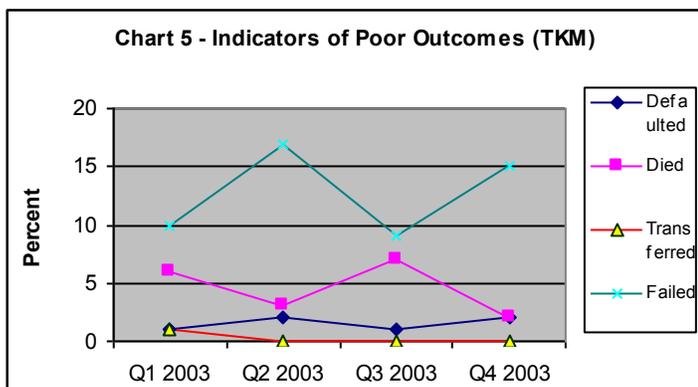
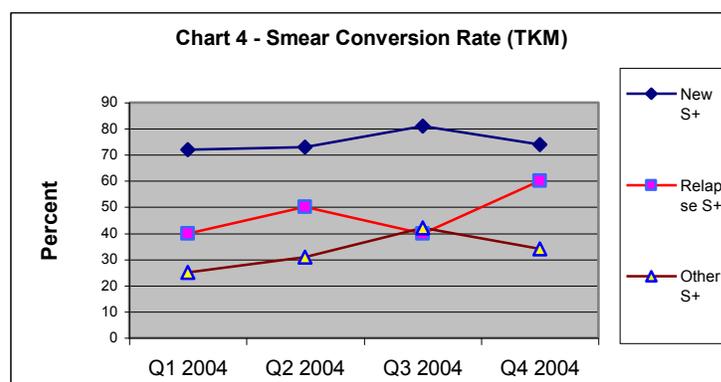
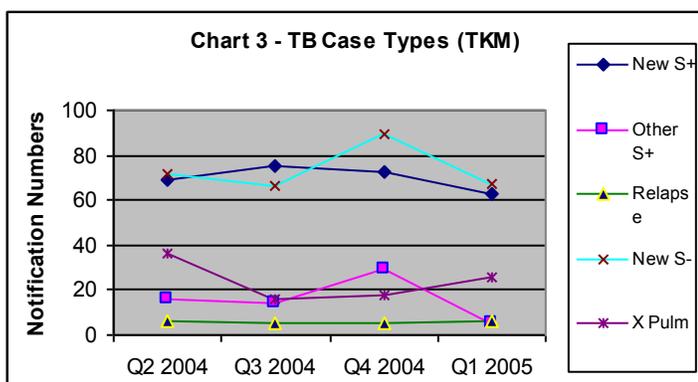
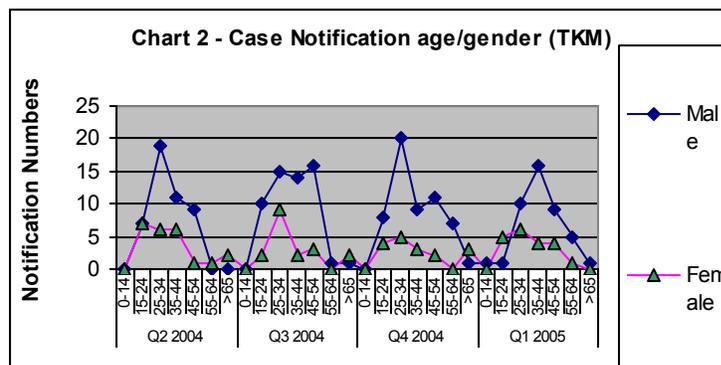
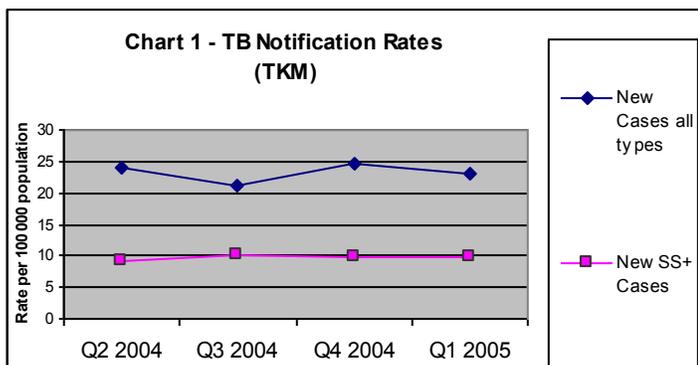
27. Project HOPE has taken a strategic decision to target health care providers and patients in its IEC/BCC activities. During the first quarter, the Project HOPE team developed its work plan for the next year under the USAID grant. This plan includes provision for conducting a KAP survey, development of educational materials and training for health care workers. In addition, numerous activities were carried out for World Stop TB Day (WTBD).
28. Plans for conducting a KAP survey together with TB Partners are close to completion. A component for providers and patients has been added and the draft survey and protocol has been forwarded to all relevant parties. The survey is to be conducted during the second quarter of 2005.

29. During the first quarter Project HOPE together with partners developed IEC materials for TB patients, Health Providers and the general population. These were shared with partners throughout the country. These materials were also utilized during WTBD. Additional activities carried out on WTBD included a televised round table discussion on Tajik TV, radio coverage and a virtual internet discussion to 25 sites across Tajikistan. The latter was organized in collaboration with Relief International

Incentives and Enablers Program

30. During the first quarter, three food distributions took place. One of these was for institutional feeding (Macheton Hospital) while the remaining two were for TB patients in Dushanbe and Rudaki rayons. The take home rations for TB patients were provided for 582 TB patients and over 3000 family members. Food distributions are utilized together with partners to carry out IEC activities with patients and their family members. Please note that currently Project HOPE, with WFP assistance, provides food support for all TB patients registered into the program.

Turkmenistan - Q1, 2005 - Batyr Kochumov



Analysis

- Chart 1.** In Q1,2005 the Case notification rate remained at the same level in comparison with the previous quarter
- Chart 2.** 63 new SS+ TB cases were registered in Q1, 2005, composed of 43 males and 20 females.
- Chart 3.** 156 new TB cases and 11 retreatment TB cases were registered in Q1,2005.
- Chart 4.** The smear conversion results among new SS+ and Other cases declined in comparison with the previous quarter
- Chart 5.** The failure rate increased from 9% in Q3,2003 to 15% in Q4,2004.

6. **Chart 6.** In Q4,2003 the cure rate and smear conversion rate remained at the level of Q3,2004

QUARTERLY PROGRESS SUMMARY

I: BUILDING POLITICAL SUPPORT FOR TB CONTROL

7. Establishment of the HLWG and TWGs is a part of the NTP of Turkmenistan for the period 2005 – 2009. Therefore, MOHMIT believes that the HLWG can be created only after the NTP has been approved by the Cabinet of Ministers of Turkmenistan.
8. The process of NTP approval by the Government may take a long period of time, but the imminent deadlines for GFATM Round 5 may speed up this process.
9. The status of the NTP document now is as following: a draft of the NTP has been translated into Turkmen and English; the Turkmen version was submitted to MOHMIT and was distributed to all Ministries and agencies which will form the HLWG for their review and comments on the document. The Ministries and agencies should identify their representatives to the HLWG. When the work on NTP preparation has finished, the document will be submitted to the Government for approval.
10. The HLWG creation is one of the criteria of GFATM in considering proposals from applicants. Since the process of NTP approval may take a long time, and taking into account the close deadlines for the GFATM Round 5 Application submission and the visit of a WHO expert on the application development to Turkmenistan, CTBP with Project HOPE has prepared and submitted to MOHMIT Deputy Minister Sopyev a letter with the request to expedite this process issuing a separate Government prikaz on HLWG set up. The issue of the HLWG set up has been consistently raised in the MOHMIT by Project HOPE and other international organizations. In particular, USAID CAR technical officer Andreas Tamberg discussed HLWG status for the AIDS application submission during his visit to Turkmenistan.
11. Project HOPE specialists are developing guidelines on TWG establishment that will focus on DOTS implementation, TB Drug management, IEC/BCC and Microscopy diagnostic of TB.
12. Despite TWGs still not having official status, TBPC specialists regularly hold meetings to solve TB Service issues. Thus, in the first quarter of 2005, the following issues have been discussed:
 - Medical documentation recording quality improvement in Ashgabat city.
 - Results of Turkmenistan TB Service for the year 2004.
 - GFATM application completion.
7. As mentioned in the previous Quarterly report, MOHMIT developed a DOTS expansion plan for the period 2005-2009.
8. Beginning in 2005, MOHMIT started the DOTS expansion plan implementation, having issued the prikaz on DOTS implementation in Turkmenabat city of Lebap velayat from March 10, 2005.
9. The DOTS expansion process in Lebap Velayat is supported by: British embassy in Ashgabat (Microscopy lab supplies), WHO (trainings), and GDF (TB drugs).
10. During the latest Project HOPE meeting with MOHMIT Deputy Minister, Dr. Sopyev, the issue of DOTS expansion in Balkan and Mary velayats was discussed. It was decided to expand Project HOPE activity on the expansion in Balkanabad city and Serdar etrap of Balkan velayat (in 2005) and provided funds are available in Vekilbazar etrap of Mary velayat (in 2006).
11. In the framework of World TB Day, the MOHMIT, with Project HOPE financial and technical assistance, held a conference where different issues of TB program and DOTS implementation status in Turkmenistan were discussed. Specialists from Primary Health Care (PHC) facilities, TB service, Ministry of Interior of Turkmenistan (MIT), Ministry of Defense of Turkmenistan (MDT), Sanitary-epidemiologic Service and representatives from International Organizations took part the conference.

12. As planned, Marija Joncevska, the Regional Project HOPE Lab specialist conducted an assessment visit in Turkmenistan in the first quarter of 2005.
13. Assessment activities studied the current situation of Laboratory Service in DOTS sites, and helped to prioritize work plan activities. The final version of the report is going to be developed by the Regional Specialist in April-May of 2005 and sent to the Country office for submission to MOHMIT. As the next step an activities plan on Lab network strengthening will be developed.
14. At the present time, the financing sources for the TB Program in Turkmenistan are the MOHMIT budget and financial and technical support of International Organizations such as GDF, NRCS, British Embassy, CDC, USAID and Project HOPE.
15. MOHMIT considers the possibility of strengthening and improving the financing of the TB Program in Turkmenistan applying to GFATM. However, preparatory works on CCM establishment take a long time. Despite CCM not being established, the GFATM application filling out process is going on with the guidance of WHO expert Prof G. Khechinashvili. Project HOPE specialists are actively involved in this process along with local and international counterparts.
16. In the 4th quarter of 2004, GDF experts visited Turkmenistan with their evaluation visit. In their Report, GDF experts recommended continuing the TB drugs supply to Turkmenistan for the following two years of the Program. At the moment, the Project HOPE Drug Management specialist is assisting the TB Prevention Center in filling out the new form for the GDF Application.
17. The British Embassy supported the MOHMIT request to purchase 5 binocular microscopes for DOTS expansion in Lebap velayat.
18. The CDC provided Ashgabat, Turkmenbashi and Mary cities Microscopy Laboratories with accessories for one year of work on DOTS patients' detection and treatment control.
19. To solve the issue of laboratory equipment with quality binocular microscopes and reagents provision in the newly opening Project HOPE DOTS sites (Balkanabat city and Serdar strap of Balkan velayat), we developed and submitted a proposal to the British Embassy in Ashgabat. The proposal was approved by the Embassy. At present the work with local suppliers is underway on purchasing 3 binocular microscopes, reagents, and lab equipment for these sites' laboratories.
20. The Turkmenistan Lab network supplies improvement issues were discussed in the meeting with Angela Franklin Lord (USAID CAR) and Maurine Sinclair (CDC CAR) during their visit to Turkmenistan. Angela Lord suggested making an equipment/accessories and training needs estimation for Microscopy Laboratories of Turkmenistan in accordance with the DOTS expansion plan until the end of 2009, taking into account other possible sources (Local International donors, GFATM). This Laboratory needs estimation and a separate estimation for Project HOPE sites until the end of the current grant (2009) were prepared with the assistance of Regional Lab Specialist and sent to the Project HOPE Regional Office.

II: BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL

Integration of TB control within a Reformed Health System

21. According to Project HOPE's plan, the monitoring of Health Houses (HH) in Ashgabat and Turkmenbashi cities was conducted and revealed several problems:
 - TB patient detection through the sputum smear microscopy method is used insufficiently due to the low number of examined TB suspects.
 - The quality of sputum collection is poor.
 - There are certain difficulties in the management of treatment in the continuation phase in Ashgabat city. We analyzed the continuation phase treatment quality in HH, which revealed the following: 44% of SS+ TB patients registered in the 4th quarter of 2003 interrupted treatment. In

particular, 10 out of 56 TB patients totally missed 30 or more drug takings, and 14 TB patients missed from 10 to 30 doses. Despite this, all TB patients finally got all doses of the prescribed treatment, and additional efforts by medical personnel were required to pursue TB patients to continue treatment. On our opinion, this fact proves insufficient IEC/BCC work among health providers and health providers' work among TB patients in Ashgabat. This should be considered in further IEC/BCC work planning.

30. During the assessment visit to Balkanabat city of Balkan velayat, PHC specialists training needs assessment and Lab network rationalization planning in the city were conducted (see details in objective 2C).
31. Continuation of monitoring visits to evaluate the effectiveness of activities on TB detection and treatment in PHC facilities, initiating the shifting of supervisory responsibility from TB service to a general healthcare service and health provider training were planned within the program component in the Year 2 of Project work.

Strengthening the TB Laboratory Network

32. The status of reagents and lab materials provision has been improved due to the recent supply of reagents and slides by CDC.
33. Currently Ashgabat, Turkmenbashy and Mary cities microscopy laboratories are provided with reagents for 1 year of work on DOTS patients' detection and treatment control. The laboratories supply system improvement has somewhat improved microscopy labs work rates in Ashgabat city. Thus, the portion of new SS+ TB cases among new TB Pulmonary cases increased from 38.5% to 43%.
34. Monitoring in the Turkmenbashy city Microscopy Lab revealed lack of feedback on microscopy quality supervision between the TB Department microscopy laboratory of the city and the National Reference Laboratory in Ashgabat. Turkmenbashy microscopy lab specialists do not get smears reanalysis results. The other issue is the absence of National guidelines on sputum smear preparation and microscopy lab disinfection. It is necessary to develop a short Guidelines on Lab diagnostic of TB which will include standards of staining, microscopy and disinfection regimen in the national language. This issue was discussed by the Regional lab specialist in her summary of findings (see paragraph 39 of the report).
35. As mentioned above (see Part I), in quarter 1 of 2005 the Project HOPE regional Lab specialist assessment visit took place. During this visit the existing lab network status in Ashgabat and Mary cities was assessed.
36. The summary of findings and recommendations follows in paragraphs 37 – 43.
37. The laboratory network for DOTS implementation was established according to WHO recommendations for one laboratory per 100,000 population. However the number of suspects examined is not sufficient and should be increased, especially for the smear examinations performed by PHC laboratories. The percent of smear positive cases detected among all examined is high (on average 14.2%, but goes up to 18% at PHC) which indicates that the laboratory service could detect more cases by increasing the number of suspects examined.
38. All laboratories are overloaded with smear examinations for non-DOTS patients and ZN smear examination of urine. The number of non-DOTS examinations at the NRL was more than three times higher than for DOTS patients. This is an unnecessary waste of time and material resources, without any contribution to improvement of the epidemiological situation.
39. Regular monitoring of laboratories is conducted by a NRL specialist, but it would be very difficult to ensure continuous improvement of quality due to the high turnover of trained staff. Therefore, in addition to the regular monitoring, a training plan should be developed annually and on-the-job

training of new laboratory staff at NRL should be ensured for every new employee. Training modules and guidelines should be available in the local language as well.

40. The NRL is understaffed and it does not have the capacity to carry out all activities with only one doctor. In addition to everyday routine work in diagnosis of TB, the laboratory is involved in training, monitoring, supervision, quality control, reporting to the NTP, development of guidelines and recommendations for lab diagnosis, planning and distribution of equipment and supplies. In order to pay enough attention to each of listed activities, two additional doctors are needed.
41. The system for internal and external quality control for smear microscopy should be strengthened and a blinded rechecking method for EQA should be introduced. For that purpose the possibilities for training of laboratory staff in this method should be explored in collaboration with the CDC.
42. The NRL has not been officially appointed by MOHMIT and has not been certified on an international level. In order to start the procedure, the NRL and NTP should collaborate with the MOHMIT to discuss this issue and agree upon the selection of laboratory as an initial step in this procedure.
43. The Head of laboratory has not received any on-the-job training in culture, DST and identification of Mycobacterium. The establishment of a link with one of the Supranational laboratories from the WHO network could provide such an opportunity.
44. Implementing decisions of the meeting between Project HOPE, USAID CAR and CDC CAR (see Part 1), the regional lab specialist with the assistance of Project HOPE specialists calculated lab network needs for the country for the period 2005-2009, as well as a separate estimation for Balkanabat city and Serdar etrap for 2005, and Vekilbazar etrap of Mary velayat for 2006.
45. A preliminary discussion of Supranational Laboratories (SNL) selection for further cooperation with the NRL of Turkmenistan was held in MOHMIT. The Deputy Minister of MOHMIT wished to select the lab from Germany, since the Turkmenistan Health Care system is being reformed according to the German model.
46. As Regional Laboratory Specialist M. Jonevska recommended, at the moment we are discussing the possibility of sending the head of NRL to the training "International standards in TB control: laboratory diagnosis, management and surveillance" in London in October 2005. For this we are going to apply to British Embassy to support this activity.

Strengthening Human Resource Capacity

47. During the reporting period the following activities were conducted:
 - Component work planning for the Program's 2 year work.
 - Preparatory work for sending NTP specialists to WHO\KNCV\Project HOPE training in Bishkek.
 - Assessment of training needs in Balkanabad city.
 - Preparation of abstracts for the annual IUATLD conference.
48. The assessment visit identified that within DOTS implementation in Balkanabad city, 246 medical specialists, including 15 health care managers, 11 TB doctors, 7 lab specialists, 192 family doctors and nurses, 16 Velayat TB hospital nurses, 4 epidemiologists and 1 "Health" Center specialist need to be trained.
49. In addition, within scientific-practical conference preparation devoted to World TB Day, Project HOPE assisted TB specialists in presentations and report designing.
50. For Year 2 the following activities have been planned: to determine training needs for new pilot sites in Balkan velayat, to conduct DOTS basic trainings, to conduct TOT inviting Project HOPE Regional Office trainers, to send 5 local NTP managers to the training on NTP Management, and to assess the curricula of medical schools for nurses.

Creating Rational Drug Management System

51. To ensure an uninterrupted TB drug supply for DOTS program, a dialog has been initiated with GDF on their further TB drug supply for Turkmenistan. It facilitated the first year in-country monitoring visit of the GDF team, which is one of the prerequisites for the continuation of the drug supply. The visit took place in March 2005. According to the mission, there are no obstacles to continue the supply of TB drugs for the country.
52. As the second year of the project approaches, the plan of activities has been developed and refined for approval.
53. To strengthen human and system's capacity for TB drug management, the monitoring visits to pilot sites of Turkmenbashi city and the primary health care facility #6 of Ashgabat city took place during this quarter. In Turkmenbashi city TB drug management performance was monitored in both the TB unit of the multiprofile hospital and primary health care settings of the city. Findings were communicated to the responsible people, and on-the-job trainings and recommendations for improvement of their performance were provided.
54. In light of preparation for the next JSI visit for "design phase," information on logistics of DOTS and non-DOTS system were gathered and compiled.
55. The TB drug needs for the newly expanded DOTS site of Turkmenabat city Lebap welayat were determined and delivered.

Improve Program Management, Supervision and Surveillance

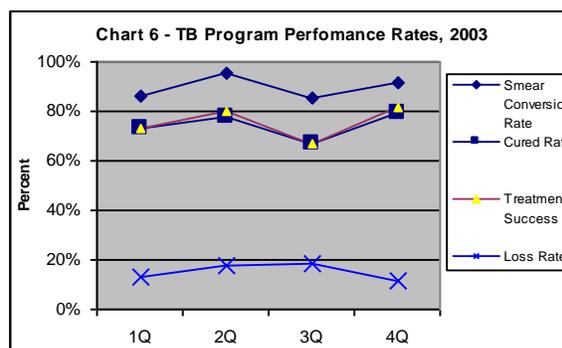
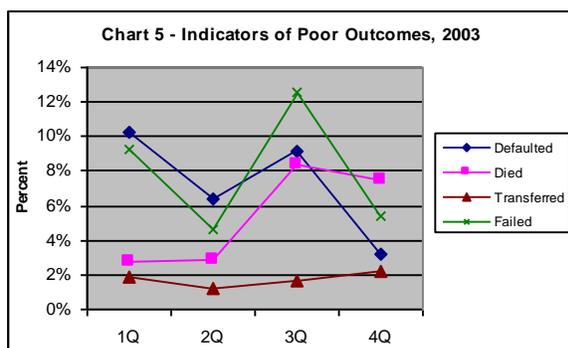
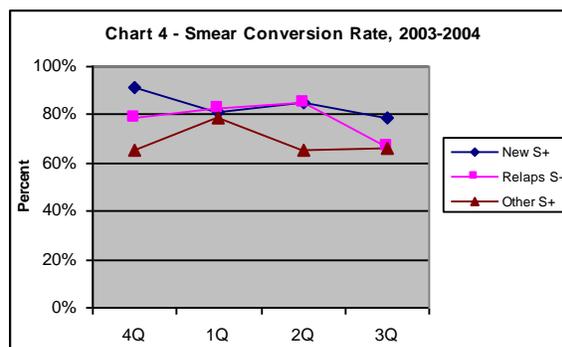
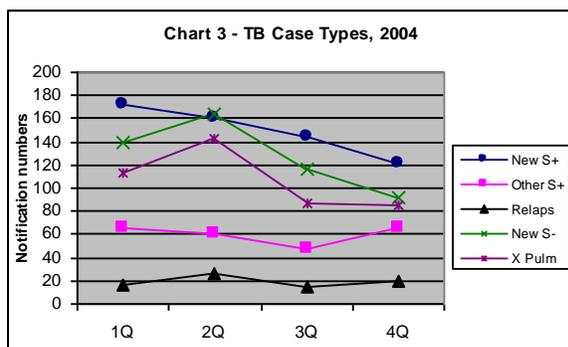
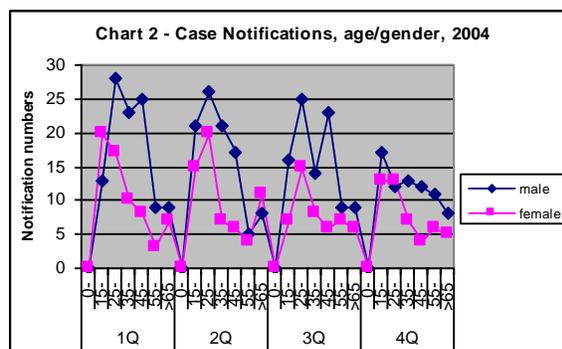
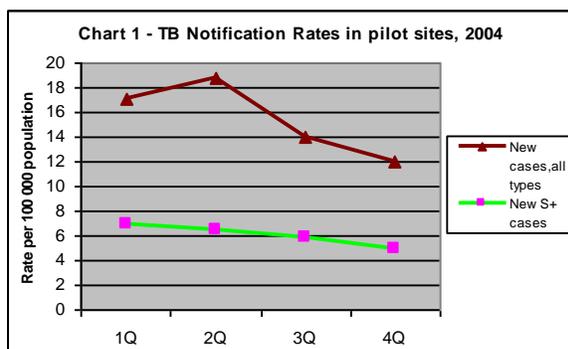
56. To improve Program management, the following activities were carried out:
 - Cohort analysis outcomes were discussed.
 - Identifying the reasons of inadequate "cure" rates.
 - Program needs assessment in Balkanabad city.
57. The assessment determined that for quality Program management in Balkanabat velayat, it is necessary to provide Balkanabt velayat TB Hospital at least with one computer. We are now studying the possible ways to solve this issue with other donors.
58. The lack of interrelation between the Civil and Prison Health Care Systems and an irregular TB drug supply caused a high failure rate in Ashgabat city in Quarter 4, 2003.
59. Today, 2 parallel recording and reporting systems are used in the country. Once the whole country is covered by DOTS, these 2 systems can be unified. Recording and reporting forms which are used in non-DOTS areas will be collected and analyzed in Year 2 of the Program activity plan (April 2005 – March 2006).
60. During the assessment visit E. Belilovskiy, CDC CAR specialist on communication technologies in Turkmenistan, and Project HOPE agreed with CDC to cooperate on ESCM implementation in Turkmenistan. It was decided for ESCM to send to MOHMIT a proposal on implementation. After having a signed agreement on ESCM for Turkmenistan between MOHMIT and CDC, we will start to develop acceptable recording and reporting forms for Turkmenistan.

III: COMMUNITY, ADVOCACY AND MOBILIZATION

61. In the framework of World TB Day, financially and technically Project HOPE supported the Students' TB conference at the TB Faculty for 50 participants of the Turkmen State Medical Institute and practical- scientific conference on TB critical issues with MOHMIT for 73 participants from all velayats of Turkmenistan.
62. At the Conferences in TB Faculty, students presented their research on different aspect of TB.

63. The “Health” Information Center of MOHMIT provided publications in the State Newspaper on TB issues and broadcast a 2 hour TV program on different issues of TB status in Turkmenistan.
64. In January 2005, a Project HOPE representative participated at the Small Grants Review Committee in Counterpart Consortium Turkmenistan. The Committee reviewed and supported grants on the Healthy Community program. Out of 7 applications reviewed, 5 have been recommended for financing. The next Small Grants Committee meeting is planned for the 2nd Quarter, 2005, where Project HOPE specialist will also take part.
65. To finalize the Social Mobilization Specialist hiring process, three out of 12 candidates have been interviewed and one has been chosen for the position of IEC/BCC Coordinator.
66. Project HOPE staff participated in the annual Peace Corps Resource Fair where Project HOPE made a stand presentation on the DOTS TB Control Program.
67. For the 2nd quarter of 2005, the initial assessment visit of the Project HOPE Regional SM Specialist and JHU SM expert has been planned. As a result of the visit, a joint team of Project HOPE, JHU and local counterparts will develop a draft of the country strategy on social mobilization.

Uzbekistan – Q1, 2005 – Flora Salikhova



Analysis

- Chart 1.** The decrease in the absolute number of new TB cases including those smear-positive in the 4th quarter 2004 is explained by the low level of primary medical care sought by patients observed during the annual cotton campaign and involvement of health workers in this campaign.
- Chart 2.** That resulted in a decrease of the number of patients aged 25-34, both among female and male population, compared to previous quarters. A stable morbidity rate among female and male patients aged 15-24 is a result of under-detection of patients of older population groups in pilot sites and poor organization of the detection of infection sources.
- Chart 3.** The proportion of TB “relapse” patients is increasing, but 50% of them have not received DOTS treatment before. The increase in the proportion of “Other” patients relates to the fact that 26.2% of them are the patients that “failed” the treatment on the first category regimen. It possibly relates to the lack of DOT or presence of resistant TB forms.
- Chart 4.** In the 3rd quarter of 2004, a decrease in the smear conversion rate both among new cases and relapses was caused by the high treatment default rate due to job-seeking migration, lack of

treatment continuity during the transfer of patients to other rayons or departments and high death rates due to concomitant diseases (mostly cardiovascular diseases) at the intensive treatment phase.

5. **Charts 5 and 6.** Treatment outcomes of the 4th quarter in 2003 show the effectiveness of a comprehensive approach to the implementation of TB activities, including regular monitoring.

QUARTERLY PROGRESS SUMMARY

6. Project HOPE Lab Regional and Country specialists conducted lab assessment visits to Fergana and Samarkand oblasts and in Tashkent jointly with the Lab Coordinator of the Republican DOTS Center (RDC) on 10-28 January, 2005, to assess the condition of lab services in the Republic of Uzbekistan (RUz) at all levels. The final version of the lab assessment report containing assessment results and recommendations will be presented to the TWG in June 2005, after approval by the Project HOPE Senior Advisor and Technical Director.
7. Project HOPE Drug Management Regional and Country specialists performed drug management assessments in Fergana and Samarkand oblasts and in Tashkent jointly with the Drug Management Coordinator of the RDC to assess the drug management system of the RUz at all levels. The final version of report containing assessment results and recommendations will be presented by JSI specialists at the beginning of June 2005, after approval by the Project HOPE Senior Advisor and Technical Director. In addition, draft reporting-recording TB forms will be provided.
8. Agreement on cooperation with Project HOPE was achieved during the meetings with GUIN MIA (Ministry of Internal Affairs) authorities. Tentative dates (16-20 May 2005) of the assessment visit to the penitentiary facilities of the RUz by Project HOPE specialists were set. A preliminary list of participants and dates of the familiarization visit (20-24 June 2005) to the penitentiary system of Karaganda oblast in Kazakhstan were defined jointly with GUIN MIA of the RUz. TАРF (Training Application Request Form) was composed for submission to AED to get financial resources to provide participation of Uzbekistan specialists in the visit.
9. A complex of activities was carried out in the framework of the World TB Day (WTBD) in cooperation with local and international partners. All radio-stations of the National Association of Electronic Mass Media, a famous national radio-station "Yoshlar", news internet sites of leading information agencies of Uzbekistan as well as medical mass media were involved in WTBD by the Project HOPE Social Mobilization and Small Grants (SM/SG) Coordinator.
10. According to information received from the RDC, a new CCM structure including CCM Secretariat, Management Group, Monitoring and Assessment Workgroup and Assessment Committee was approved on the 24th of March, 2005.
11. A matrix was developed based on the analysis of the previous work plan. The Project HOPE Uzbekistan work plan for 2005-2006 was developed. Training and monitoring schedules were composed according to the approved budget.

I. BUILDING POLITICAL SUPPORT FOR TB CONTROL

12. The meetings held with the Directors of the NTRI and RDC resulted in agreement on the conducting of regular meetings for discussion of monitoring and training results.
13. The draft "Statute on TB Secretariat" was developed by Project HOPE and adjusted and approved by the RDC and the MOH RUz. Approval of the "TB Secretariat" in the framework of the CCM on TB, HIV/AIDS and Malaria by the Cabinet of Ministers of the RUz was expected within the whole quarter. According to the information received from the RDC, a new CCM structure, differing from the one proposed by Project HOPE, and including the CCM Secretariat, Management Group, Monitoring and Assessment Workgroup and Assessment Committee, was approved on the 24th March 2005.

14. A meeting was held with the Country Coordinator of the World Bank programs in the framework of the "Health 2" project directed toward primary healthcare reform. Cooperation opportunities in the field of PHC and IEC were identified.
15. The Project HOPE TB Specialist attended an MOH collegium session on the results of the work of TB control services in the RUz in 2004. Results of DOTS strategy implementation were reported at the session. The following activities of the RDC were discussed: adaptation of WHO modules on DOTS strategy to local conditions; receiving GFATM grant; strengthening cooperation with WHO, Project HOPE, and CDC; expansion of MSF activities in respect to MDR TB in the Republic of Karakalpakstan; analysis of the TB drugs recording-reporting system. The issues of the use of beds, condition of medical facilities, population coverage by fluorography and medical staffing were also discussed. The following decisions were made: to provide renovation of TB facilities; to continue work on providing TB facilities with qualified personnel; to raise the salaries of TB doctors by a minimum of 50% within the current year.
16. The Project HOPE TB Manager and Technical Director attended the meeting of the Country Coordination Board on the issues of DOTS and DOTS Plus strategies implementation in the Republic of Karakalpakstan. Project HOPE made a presentation on goals and objectives of the current grant.
17. A meeting was held with the Deputy Minister of Internal Affairs of the RUz, General Kadyrov R.K. A principal agreement on cooperation between Project HOPE and the MIA of the RUz was achieved. A meeting was also held with the Head of Organizational-Inspectorial Department of GUIN MIA of the RUz Major Naberaev B.F. and Head of Medical Department of GUIN MIA RUz Captain Yusupov B.B. with involvement of the Technical Director of Project HOPE. Agreement was reached on assessment of the penitentiary system of the RUz and participation of Uzbekistan specialists in familiarization visit to penitentiary system of Karaganda oblast of Kazakhstan.
18. A meeting was held with the Head of the USAID-financed CAPACITY project to get familiarized with the project's goals and objectives, and develop joint activities in the field of TB and HIV/AIDS. Comments on CAPACITY institutional review and evaluation protocol were provided.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL

Integration of TB Control within a Reformed Health System

19. Twenty one PHC facilities, including 5 laboratories in Tashkent and Fergana, as well as Urgut rayon, were monitored. The following decisions were made based on the results of discussion of the monitoring results with chief doctors of PHC and TB facilities: 1) in order to increase the confidence of PHC doctors in peripheral laboratories the results of testing lab specialists and blind re-checking of smears should be shared with them; 2) re-trainings should be conducted for nurses responsible for sputum collection to help them realize the importance of sputum collection control; 3) analysis of TB detection should be performed on the joint sessions of TB and PHC facilities on a monthly basis; 4) seminars should be conducted for PHC specialists to explain them the importance of DOT; 5) heads of makhallya committees should be involved in IEC activities on TB related issues for the general population.
20. Seventy PHC doctors, including 15 PHC managers of Samarkand were trained in order to improve the integration between TB and PHC facilities. It will allow the improvement of TB detection and treatment in the continuation phase.
21. The updated materials on the rational use of TB drugs were included in the basic DOTS trainings for TB and PHC doctors to promote an adequate vision of DOT and develop DOT skills.
22. Informational and technical assistance (informational materials, stationary and mass media coverage) was provided for various WTBD meetings and conferences for PHC specialists.

Strengthening the Laboratory Network

23. Dates of the lab assessment visit, a list of meeting participants, and meeting dates and times were specified by the Project HOPE Lab Regional Specialist jointly with the Lab Coordinator of the RDC in January. Based on that, a schedule of lab assessment visit to the RUz was developed in cooperation with the National Lab Coordinator (RDC).
24. Basic information on bacterioscopy and bacteriological laboratories of the RUz was collected for lab assessment team in cooperation with the RDC Lab Coordinator.
25. An assessment visit was conducted in January to assess lab services of the RUz at all levels. Meetings were held with the health authorities of Samarkand and Fergana oblasts and Tashkent to discuss the preliminary results of the assessment visit. The final meeting was held with the Director of the RDC where the preliminary recommendations were presented. The final version of the report will be presented by the Lab Regional Specialist of Project HOPE, after approval by the Project HOPE Senior Advisor and Technical Director.
26. Lab monitoring evaluation forms were revised jointly with the Head of the Reference Laboratory. Also a table was composed on detection of the number of slides for “blind” rechecking for every laboratory of pilot sites based on the Manual “External Quality Assessment of AFB Microscopy”. Draft evaluation forms and tables were developed and will be presented to Project HOPE country teams and the Regional Lab Specialist.
27. Two monitoring visits were conducted to pilot rayons of Tashkent. Two TB and five PHC laboratories were visited. The following problems were revealed during the monitoring: 1) Low level of average weekly workload per 1 lab technician (6.9 smears a week), which is explained by the low activity and distrust of PHC doctors in the results of smear microscopy performed by peripheral PHC laboratories. It is also confirmed by the fact that 55.5% new smear positive cases were detected in laboratories of TB facilities; 2) 27.7% of delivered material is saliva, which is a result of the lack of control of sputum collection by the medical personnel and collection of all 3 samples in home conditions. During the monitoring visits carried out by the Lab Specialist of the Project HOPE, on-the-job trainings were conducted for lab specialists of polyclinics on smear preparation and staining, AFB calculation and accuracy of recording results, and correct recording-reporting documentation keeping.
28. The problems revealed were discussed with chief doctors of the PHC and TB facilities and following decisions were made: 1) In order to increase the confidence of PHC doctors in peripheral laboratories the results of testing of lab specialists and blind rechecking of smears should be shared with them; 2) Re-trainings should be conducted for nurses responsible for control of sputum collection in order to help them realize the importance of sputum collection control.

Strengthening Human Resource Capacity

29. In order to provide stability and success of DOTS strategy implementation in Samarkand oblast, 7 seminars were conducted in Samarkand oblast in the framework of a comprehensive approach to DOTS strategy implementation. A total of 98 specialists was trained: 28 TB doctors and 70 PHC doctors, including 15 PHC directors of Samarkand.
30. Among them, 13 clinical trainers were trained on interactive methods in order to establish a local trainers’ team, who will then perform training of specialists without any assistance. According to methodology developed in the framework of the previous grant for improving the skills of TOT trained specialists, 11 of 13 clinical trainers conducted 6 seminars for TB and PHC specialists of Samarkand oblast under the supervision of Project HOPE specialists.
31. Training of PHC specialists is performed to promote an adequate vision of the strategy and develop skills required for practical implementation of the program which will allow improvement of TB

notification and treatment of patients in the continuation phase.

Creating Rational Drug Management Systems

32. Project HOPE Lab Regional and Country specialists composed a draft chapter “Assessment of TB drugs need in the framework of DOTS strategy”, which will be used by the RDC during development of the National Manual “Drug management in the framework of DOTS strategy” for improving the drug management system. The draft chapter “Logistic Management Information Systems” will be prepared as a part of this work in order to standardize the reporting-recording system of drug management in the RUz.
33. Two monitoring visits were conducted to Fergana city and Urgut rayon of Samarkand oblast. 4 TB and 16 PHC facilities were visited. The following problems were revealed during the monitoring: 1) Inadequate coordination between the specialists responsible for drug management in TB and PHC facilities on the rayon level, which has the following results: a) different TB drugs are stored in one package; b) unoriginal packages are not marked; c) the actual number of TB drugs contradicts the number indicated in the reporting documentation; 2) nurses are lacking skills of performing DOT algorithm; 3) Use of TB drugs inappropriate for use in treatment of children was revealed in Fergana city (H100 –1/4 tablet, HR 100/150 – 1/2 tablet); 4) only a one-month stock of TB drugs (combined tablets H150R150, H75R150, E400) is available in the drug warehouse of the RTBD of Urgut rayon which increases the risk of interruption of the treatment of patients; 5) the remainder of Ryphamizon 150/300 (1,157 packages per 1 000 tablets) and Streptomycin 1.0 (24,478 packages per 50 small bottles) which have a short expiration date is available at the drug warehouse of Fergana OTBD.
34. Based on the results of discussion the following decisions were made: 1) facility curators (responsible TB doctors) should perform inspection of TB drugs in PHC facilities on a regular basis – once per two weeks, 2) chief nurses of PHC facilities should provide a monthly report on TB drugs to RTBD, 3) DOT and on-the-job training should be conducted for nurses responsible for TB drugs distribution, 4) optimization of TB drugs combination was performed jointly with the Drug Management National Coordinator of RDC, 5) RDC should receive data on the number of drugs with short expiration dates from the OTBD and perform redistribution of TB drugs.
35. A meeting was held with the Director of the RDC, where the dates of the assessment visit as well as the list of meeting participants and the meeting dates and time were specified. Based on that, a schedule of assessment visits was developed. In cooperation with the National Drug Management Coordinator of the RDC, a file with the following information was prepared for assessment team: country information, drug management in the framework of DOTS strategy, the country TB control management scheme, scheme of drug distribution at different levels, treatment standards used, a list of TB drugs registered in the country, and list of main drugs.
36. An assessment visit was held in February-March 2005 by the Project HOPE Regional Drug Management Specialist in cooperation with JSI specialists, and the National Drug Management Coordinator of the RDC to assess the drug management system of the RUz at all levels. Meetings were held with the health authorities of Samarkand and Fergana oblasts and Tashkent city to discuss the preliminary assessment results. A final meeting was held with the Deputy Minister of Health RUz and Director of the RDC and the preliminary results were presented to them. A final version of report will be presented by JSI specialists at the beginning of June 2005, after adjustment and approval by the Project HOPE Senior Advisor and Technical Director.

Improve Program Management, Supervision, and Surveillance Monitoring & Evaluation

36. Administrative and logistics arrangements were performed to provide participation of the national managers in the Project HOPE and WHO joint training “Regional TB Control Training for Program Managers” in Bishkek. The seminar was temporarily postponed due to the situation currently

observed in Kyrgyzstan.

37. In the 1st quarter of 2005, two clinical monitoring visits were conducted to Fergana city and Urgut rayon, where several problems were revealed: lack of adequate coordination between TB facilities and PHC, a low level of confidence of PHC doctors in bacterioscopy, lack of tight control of DOT treatment, and a low level of awareness of patients and population about TB. Monitoring visits were held in accordance with the data presented in the reporting forms. During the monitoring visits, on-the-job training was conducted.
38. Meetings were held with heads of the OTBD and Oblast Health Departments at the end of every monitoring visit to discuss the results of the monitoring visit and cohort analysis. The following decisions were made: 1) to perform analysis of TB case detection on the joint session of TB and PHC facilities on a monthly basis; 2) to conduct a seminar for PHC specialists to explain the importance of DOT; 3) to involve heads of makhallya committees in IEC activities on TB related issues for general population.

Registration and Statistics

39. According to the results of cohort analysis, the proportion of smear positive cases formed 50% and more in 2004 in the structure of new lung TB cases. It shows that the program has a positive dynamic directed to detection of the most infectious patients.
40. The rate of extrapulmonary TB cases remains high. During the analysis of the structure of patients detected the following was revealed: 37 (43.0%) patients were diagnosed for tuberculous bronchadenitis, 30 (34.9%) patients were diagnosed for tuberculous pleurisy, 1 (1.2%) patient was diagnosed for tuberculous meningitis and 18 (20.9%) patients were diagnosed for tuberculosis of bones/joints and urogenital tuberculosis. Tuberculosis of the bones and joints and urogenital tuberculosis are most frequently diagnosed in the specialized hospitals for extra-pulmonary TB patients (Fergana rayon, Namangan and Andijan cities). However, no facilities for differential diagnostics of TB process (instrumental diagnostics, cytologic and histologic examinations, magnetic resonance tomography) exist in these hospitals, which leads to over-diagnosis of TB.
41. Among 145 new smear positive cases, 7 (4.8%) didn't convert by the end of the 4th month of treatment, which might have been caused by drug resistance. However, it is not possible to confirm this assumption, since the laboratory service of pilot sites does not have the capacity to define drug resistance and conduct DST. 13 (9.0%) patients interrupted the treatment before the end of intensive phase, 8 (5.5%) patients died before the end of intensive phase, 1 (0.7%) patient was transferred to continuation phase without sputum testing, and 2 (1.4%) patients were taken out of treatment due to intolerance to TB drugs according to clinical characteristics and results of liver function test.
42. Therefore, based on the data of cohort analysis the following problems to be addressed by the National program were defined: 1) to perform a thorough analysis of the reasons for a constant decrease of the case notification rate in the 3rd and 4th quarters; 2) to analyze the reasons of a stable high rate of TB incidence among the 15-24 year age group and sharp decrease of case notification among older age groups; 3) to revise existing approaches to diagnosing tuberculous bronchadenitis and pleurisy in order to reduce the percentage of hyper-diagnosing; 4) to consider the issues of providing social support to patients in order to decrease the percentage of defaulters both in the intensive and continuation phase of treatment.

III. COMMUNITY ADVOCACY AND MOBILIZATION

43. An intensive work was started jointly with JHU partners in preparation for the upcoming visit on IEC/BCC and TOR revision. This work was finalized by the discussion of comments by the country team in the V-class session during which the JHU visit was postponed from April to June 2005.

44. Comments were provided on questionnaires for providers that were composed. Alternative questions suggested for inclusion in the questionnaire for the upcoming assessment (interviewing of providers) were provided to JHU. Pre-testing of the questionnaires among target groups is planned in order to make a final version.
45. All existing TB communication materials developed by Project HOPE and TB Control partners are being currently collected for their evaluation with assistance of JHU Advisor and defining the need for development of new ones.
46. WTBD dedicated arrangements were performed. In the framework of the WTBD Project HOPE fulfilled the following: placed a TB article on the website of “Medical Express” magazine; created radio-spots on TB in Uzbek and Russian and arranged their broadcasting on 10 famous radio channels of Uzbekistan from March 21-27,2005 as a social advertisement 4 times a day; updated the web-page <http://www.uza.uz/tb>.
47. Informational and technical assistance WTBD (information materials, stationary and mass media coverage) was provided at different meetings and conferences for PHC and TB doctors; a contest for the “Best slogan for WTBD in Uzbekistan” was held among population of Uzbekistan; a radio quiz show “What do you know about TB?” broadcasted for general population.
48. Stand drawing and chalk drawing contests were arranged and performed in the framework of the childrens’ drawing competition “Children for a world without TB” in the famous park of Tashkent named after Gafur Gulom.
49. All radio stations of the National Association of Electronic Mass Media and a popular national radio channel “Yoshlar”, news internet sites of leading information agencies of Uzbekistan as well as medical mass media were involved by the Project HOPE SM/SG Coordinator to cover all Project HOPE conducted activities, and those conducted jointly with the partners.

Prisons

50. A TOR on the assessment visit to the penitentiary system of Uzbekistan was composed jointly with the Regional specialist. Tentative dates for the assessment visit (16-10 May 2005) and facilities to be visited were defined.
51. A preliminary list of participants and the dates of the familiarization visit to penitentiary system of Karaganda oblast of Kazakhstan were defined by the Project HOPE in cooperation with GUIN MIA of Uzbekistan.
52. The data of comparative analysis of the state laws (Concept of TB control in facilities of punishment and execution of the MIA of the Republic of Uzbekistan, Prikaz #196 dated 07/29/2004) and WHO standards in respect of the DOTS strategy implementation in penitentiary system were summarized and the draft version of the document was composed.
53. A TARF (Training Application Request Form) was developed for submission to AED for providing financial support of participation of 10 specialists of Uzbekistan in the training in penitentiary system of Karaganda oblast.

MDR-TB/HIV/AIDS

54. A meeting was held with the CAPACITY Project Manager to get familiarized with the project’s goals and objectives and to develop activities for cooperation in the field of TB and HIV/AIDS.
55. Project HOPE attended the opening ceremony of CAPACITY Project in Uzbekistan and participated in work of TB/HIV/AIDS small group (filled out the protocols, participated in discussions).

TB Drug Management Specialist – Q1, 2005 – Movsar Makhmatov**I. BUILDING POLITICAL SUPPORT FOR TB CONTROL****Uzbekistan - TB Drug Assessment Key Findings:**

1. The simultaneous use of two DOTS products lists – one for GDF supplied drugs and one for KfW – is an anomaly that complicates the product selection and procurement process. It may also adversely affect product use.
2. There are discrepancies in such documents as the DOTS standard treatment guidelines, DOTS product registrations and the National Essential Drug List that undermine the long term sustainability of DOTS product selection decisions. Non-registration of GDF suppliers' drugs could result in a situation where it is not possible to accept tenders in competitive procurements.
3. DOTS Center staff believes that Uzbekistan has enough financing through GDF, KfW and GFATM to finance DOTS drug supply for five years until 2010.
4. The drug logistics management information system, as it currently functions, does not provide reliable data on consumption, losses and balances that can be used for procurement and distribution purposes.
5. Observation at the small sample of sites visited for this assessment suggest that there are some problems related to rational drug use: prescribing mistakes, inadequate or nonexistent labeling, sloppy DOT and interruptions of treatment.

Kazakhstan – TB Drug Situational Analysis Key Recommendations:

6. Improve the Clinical Guidelines on TB patients' treatment currently in force so that it would contain standardized treatment regimens and well-defined criteria for proper case management.
7. Develop and adopt National TB Drug Policy regarding the first and the second line TB drugs.
8. Carry out analysis of cost-effectiveness of TB drug procurement through GDF and GLC, as well as review regulations in order to consider the possibility of purchasing TB drugs via these internationally approved mechanisms.
9. Develop and implement TB Drug Utilization Review program.

Kyrgyzstan – TB Drug Assessment in Penitentiary System

10. In the framework of the assessment, an analysis of the situation on supply, availability and use of TB drugs has been conducted. Common weak points in this sphere were identified. The results of the assessment were presented at TWG session on prisons.

Kazakhstan, Kyrgyzstan and Uzbekistan – Planning Process

11. Matrix to be used for the planning process was prepared and work plans for the second year of the project on TB drug management were developed.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL**Kazakhstan**

12. In the framework of the DOTS trainings for BPPS the following TB drug management sessions were conducted: “Quantifying TB Drug Requirements” and “TB Drug Rational Use” in order to transfer and modify knowledge, attitudes and skills.
13. Developed materials and conducted the presentation on: “Overview of the current TB drug supply system in Kazakhstan – Opportunities for improvement” and facilitated the working group on “TB

Drug Management-Problems, Obstacles and Solutions” within the conference on “Common approaches to MDR TB”.

14. Meeting with Director of NTBC and National Coordinators on TB was conducted to discuss the developed recommendations within the MDR conference.

Kyrgyzstan.

15. In the framework of further integration of TB management service in Primary Health Care and improvement of TB diagnostics and treatment, Instructive Letter # 02-7-288 of the KR MoH dated 01.27.05 approved some instructions including “Guidelines on Conducting Controlled Chemotherapy for Health Care Workers”. The present guidelines were developed under WHO supervision for the persons rendering assistance in TB treatment (A guide for tuberculosis treatment supporters WHO/CDS/TB/2002.) The guidelines in the kind of a colored poster (A3 format) will be published at the expense of GFATM in the KR [*Instruction on DOT for health care worker*] and then will be integrated in the training materials on DOTS for Primary Health Care workers.

Uzbekistan

16. Agreement with the RDC was reached on participation of Project HOPE specialists in development of the manual “Drug management in the framework of DOTS strategy”. A draft version of the chapter “Assessment of TB drugs need in the framework of DOTS strategy” and presented to the RDC. A joint revision of this chapter and composing the chapter “Logistic Management Information System” was planned.
17. Adapted materials on the rational use of TB drugs were included in the basic DOTS trainings for TB and PHC doctors. The session includes: lectures and group work on the D.O.T. skills development.

Monitoring, Supervision and On-the-Job Training

Kyrgyzstan. Key findings from the monitoring visit to Talas oblast:

18. Mistakes in record keeping documents and data reporting forms (discrepancy between the available stock and reporting data on quantity of TB drugs).
19. Insufficient knowledge and skills on D.O.T. among treatment providers at PHC level facilities.

TB Drug Management Specialist for Tajikistan and Turkmenistan – Q1, 2005 – Mavlyuda Makhmudova

I. CREATING RATIONAL DRUG MANAGEMENT SYSTEM

Tajikistan

1. The Draft TOR on TWG Activities on Drug Management was prepared and agreed on with specialists of MOH and presented for discussion in Round Table Meeting conducted on 25 March 2005. Currently the draft TOR is under MOH review process.
2. MOH and WHO Project had the regular review of Basic Drug List and for this reason Regional Drug Specialist provided recommendations and proposals on including following TB drugs to the Drug List:
 - Rifampicin+Isoniazid+Pyrazinamide+Ethambutol, 150mg+75mg+400mg+275mg
 - Rifampicin+Isoniazid+Pyrazinamide, 150mg+75mg+400mg; 60mg+30mg+150mg
 - Isoniazid+Ethambutol, 150mg+400mg
 - Rifampicin+Isoniazid, 150mg+150mg and 60mg+60mg
 - Rifampicin+Isoniazid+Ethambutol, 150mg+75mg+275mg

3. The Russian version of the TB Drug Management Assessment Report was prepared jointly by JSI and Project HOPE specialists. The report was submitted to the Ministry of Health, Republican TB Control Center, State Drugs Expertise Center, WHO, Project SINO, MERLIN, Aga Khan Foundation, National Red Crescent Society, PSF, and ADB Drug Procurement Center Project for comments and finalization of the report. Written comments were received from the following organizations: MOH, SDEC, PSF and ADB Project. Verbal comments on the assessment report were received during meetings with representatives of MERLIN and SINO Project. All comments will be considered in preparation of the final version of the assessment report that is planned in the middle of April 2005.
4. Technical assistance was provided by JSI consultants visiting Tajikistan from 14 to 27 March in preparation and conducting Round Table Discussion on TB Drugs Management held on 25 March 2005. Representatives of MOH (Pharmacy and Medical Assistance Department, Tajik-Pharm-Industry Committee, SDEC), Republican TB Control Center, International NGOs (Project SINO, MERLIN, ADB Drug Procurement Center Project, PSF) have participated in Round Table discussions. The main issues discussed in the meeting were:
 - Presentation on results of TB Drug Management Assessment conducted by JSI & Project HOPE specialists in November 2004.
 - Presentation of Guidelines on Drug and Medical Materials Recording System in MOH Health Facilities.
 - Presentation on Drug Management Information System.
 - Presentation of DOTS Strategy Expansion Plan in Tajikistan.
 - Presentation of TOR on Drug Management TWG Activities.
5. Monitoring visits to pilot TB facilities were conducted in Dushanbe, Khujand City, Kulyab City, Rudaki, Kulyabskiy, Vose, Mastcha and Kanibadam Districts, Republican TB Hospital Machiton. Practical and consultative assistance on recording/reporting, distribution, determination of drug needs, preparation of drug requests and individual drug packs were provided to drug warehouse staff within TB facilities.
6. Needs for quarter 1, 2005 were defined for 6 new sites (Kurgan-Tube, Bokhtar, Nurek, Sarband, Vakhsh, Yavan) where DOTS was introduced by MERLIN. Also the quarter needs (Q1, 2005) calculations for other pilot sites in Sogd, Khatlon and GBAO were prepared.
7. A Work Plan on Drug Management for the period of April 2005 to March 2006 was prepared. The present plan includes activities on the following direction:
 - Implementation of assessment mission recommendations on results of the drug management condition assessment;
 - Strengthening of policy support (establishment of TWG on DM);
 - Education activities for specialists involved in Drug Management (development of training materials, conducting trainings etc).

Turkmenistan

1. Comments on TB Drug Management Assessment Report were presented to JSI consultants for the preparation of final Draft.
2. Results of TB Drug Management Assessments in Turkmenistan and Tajikistan were presented in TB Control Partnership meeting (23-25 February, Almaty).
3. Preparation work on establishment of TWR on drug management has been started.

4. Work Plan on Drug Management for the period of April 2005 to March 2006 was prepared.
5. Preparation work for the Design Workshop has started.

RECOMMENDATIONS AND PLANS FOR THE NEXT QUARTER

During the next quarter (2st quarter, 2005) it is planned to carry following activities:

Tajikistan

- To conduct training on using the STOP TB kits for the persons responsible for distribution, storage and recording kits and TB drugs;
- To develop a basic training program on TB drug management.
- To calculate quarterly needs of TB drugs for new rayons in which DOTS is going to be implemented according to the expansion plan (MoH RT jointly with the NGO “Merlin” is planning to implement DOTS Program in 8 rayons in April/May 2005) after receiving a new shipment with kits.
- To calculate amount of E (400), Z (400), S (1.0), Water for injections, HR (100+150) for order from GDF.
- To conduct preparatory work in the warehouses due to reception of new shipment with STOP TB kits.
- To conduct customs clearing procedures for the new shipment.
- To collaborate closely with the Ministry of Health and State center of drug expertise to assure that all TB drugs in the DOTS protocol become registered.
- To improve forecasting and TB drug quantification process in pilot rayons.

Turkmenistan

- Assist in establishment of TWG on drug management;
- Preparation for the Design Workshop;
- Work on implementation of a kit system.

Regional Laboratory Specialist—Q1, 2005—Marija Joncevska**I. Laboratory Assessment visits**

1. **Laboratory Assessment in Uzbekistan** took place from January 10 – 28, 2005 and was carried out by Marija Joncevska, Project HOPE Regional Laboratory Specialist; Gulandom Elmurodova, Project HOPE Laboratory Specialist for Uzbekistan; Maksad Hodzikhonov, Technical TB team leader for Uzbekistan; Avazhon Dzalolov, National TB Laboratory Coordinator and Gulnara Murmusaeva, Head of National Reference laboratory. The assessment team visited a total number of 23 laboratories in Samarkand Oblast, Fergana Oblast and Tashkent City, including: two Oblast TB Laboratories; ten Rayon TB Laboratories, nine laboratories at PHC; The National Reference laboratory and City TB laboratory in Tashkent. The main findings of the assessment were: well functioning laboratories and good quality of smear microscopy in Project HOPE pilot sites; underutilization of PHC laboratories for smear microscopy; lack of proper system for quality assurance in smear microscopy and poor performance of culture and DST laboratories at all levels. Assessment findings were presented and discussed with the Director of Republican DOTS Center.
2. **Laboratory Assessment visit to Turkmenistan** took place from February 7 – 17 and was carried by Marija Joncevska, Regional lab specialist; Irina Shcelocova, TB Specialist; Batyr Chapay, Monitoring specialist and Ainabad Seitmedova, Head of the National Reference Laboratory (NRL). The team visited the National Reference laboratory, smear microscopy laboratories in Ashgabat and Mary and worked on the plan for establishing a laboratory network in the new sites planned for DOTS expansion till 2009.
3. The main findings of the assessment were: well established, but underutilized laboratory network in DOTS pilot sites; high workload with smear examinations of urine and sputum for non-TB patients; understaffed central level and insufficient monitoring of peripheral laboratories; poor quality of culture and DST tests. The need of additional support and strengthening of laboratory network was discussed at the end of the visit with the Director of the National TB Centre.

II. Meetings

4. **Regional Partnership Meeting** was held in Almaty 23-25 with participation of Country Program managers, Regional Specialist and partners. Objective of the meeting was to discuss Year One accomplishments of the Project and development of Year Two plan.
5. Laboratory assessment plan realization and key findings were presented and further steps towards achieving main project objectives concerning the laboratory component were discussed. Recommendations for each Country Program were incorporated in Matrix 2, developed by Technical advisors.
6. **Meeting with the Head of Kazakhstan NRL, Dr Rima Agzamova.** The objective of the meeting was to discuss the Assessment report and the priorities for improvement of laboratory service in Kazakhstan. A common agreement was achieved on conclusions and recommendations, presented in the assessment report. According to Dr Agzamova, the priority for the program and the most important issue to be discussed at the TWG on lab is ensuring exchange of strains with SRL in Borstel on regular basis.
7. **Meeting with CDC lab specialists.** CDC lab specialist Marina Pak presented the CDC training plan for the next quarter. Six basic trainings in smear microscopy will be held in Tajikistan, jointly with Project HOPE lab specialist, starting from April 18. Advanced training in Quality Assurance for Oblast Lab Coordinators in Kazakhstan is postponed for June 2005.

Regional Health Policy Specialist– Q1, 2005 –Flora Salikhova**QUARTERLY PROGRESS SUMMARY****I. BUILDING POLITICAL SUPPORT FOR TB CONTROL**

1. THE CAR TB Control Partnership has made significant contributions into the process of establishing and initiating the High Level Working Group/Thematic Working Groups mechanism over the entire region. The current status in each country will be provided below.
2. CAR TB Control Partnership Meetings were held in Almaty (February 25-28, 2005) and at HOPE Center (March 7-11, 2005) to discuss the results of the first year TB Program implementation, constraints and success factors for achieving plans. Exchange of information and opinions has taken place and a basis for the Second Year Work Plan development was built up.
3. In order to contribute to the Year 2 Work planning process, the special Matrix was developed by the Regional Health Policy Specialist. The Matrix contains some information on HLWG/TWG progress by Countries. Jointly with the Country Program Managers, the Matrix was compiled, structured and populated with country specific information. CAR has been exposed to different levels of establishing High Level Working Group as well as Thematic Working Groups. The general dynamic is the movement toward coordinated and cooperative activities among local and international stakeholders in TB Control.
4. The Health Policy Regional Specialist took part in the meeting with CAMRIS representatives in Millwood (March 7-11, 2005) jointly with the Senior Advisor and the Technical Director of Project HOPE TB Consortium. The objective of the meeting was to briefly orient Partners from CAMRIS on the preparation work undertaken toward the upcoming Policy Assessment. As a result of the meeting, a preliminary schedule of the Policy assessment by Countries was agreed upon.
5. Work Plan for Year 2 of the Project (Objective 1. Building Political Support for TB Control – Policy Assessment) was discussed with Country Program Managers. Activities were designed with significant contribution from the Regional Health Policy Specialist with special concentration on the Policy assessment schedule for all 5 countries.
6. Country Quarterly reports and Work Plan Year 2 were carefully studied by the Regional Health Policy Specialist and Country Teams were provided with the recommendations and questions related to the content of the ones.
7. **Kazakhstan.** The first meeting of the High Level Working Group (named Round Table) took place on March 31, 2005 in Almaty. The regulations on HLWG (will be named Technical Working Group) and TWGs (Thematic Working Subgroups) were adopted in the meeting. Six areas were proposed by the Round Table participants to improve TB situation through the TWG mechanism.
8. **Kyrgyzstan.** The Working Session of Coordinating Council secretariat (created in November of 2004) was held on March 1, 2005. The Terms of Reference for TWG and TWGs' work plans for the first year were considered and approved.
9. **Tajikistan.** Project HOPE has initiated the creation of the Inter-Agency TB Coordination Council (IACC). TOR for IACC has been developed and TWG proposal to be designed in order to coordinate implementation of TB Program across the country.
10. **Turkmenistan.** The National TB Program (NTP) of Turkmenistan includes HLWG and TWG as a component. The MOHMIT believes that HLWG could be created only after the NTP is approved by the Cabinet of Ministers. Project HOPE specialists are involved in developing guidelines for TWGs (DOTS implementation, TB Drug Management, IEC/BCC, Microscopy diagnostic of TB).
11. **Uzbekistan.** A new CCM structure including CCM Secretariat, Management Group, Monitoring and Assessment Workgroup and Assessment Committee was discussed on the 24th of March 2005. The mechanism of the HLWG and TWG proposed and designed by the Project HOPE Specialists under the title of Secretariat described in the Statute has not been incorporated into the new one. According to the information provided by the Republican DOTS Center the new structure has been approved but there is no official document found to prove it.

Prisons Specialist — Q1, 2005 — Zhanna Zhandauletova**QUARTERLY REPORT SUMMARY****I. BUILDING POLITICAL SUPPORT FOR TB CONTROL**

1. The final versions of the initial assessment report of prisons in Karaganda and Almaty oblasts were submitted to the National Team of GMD CCES MJ RK (General Medical Division of Committee of Criminal Executive System MOJ RK), the recommendations made by the assessment team were incorporated in the work plans of medical services of the oblasts.
2. Permission for Kyrgyzstan and Uzbekistan specialists to visit the Center of Integrated Training in Karaganda was obtained.
3. GMD CCES MOJ RK provided technical assistance in requesting AED to deliver training on Quality Management in Health Care System in Prisons for penitentiary system staff from the southern region of the country.
4. The Letter on Cooperation and Common Understanding in the penitentiary system of Karaganda oblast between Project HOPE and KNCV is presently under consideration.

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL**Integration between TB Services**

5. The program “before release from penitentiary facilities” is continuing.

Strengthening the Laboratory Network

6. The final version of the protocols on smear microscopy and culture testing is being discussed with Regional Laboratory Specialist.
7. A Lab specialist from the penitentiary system of Almaty oblast received basic training on smear microscopy.

Strengthening Human Resource Capacity

8. The Karaganda prisons project became a Center of training for other CAR countries: training on Specifics of TB program Implementation in Prisons was delivered for Kyrgyzstan penitentiary system staff. The training took place in the penitentiary system of Karaganda oblast and included a theoretical part, visits to facilities of different types and on-the-job training. The Team of Trainers was comprised of Oblast Coordinators of Karaganda Oblast Prisons and Project HOPE specialists.
9. Trainers of DOTS training center based in Oblast Association Phthisiology of Karaganda oblast delivered training for the staff nurses and medical assistants of isolators-pre-trial facilities for 72 hours inmate keeping of the oblast. Two penitentiary system specialists attended DOTS base training.
10. All penitentiary facilities based in the pilot sites are provided with standard recording forms which are being used by TB Program implemented in prisons.

Creating Rational Drug Management Systems

11. A recording form for evaluation of rational drug use at the facility level was developed by the Regional Specialist on Drug Management.
12. Rational drug use problems in Almaty oblast were discussed with the Chief of GMD CCES MJ RK and TB expert of CCES of the oblast, the recommendations were incorporated in the report on the initial prisons assessment.

Registration and Statistics

13. Preparation of materials for the meeting with the Oblast Prison Coordinators from all over the country at the GMD CCESM MJ RK level aimed at discussing TB cases registration system and issuing Prikaz on registration in prisons.

Kyrgyzstan**I. BUILDING POLITICAL SUPPORT FOR TB CONTROL**

14. Within the first quarter, three sessions of the TWG on prisons have been held. Work plans for 2005, TOR have been drawn up; the minutes of sessions have been taken. But the plan and TOR will be revised and they will have to be submitted for Coordinating Council Secretariat consideration in early April 2005.
15. An assessment in the penitentiary system was carried out in the last quarter. The assessment included all aspects of the TB program in prisons: case detection, case registration, information management, treatment, and integration between civil and penitentiary systems, drug management system.
16. The assessment has been performed by the Thematic Working Group members consisting of Global Fund TB Project, International Red Cross, Project HOPE TB program, medical department and Project HOPE Regional Specialist on prisons. Visits have been made to peripheral colony #8 in Belovodskoye of Chui oblast, colony 31 TB hospital for new detected cases, pre-trial detention #1 in Bishkek. Meetings with representatives from Global Fund TB Project, International Red Cross, and Ministry of Justice have been held. The TWG on prisons has held the meeting with regards to the preliminary assessment results. Preliminary results have been discussed at the meeting and priority actions have been outlined. A draft assessment report will be submitted for the consideration of partners before April 15, 2005

II. BUILDING HUMAN AND SYSTEMS CAPACITY FOR TB CONTROL**Strengthening Human Resource Capacity**

17. The advanced level training for 7 specialists of the penitentiary system of Kyrgyzstan was conducted: "The Quality Management of Public Health" on the base of the prisons of Karaganda oblast.

Uzbekistan**I. BUILDING POLITICAL SUPPORT FOR TB CONTROL**

18. The TOR on the assessment visit to the penitentiary system of Uzbekistan was composed jointly with the Regional specialist. Tentative dates for the assessment visit (16-10 May 2005) and facilities to be visited were defined.
19. A preliminary list of participants and the dates of familiarization visit to the penitentiary system of Karaganda oblast of Kazakhstan were defined by Project HOPE in cooperation with GUIN MIA of Uzbekistan.
20. The data of comparative analysis of the state laws (Concept of TB control in facilities of punishment and execution of the MIA of the Republic of Uzbekistan, Prikaz #196 dated 07/29/2004) and WHO standards in respect of the DOTS strategy implementation in penitentiary system were summarized and a draft version of the document was composed.
21. The TARF was developed for submission to AED for providing financial coverage for participation of 10 specialists from Uzbekistan in the training in penitentiary system of Karaganda oblast.

Regional Social Mobilization and Small Grants Specialist—Q4, 2004—Jamilya Ismoilova**QUARTERLY PROGRESS SUMMARY****III. COMMUNITY ADVOCACY AND MOBILIZATION**

1. Planning and preparation activities for WTBD were one of the main activities on community advocacy and mobilization for TB Control in all five Countries of Central Asia last quarter.
2. Review of the Kyrgyzstan IEC/BCC TWG TOR and workplan
3. Developing guideline and application form for Small Grants Program.

All countries

4. The plans on activities for WTBD were reviewed and comments/recommendations on the plans were shared with the Country Social Mobilization/Small Grant (SM/SG) Coordinators. A VClass section was held with the participation of JHU BCC advisor and the country SM/SG Coordinators in order to discuss the planed activities for WTBD.
5. The second year workplans for all countries were reviewed and comments/recommendations were shared with the country team.
6. The questionnaire for assessment of health providers developed by the JHU BCC advisor is under revision and will be used in all countries.
7. A draft of the Guideline, RFA and application form were developed and sent for review.

Kyrgyzstan

8. The parts of the National Communication Strategy developed by the TWG consisting of situational analysis and audience profiles were reviewed and comments/recommendations were shared with the country SM/SG coordinator. The TWG TOR and workplan for 2005 were finalized accordingly.
9. Comments/recommendations were given to the country specialist about IEC materials for the general population, which were developed and distributed on WTBD.

Uzbekistan

10. The review and recommendations were given on the audio spot and press release prepared by Uzbekistan SM/SG coordinator that was dedicated to WTBD.
11. A VClass section was held in preparation for the health providers' assessment and JHU BCC advisor's upcoming visit. As an outcome of the VClass section, the visit of the JHU BCC advisor was postponed for later dates, July 2005, also it was decided that the questionnaire will be developed by BCC advisor and submitted to the country team and Regional SM/SG Specialist for further revision. At present the draft version of the questionnaire is under revision. A KAP assessment of health providers is planned for the second quarter of 2005.

Tajikistan

12. The draft concept for the KAP study and questionnaires were reviewed and comments/recommendations were made to the country SM/SG Coordinator. Meetings with partners were held to discuss the plan for KAP study and their participation in this study. The KAP study is planed for second quarter of 2005.

JHU/CCP—Q1, 2005—Arzum Ciloglu, Health Communication Advisor**QUARTERLY PROGRESS SUMMARY****III. COMMUNITY ADVOCACY AND MOBILIZATION**

Health communication activities in this quarter were centered on planning. Plans for World Stop TB Day (March 24) were developed by each country and reviewed by CCP and the Regional SM/SG Specialist and discussed during a VClass session. The Year 2 workplan was developed and discussed with each country during the Partners' meeting in Millwood in early March. Terms of Reference for an upcoming trip to Uzbekistan were developed and discussed. Several drafts of the provider assessment questionnaire were developed and commented on.

Next Steps:

1. CCP will continue to provide TA for the development of a questionnaire for provider KAP assessment. CCP will also advise on the implementation and analysis of the providers' assessment in 2nd Quarter 2005.
2. The concept of a quarterly newsletter for providers will be further refined through discussions with country SM/SG coordinators and the Regional SM/SG Specialist.
3. ToRs for follow-up visits to Kyrgyzstan and Kazakhstan during Q3 2005 will be developed and finalized. Potential activities for visits include:
 - Conducting meeting for finalization of NCS and workshop for TB Communication TWG on materials development and pretesting in Kyrgyzstan
 - Begin work on communication strategy for Taldy-Kourgan, Kazakhstan.
4. ToRs for initial assessment visits to Tajikistan, Turkmenistan, and Uzbekistan during Q3 2005 will be developed and finalized. Potential activities for visits include:
 - Adapting and conducting the workshop "Stopping TB: The Role of Health Communication"
 - Conducting field visits and meeting with local counterparts to assess current BCC situation.

New Jersey Medical School National Tuberculosis Center—Q1, 2005—Nisha Ahamed, International Training and Consultant Specialist**QUARTERLY PROGRESS SUMMARY**

1. During this quarter (January 1 to March 31, 2005), NJMS began to identify key issues around MDR-TB and TB/HIV in Kyrgyzstan and conducted a thorough desk audit of available data. Kyrgyzstan was selected as the first country for NJMS involvement based on the headway that had already been made in establishing a coordinating council on TB (CC) and thematic working groups (TWGs), political commitment, and availability of a recently program review conducted by an outside panel of international experts.
2. Documents reviewed in the desk audit included the WHO report of the Review of the National TB Programme (1-13 March 2004), Project Hope quarterly reports, the policy assessment matrix prepared by the country team, and additional information on HIV in the CAR from UNAIDS and WHO. NJMS staff also attended the Work Planning session in Millwood, VA from March 7-11, presented the preliminary analysis on Kyrgyzstan, and met with country managers for Kyrgyzstan, Uzbekistan and Kazakhstan to plan activities for Year 2. NJMS also produced two PowerPoint presentations with voice-overs that were to be used during the Program Manager's course planned for April in Bishkek (postponed).

Key Issues Identified

The desk audit revealed a number of issues that affect the MDR-TB and TB/HIV situation in Kyrgyzstan. NJMS identified both needs or gaps, and potential actions to address these needs.

MDR-TB

3. Issues identified relating to MDR-TB included a lack of formal guidance (prikaz) on definitions of MDR-TB, management and treatment of MDR-TB, drug procurement and management of all anti-TB drugs, the lack of a strategic plan for lab services (inclusion of lab guidelines in prikaz); address laboratory as cause of elevated smear negative cases (sputum collection, lab materials etc), the need for DST & DRS for design and use of 2nd line MDR-TB regimen appropriate to country situation.
4. Other issues included the need for appropriate infection control practices especially in hosp treating MDR-TB and other facilities treating "chronics", need for standard statement on causes of drug resistance, incorporated into training of all staff including PHC, effective training for TB specialist and all involved in treating MDR-TB, and enablers/incentives to ensure DOT adherence.
5. Further exploration of these issues and gaps will be conducted during an on-site assessment by the NJMS team. The team will work closely with the country team to present the results and recommendations to the TWGs on MDR-TB and TB/HIV. Though the assessment will focus on both TB/HIV and MDR-TB, additional work will focus on MDR-TB, due to the existing infrastructure, knowledge in this area, based on the soon to be initiated GLC approved MDR-TB pilot project in Bishkek. Following the assessment and report, NJMS will provide input to country team and TWG as they develop a detailed plan to address MDR-TB in Kyrgyzstan

TB/HIV

6. Identified issues around TB/HIV include the lack of coordination/collaboration between TB and HIV services. NJMS has identified a series of needs including the need to facilitate linkages between TB services and HIV services, the need to establish of national guideline/prikaz for TB/HIV (detection, treatment, coordination, monitoring, recording and reporting etc.), the need to coordinate with other NGO's working on HIV, and based on data, the need to develop outreach programs for risk groups for counseling and/or screening.

7. Other areas that may need to be explored are developing training plan/materials for TB specialists and PHC (part of strategic approach in coordination with partner), facilitating development of pilot TB/HIV project and monitoring these projects closely for strategies and tools for replication & expansion, and facilitating operational research on TB/HIV conducted as part of health sector reform process
8. More information on the current situation related to TB/HIV in the country (data, policy, practices, gaps, etc) will be collected from key stakeholders in both TB and HIV during the assessment, a report will be generated, and recommendations presented to the TWG on TB/HIV.

Next steps

Kyrgyzstan

9. Addressing the identified gaps and need around MDR-TB and TB/HIV will be an ongoing process. This process will be coordinated through the TWGs for MDR-TB and TB/HIV within the CC.
10. Next steps for NJMS in Kyrgyzstan include working with the country team and regional specialist (RS) for MDR-TB and TB/HIV, Arman Toktabayanov, to plan an assessment visit. In the 2nd quarter NJMS will draft TOR for the assessment, develop a key informant interview guide, and work with country team to identify key stakeholders to meet with. NJMS will also begin involvement with the TWGs by reviewing and providing input on work plans for the MDR-TB and TB/HIV TWGs. NJMS work will continue in the 3rd and 4th quarters on the presentation of the results to national health authorities and input on the development of a country work plan to address MDR-TB.

Other countries

11. As per Year 2 work plans developed in Virginia, NJMS will begin involvement in Kazakhstan and Uzbekistan during Year 2. In Uzbekistan, beginning in the 3rd quarter, NJMS will work with RS and the country team to review available reports and documentation and plan a site assessment. In Kazakhstan, beginning in the 3rd quarter NJMS will review the situation analysis on MDR-TB and TB/HIV prepared by regional specialist and country team.