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**KYRGYZ REPUBLIC**

## SUCCESS STORY

### **Kyrgyz Ministry of Health supports expansion of successful USAID pilot for ambulatory treatment of TB**

**USAID expands its successful pilot project to introduce ambulatory TB services in partnership with the Kyrgyz Republic's Ministry of Health. USAID will help the national program to adopt and scale up a patient centered care model which is more cost-effective and reduces the spread of drug resistant TB.**



Photo: USAID Quality Health Care Project

“Outpatient TB treatment improves the timely treatment of patients with TB symptoms and demonstrates the effectiveness of service delivery at the primary health care level in terms of prevention and treatment. The positive experience in Issyk-Ata should be spread throughout the health system of the Kyrgyz Republic,” *stated ex-Vice-Prime-Minister on Social Development Elvira Sarieva during the round table devoted to the results of Issyk-Ata pilot in September 2014*

Tuberculosis is an airborne infectious disease that, if not treated, can be lethal. In many countries of the world, including the Kyrgyz Republic, tuberculosis poses a serious threat to public health. According to the World Health Organization, outpatient TB treatment can be as effective as hospital-based care. In fact, outpatient TB treatment may be safer, especially in settings with high levels of drug-resistant tuberculosis and lack of effective infection control measures that result in transmission of resistant TB strains among hospitalized patients.

The Kyrgyz Republic has one of the highest rates of drug resistant tuberculosis in the world. Nevertheless, like their colleagues in other countries of the former Soviet Union, the Kyrgyz TB specialists are skeptical of the safety and effectiveness of outpatient care. For decades their TB programs mandated lengthy inpatient treatment under the assumption that hospitalization reduces the potential of TB transmission in the general public and guarantees treatment during the most critical phase of therapy.

To provide an evidence base for policy reform and national scale-up of ambulatory treatment in April 2012, the USAID Quality Health Care Project (QHCP) initiated a pilot project introducing outpatient treatment for TB patients in the Issyk-Ata district of Chui Oblast. The project trained local health personnel on modern standards of detection, diagnosis, treatment, patient education and counseling. The project also introduced the latest molecular diagnostics technology (GeneXpert™) for rapid detection of TB and drug resistance among TB patients.

In addition, with USAID support, 45 primary health care facilities in the Issyk-Ata district introduced TB infection control (IC) practices for the first time. With oversight from the district Family Medicine Center, each clinic developed an infection control plan. Within eight months after pilot initiation, 100% of the facilities had key IC resources in place, had implemented triage and fast-tracking of potentially infectious patients, and were encouraging potentially infectious patients to observe proper cough hygiene. Where necessary, clinics rearranged patient flow and exam rooms to minimize risk from potentially infectious patients.



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As a result of the USAID program, the attitudes of individual workers towards infection control have also changed, as indicated by Zeinep Agaeva, a nurse at the Issyk-Ata Family medicine center: "After the training, everyone in the practice is involved in infection control. Before the training, we did not all see infection control as part of our job." With such positive attitudes and practices, these health workers are not only improving health outcomes for patients in Issyk-Ata, but are also demonstrating to the rest of the Kyrgyz Republic how easy it is to make a difference.

Fifty-four of the 151 patients diagnosed with pulmonary TB in Issyk-Ata received full outpatient treatment and 96% successfully completed treatment—higher than the 2013 nationwide success rate of 77%. "I'm happy I started participating in the Patient Support Group while getting outpatient treatment. I learned much about TB and I'm sure interacting with the group helped me to complete my treatment and to be cured. I was afraid to tell people I had TB, but now I'm actively involved distributing information about TB, talking to people in my community about my experience with treatment, and encouraging them to immediately seek medical care if they are coughing more than two weeks," says one Issyk-Ata former TB patient.

Based on the success of this pilot intervention the Ministry of Health of Kyrgyzstan has requested Quality Project to support scale up of the model to the entire Chui province with further plans for nationwide expansion if initial scale-up results in high treatment success rates. This is a significant milestone for TB control in countries of the former Soviet Union as embracing an outpatient model of TB care will be an important step toward safer care that is more acceptable to patients and that frees up valuable health care resources.