



SUCCESS STORY

USAID Supports Naryn Oblast as Best Practice Model for Comprehensive TB Service Reform Nationwide

The USAID Cure Tuberculosis Project developed a comprehensive approach to TB service reforms – the successful up-take in Naryn Oblast can now be demonstrated to other oblasts



Photo Credit: Cure Tuberculosis

Batken and Talas OTC specialists visit Naryn OTC to learn best practice models in the implementation of complex TB service reforms.

Chyngyz Kenjebaev, a young TB doctor from Batken, where the USAID Cure Tuberculosis Project has been likewise implementing a full range of TB service reforms, considers it important to personally get acquainted with the experience of those who are in the avant-garde of reforms, *“Such field trips and exchanges of experience help you learn something new and how to apply it correctly in your setting.”*

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USAID has long been at the forefront of the fight against TB, providing long-term technical assistance to the government of the Kyrgyz Republic to help control the TB epidemic. The USAID Cure Tuberculosis Project developed a comprehensive package of TB service reforms, which works at all levels of the system to optimize TB service delivery and improve care for TB patients. This package is being rolled out gradually in all oblasts nationwide. In 2021, these reform efforts were championed by the Naryn Oblast TB Center (NOTC), which has succeeded in implementing the full package of reforms and now serves as a learning destination for other Oblast TB Centers to witness these best practices first-hand.

Cure Tuberculosis provided technical assistance to the NOTC to optimize the oblast laboratory network for greater efficiency, implement a quality management system (QMS) in laboratories to improve diagnostic processes, and build a transportation system to transport patients' sputum from remote health centers to central laboratories for testing and distribute drugs to health centers. The Project mapped all rayon laboratories and health care facilities and developed clearer transportation routes so that samples can be received and tested faster by laboratories. The Project also partnered with the Mandatory Health Insurance Fund to transfer financing of the transportation system to the state budget to ensure long-term sustainability.

USAID has also led the way in the development of a set of information systems that streamline the work of doctors and laboratory staff. The Laboratory Data Management Information System (LDMIS) captures and shares data between laboratories that perform TB diagnostic tests and health centers which prescribe TB treatment in real time. The e-TB Register stores all individual TB patient records and test results with easy access to information from any device at any time, and the Electronic Medical Record houses TB patient data at the hospital level. Cure Tuberculosis also installed an X-ray visualization connector in the NOTC – the first-ever in TB services – which can digitize and transfer X-ray images. The NOTC can now use the e-TB Register at its full capacity, allowing clinicians to access TB patients' data on demand and enabling fast decision-making on the course and initiation of TB treatment. Today, 100% of TB cases submitted to the Concilium for discussion are presented through the e-TB Register, with full access to patient clinical data and x-rays. The LDMIS, e-TB Register, and other clinical information systems, together with revised recording and reporting forms, helped reduce data errors and improve the quality of TB treatment.

“The electronic laboratory module [LDMIS], the clinical module [e-TB Register] improved the quality of work, the timeliness of prescriptions, and the ability to monitor treatment,” says Nurjamal Mamytova, the

Anarkan Kojonazarova, a DR-TB coordinator from the TOTC, underlined that it is a good practice that all Oblast TB Centers work in harmony in line with adopted, unified algorithms, *“Then the work throughout the country will be coordinated. And we are lucky that we are being supported by a USAID project.”*

Head of the NOTC. *“[We obtained tools] to correctly prescribe TB examinations, choose the right treatment tactics.”*

USAID initiatives helped increase the bacteriological confirmation of TB cases. Coverage with GeneXpert testing – a state-of-the-art molecular diagnostic test – increased in Naryn Oblast from 70% in 2018 to 100% in 2021. The QMS, the TB transportation system and the clinical information systems also helped decrease the turn-around time for critical laboratory tests significantly; results can now be received in as little as five days compared to 90 days in 2017. For patients, this means faster diagnosis, earlier start of treatment, and a better chance of being cured.

Beyond fast and accurate diagnosis of TB, the management of TB patients while on treatment is critical to ensure treatment success. Cure Tuberculosis strengthened the TB case management (TB CM) approach in Naryn Oblast by improving and simplifying clinical processes and procedures and implementing a reformed TB Concilium model. The Naryn Oblast TB Concilium, which now has the capacity to convene virtually, is much more effective – every Concilium member has been fully trained and has clear roles and responsibilities, decision-making capacity, access to patients’ test results in real time thanks to the LDMIS, and patients’ records thanks to the e-TB Register. Rayon TB doctors connect to the Concilium each week and benefit from the knowledge and expertise of their peers when evaluating the initiation, adjustment, or completion of treatment for TB patients.

At the PHC level, Cure Tuberculosis implemented the TB CM approach to strengthen the quality of outpatient care and ensure health workers’ commitment to full treatment completion for TB patients. This includes an incentive payment system for health workers for successfully treated TB cases and the engagement of local government administrations and civil society organizations to support people with presumptive TB to test for TB or people with TB to complete the full course of treatment. This psycho-social and financial support from the community is extremely important for TB patients who often face stigma and discrimination or incur financial difficulties when on treatment. A strengthened contact investigation model implemented in Naryn Oblast also helped expand contact investigation – in 2021, the number of TB contacts identified and examined doubled since 2020. In addition to this work at the PHC level, the Project implemented an active TB case finding approach in general TB hospitals and implemented infection prevention and control improvements in the NOTC.

These and other achievements of the NOTC in complex TB reforms were recognized by colleagues from Batken and Talas Oblast TB Centers, who visited Naryn in November 2021. They were able to participate in Concilium meetings and witness the different processes and systems at work. For Batken and Talas OTCs, this exchange of experience was an important step forward in the implementation of TB service reforms through USAID Cure Tuberculosis Project technical support.