Epidemiological burden and response monitoring

<table>
<thead>
<tr>
<th>Main impact indicators</th>
<th>TB burden estimates</th>
<th>Number</th>
<th>Rate per 100 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence (including HIV+TB)</td>
<td>8 500</td>
<td>144.00</td>
<td></td>
</tr>
<tr>
<td>Mortality (including HIV+TB)</td>
<td>724</td>
<td>12.19</td>
<td></td>
</tr>
<tr>
<td>Incidence (HIV+TB only)</td>
<td>260</td>
<td>4.40</td>
<td></td>
</tr>
<tr>
<td>Mortality (HIV+TB only)</td>
<td>44</td>
<td>0.74</td>
<td></td>
</tr>
<tr>
<td>Incidence (RR/MDR-TB only)</td>
<td>5 000</td>
<td>84.18</td>
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<tbody>
<tr>
<td>RR/MDR-TB estimates among new TB</td>
<td>2 400</td>
<td>32.0</td>
<td></td>
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<tr>
<td>RR/MDR-TB estimates (previously treated TB)</td>
<td>2 946</td>
<td>56.0</td>
<td></td>
</tr>
<tr>
<td>RR/MDR estimates (notified pulmonary TB)</td>
<td>1 116</td>
<td>45.5</td>
<td></td>
</tr>
<tr>
<td>Tested for RR/MDR-TB from estimates</td>
<td>156</td>
<td>103.4</td>
<td></td>
</tr>
<tr>
<td>Successfully treated (RR/MDR-TB only)</td>
<td>611</td>
<td>57.4</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>MDR-TB detection and care</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB cases tested for HIV status</td>
<td>6 745</td>
<td>96.0</td>
</tr>
<tr>
<td>HIV/TB cases detected from estimates</td>
<td>206</td>
<td>79.2</td>
</tr>
<tr>
<td>HIV/TB cases on ARV&lt;sup&gt;c&lt;/sup&gt;</td>
<td>194</td>
<td>94.2</td>
</tr>
<tr>
<td>Successfully treated (HIV/TB only)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV/TB detection and care</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly diagnosed HIV cases</td>
<td>665</td>
<td>-</td>
</tr>
<tr>
<td>HIV cases started IPT&lt;sup&gt;d&lt;/sup&gt;</td>
<td>30</td>
<td>4.5</td>
</tr>
</tbody>
</table>

<sup>a</sup> RR/MDR = rifampicin-resistant multidrug-resistant TB.  
<sup>b</sup> SLD = second-line drug.  
<sup>c</sup> ARV = antiretroviral treatment.  
<sup>d</sup> IPT = isoniazid preventive therapy.

Major challenges

Kyrgyzstan is one of the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region and 30 high multidrug-resistant TB (MDR-TB) burden countries in the world. The main sources of TB transmission are unidentified cases, late diagnosis and MDR-TB patients who are not receiving treatment due to unavailability of second-line drugs (SLDs).

Kyrgyzstan faces several challenges in controlling the TB epidemic:

- poor infection control (IC) in health facilities. IC is a concern in inpatient (poor IC and long durations of stay) and outpatient settings (integration of TB services into primary health care (PHC) has created additional IC requirements).
- the need to strengthen management of the TB programme at hospital and PHC levels, motivate staff and improve treatment practices for effective TB control;
- complicated country-wide implementation of the new e-surveillance network due to insufficient financing and staffing, which has delayed the introduction of an electronic patient registry and drug-management system;
- suboptimal care in outpatient services (expansion of outpatient treatment is resisted by health authorities);
- inadequate IC measures during diagnosis, treatment and isolation of smear-positive MDR-TB patients in the civil sector (Adherence to MDR-TB treatment is a challenge, and monitoring and evaluation of drug-resistant TB cases needs to be improved. Due to inefficient drug management, the country experienced stock-out of some SLDs, which were replaced by other SLDs. First- and second-line drugs are available over the counter, fuelling noncompliance with national TB programme (NTP) guidelines and leading to further amplification of drug resistance.);
- the process of public procurement does not fully follow international quality standards or requirements for WHO prequalified medicines – a sustainability mechanism for importing quality-assured first-line TB drugs is lacking and the process of registration of new drugs remains a problem; and
- a substantial financial gap, especially for complex and costly interventions of drug-resistant TB management: about 44% of funds for TB control activities are contributed by foreign aid, including the Global Fund, making Kyrgyzstan dependent on external support and threatening sustainable TB interventions.

Achievements
Achievements in collaboration with WHO are:

- preparation of a TB strategic plan for 2012–2016;
- development of a TB IC strategy and action plan;
- development of TB guidelines and clinical protocols to ensure effective TB prevention, diagnosis, treatment and care in outpatient management of TB, paediatric TB, MDR-TB and TB IC;
- implementation of the Xpert MTB/RIF assay for simultaneous detection of TB and rifampicin resistance;
- finalization of the national M/XDR-TB response plan in line with the regional M/XDR-TB action plan, approved by the Ministry of Health (MoH) in 2013;
- evaluation of various aspects of the NTP requested by the Minister of Health, including use of rapid molecular diagnostics, surveillance, TB and M/XDR-TB treatment, and care, governance and management of the national TB control programme;
- mid-term programme review of TB prevention, control and care activities in 2014 at the request of the Minister of Health;
- strengthening of NTP technical and managerial capacity;
- training on results-based management for NTP, MoH and mandatory health insurance fund staff;
- an assessment mission on TB financing;
- coordination and leadership on development of a TB roadmap for optimization of TB services;
- improvements in epidemiological surveillance and support for the development of a TB e-database;
- updated TB reporting and recoding documents with training for monitoring and evaluation (M&E) specialists on their use;
- development of a national TB M&E guide;
- improvements in programmatic management of drug-resistant TB and TB/HIV co-infection;
- training for key clinicians on programmatic management of drug-resistant TB;
- technical assistance for, and consultation with, the TB treatment working group to develop new treatment regimens for M/XDR-TB patients that incorporate new TB drugs;
- development of a training module on TB/HIV co-infection and training of trainers on TB/HIV;
- development of a national plan for M&E of TB/HIV interventions;
- TB training for all experts of the mandatory health insurance fund; and
- improved pharmacovigilance through assessment of country preparedness to introduce new TB drugs and training.

WHO activities
Planned WHO activities are to provide:

- technical assistance to enable and promote operational research;
- technical support for strengthening NTP management governance and capacity;
- ongoing monitoring of treatment of MDR-TB patients and ensuring provision of quality-assured MDR-TB treatment through Green Light Committee/Global Drug Facility missions;
- technical assistance on paediatric TB; and
- support for implementation of the TB-REP project, as defined by the project’s goals and objectives.

Main partners
WHO’s main partners are:

- Ministry of Health
- National TB programme
- National AIDS Centre
- German Development Bank
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- International Committee of the Red Cross
- KNCV Tuberculosis Foundation
- Médecins Sans Frontières
- United Nations Development Programme
- United States Agency for International Development
- Project “Defeat TB”
- Coalition against TB
- Association of Phthisiologists
- Association of Family Doctors
- Association of Hospitals.