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# NEWSLETTER

GRANTS FOR HIV,  
TUBERCULOSIS AND MALARIA

 **KYRGYZSTAN**

april 2014

## HIV GRANT:

### Guidelines for Outreach Work with MSM Groups in the Kyrgyz Republic

The "Guidelines for outreach work with MSM groups in the Kyrgyz Republic" have been developed by the NGO "Gender Vector" Public Foundation with the support of the Global Fund. These guidelines were developed from June 2013 through March 2014 and involved testing among a target group during field surveys, in focus groups and in on-line studies.

The material provided in the guidelines is expected to be significant and useful not only to outreach workers and social workers involved in the preventive intervention projects among MSM, but also to specialists, researchers and experts involved in the HIV infection and sexually transmitted infections prevention programs among key populations.

### Meeting of the Coordinating Mechanism on Reforms in the Penal System

A regular meeting of the Coordinating Mechanism was held to discuss the reforms in the penal system of the Kyrgyz Republic on April 18 in Bishkek.

The purpose of the Coordinating Mechanism is the efficient and rational utilization of resources of national and international partners working in the penitentiary system, as well as the reforms and development of the penal system of the Kyrgyz Republic. Representatives of state authorities, international and non-governmental organizations are the members of the Coordinating Mechanism. The meetings are held on a quarterly basis.

The issues of medical support of inmates and of the mechanism of interaction with the civilian health sector, punishment administration in the penal system and practice of release on parole of inmates were discussed among others at the past meeting. The issues of measures taken to continue issue of passports to inmates and to consolidate efforts of client management of released inmates infected with TB in the civilian sector were discussed as well. One of the main



issues of the meeting was the placement of the medical service of the State Penal Service under the control of the Ministry of Health of the Kyrgyz Republic. After the discussion, it was resolved to prepare and implement the five-year plan of the placement of the medical service of the State Penal Service under the control of the Ministry of Health of the Kyrgyz Republic. It is expected to improve the quality and availability of medical services for inmates of Kyrgyzstan.

## TUBERCULOSIS GRANT:

### Monitoring Visit to the National Centre for Tuberculosis

From April 1 to 4, 2014, the UNDP employees together with the republican coordinator for drug-resistant tuberculosis, Toktogonoy Atyrgul, made monitoring visits to the Out-of-town clinical base (OCB) of the National Centre for Tuberculosis and MDR-TB unit #1 of the National Centre for Tuberculosis.

The purpose of monitoring was to assess the treatment held in patients who have resistant forms of tuberculosis and to hold activities as part of the Agreement with the UNDP.

During monitoring, some irregularities concerning the management and treatment of MDR-TB patients and the completion of medical documentation were detected; and the medical personnel was advised to observe the treatment regimes.



During monitoring, infection control devices (radiometer and anemometer) intended for OCB were found to be not in use at the warehouse of the National Centre for Tuberculosis (NCT). These devices arrived to the warehouse in July 2013.

The fax machine supplied by UNDP to OCB was out of operation due to the debt to Kyrgyztelecom for landline calls amounting to KGS 3,600 (66,7 \$).

Audiometers in MDR units were not used since there were no agreements for audiometry results reading with audiologists.

By results of the monitoring visit to OCB and NCT, as compared with the previous year, some positive changes were noted such as quality of patient care, as well as completion of relevant documentation. However, the quality of training sessions and counselling provided to patients in the MDR unit #1 of NCT still needs to be improved.

### **The following was recommended after the visit:**

1. OCB should solve the issue of detection of adverse reactions (biochemical blood tests together with liver and kidney function tests). It was recommended to hold such tests in the biochemical laboratory of the central clinical hospital of NCT.
2. Highly specialized doctors should provide counselling to DR-TB at OCB (endocrinologist, cardiologist, and neurologist).
3. Completion of clinical records should be improved as per the instructions of the Ministry of Health of the Kyrgyz Republic on how to complete medical documentation.
4. Tests of DR-TB patients should be managed in a timely manner according to the clinical practice guidelines for DR-TB to detect and seize side effects.
5. Reserve anti-tuberculosis drugs should not be administered to treat concurrent conditions in patients with resistant forms of TB.
6. Head nurses of MDR-TB units should control drug log books every week for compliance with residual stock of drugs.

7. The republican coordinator for DR-TB should strictly control training and counselling of patients.
8. Infection control devices should be handed over to OCBs as soon as practicable.
9. NCT and audiologists should enter into agreement for counselling assistance.

### Monitoring Visit to Tuberculosis Facilities of Chui Oblast

From April 22 to 25, 2014, UNDP employees together with the coordinator for DR-TB of Chui Oblast and specialist of RCIE of the National Centre for Tuberculosis made a monitoring visit to Kemin, Yssyk-Ata, Chui and Alamedin raions to check controlled treatment of tuberculosis patients at the outpatient stage.

The objective of the visit was to evaluate the program-based measures held under the agreement between UNDP and the Chui Oblast TB Centre. Thus, during the monitoring visit, it was found out that medical workers in Kemin and Chui raions did not follow the medical worker-controlled treatment principle. Some patients administered drugs personally, which does not meet the DOTS strategy. In Chui raion it was found out that strict control of drug accountability was not performed. Also, the treatment and drug dosage regimens in patients were not always observed. The management was advised to control treatment and follow daily dosages of drugs according to the clinical practice guidelines for DR-TB, and to adjust drug dosages.



**As for the program part** in the 1<sup>st</sup> quarter of 2014, Chui Oblast reached the following tuberculosis indicators:

- Detection of all new cases with positive smear in absolute terms was 79 TB cases;
- Treatment successes among DOTS in the 1st quarter 2013 were only 88%.
- Sputum conversion in MDR-TB patients after 6 months of treatment - 100%.

### Laboratory Component in Chui Oblast:

In the COTBC laboratory, sputum smears comply with approved standards of size, thickness and uniformity; positive and negative smears are stored according to approved requirements. Prepared control negative and positive smears are available in the laboratory. Safety Practices Guidelines are complied with. Head of the laboratory, Z. Turdakunova, makes regular monitoring visits to the laboratories in Chui Oblast. Thus, 13 visits were made in 2013. The laboratories of Chui Oblast perform EQA and blinded rechecking of sputum smears.

### **Recommendations for Laboratory Service of Chui Oblast:**

1. To introduce the electronic database of laboratory studies.
2. To control sputum collection, to ensure 3x diagnostic tests, to enter a raion registration number into the TB-05 form.
3. To improve interaction with doctors on how to select persons for diagnostic testing of sputum, to follow a strictly diagnostic procedure, and to ensure the compliance with the number of tests. To improve the controlled sputum collection with nurses. To enter a raion registration number into the TB05 form.

In the 1st quarter of 2014 - UNDP allocated KGS 14,269 \$ to Chui Oblast TB Centre.

### **Motivational Support and Compensation of Travelling Costs**

In January 2014, the new system of motivational support was introduced for patients with resistant forms of tuberculosis. This support contains the following range of services: monthly payments to patients' accounts in the amount of USD 18, compensation of travelling costs (travelling expenses from the place of residence to COTBC) and free of charge examination at HUMAN laboratory.

In the reporting period of 1<sup>st</sup> quarter, UNDP transferred motivational payments for 187 patients in the total amount of KGS 402,439 (7 453 \$) for travelling expenses to Chui Oblast TB Centre (COTBC). The lists of patients specified in the pay lists correspond to the lists of patients under treatment. Travelling costs are transferred on a monthly basis to the patients' accounts depending on their visits to COTBC and laboratory tests they have taken in the stated period. The patients that have no passports and making 27% (60 patients) receive payments against the pay list. 32 patients were examined in HUMAN laboratory to the amount of 400 \$.

### **UNDP Supplies**

Chui Oblast is provided with the following medical products, drugs and other equipment:

1. Second line anti-TB drugs
2. Side effect drugs
3. Reagents for biochemical tests
4. Respirators
5. Surgical masks
6. Ultraviolet lamps
7. Medical and household gloves
8. Pharmaceutical and household refrigerators
9. Containers for sputum collection
10. Cold chambers
11. X-ray films
12. Vaneometer and anemometer
13. Fit test



Verification of the above-listed products in COTBC showed that the remaining stock of anti-TB drugs and side effect seizing drugs coincide with the drug log book; shelf cards are maintained for drugs and health products; the drugs supplied are available and used as intended.

### **Motivational Payments to Medical Staff:**

Bonuses are paid to raion TB doctors only after the sputum conversion six months after the initiation of treatment and favourable treatment outcome. In the first quarter, 8 doctors received bonuses in the total amount of KGS 59,851 (1 209 \$); total KGS 69,926.84 (1 295 \$) were included in the budget. The whole amount of bonuses was not paid due to the inappropriate maintenance and completion of medical documentation.

### **Recommendations:**

1. Coordinate work on implementation of the agreement between UNDP and COTBC.
2. Arrange continuity and interaction between the oblasts to deliver and receive results of laboratory tests.
3. Improve interaction with PMC doctors on how to select persons for diagnostic testing of sputum, follow a strictly diagnostic procedure, and ensure the compliance with the number of tests. Improve controlled sputum collection with PMC nurses; enter a raion registration number of a patient into the TB05 form of the referral for sputum analysis.
4. Control payments of travelling costs to MDR patients.
5. Control outpatient treatment of DR-TB patients in all facilities by following the prescribed treatment regimen, duration of the injection stage, and duration of the treatment regimen. Report in a timely manner to the central board of doctors to decide on treatment outcome.
6. Maintain strict inventory of anti-TB drugs in all facilities.

### **Laboratory Tests of MDR-TB Patients**

The Global Fund grant implementation provides for the access to quality diagnosis of side effects of drugs treating multi-drug resistant tuberculosis. To select laboratories capable of testing based on six required parameters, specialists of the UNDP project in support of the government of the Kyrgyz Republic funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria have developed the terms of reference and held a tender with a request for quotations involving four bidders.

By its results, a contract was concluded with HUMAN laboratory that started providing services to the patients in Bishkek, Chui Oblast and State Penal Service. The contract with Intellab (Bonetsky laboratory) covers examination of patients from Naryn, Talas, Issyk-Kul, Jalal-Abad and Osh Oblasts. The terms of reference include potassium, creatinine, AST (aspartate aminotransferase), ALT (alanine aminotransferase), TSH (thyroid stimulating hormone) and HbsAg (hepatitis B surface antigen) tests; and patients undergoing outpatient treatment apply to laboratories on their own, while hospitals transport the material. Unfortunately, due to organizational issues, Batken Oblast is still yet uncovered by the project, but UNDP keeps on searching for solution of this issue.

In the 1st quarter of 2014, more than 600 people were tested and 2,200 tests were held, for which KGS 486,822 (9 016 \$) were paid out of the grant funds.



During the cooperation with UNDP, HUMAN and Intellab (Bonetsky laboratory) laboratories have demonstrated responsible attitude towards their obligations by training their staff of involved facilities in vacutainer blood collection, by creating a form of standard referrals, and by taking measures to ensure uninterrupted provision of blood collection products to hospitals.

This service allows to detect concurrent conditions and side effects of drugs, which will, after all, contribute to the recovery of many MDR-TB patients.

### Equipment of National Partners

As part of the Global Fund's grant, plastic doors and partition walls separating TB patients and healthy visitors of the centre, and also adult patients and paediatric patients were installed at the Bishkek City TB Centre to ensure necessary infection control measures. The total cost of plastic doors and partition walls was KGS 55,800 (1 034 \$).

## MALARIA GRANT

### April 25, World Malaria Day.

April 25 is the World Malaria Day instituted by the World Health Assembly at its 60th session in May 2007. This is the day of recognition of global efforts to provide effective response to malaria.

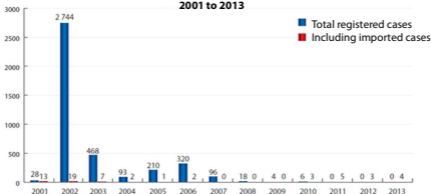
On this day, various activities intended to prevent the spread of the disease are being held. The countries in endemic regions get an opportunity to share experience and support each other in their efforts; research institutes and educational institutions can draw attention of specialists and general public to their scientific achievements; international partners, companies and foundations can reflect on how to expand the scope of effective activities.



### ***Epidemiological Situation with Malaria in the Kyrgyz Republic***

Malaria in the Kyrgyz Republic was eliminated in the late 50s of the twentieth century. Rare cases of imported malaria have been reported since 1980, but since early 90s of last century the prevalence of malaria has gradually increased. In 2002, the outbreak of malaria marked the return of the disease. The government of the Kyrgyz Republic has taken all measures to calm the epidemiological situation and to mitigate the social and economic damage caused by malaria.

### Malaria Prevalence in the Kyrgyz Republic 2001 to 2013



Such international organizations as World Health Organization (WHO), USAID, and Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) were invited to respond to malaria. The Global Fund has been supporting the implementation of measures to control, prevent and eliminate malaria in the Kyrgyz Republic since 2006.

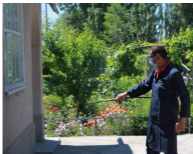
*Response to malaria is the reduction of malaria morbidity and mortality to such an extent that it would no longer be a major public health problem.*

The UN Development Program (UNDP), as the Principal Recipient of the Global Fund's grants in Kyrgyzstan, has been actively assisting the Ministry of Health of the Kyrgyz Republic in implementing the malaria elimination measures on the basis of the resolution of the Country Coordinating Mechanism since January 2011.

*Malaria elimination is the interruption of local malaria transmission in a defined country or a geographical area, with no local transmission cases reported, while imported malaria cases continue to be reported.*

In the last three years, regular entomological surveillance has been maintained; two catch-up in-house treatments have been held in environmentally unfavorable areas covering a total of 62,800 households to respond to malaria vectors.

To ensure protection of residents, especially pregnant women and children under 5, with safety equipment from malaria vectors, over 35,000 of mosquito nets treated with insecticides have been delivered. 118,600 bed nets were delivered in 2011 to 2013.





Special attention has been paid to timely diagnosis and adequate treatment of malaria imported from other countries. UNDP, in association with national partners, has held annual training for medical staff and civil society representatives, which trained 1,351 specialists and 977 volunteers of Rural Health Committees (2011-2013).

Various activities held by UNDP as part of the Global Fund's grant and National Malaria Elimination Program in the Kyrgyz Republic (2010-2015) allowed to create a stable system ensuring anti-malaria, diagnostic and treatment efforts that interrupted local malaria transmission in the territory of the Kyrgyz Republic in 2011. No case of local transmission of malaria and/or a parasite was reported in 2011 to 2013 in the Kyrgyz Republic.



Therefore, the Kyrgyz Republic has applied to the World Health Organization (WHO) with a request to start preparing for international expert analysis and for subsequent certification of the Kyrgyz Republic as a malaria free country.

This certificate has a positive impact on the country image making it an attractive destination for international tourism. This will allow to strengthen the well-being of families and raise additional funds that can be used by the country to reduce poverty and stimulate development.

#### **Historical aspects of malaria in Kyrgyzstan**

- In early 20th century, malaria was a plague for nations living in Central Asia;
- First anti-malaria expeditions were launched in 1920s;
- In 1933, over 120 thousand cases of local malaria were registered. In Chui Valley, almost every resident suffered from malaria in Lenin village of Belovodsk district and Ivanovka village of Kant district;
- 1939 - over 57 thousand people got sick; 1945 - over 67 thousand people got sick;
- 1950 - the rate tends to decrease – 221 cases of malaria were registered in total;
- In 1959, malaria was almost eliminated;
- 1959-1980 – malaria-free condition;
- 1981 – malaria imported from Afghanistan, African states;
- 1981-2001 – 237 local malaria cases were registered;
- 2002 – 2,744 cases (return of malaria);
- 2003 – 468 cases;
- 2004 – 93 cases;
- 2005 – 210 cases;
- 2006 – 320 cases;
- 2007 – 96 cases;
- From 2008 to 2010 – 28 cases;
- In 2011, Kyrgyzstan interrupted local transmission of malaria;
- 2011-2013 – malaria cases were registered as imported from Asia and Africa.

### Bed Nets and Malaria Elimination Certification Activities

UNDP, on the threshold of the epidemiological season and as part of the implementation of the Global Fund's grant on the "Cessation of local transmission and transition to elimination of malaria in the Kyrgyz Republic", held the following activities in April 2014.

- Medical practitioners of Family Group Practices (FGP) and rural health posts (RHP) were trained at the Family Medicine Centre of Sokuluk raion. During the training, the epidemiologist of Sokuluk raion told about the sources of infection, malaria transmission routes, and measures to be taken by medical workers if any malaria signs have been detected.
- According to the bed net program for 2014, bed nets were distributed among pregnant women and children under 5 in epidemiologically unfavourable raions. Distribution was accompanied by talks with mosquito net recipients and provision of awareness materials developed as part of the project. Prior to the 2014 season, like in previous years, 35,000 insecticide treated bed nets purchased for the Global Fund's money were distributed.



### Information on Procurement for April 2014

#### HIV Grant:

- New contracts for the supply of food until the end of 2014 for 11 sub-recipients: USD 51,904.
- A contract for the supply of hygienic and food products until the end of 2014 for 12 sub-recipients: USD 46,960.
- Supply of Methadone Hydrochloride to the Republican Centre for Narcology at the Ministry of Health of the Kyrgyz Republic: USD 41,142.
- Contract for immediate delivery of test kits (CD4/CD8), as well as required reagents for RC AIDS: USD 2,400.
- Contract for the delivery of test kits detecting opportunistic infections for RC AIDS: USD 7,957.
- Contract for supply and installation of PCR equipment as well as all necessary test kits for "Preventive Medicine" NGO: USD 166,408.
- Delivery of drugs for STI treatment: USD 18,532.
- Contracts (on a competitive basis) with 25 NGOs on working with vulnerable groups: USD 761,122.

**Tuberculosis Grant:**

- 3 plastic doors were installed in the premises of CTBC: USD 1,028.
- X-Ray Tubes for stationary X-ray equipment 12F-4 were procured and delivered to pretrial detention centre #5 of Osh: USD 2,599.
- HEPA filter sets were procured and installed at CTBC, Jeti-Oguz Republican Rehabilitation Centre: USD 6,048.
- Contract for supply of second line anti-TB drugs - PAS for 300 patients: USD 305,143.

**Malaria Grant:**

- Contract for trainings of rural health committees: USD 7,176.
- Contract for trainings of medical staff: USD 22,188.

**Information on supplies for April 2014****Within the HIV grant:**

- Delivery of household appliances and electric appliances for NGOs: USD 3,607.
- Health products and laboratory accessories for RCN, RC AIDS, NGO and oblast AIDS centres: USD 46,459.
- Information and educational materials for NGOs: USD 808.
- SCR-2A1 PCR cabinet was installed at the "Preventive Medicine" staff was trained to operate it.

**Within the Tuberculosis Grant:**

- Laboratory accessories were supplied to tuberculosis centres - USD 27,101.64.
- Anti-tuberculosis drugs were supplied: USD 318,685.
- PAS was supplied: USD 9,936.

**Within the Malaria Grant:**

Anti-malaria insecticides were supplied to Department for Disease Prevention and State Sanitary and Epidemiological Surveillance: USD 22,213.



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