



SUCCESS STORY

USAID-led integration of tuberculosis services at primary health care level in Bishkek leads to enhanced detection and care

Decentralization of TB care in Bishkek strengthens health care providers' commitment and patient-centered care



Dr. Bukosh Asylymbekova (center) facilitates an on-the-job peer knowledge exchange meeting at the Osh Family Medicine Center on TB case management principles and tools. Photo: Cure Tuberculosis

"I had my reservations. Then I saw progress. TB doctors now work together with family doctors and nurses, which has led to a noticeable improvement in TB detection. Previously, it would take months to detect TB...Now, thanks to constant effort and improved information support, family doctors are more aware and immediately send presumptive patients for testing. Once diagnosed, we initiate and monitor treatment and family doctors and nurses manage and monitor the patient's progress," says Dr. Asylymbekova.

In Kyrgyzstan, the USAID Cure Tuberculosis project, led by JSI, facilitated patient-friendly reforms in Bishkek's centralized tuberculosis (TB) care system. The project worked with the Ministry of Health to reorganize the Bishkek city TB Center (BCTC) and relocate TB specialists to deliver services at primary health care (PHC). To achieve this, new basic regulations were developed, including staffing lists, tables, and job descriptions for PHC facilities.

Previously, the BCTC struggled with a high workload due to serving a fast-growing population and the inability to delegate treatment to PHC, leading to delayed detection and treatment initiation. Daily visits to TB doctors and monthly tests created barriers to treatment adherence for patients, especially those at risk of treatment interruption due to limited access to medical services, financing, or family issues.

Through advocacy and technical support, the project ensured full scale-up of TB case management (CM) at local medical facilities, family group practitioner (FGP) centers, and feldsher and accoucheur points (FAP). TB rooms were updated to international standards for prevention and control, while all TB specialists, family doctors, and nurses were provided with training in TB CM requirements and tools. Decentralized TB services to the primary line of care make them easily accessible to patients near their residences.

After the transition of TB care to PHC, 672 patients were transferred from the BCTC to primary level facilities and received continued treatment under the supervision of easily accessible family doctors and nurses. All patients on outpatient treatment in Bishkek received the assistance they needed, including psychosocial support. TB doctors monitor treatment and ensure patients' needs are met.

Additionally, family medicine centers (FMCs) and FGPs/FAPs in Bishkek were connected to TB medical information systems, enabling immediate sharing of patient records and lab test results; regular online TB Concilium meetings were established for case review; and a primary TB transportation system with clear routing and payment schemes was developed to deliver patients' specimens for testing within the 72-hour standard.

However, the decentralization reform of the BTCT was initially met negatively. TB specialists opposed the transfer to PHC, but through training and continuous support, they embraced the changes. Strong partnerships were formed between TB and family doctors, leading to improved detection and treatment completion. A results-based payment mechanism for successful TB treatment completion at PHC was implemented to motivate health care providers to detect and treat TB cases promptly. To enhance the quality of outpatient TB treatment, USAID procured essential medical equipment and supplies for PHC

facilities in Bishkek, enabling timely management of adverse events, clinical monitoring, and cold chain compliance during sample transportation.

Dr. Bukosh Asylymbekova and Dr. Seinegul Dzhanabilova, TB doctors from FMCs in Bishkek, were among those who initially opposed the decentralization, but are now actively supporting these reforms as trainers and advocates. Dr. Asylymbekova, with over 40 years of experience at the BCTC, had reservations at first but changed her perspective after receiving training in TB CM tools and principles. She now believes that implementing TB CM at PHC nationwide is crucial to improve patient-centered TB care, detection, and treatment.

Dr. Dzhanabilova, with over 30 years of TB experience, previously used to work with paper-based records and lacked computer skills. Now, she enjoys training others to enter data and effectively use the e-TB Register, an information system to keep and share TB patient records, and advocates for its convenience, providing immediate access to comprehensive patient data regardless of treatment location.

"I like training others, especially when they are responsive. It's a two-way street. I, too, continue to learn. I seem to notice mistakes made by others far more easily than my own. Upon returning to my own work, I always take the time to review it, identifying any similar mistakes I might have made and promptly correcting them," remarks Dr. Dzhanabilova.

Today, the TB specialists from Bishkek conduct knowledge exchange visits in other regions, offering consultative and methodological support and guidance in implementing TB CM at the PHC level. Together with family doctors, they provide on-the-job training for TB specialists, family doctors and nurses.

USAID's efforts have successfully transformed Bishkek's TB care system, making it more patient-friendly and effective in combating TB. This improved arrangement provides timely and convenient access to medical services for TB patients, including through community-based treatment support options, which enhance adherence while reducing the burden on patients. Additionally, this approach enhances overall TB care and the capacity of health care providers through continuous learning and knowledge sharing among peers.