KNCV TUBERCULOSIS FOUNDATION - YOUR PARTNER IN THE FIGHT AGAINST TB

FINDING, DIAGNOSING AND CURING TB PATIENTS **IN CENTRAL ASIA**

KNCV Tuberculosis Foundation (KNCV) is one of the leading technical tuberculosis (TB) control agencies working in the Central Asian Region (CAR). Since 1997 KNCV has provided comprehensive support to fighting TB in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan.

KNCV CAR provides technical expertise in:

- Revising and developing national TB policies and guidelines.
- Implementing and scaling up new tools and approaches in TB care.
- Introducing and promoting TB infection prevention and control standards.
- Strengthening surveillance, monitoring & evaluation systems.
- Developing human resource capacity in different areas of TB control and operational research.

Revising and developing national policies and guidelines

KNCV works closely with the National TB programs (NTPs) to address the WHO recommendations and incorporate international standards for TB care in the national policies and guidelines. We help countries to translate the WHO recommendations to fit each country's specific context.

Between 2011 and 2014 a number of important policy documents and guidelines for TB control in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan were developed with KNCV's assistance under the TB CARE I project (www.tbcare1.org).



NATIONAL WORKSHOP ON DEVELOPMENT OF PMDT PLAN IN UZBEKISTAN



KNCV To eliminate TB



TUBERCULOSISFOUNDATION

KNCV TUBERCULOSIS FOUNDATION IS THE LEADING PARTNER IN THE TB CARE I AND CHALLENGE TB PROGRAMS FROM USAID

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- Consolidated National Plans on prevention and control of multidrugresistant and extensively drugresistant TB (M/XDR-TB);
- National guidelines on Programmatic Management of Drug-Resistant TB (PMDT), TB infection control, and childhood TB;
- National strategic plans on implementation of Xpert MTB/RIF including diagnostic algorithms and

clinical case management;

- Policy regulations on psychosocial support to TB patients; and scale up of ambulatory care;
- Training modules for comprehensive clinical management of MDR-TB cases.

The WHO Euro compendium "Best practices in prevention, control and care for drug resistant tuberculosis" for the region was published in September 2013. The best

Implementing and scaling up new tools and approaches in TB care

The rapid diagnosis of MDR-TB is vital in countries with high prevalence of drugresistant tuberculosis. KNCV provides technical assistance to the national TB control programs for the implementation of new rapid diagnostic test Xpert MTB/RIF.



This includes the development of national Xpert MTB/RIF implementation plans, clinical protocols and diagnostic algorithms, procurement and maintenance plans, monitoring and evaluation systems (in Kazakhstan, Tajikistan, Uzbekistan, Kyrgyzstan); the development of sample transportation instructions in Tajikistan; and piloting the model of effective use of Xpert MTB/RIF in four regions of Kazakhstan and in five regions of Tajikistan. As a result of the implementation of Xpert MTB/RIF, MDR-TB detection has increased significantly in Tajikistan, the time for diagnosis of MDR-TB was reduced, and the time to start treatment with second line drugs was cut back from 76 days to 8.5 days (in Kazakhstan and Tajikistan).

practices' publications (1) Implementation of Xpert MTB/RIF; (2) Psychosocial support to patients; and (3) Policy, legislation and guidelines for TB in the CAR region were developed with KNCV support.

Promoting patient-centered approach

KNCV promotes the adoption of comprehensive outpatient care, considering that long term hospital admission can have negative social, psychological and emotional effects, not only on TB patients (especially children) but on entire families.

An essential element in the provision of outpatient care is the establishment and institutional adoption of a sustainable comprehensive psychosocial support system for TB patients. (For instance, psychologists and social workers should be on the staffing list).

In Kazakhstan, thanks to the successful piloting of full outpatient care in the Akmola region, the percentage of patients enrolled in outpatient care reached 32% in 2013, compared to only 10% in 2011. The success of this KNCV-supported model has resulted in this approach becoming the basis for the expansion of outpatient treatment throughout Kazakhstan and its inclusion in the strategy plan for National TB for 2014-2020.

Introducing and promoting TB infection prevention and control standards

Prevention of nosocomial transmission of tuberculosis in TB facilities is one of the priority interventions of the national TB programs. KNCV provides support for the implementation of international recommendations on introduction of proper infection control measures in TB facilities.

KNCV promotes and supports establishing TB infection control (TB-IC) coordination bodies, developing TB-IC plans, risk assessments in health facilities, building TB-IC capacity at the NTPs, including for the prison sector, and Sanitary and Epidemiology Services (SES), developing TB-IC monitoring indicators and developing instructions on the separation of patients in TB and primary healthcare (PHC) facilities.

Strengthening surveillance, monitoring and evaluation systems

Strong surveillance and monitoring systems are essential for the proper management of TB control programs. Therefore, KNCV pays special attention to improving TB surveillance, monitoring and evaluation.

We facilitated the adoption of new, WHO-recommended TB definitions in Tajikistan, Kyrgyzstan and Uzbekistan. KNCV provided technical assistance in modifying the national electronic surveillance system for civil society and the prison sector in Kazakhstan. Sections of Kazakhstan's electronic national TB register on drug management and laboratory systems have been developed with support of KNCV in Kazakhstan.

Developing human resource capacity in different areas of TB control and Operational Research

KNCV contributes to the development of human resources of the national TB programs through trainings and workshops that are essential for improving quality of TB care. The introduction of new tools and approaches is always accompanied by a training component. Their implementation includes practical training for relevant specialists of NTPs. KNCV's approach in building HR capacity is based on the cascade method. We usually train the national team of trainers, who later conduct trainings countrywide.



IC TRAINING/FIT TESTING IN KYRGYZSTAN

Special care for children

Children are the most vulnerable among all TB patients. So far the main method of treatment of children in Kazakhstan is still hospital based treatment which includes full isolation from their families for the whole course of treatment. This causes lasting stressful psychological impact on children and their relations with relatives and friends.

In 2013 KNCV initiated the revision of the national policy for the management of TB in children in Kazakhstan. The document contains revised national guidelines on ambulatory care methods and requirements for home support for children with TB and contact investigation, according to the latest WHO recommendations.

In 2014 these newly revised directives of the Ministry of Health were adopted and are currently implemented across the country.











During the last five years KNCV developed and conducted training on:

- 1. Programmatic management of drug resistant tuberculosis (for TB doctors, nurses, in PHC and prisons).
- 2. Provision of ambulatory care (for TB and PHC doctors and nurses).
- Practical use of Xpert MTB/RIF (for laboratory specialists and clinicians and prisons).
- 4. Infection control.
- 5. Monitoring and Evaluation.

KNCV also developed an e-training module on TB-HIV for community organizations providing services to vulnerable population groups. This module was used for e-trainings for civil society organizations in Ukraine.

In order to gather evidence on the effectiveness of TB interventions, particularly regarding innovative approaches or tools, KNCV supports operational research in countries through the strengthening of operational research capacity at NTP level, design of operational research protocols, the development and introduction of tools for data collection, data analysis, and publications.

For this KNCV has conducted workshops for researchers on the design and planning of operational research, and data analysis - including tools for data collection and report writing (Kazakhstan, Kyrgyzstan, and Tajikistan).

Several operational research studies have been conducted on:

- 1. The effectiveness of Xpert MTB/RIF implementation (Kazakhstan).
- 2. The cost-effectiveness of Xpert MTB/ RIF implementation (Kazakhstan, Kyrgyzstan and Tajikistan).
- 3. The introduction of outpatient treatment in Akmolva region (evaluation, in Kazakhstan).
- 4. The effectiveness of psychosocial support in Eastern Kazakhstan.