

Kyrgyzstan

Total population (millions): 5.3
High TB priority country
High MDR-TB burden country

Epidemiological profile 2010**

Estimates of TB burden	Number (thousands)	Rate (per 100 000)	MDR-TB burden	Number	%
Mortality	1.4 (0.9-2.0)	26 (17-38)	Estimates among notified TB cases:		
Prevalence	13 (5.5-22)	243 (103-407)	MDR-TB among new cases	530 (440-610)	14 (12-17)
Incidence	8.5 (7.0-10)	159 (131-191)	MDR-TB among previously treated	380 (350-420)	39 (35-43)
Case detection rate	66 (56-81) %		Notified MDR-TB cases on treatment	566	100

Estimated prevalence of HIV among TB (number, percentage); 240 (190-290); 2.8 (2.4-3.2)%.

Treatment outcome 2009	Successfully treated (%)	Died (%)	Failed (%)	Lost to follow up* (%)
New smear-positive cases	82.4	3.3	4.1	10.1
New smear-negative/extrapulmonary	91.7	1.4	0.5	6.4
Previously treated cases	70.9	7.3	5.6	16.2
MDR-TB cohort 2008	49.6	8.0	14.5	27.9

*Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.

**Data provided here are based on the latest WHO global TB database accessed on 9 December 2011. Extended epidemiological profiles can be found at: <http://www.who.int/tb/country/data/profiles/en/index.html>

Major challenges

Kyrgyzstan is among the 27 high multidrug-resistant (MDR) TB burden countries in the world. Adherence to MDR-TB treatment is a challenge, and monitoring and evaluation of drug-resistant TB cases needs to be improved. Furthermore, it is necessary to strengthen the management of the TB programme at both hospital and outpatient care levels, and to motivate staff and improve treatment practices for effective TB control. The country has a low MDR-TB detection rate because of limited laboratory capacity.

Substantial financial gaps exist, especially with regard to the 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.

Data received from the National TB Programme (NTP) is insufficiently analysed, and there is weak coordination of TB data management at institutions within the Ministry of Health and other agencies. There is also insufficient support for directly observed therapy (DOT) at primary health care level. Infection control measures during diagnosis, treatment and isolation of smear-positive MDR-TB patients are inadequate in both the civil sector and the penitentiary system.

Achievements in collaboration with WHO

- Gradual expansion of MDR-TB treatment coverage within the framework of Green Light Committee (GLC) projects.
- Technical assistance for the NTP to prepare a new TB Strategy Plan for 2012–2013.
- Technical assistance for the application to the Transitional Funding Mechanism of the Global Fund.
- The National Reference Laboratory (NRL) collaborates with the WHO Supranational Reference Laboratory in Gauting, Germany and has successfully passed proficiency testing for drug susceptibility to first-line anti-TB drugs.

- A comprehensive WHO review of the NTP in Kyrgyzstan was conducted in July–August 2010. This mission concentrated on evaluation and follow-up of the programmatic issues of TB control, including trends in TB epidemiological indicators, political commitment, funding and coordination, health system strengthening, TB case-finding and diagnosis, activities at PHC level, drug management, integration of TB and HIV activities, TB monitoring and evaluation, PAL strategy, operational research, and publications and educational activities.
- In 2011, a Global Drug Facility (GDF) mission provided technical support for programme, case and drug management, as well as determining the needs for anti-TB drugs and preparing a request for anti-TB drugs for the coming year.

Planned WHO activities

- Updating the National M/XDR-TB Response Plan to align it with the Regional M/XDR-TB Action Plan.
- Collaboration on the implementation of an integrated electronic surveillance system.
- Technical assistance to enable and promote operational research.
- Technical assistance with development and implementation of the national strategic plan for TB infection control.
- Support for strengthening the capacity of NTP management.
- Organization of joint Global Fund/GDF/GLC missions.

Main partners of WHO

- Ministry of Health
- Association of Phthisiologists
- German Development Bank (KfW)
- Global Drug Facility (GDF)
- Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund)
- Grant Management Solution Project
- Green Light Committee (GLC)
- International Committee of the Red Cross (ICRC)
- KNCV Tuberculosis Foundation
- Médecins Sans Frontières (MSF)
- Project HOPE
- TBREACH
- United Nations Development Programme (UNDP)
- United States Agency for International Development (USAID).