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# USAID Assistance is scaling up MDR-TB response

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## **Outline**

**Regional Context**

**USAID support for MDR-TB model**

**Opportunities/priorities**





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## **Donor and technical leadership**

- **National TB leadership**
- **WHO TA**
  
- **Global Fund Grants:**
  - Kazakhstan (Round 6, 8)
  - Uzbekistan (Round 4, 8)
  - Tajikistan (Round 3, 6, 8)
  - Turkmenistan (Round 9)
  - Kyrgyzstan ( Round 2, 6)
  
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- **KFW**



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## Key USG developments

- 2008 Lantos -Hyde Reauthorization Act that supports activities under WHO Global Plan to Stop TB.
- 2009 President Obama announced Global Health Initiative, 6 year \$ 63 billion with PEPFAR as a cornerstone
- The global targets by 2014:
  1. Reduce TB prevalence by 50% (1990 baseline)
  2. Treat 2,6 million new SS+ TB cases
  - 3. Treat 57,200 MDRTB cases**



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## **USAID support 2003-2008**

### **UAB/GORGAS of MDR-TB case management in Almaty city:**

- Developed MDR-TB case management protocols;
- Strengthened laboratory capacity;
- Improved drug management system;
- Enhanced Infection control measures;
- Developed MDR-TB information system;
- TA in approval of GLC application for 380 MDR TB patients.



## UAB/GORGAS model of MDR-TB case management

Intervention	Change
Standards and monitoring	<b>Pre-classification mistakes decreased from 16% in 2005 to 5.7% in 2008</b>
11 protocols	<b>Basis for national guidelines</b>
Compliance to protocol through audit	<b>77.1% in 2006 to 87% in 2008</b>
Treatment success for SLD	<b>84.4% of MDR TB patients enrolled in 2005</b>



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## USAID support 2008-present

<b>MDR-TB component</b>	<b>Project</b>	<b>Implementer</b>	<b>Countries</b>
Drug resistance surveys	<b>Division of TB elimination in CDC Atlanta</b>	CDC	Kyrgyzstan, Tajikistan
Infection control	<b>TB CAP</b>	KNCV	CAR
MDR-TB case management and social support	<b>TB CAP</b>	KNCV	CAR and Eastern Kazakhstan
Social Support and DOT	<b>Social support to MDRTB</b>	IFRC through NRC	Almaty, Kizilorda
TA in MDRTB and MGIT in TX	<b>Project HOPE</b>	2009	CAR
Information system	<b>E-TB Manager</b>	MSH	Uzbekistan



## MDRTB case management & social support project 2009-2010 (TBCAP: CAR lead implementer is KNCV)

- **Regional**
  - Summary of best PMDT practices
  - PMDT workshops
  - Analysis of social support programs
- **Kazakhstan**
  - MDR TB training capacity in Almaty city
  - MDR TB case management and social support model expanded to Eastern Kazakhstan (EK) including the prison sector



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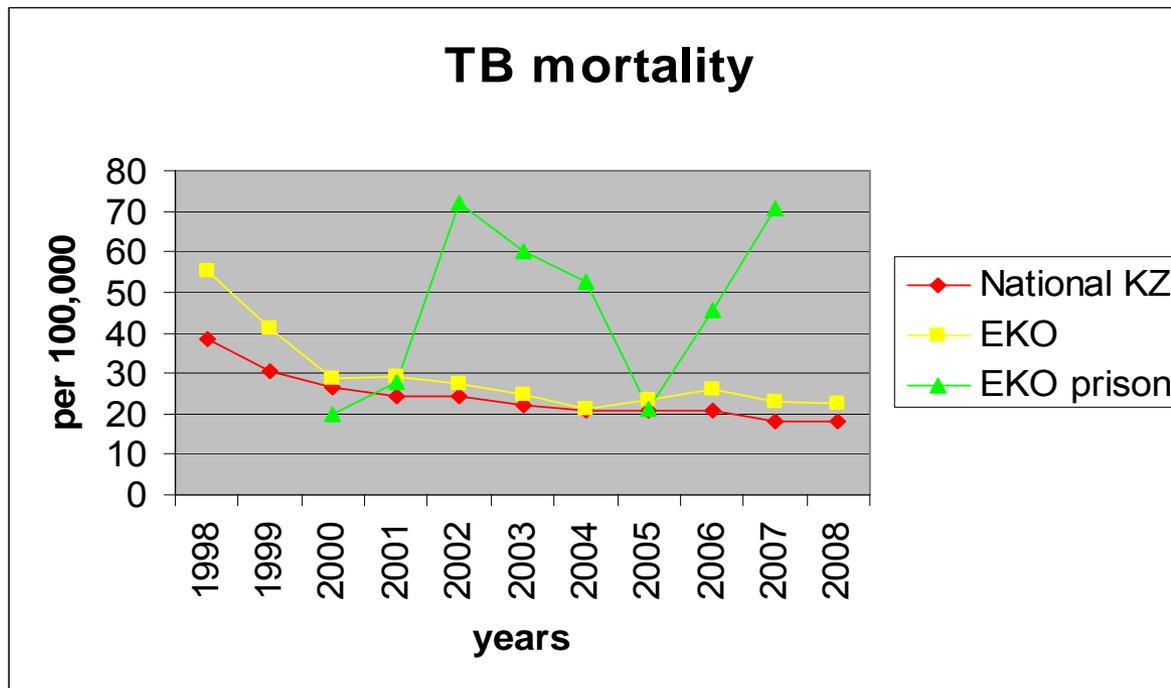
## **MDR -TB case management model in Eastern Kazakhstan (EK) TBCAP/KNCV**

- Eastern Kazakhstan is 1200 km from North to South and 800 km from East to West
- Semey – 310,000 p
- Oskemen – 298,200 p
- 150 MDR-TB beds
- 14 penitentiary institutions, 10421 detainees
- On average 700 cases of MDR-TB cases a year



## Why Eastern Kazakhstan?

Rate of TB mortality (national average, EKO oblast and EKO prison)

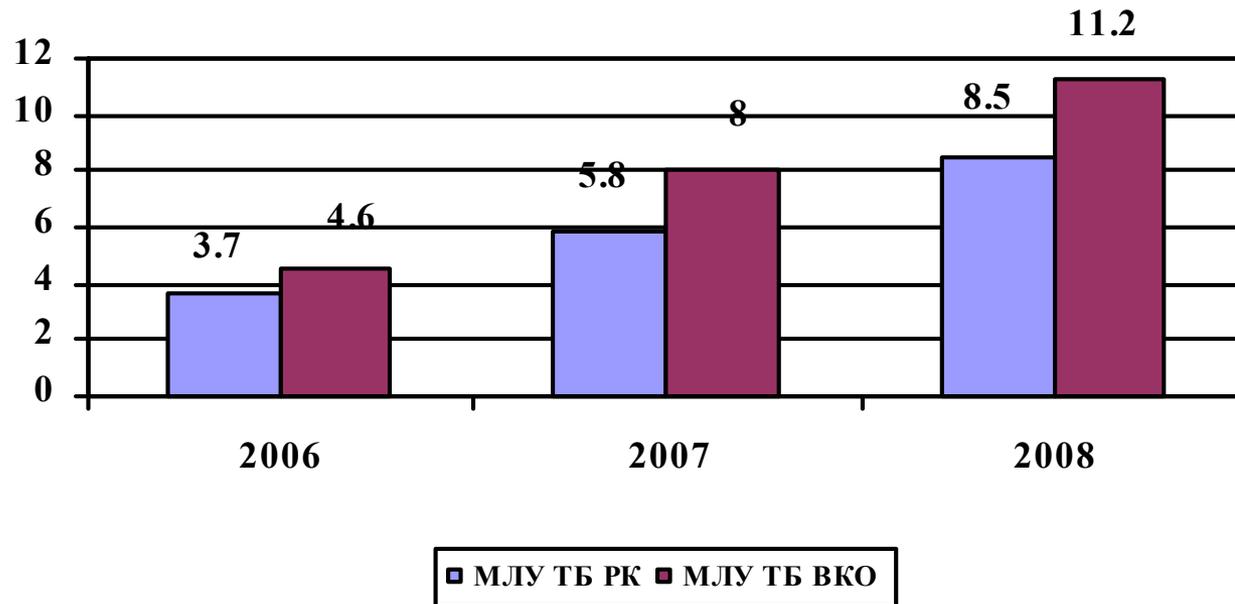


Source: Department of organization and methodology, OTBD and TB statistical overview, Almaty (1999-2008)



## Why Eastern Kazakhstan?

Rate of MDRTB in EKO in comparison with the national average)



Source: Department of organization and methodology, OTBD and TB statistical overview, Almaty (1999-2008)



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## **Multifaceted approach to combat MDRTB in EKO**

- **The oblast workplan** was developed and approved by EKO health department. (June 2009)
- **TOT** was conducted at April 2009 and Feb 2010
- The East Kazakhstan Oblast has adapted **13 MDR TB** case management protocols including prison system.
- Established a model of **psycho-socio-economical support in EKO** to decrease a default rate among 60 MDRTB patients (since October 2009)



## TBCAP/KNCV model of MDR-TB management and social support

Intervention	Impact
13 protocols adapted and approved	<b>The diagnosis and treatment standardized</b>
Established social support team: <b>Social worker+psychologist+nurses+doctor</b>	<b>60 patients are receiving comprehensive support; all MDR-TB patients are reimbursed or transportation while on treatment in Semey</b>
TOT in MDR-TB case management	<b>National TB Training center strengthened</b>

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**Social support team**

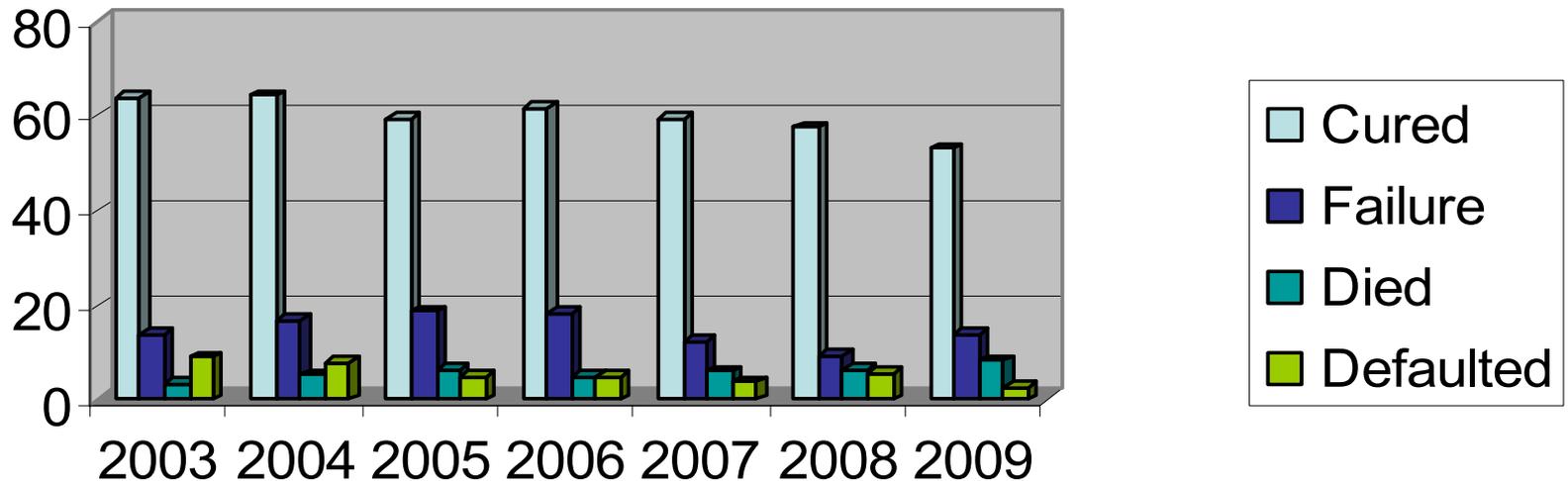


**Meeting with akimat (local government)**



## Epidemiological trend

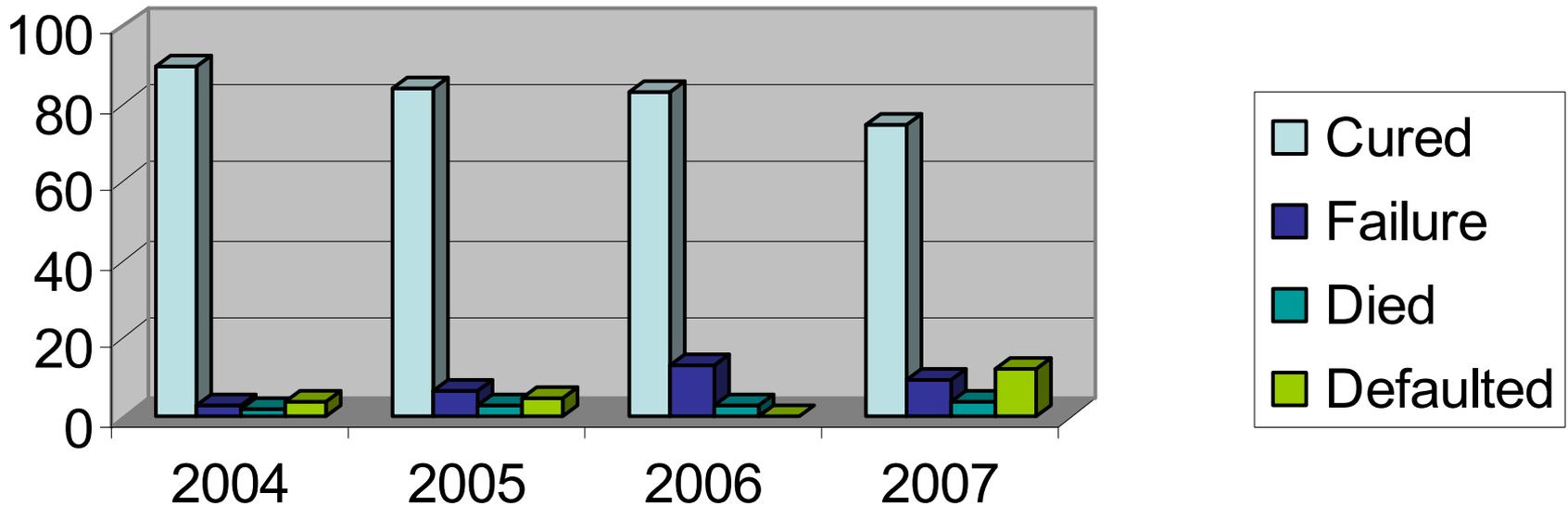
### Treatment outcomes among SS+ cases





## Epidemiological trend

### Treatment outcomes among MDR-TB





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## **Social support and DOT to MDR-TB patients (IFRC)**

- Implemented by IFRC/KRCS
- MDRTB patients in Almaty - 338 and Kzylorda - 514 (31%)/ 80 of them are covered by project
- **Goals:**
- Ensuring DOTS plus is completed
- Raising awareness among risk
- Providing psycho-social support

Source: Statistical Review of TB in Kazakhstan of the National TB Centre, 2008

<b>MDR-TB component</b>	<b>Project</b>	<b>Implementer</b>	<b>Countries</b>
Drug resistant surveys	<b>Division of TB elimination in CDC Atlanta</b>	CDC 2009-2011	Kyrgyzstan, Tajikistan
Infection control	<b>TB CAP</b>	KNCV 2010	CAR
MDR-TB case management and social support	<b>TB CAP</b>	KNCV 2010	CAR and Eastern Kazakhstan
Social Support and DOT	<b>Social support to MDRTB</b>	IFRC through NRC 2010	Almaty, Kizilorda
TA in MDRTB and MGIT in TX	<b>Project HOPE</b>	2009	CAR
Information system	<b>E-TB Manager</b>	MSH 2010	Uzbekistan
Comprehensive TB/MDRTB TA	<b>Health Improvement Project, HIP</b>		CAR



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## **Capacity TB/HIV project (2004-2009)**

- 4 pilot in 4 countries of CAR:
- Kazakhstan (Almaty), Tajikistan (Dushanbe), Kyrgyzstan (Chuy) and Uzbekistan (Tashkent)
- Technical working groups
- Developed M&E tools
- Supported M&E
- Prikazes in TB/HIV
- Regular meetings to share data
- Trained TB and HIV specialists
- Scale up pilots → GFATM in Kazakhstan & Tajikistan



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## **Health Outreach Project (PSI, AFEW, HOPE, PLWA )**

- Target MARPS (**PLWA, prisoners, sex workers, IDUs, migrants, MSM**)
- Outreach to prevent & detect TB and HIV
- Referral to friendly services (prevention and treatment)
- Training for providers on HIV and TB among pharmacists, STI specialists, narcologists) (+stigma)
- Subgrants to NGO and strengthening capacity of NGOs
- Working with PLA on TB diagnosis, prevention, treatment , adherence to ART, TB treatment
- Survey on behavioral determinant (adherers)

## **Opportunities/gaps**

**Infection prevention and control**

**Laboratory Quality Assurance**

**Electronic TB surveillance system**

**Improving continuum of care**

**MDRTB case management**

**Social support model**

**Increasing community awareness & stigma reduction**

**Improving quality of care**

**Public Health system strengthened**



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**Thank you!**

## DRUG SENSITIVITY TO FIRST LINE DRUGS IN NEWLY DETECTED SS +

	2005	2006	2007	2008
Total examined	832	639	641	293
<b>Sensitive</b>	<b>58.2</b>	<b>43.8</b>	<b>41.6</b>	<b>37.5</b>
Resistant	41.7	54.7	58.3	62.4
<b>MDR</b>	<b>10.5</b>	<b>16.5</b>	<b>26.2</b>	<b>35.8</b>

## DRUG SENSITIVITY TO FIRST LINE DRUGS IN RETREATED

	2005	2006	2007	2008
Total examined	605	661	538	412
<b>Sensitive</b>	<b>32.0</b>	<b>20.3</b>	<b>15.0</b>	<b>15.8</b>
Resistant	68.0	79.7	84.9	84.2
<b>MDR</b>	<b>37.5</b>	<b>57.9</b>	<b>65.9</b>	<b>66.9</b>