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## SUCCESS STORY

### USAID-led interventions bring TB care closer to patients in Leninsky district of Bishkek

**Decentralization of TB care in Bishkek ensures fast and quality delivery of patient-centered TB services closer to residence in Leninsky district**



Photo Credit: Cure Tuberculosis

Talant Koshboev, 54, receives daily TB treatment at his local FGP in Muras-Ordo under direct observation of a family nurse.

*"I didn't want to take drugs at all but the nurse said 'You are sick, you have to take [TB] drugs.' One has to take them apparently. I understand it now...TB drugs I receive here for five days, tests I can also take here. Earlier, they [TB patients] used to go there [to BCTC] and now you can do it here. I didn't go there. Before, those who were sick went there. I am for the first time [on treatment], first month... yes, I am lucky," agrees Talant Koshboev, a TB patient and resident of Muras-Ordo.*

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The USAID Cure Tuberculosis project-facilitated reforms to Bishkek's centralized TB care system helped make delivery of TB services more patient-friendly in the largest and most densely populated district, Leninsky. Now, patients can receive TB services at local medical facilities, Family Group Practitioner (FGP) centers or feldsher and accoucheur points (FAP).

Previously, patients had to make daily visits to the Bishkek City TB Center (BTCT) or a Family Medicine Center (FMC) to receive treatment and run blood and sputum tests once a month. The new arrangement is especially beneficial for residents of newly developed housing blocks on the outskirts of the city. These areas are often located far from the center, with limited transportation options, making it difficult for TB patients to seek medical help and receive services on time.

*"I'd spend half an hour to reach the city and then [another] 30 minutes to reach the Bishkek City TB Center, where I received my daily supply of medicines. One hour to get there. ...to go back it was even more difficult. TB drugs make you nauseous, and you have yet to go back,"* says Urkuya Tolonbaeva, a TB patient from Muras-Ordo, a housing area 20 km from Bishkek.

TB patients typically receive daily administration of TB drugs under the direct observation of a medical worker. Thanks to Cure Tuberculosis support, in 2020 when the COVID-19 pandemic hit Kyrgyzstan and movement around the country and access to medical services became restricted, TB patients started to receive a home supply of TB drugs for up to 14 days. The project also developed mechanisms that allowed for video-observed treatment and the use of community-based treatment supporters to ensure adherence. These initiatives allowed for treatment continuity during lockdown and were later institutionalized for patients' convenience and ease to avoid daily travel to a medical facility.

In Bishkek, having to visit the BTCT or another FMC created a barrier in adherence to treatment, especially for those financially or socially disadvantaged or patients at risk of treatment interruption due to difficulties in accessing medical services, insufficient means to pay transport fare, or family obligations that restrict travel. Moreover, TB specialists in the BCTC had to serve a fast-growing population of over 235,000 in Leninsky district, with the highest prevalence of TB. The high workload, mainly because of the inability to delegate treatment to primary health care (PHC) providers, made patient care less personal and effective.

Cure Tuberculosis helped relocate TB specialists responsible for Leninsky district from the BCTC to four FMCs through an adopted regulation. Through project advocacy and technical support, TB services were decentralized down to the primary line of care, FGPs, and

FAPs, closer to TB patients near their residences. Two hundred and thirteen patients were transferred from the BCTC to PHC facilities and continued treatment under the supervision of family doctors and nurses whom they can reach easily at their local medical facilities.

Urkuya Tolonbaeva, a 55-year-old TB patient began her treatment journey in 2021 with a six-month stay in a TB hospital and continued treatment on an outpatient basis with regular trips to the BCTC to receive treatment and have her clinical, biochemical, and sputum tests done. Thanks to the decentralization reform, she was able to receive the last two months of treatment at the Muras-Ordo FGP in the vicinity of her home. Though she would continue trips to Bishkek until she completed treatment, she confirms the new arrangement has made the final steps in her journey easier for her health and wellbeing.

The Cure Tuberculosis project equipped TB rooms according to international TB infection prevention and control standards, streamlined business processes and recording and reporting forms, and procured TB equipment worth 360 thousand soms. This equipment included cooler bags for the safe delivery of quality sputum samples to testing laboratories. The project developed a primary TB transportation system from FGPs/FAPs to rayon laboratories and the National Reference Laboratory (NRL) in Bishkek with clear routing and payment schemes to deliver patients' specimens for TB testing within the 72-hour standard.

The four FMCs and their FGPs/FAPs in Leninsky district received training in TB case management, were connected to TB medical information systems including the e-TB Register to keep and share TB patient records and the Laboratory Data Management Information System (LDMIS) to share lab test results, and implemented a reformed TB Concilium model for regular online meetings to review patient cases. The project also implemented the PHC payment system of incentive payments to responsible healthcare workers for successfully treated TB cases.

Talant Koshboev, who started treatment for TB recently, is positive it will have a successful outcome. He receives treatment at his local FGP in Muras-Ordo under the supervision of his family doctor and nurse thanks to the Bishkek city TB service reforms. Talant receives a daily supply of TB drugs for a week, and his wife acts as a community-based treatment supporter and supervises his treatment. The family nurse takes his sputum tests to the FMC for regular monthly check-ups on treatment progress, and from there it is delivered to the NRL for advanced molecular testing.

Both Urkuya and Talant expressed their relief of easily receiving treatment at the FGP where they can also take monthly biochemical and sputum tests. TB treatment at PHC saves patients' time and money and spares additional strain on patients' health.