



UZBEKISTAN TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Uzbekistan FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. The roadmap was developed in consultation with the National TB Control Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

In 2021, the estimated TB incidence was 21,000, and an estimated 1,300 people died. Uzbekistan reported 13,544 case notifications, and all 1 notified individuals with bacteriologically confirmed TB were tested for rifampicin resistance (RR-TB). A total of 2,235 people were diagnosed with drug-resistant TB (DR-TB) and were enrolled on treatment.

Uzbekistan is committed to eliminating TB by 2050. The goal of the National TB Strategy (NSP), 2021- 2026, is to reduce the TB incidence rate by 50 percent and the number of TB deaths by 75 percent by 2025, compared with 2015 levels. The NTP aims to achieve the United Nations High-Level Meeting (UNHLM) on TB's diagnosis and treatment targets, focusing on individuals with DR-TB, childhood TB, and preventive treatment of TB. The NTP's strategic plan is well aligned with the USAID's four main technical areas:

1. **Reach:** To provide universal access to diagnosis of all forms of TB, including multidrug-resistant/extensively drug-resistant TB (M/XDR-TB), by promoting the use of rapid molecular tests, including M/XDR-TB diagnostics with molecular and drug-susceptibility testing (DST) and lab capacity strengthening.
2. **Cure:** To ensure access to quality, person-centered TB services for individuals with all forms of TB, including innovative out-patient services, shortened regimens, and TB services to reach and treat locally defined high-risk groups;
3. **Prevent:** To scale up TB infection preventive treatment with intensified contact investigation and infection control; and,
4. **Sustainable Systems:** To strengthen the country's response to combat TB through innovation and health system strengthening, including expanding the NTP's capacity to manage all TB activities and increase domestic financing and sustainability for TB services.

The proposed FY 2022 USAID TB budget for Uzbekistan is \$6 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

The significant drop in TB case notifications in 2020 and 2021 compared to 2019 is attributed to the COVID-19 pandemic, which disrupted access to and provision of TB services and aggravated the TB disease burden. Persisting barriers to scaling up high-quality diagnosis include the absence of an information system and poor specimen transportation practices. With FY 2022 funds, USAID will work with NTP to fill these gaps. With FY 2022 funds, USAID will work in the following areas:

- Continue strengthening functional specimen transport networks and improving the quality of TB diagnosis and TA to improve the quality and operability of laboratory management and

information systems.

- Support NTP to increase TB case finding, especially DR-TB, and improve the coverage and usage of rapid molecular tests (that detect rifampicin resistance) and DST.
- Continue to train lab technicians, introduce a lab information management system (LIMS), and strengthen laboratories' Quality Management Systems (QMS) to prepare for international certification.
- Continue assisting the NTP in optimizing the smear microscopy laboratory network to be transformed into specimen collection centers.
- Optimize the GeneXpert network and provide staff training to support the use of the new machines.
- Partner with NTP and WHO to improve and scale up finding TB cases among children by introducing and adopting the best TB screening and testing tools (GeneXpert Ultra and DST) on nasopharyngeal and gastric aspirate, stool specimens, and sputum
- Support the National Reference Laboratory in implementing Whole-genome sequencing (WGS) technology, allowing it to accurately determine the genome of the mycobacterium TB and conduct a detailed study of genotypes and the degree of susceptibility to TB drugs.

Engaging all care providers

USAID launched multi-disciplinary teams (MDTs) in pilot regions composed of TB specialists, PHC staff, social workers, psychologists, and community workers who carry out case detection, diagnosis, referral, and case management. USAID prepares MDT members to conduct Enhanced Case Findings (ECF) among high-risk populations, providing social and psychological support to people with TB. USAID also trained PHC providers to improve TB detection, diagnosis, and treatment capacity at the PHC level, including establishing supportive supervision for quality diagnostics and treatment practices and advocacy for increased outpatient care for MDR-TB cases.

USAID will support the NTP in integrating TB services and primary care providers working under Social Health Insurance by developing and proposing a mechanism for incentivizing primary health care (PHC) providers. USAID will test contractual performance-based reallocation of hospital resources to PHC for TB case finding.

Activities will focus on TB contact investigation by improving collaboration and coordination between TB, PHC, epidemiological services, and MDTs. USAID will provide technical assistance in developing instructions, job aids, and standard operating procedures (SOPs) for TB contact investigation for the needs of PHC facilities, TB care providers, and epidemiological services.

USAID will improve collaboration between infectious disease doctors and TB specialists to improve the management of individuals with TB/HIV and scale up TB case finding among individuals with respiratory symptoms, including COVID-19. Activities will also consider expanding bidirectional TB/COVID-19 testing and strengthening integrated TB/COVID-19 contact tracing and investigations.

Community TB Care Delivery

There are still a few persisting barriers to increasing TB case finding outside healthcare facilities, such as a limited number of NGOs working on TB issues, overall low community engagement in finding TB cases, limited health education about TB at the community level, and a persistent strong presence



of TB stigma. USAID's FY 2023 activities will strengthen community TB case finding and contact tracing through regular engagement with prominent community members, community organizations, youth and women's committees, local governments/mahalla, and religious leaders. USAID will continue public outreach on TB issues through media, faith-based organizations, women's committees, local activists, and journalists to raise awareness, address misconceptions about TB, and fight stigma and discrimination.

Activities will facilitate advocacy meetings among all stakeholders to develop terms and conditions for Civil Society Organizations' (CSOs) access to state funding to implement pilot projects in TB services. Advocacy efforts will cover issues related to adaptation of the regulatory base, the development of a standard package of services provided by CSO, and the costing tool for calculating the services. USAID will further introduce and expand community case finding and contact investigation models in other pilot areas, utilizing previous successful experience.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID will continue to expand person-centered care and innovative models to improve case management. Following are FY 2023 activities:

- USAID will train PHC providers and TB specialists to adopt the best treatment practices and algorithms.
- USAID will participate in developing a national manual on a person-centered model for outpatient TB treatment and will advocate for adopting this model.
- It will support NTP in updating childhood TB guidelines and training healthcare providers on managing TB in children, including a new four-month treatment regimen for non-severe TB.

Multidrug-resistant TB (MDR-TB) treatment

USAID will continue to advance the principles of person-centered care for individuals with DR-TB for better DR-TB treatment initiation and outcomes. USAID will train TB health providers, PHC doctors, and MDT members on psychosocial counseling skills for psychological support for individuals with DR-TB. USAID will support continuing medical education (CME) delivered through the Center for Innovative Distance Learning and Monitoring (CIDLM). USAID will train Consilia members on treatment plans.

To strengthen timely analysis and evidence-based decision-making, USAID will support the development of SOPs for clinical audits and provide TA on the performance of clinical audits.

In partnership with WHO, USAID will continue the introduction of mSTR regimens under operational research (OR) conditions for the treatment of individuals with DR-TB.

PREVENT

Prevention

Recording and reporting TB preventive activities remain a challenge in the country, especially on preventive treatment results and outcomes. Specific data provided by the NTP is based on indirect information and assumptions. Six-month isoniazid is the country's only TB preventive treatment



(TPT) regimen. USAID and WHO provided technical assistance to improve the national clinical guidelines on TB infection (TBI) management, TBI diagnostic algorithm, and TBI recording standards. FY 2022 activities will train PHC providers and TB specialists on updated guidelines to find people with TBI and provide timely preventive TB treatment (TPT), especially for high-risk groups—household contacts, children, and individuals with suppressed immune systems. USAID will advocate for and support expanding TPT coverage, adopting the best diagnostic methods, introducing novel TPT treatment regimens, and strengthening national recording and reporting systems for TB preventive treatment.

Activities will continue to promote improved infection prevention and control (IPC) practices, proper use of PPE, and other safety measures, especially in high-risk settings and among high-risk groups. USAID will update the current infection control manual and train healthcare workers on the revised version.

SUSTAINABLE SYSTEMS

Commitment and sustainability

Uzbekistan's MOH and USAID signed a Statement of Partnership (Memorandum of Understanding) in March 2019 and monitor its implementation regularly through quarterly meetings, reports, and activity reviews. USAID will continue to advocate for increasing domestic resources and national funding for TB response and shift from an ineffective and inefficient model of TB care towards the delivery of sustainable, high-quality, person-centered services. In partnership with the NTP, USAID will work with local communities and organizations that play a vital role in reaching out and providing TB care and treatment.

Activities will continue to examine existing barriers to improving TB services operations and sustainability at each step of the TB continuum of care and later identify how to address these gaps through coordination between responsible entities, adjusting provider payment incentives, and optimizing the services delivery network and funds flow. USAID will support MOH in piloting social health insurance in the Syrdarya region for TB services and advocate for social contracting for CSOs to access state funding to implement community-based services for the population.

Capacity and functioning systems

FY 2023 activities will continue to improve supply forecasting, quantification, inventory management, distribution, use of early warning systems for stock levels, and aDSM implementation. USAID will continue to strengthen the pharmacovigilance system. USAID will continue improving regulatory systems for TB medicines and supplies by expanding the registration of more WHO-prequalified medicines in Uzbekistan, implementing GMP standards, supporting Medicines Quality Control Laboratories (MQCL) to follow international standards, and implementing post-marketing surveillance for TB medicines in Uzbekistan.

Research

Despite the number of research conducted and ongoing in the TB field, the country needs a more structured and well-planned approach. Notably, there is no national research plan for TB activities with priority areas defined with a sustainable funding mechanism, and there is no immediate plan to build a strong TB research capacity. FY 2023 activities will support building NTP's research capacity



and operational research in implementing new preventive treatment regimens and all oral modified short treatment regimens (mSTR) and later will scale up novel treatment approaches nationwide.