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KYRGYZ REPUBLIC

SUCCESS STORY

USAID-led Tuberculosis System Reform Strengthens Outpatient Service Delivery to Population in Batken

Restructuring TB hospitals in Batken Oblast helped repurpose 7 million soms in funds to meet TB priority needs and facilitate USAID Cure Tuberculosis Project reforms in the region.



Photo Credit: Cure Tuberculosis

Batken OTC specialists use an X-ray digitizer procured and installed with Cure Tuberculosis support to convert X-ray files to digital images and upload the images to the e-TB Register linked to individual TB patient records.

"I really like the fact that the Cure Tuberculosis project aims to get things done. We've worked on many projects, but it seemed to me that there is a beginning and no end. I would like to see end results in Batken," says Tolgonai Saitova, the head of the laboratory of the Batken Oblast TB Center, where the USAID Cure Tuberculosis Project has been implementing a full range of TB service reforms.

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Patient-centered TB care is critical in any region of Kyrgyzstan, such as Batken, which is the most remote and least economically advanced region. The unemployment rate is more than twice the country average, and the majority of unemployed seek work abroad, making them a high priority group for TB. These migrant workers are at higher risk of TB infection and, at the same time, face challenges with adherence to treatment and treatment completion. Strengthening TB services in Batken is especially important to provide care to this large share of returning migrants to stem the spread of infection within the country.

In line with the Kyrgyz Republic's transition to more patient-friendly TB outpatient care, the USAID Cure Tuberculosis Project developed a comprehensive package of TB service reforms, all of which are in effect in five oblasts (regions) and one district of Bishkek city, including Batken Oblast. To improve patient care and treatment in Batken, the Ministry of Health closed one inefficient 70-bed TB hospital used for unjustifiably long hospitalization that would last up to 56 days. Currently, an existing 40-bed hospital is sufficient to meet all of Batken's hospitalization needs for TB.

The closure of the 70-bed hospital through Cure Tuberculosis' service reform package not only freed up 7 million soms (over \$82,000) in funds, but also strengthened TB care at the primary health care (PHC) level. PHC capacity and motivation to treat TB patients were previously low, and hospitalization of TB patients was a requirement. Almost 70% of TB patients started treatment in TB hospitals, which created unnecessary risks for TB transmission in facilities.

To optimize the delivery of TB services at PHC, the project developed a TB case management approach and the incentive payment system – financed through the freed-up funds – for PHC health care workers, who receive 12,000 soms per successfully treated case of drug-sensitive TB and 24,000 soms per drug-resistant case. Together with other system reforms like the optimization of TB laboratories and the development of a system of transportation of TB patients' specimens for testing and diagnosis, these interventions strengthen TB service delivery and management of TB patients while on treatment.

Today, PHC workers are more committed to treating TB cases on an outpatient basis. Cure Tuberculosis facilitated the implementation of the PHC incentive payment system and conducted training on TB case management for PHC workers, while equipping them with all the necessary tools to successfully manage TB cases. For example, the Laboratory Data Management Information System (LDMIS) that captures and shares lab test results, the e-TB Register, the X-ray digitizer to convert X-ray films into digital images, and other medical

information systems, together with revised recording and reporting forms, helped reduce data errors and enable early initiation and improved quality of TB treatment. Coverage with GeneXpert testing – a molecular diagnostic test – also increased in Batken Oblast from 70% in 2019 to 90%.

“We send sputum to Bishkek, to the NRL [National Reference Laboratory],” Chyngyz Kenjebaev, a young TB doctor from the Batken Oblast TB Center, said. “Earlier, we could wait a month or two [to receive] test results on paper. Sometimes they could be confused and sent to another region. Meanwhile, [a patient] could have a drug-resistant form of TB, and without confirmed tests, you wouldn’t know and treat the patient unsuccessfully. Now, with this electronic system [LDMIS], you send [sputum], and in a couple of days, the results are on your computer. It is easier for us, and for patients, this creates conditions for timely treatment.”

Additionally, the Batken Oblast TB Concilium can now convene virtually, which is more efficient. All TB cases submitted to the Concilium for discussion have data available through the e-TB Register, an information system to store TB case records, with full access to patient clinical data and X-rays for quick decision-making. In the case of Batken, the opportunity to hold virtual Concilium meetings is especially beneficial given the recurring conflicts along the border with Tajikistan, which makes travel from remote areas often dangerous.

The Cure Tuberculosis project also strengthens the delivery of TB services at PHC through its sub-grantees like the National Red Crescent Society, whose nurses help PHC workers with treatment monitoring and follow-up until completion of treatment, reporting on adverse events, and providing psychosocial support to TB patients and their families.

Batken Oblast, a best practice model, in which various Cure Tuberculosis service reform package solutions were implemented, generated funds and enhanced patient treatment and care by making TB service delivery more efficient.