

Total population: 5 939 962
Regionally high TB-priority country
Globally high MDR-TB burden country

Epidemiological burden and response monitoring¹

Main impact indicators	Number	Rate per 100 000
Incidence (including HIV+TB)	8 500	144.00
Mortality (including HIV+TB)	724	12.19
Incidence (HIV+TB only)	260	4.40
Mortality (HIV+TB only)	44	0.74
Incidence (RR/MDR-TB ^a only)	5 000	84.18

TB detection and care	Number	%
Total TB new and relapses detected	7 027	82.7
Pulmonary TB	5 234	47.5
Bacteriologically confirmed	3 172	60.6
TB detected with rapid diagnostics	1 502	21.4
Successfully treated	4 837	84.4

MDR-TB detection and care	Number	%
RR/MDR-TB estimates among new TB		32.0
RR/MDR-TB estimates (previously treated TB)		56.0
RR/MDR estimates (notified pulmonary TB)	2 400	
Tested for RR/MDR-TB	2 946	37.6
Detected with RR/MDR-TB from estimates	1 116	45.5
RR/MDR-TB started SLD ^b treatment	1 156	103.4
Successfully treated (RR/MDR-TB only)	611	57.4

HIV/TB detection and care	Number	%
TB cases tested for HIV status	6 745	96.0
HIV/TB cases detected from estimates	206	79.2
HIV/TB cases on ARV ^c	194	94.2
Successfully treated (HIV/TB only)	-	-
HIV diagnosis and care		
Newly diagnosed HIV cases	665	-
HIV cases started IPT ^d	30	4.5

^a RR/MDR = rifampicin-resistant multidrug-resistant TB.

^b SLD = second-line drug.

^c ARV = antiretroviral treatment.

^d IPT = isoniazid preventive therapy.

Major challenges

Kyrgyzstan is one of the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region and 30 high multidrug-resistant TB (MDR-TB) burden countries in the world. The main sources of TB transmission are unidentified cases, late diagnosis and MDR-TB patients who are not receiving treatment due to unavailability of second-line drugs (SLDs).

Kyrgyzstan faces several challenges in controlling the TB epidemic:

- poor infection control (IC) in health facilities. IC is a concern in inpatient (poor IC and long durations of stay) and outpatient settings (integration of TB services into primary health care (PHC) has created additional IC requirements);
- the need to strengthen management of the TB programme at hospital and PHC levels, motivate staff and improve treatment practices for effective TB control;
- complicated country-wide implementation of the new e-surveillance network due to insufficient financing and staffing, which has delayed the introduction of an electronic patient registry and drug-management system;
- suboptimal care in outpatient services (expansion of outpatient treatment is resisted by health authorities);
- inadequate IC measures during diagnosis, treatment and isolation of smear-positive MDR-TB patients in the civil sector (Adherence to MDR-TB treatment is a challenge, and monitoring and evaluation of drug-resistant TB cases needs to be improved. Due to inefficient drug management, the country experienced stock-out of some SLDs, which were replaced by other SLDs. First- and second-line drugs are available over the counter, fuelling noncompliance with national TB programme (NTP) guidelines and leading to further amplification of drug resistance.);
- the process of public procurement does not fully follow international quality standards or requirements for WHO prequalified medicines – a sustainability mechanism for importing quality-assured first-line TB drugs is lacking and the process of registration of new drugs remains a problem; and
- a substantial financial gap, especially for complex and costly interventions of drug-resistant TB management: about 44% of funds for TB control activities are contributed by foreign aid, including the Global Fund, making Kyrgyzstan dependent on external support and threatening sustainable TB interventions.

¹ European TB surveillance and monitoring report in Europe 2017. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/tuberculosis-surveillance-and-monitoring-in-europe-2017>).

Achievements

Achievements in collaboration with WHO are:

- preparation of a TB strategic plan for 2012–2016;
- development of a TB IC strategy and action plan;
- development of TB guidelines and clinical protocols to ensure effective TB prevention, diagnosis, treatment and care in outpatient management of TB, paediatric TB, MDR-TB and TB IC;
- implementation of the Xpert MTB/RIF assay for simultaneous detection of TB and rifampicin resistance;
- finalization of the national M/XDR-TB response plan in line with the regional M/XDR-TB action plan, approved by the Ministry of Health (MoH) in 2013;
- evaluation of various aspects of the NTP requested by the Minister of Health, including use of rapid molecular diagnostics, surveillance, TB and M/XDR-TB treatment, and care, governance and management of the national TB control programme;
- mid-term programme review of TB prevention, control and care activities in 2014 at the request of the Minister of Health;
- development and approval of the national strategic plan to fight TB for 2015–2017 and the concept note for the Global Fund for US\$ 19.7 million in 2016/2017 for TB and HIV and over US\$ 1 million for incentives to improve TB diagnosis;
- strengthening of NTP technical and managerial capacity;
- training on results-based management for NTP, MoH and mandatory health insurance fund staff;
- an assessment mission on TB financing;
- coordination and leadership on development of a TB roadmap for optimization of TB services;
- improvements in epidemiological surveillance and support for the development of a TB e-database;
- updated TB reporting and recoding documents with training for monitoring and evaluation (M&E) specialists on their use;
- development of a national TB M&E guide;
- improvements in programmatic management of drug-resistant TB and TB/HIV co-infection;
- training for key clinicians on programmatic management of drug-resistant TB;
- technical assistance for, and consultation with, the TB treatment working group to develop new treatment regimens for M/XDR-TB patients that incorporate new TB drugs;
- development of a training module on TB/HIV co-infection and training of trainers on TB/HIV;
- development of a national plan for M&E of TB/HIV interventions;
- TB training for all experts of the mandatory health insurance fund; and
- improved pharmacovigilance through assessment of country preparedness to introduce new TB drugs and training.

WHO activities

Planned WHO activities are to provide:

- technical assistance to enable and promote operational research;
- technical support for strengthening NTP management governance and capacity;
- ongoing monitoring of treatment of MDR-TB patients and ensuring provision of quality-assured MDR-TB treatment through Green Light Committee/Global Drug Facility missions;
- technical assistance on paediatric TB; and
- support for implementation of the TB-REP project, as defined by the project's goals and objectives.

Main partners

WHO's main partners are:

- Ministry of Health
- National TB programme
- National AIDS Centre
- German Development Bank
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- International Committee of the Red Cross
- KNCV Tuberculosis Foundation
- Médecins Sans Frontières
- United Nations Development Programme
- United States Agency for International Development
- Project "Defeat TB"
- Coalition against TB
- Association of Phthisiologists
- Association of Family Doctors
- Association of Hospitals.