

Introduction

Kyrgyzstan has been shifting from vertical hospital-based TB services toward a more patient-friendly ambulatory treatment model, but resistant attitudes toward this shift remain among providers. In 2017 an incentive payment system for successfully-treated TB cases was introduced to encourage primary health care (PHC) workers to provide ambulatory TB treatment. As part of a national health facility survey conducted from January-April 2021 in Kyrgyzstan using [Quality of Tuberculosis Services Assessment](#) methodology, an additional module was designed to explore provider attitudes in PHC and TB inpatient facilities toward fully ambulatory treatment.

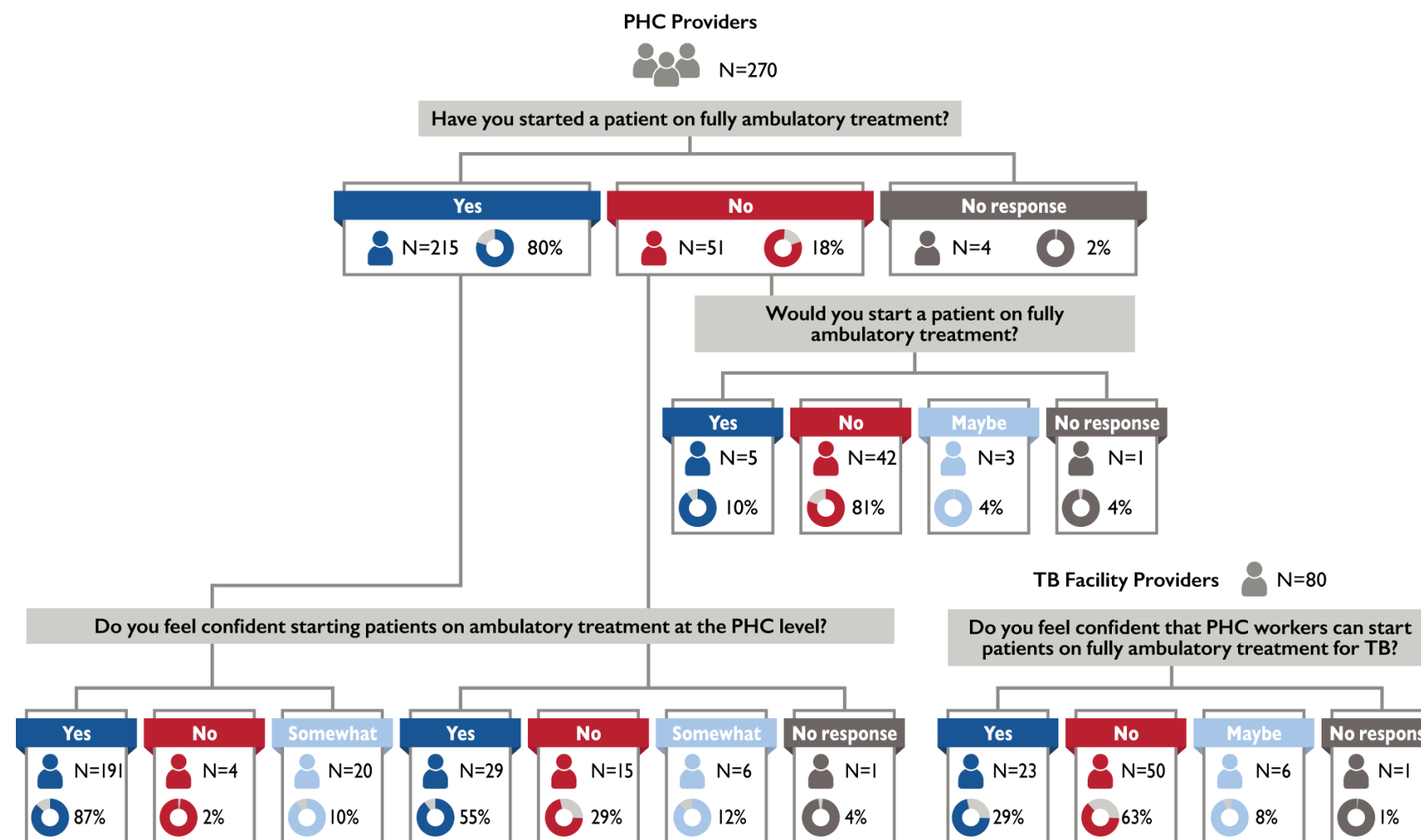
Methods

A total of 1,381 interviews were conducted in **258 facilities** randomly selected using cluster sampling in all seven regions of Kyrgyzstan, including **350 interviews with providers** assessing attitudes toward, concerns about, and experience with ambulatory treatment and receipt of incentive payments. Statistical analysis was conducted by facility type/level and location (region, rural/urban).

Results

Overall, **PHC workers held more positive attitudes toward ambulatory treatment than TB facility providers.** The majority of PHC providers (80%) had experience starting patients on ambulatory treatment, and these providers had more positive attitudes and a higher level of confidence regarding ambulatory treatment (87%) compared to those without such experience (55%).

Attitudes of PHC providers and TB facility providers toward providing fully ambulatory treatment (N=350)



Results (cont.)

The majority of TB facility providers (63%) indicated they were not confident that PHC workers could start patients on ambulatory treatment. Top concerns about ambulatory treatment among all providers included treatment adherence and drug resistance. However, TB providers were more concerned about PHC providers' competence (51%) than PHC providers themselves (33%).

One third of PHC providers received an incentive payment (34%) and these providers had the most positive attitudes overall. They were most likely to agree with such positive statements as the shift to outpatient TB treatment has improved treatment adherence, and ambulatory treatment is just as effective as hospital-based treatment.

Providers with experience starting patients on fully ambulatory treatment held more positive attitudes overall (composite attitude score of 3.0 on a scale of 1-5) compared to those who had not (2.6). Providers who received an incentive payment had more positive overall attitudes (score of 3.2) than those who had not (2.8).

Discussion

These results suggest a positive influence of both incentive payments and direct experience with ambulatory treatment on providers' attitudes toward ambulatory care. **Results suggest that providing incentive payments to PHC workers can encourage increased provision of ambulatory treatment.** In addition, changing TB facility providers' attitudes toward ambulatory treatment is key to enabling the transition towards more outpatient care.