USAID | KYRGYZ REPUBLIC
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Request for Information (RFI)/Draft Program Description

Subject: **RFI-72011519RFA00001: USAID Kyrgyz Republic Tuberculosis (TB) Control Program**

Issued: **November 30, 2018**

Due Date: **December 14, 2018, 09:00 AM Almaty Time**

The United States Government, represented by the U.S. Agency for International Development (USAID)/Kyrgyz Republic, is seeking input from interested organizations and individuals who may provide comments, opinions and recommendations in response to the proposed Program Description (PD) included in this request. The PD is intended to be an incorporated into a subsequent Notice of Funding Opportunity (NFO) for a Cooperative Agreement anticipated to have a five-year period of performance.

This Request for Information (RFI) notice is issued to obtain input related to interest, capabilities, and market information from potential Applicants. Responses to this notice are not considered an application and applications will not be accepted or evaluated by the Government as a result of this RFI. Only responses with the information requested in this RFI will be reviewed. Responses received may be used for planning and design purposes. The full RFI can be viewed and downloaded at www.grants.gov.

Release of this RFI in no way obligates the United States Government or USAID to release a funding opportunity for this proposed activity, nor are either responsible for any costs incurred in preparing responses to this RFI.

Responses must be submitted electronically to AlmatyAASolicitations@usaid.gov under the title: 72011519RFA00001, USAID/Kyrgyz Republic Tuberculosis (TB) Control Program. The submitted information must not exceed 2 pages, including annexes/attachments. Submissions will receive an electronic confirmation acknowledging receipt. USAID will not provide feedback or responses to questions submitted in response to this RFI and no applications or resumes will be accepted or considered. Your responses will not be made public. Thank you for your interest in this Request for Information.

Sincerely,

Brian LeCuyer
Agreement Officer

Attachments:
I. Program Description
II. How to submit Responses

Attachment I. Program Description

SECTION C PROGRAM DESCIPTION

A. PURPOSE

To reduce the burden of drug-resistant (DR) TB in the Kyrgyz Republic.

B. PROGRAM SUB-PURPOSES

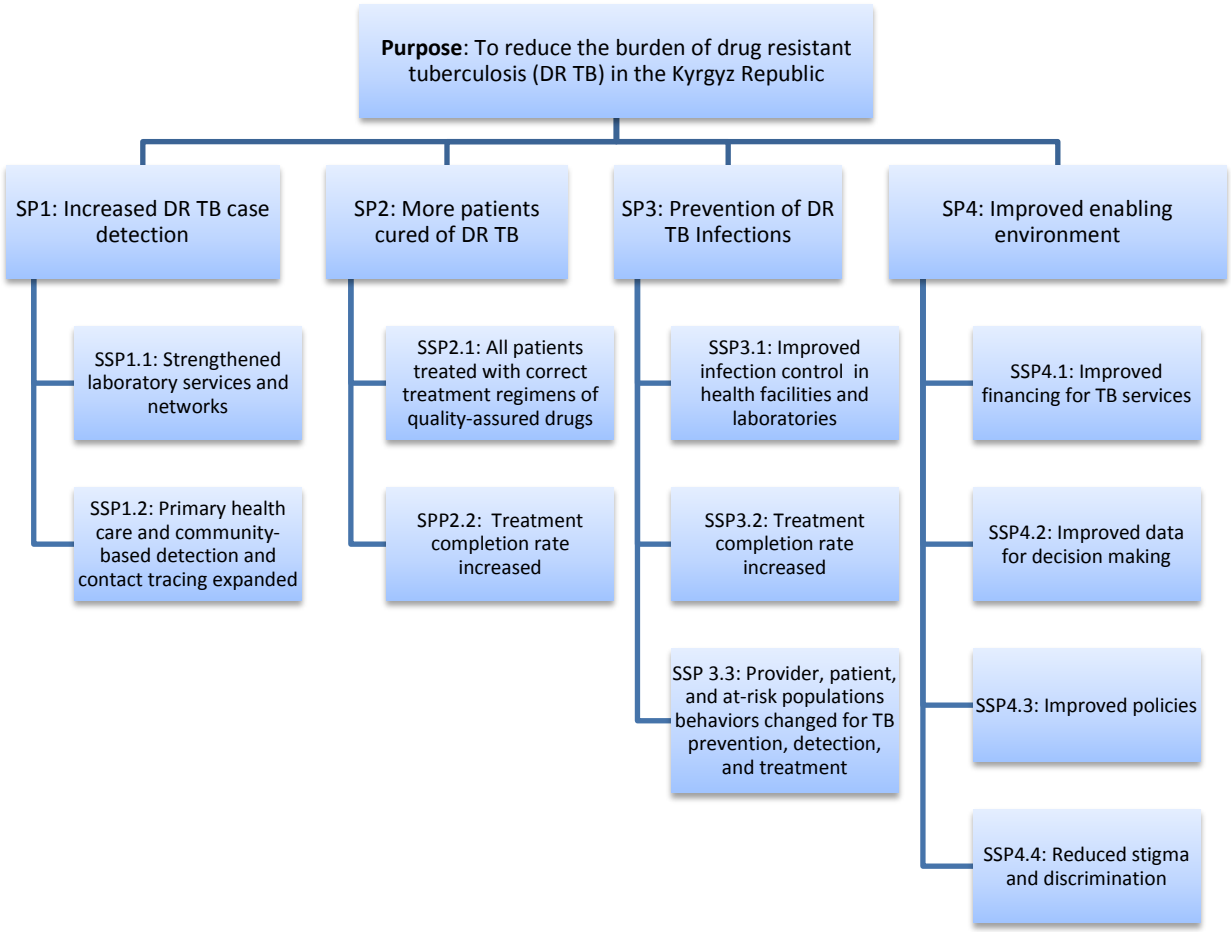
SP1: Increased DR TB case detection
- SSP 1.1: Strengthened laboratory services and diagnostic networks
- SSP 1.2: Primary health care and community-based detection and contact tracing expanded

SP2: More patients cured of DR TB
- SSP 2.1: All patients treated with appropriate treatment regimens of quality-assured drugs
- SSP 2.2: Treatment completion rate increased

SP3: Prevention of DR TB Infections
- SSP 3.1: Improved infection control in health facilities and laboratories
- SSP 3.2: Treatment completion rate increased
- SSP 3.3: Provider, patient, and at-risk populations behaviors changed for TB prevention, detection, and treatment

SP4: Improved enabling environment
- SSP 4.1: Improved financing for TB services
- SSP 4.2: Improved data for decision making
- SSP 4.3: Improved policies
- SSP 4.4: Reduced stigma and discrimination

C. LOGICAL FRAMEWORK



D. BACKGROUND

The overarching goal of USAID's Tuberculosis program is to reduce the burden of drug-resistant (DR) TB in the Kyrgyz Republic. USAID TB activities in the Kyrgyz Republic historically have focused on the introduction and expansion of directly observed treatment of TB (DOTs), building the capacity of National TB Program (NTP), and improving access to quality TB diagnosis and treatment. Such interventions led to measurable decreases in TB incidence (from 167/100,000 population to 91/100,000) and mortality (from 27/100,000 population to 5.6/100,000) between 2001 and 2017.

However, the number of DR TB cases has significantly increased. According to the 2017 Global Tuberculosis Report, the Kyrgyz Republic has the highest incidence rate of multi-drug resistant (MDR) tuberculosis in the world at 80 cases/100,000 population. This is a direct result of the outdated, ineffective, and costly inpatient treatment currently in use in a number of former Soviet Republics. DR TB is much more difficult and costly to treat, with treatment regimens of 24 months or more for DR and extensively drug-resistant TB (XDR TB).

The Government of the Kyrgyz Republic (GOKR) has demonstrated its commitment and strong political will to address TB. The country is a leader in the region by its fast adoption of progressive reforms aimed at improving and optimizing the TB system. From its close partnership with USAID TB programs, the GOKR has begun to procure first-line TB drugs and adopted a ten-year plan to restructure and optimize the national TB system. The restructured system will close a number of TB hospitals around the country, and primary health care (PHC) facilities will adopt modern, outpatient TB treatment and care approaches. The plan has already produced savings for the GOKR, which has reinvested the savings to improve TB testing, ambulatory treatment outcomes, and other priority interventions.

However, great challenges remain. Inadequate detection of DR TB cases, low rates of treatment completion, and lack of adequate prevention measures have fueled the high rates of DR TB in the country. The overarching cultural, political, and institutional environment underpin these weaknesses and prevents the swift adoption of the measures needed to control this serious epidemic.

Low Detection of DR TB

Case finding at the primary health care (PHC) level is weak, with low numbers of patients identified. Screening of at-risk populations does not take place systematically. Contact tracing of TB patients is not widely implemented, though it is an efficient and effective way to identify undiagnosed cases of TB. Furthermore, laboratory services and networks are weak, so even if someone is identified as having TB, the diagnosis of DR TB and putting patients on their proper drug regimen is often missed or greatly delayed. The country currently has 24 GeneXpert MTB/RIF machines that can quickly identify DR TB, but transportation of specimens, weak laboratory networks, and the subsequent laboratory follow up needed for DR TB patients is lacking. Culture and drugs sensitivity testing is only available in Bishkek city at the National Reference Lab (NRL). Osh Reference lab lacks the ability to conduct quality laboratory diagnostics and requires engineering and administrative improvements.

Low treatment completion of DR TB patients in the country.

Approximately 27% of new TB cases and 60% of previously treated cases are DR TB. According to the National TB Program (NTP), the treatment success rate in 2016 for MDR TB was only 56% and 10% for extensively drug-resistant TB (XDR TB). The high number of previously treated cases of TB is indicative of poor clinical management of TB and poor infection control in TB hospitals, with possible reinfection. The high default rate for treatment is due to the very long treatment for these complex forms of the disease, and a lack of friendly, people-centered approaches to their care. Ambulatory treatment, which allows the patient to continue their treatment at home when they are no longer contagious, is a proven way to increase treatment success rates, but there is strong resistance to effective outpatient treatment by health

care providers and the general public. New drugs and shorter treatments, such as Bedaquiline and Delaminid, can also improve treatment outcomes, but a weak supply of quality-assured TB drugs can undermine efforts to ensure adequate treatment of DR TB.

Continued new transmission of DR TB

On-going transmission of TB and DR TB is closely linked to TB treatment disruption and inadequate treatment of DR TB result in. People infected with uncomplicated TB can develop DR TB if they do not complete their treatment since the bacteria can evolve to become resistant to TB drugs if the disease is not completely cleared from their system. These patients can then infect others with DR TB in their communities. Another major factor is poor infection control in hospitals, where DR TB patients can infect other patients and health care workers if the proper environmental and patient isolation controls are not in place. Furthermore, the cultural norms and behaviors of health care workers, patients, and populations at risk of TB keep the cycle of infection going because prevention measures are not widely practiced. Transmission also occurs in the community and public settings from undiagnosed people living with the disease and patients on improper treatment regimens.

Enabling Environment:

The National TB Strategy and Reforms, known as the Tuberculosis 5 Control Program 2017-2021, is currently being implemented. There are several factors hindering its full implementation in the Kyrgyz Republic, including but not limited to the following:

- Frequent changes in leadership at the Ministry of Health (MOH);
- Imprecise data for decision making;
- Inefficient financing of TB services;
- Provider, patient, and community behaviors that hinder TB diagnosis, treatment, and prevention;
- Stigma and discrimination associated with the disease among health care workers, patients, their families, and communities;
- Outdated policies on TB control.

During several meetings and discussions, the MOH stated the importance of continued collaboration with USAID in TB system reforms. The MOH requested technical assistance from USAID for the following activities:

- Operationalization of the TB Management Information System (MIS) electronic database;
- Further execution of reforms to optimize the TB system;
- Implementation of TB financing reforms both at the hospital and PHC levels;
- Improve access to timely and quality TB diagnosis;
- Develop people-centered approaches with further expansion for TB outpatient treatment and care.

In line with USAID's TB strategy, the proposed activity's goal is to reduce the burden of DR TB in the Kyrgyz Republic.

E. LINK TO THE U.S. STRATEGIC FRAMEWORK FOR FOREIGN ASSISTANCE

This program will be aligned with the U.S. Government Global TB Strategy (2015-2019) which provides a roadmap for the U.S. Government's commitment on accelerating universal access to quality TB, MDR-TB, and TB/HIV services. The major focus of the strategy is to implement effective interventions aimed at increasing TB case detection and decreasing deaths from TB. Consistent with WHO's End TB Strategy, the U.S. Government will focus to:

- Improve access to high-quality, people-centered TB, DR TB, and TB/HIV services;
- Prevent TB transmission and disease progression;
- Strengthen TB service delivery platforms;
- Accelerate research and innovation.

This activity will support the **White House National Action Plan (NAP) on Combating MDR TB.** One of the main goals in the NAP is to: Improve international capacity and collaboration to combat MDR-TB through:

- Improved access to high-quality, people-centered diagnostic and treatment services;
- Prevent MDR TB transmission.

Alignment with the USAID/ Kyrgyz Republic Country Development Cooperation Strategy (CDCS):

The activity will contribute to the CDCS DO 2: Improved Service Delivery and Policies for all citizens, and the Intermediate results (IR) 2.2: Increased utilization of public services (health and education) for all citizens. Specifically, this activity will contribute to sub-IR 2.2.2: Increased access to, and demand for, improved health services. By supporting increased access to timely

diagnosis and quality TB and DR TB treatment, the DR TB epidemic will be mitigated in the Kyrgyz Republic. Further, this activity will also strengthen the TB system and improve the overall policy environment to ensure that current and future activities are sustained.

F. USAID AND OTHER DONOR RELATED ACTIVITIES

USAID Health Activities

- **USAID's Defeat TB Activity** is a five-year endeavor designed to reduce the burden of tuberculosis (TB) in the Kyrgyz Republic. Its implementation limits the development of drug-resistant strains of the disease, supports equitable access to quality health care for vulnerable groups, and strengthens the national healthcare system. This program continues through August 2019.

- **USAID Challenge TB Activity** supports the introduction of new drugs (Bedaquiline and Delamanid) and new treatment regimens to reduce the M/XDR-TB burden in the Kyrgyz Republic. The program assists the country to implement nationwide short course and individualized treatment regimens for MDR-TB and improves clinicians' skills in diagnosis and case management. The program continues through September 2019.

- **Regional TB Control Program** supports a broader regional response for improved TB-related outcomes in the region. This implementer performs a coordinating and information exchange role across Central Asian countries and Russia, and facilitates intergovernmental dialogue, planning and decision-making around TB in labor migrants. The program continues through September 2019.

- **USAID HIV Flagship Activity** works in three Central Asian countries with target communities to identify new HIV cases using evidence-based strategies and support them to ensure that they use high-quality HIV prevention, testing, treatment, adherence, and care services. The key populations targeted by the program are people who inject drugs, men who have sex with men, people living with HIV, and their sexual partners. All people living with HIV reached by the program are screened for tuberculosis and escorted to treatment if necessary. The program continues through 2020.

- **HIV React Program** aims to reduce HIV transmission in the Kyrgyz Republic among key populations in detention and post-detention settings. The activity supports the Penal Medical Service to promote HIV testing services among prisoners who inject drugs and creates a favorable environment for prisoners with HIV to start treatment and maintain adherence.

- **LEADER for People Living with HIV (PLHIV)** Activity strengthens the organizational and leadership capacity of the Central Asia Republics Association of People Living with HIV (a local NGO), its Secretariat, and its member organizations in Kazakhstan, Kyrgyz

Republic, and Tajikistan to more effectively address stigma and discrimination; advocate for equitable access to comprehensive prevention, treatment, and care; and address human rights issues affecting PLHIV.

- **Health Policy Plus** provides technical assistance to the MOH to develop and introduce social contracting in the health system. Social contracting will cover five health areas: HIV, tuberculosis, mental health, and palliative care. This activity continues through 2020.

- **TB Union Adviser to MOH** provides support to effectively utilize Global Fund TB grant resources and coordinate USAID TB activities with the MOH and key TB stakeholders.

Other donors and partners supporting TB control efforts in the Kyrgyz Republic:

- **Global Fund to Fight AIDS, TB and Malaria** currently provide over $12 million in funding to the MOH for the period January 2018- December 2020 through the United Nations Development Program (UNDP) as the principal recipient. The Global Fund grant procures second-line TB drugs, strengthens laboratories, provides patient support, and implements drug resistance surveillance.

- **Medecins San Frontieres** supports the Ministry of Health in Kara Suu to provide outpatient treatment, comprehensive care to DR-TB patients, and the introduction of new drugs.

- **German KfW Entwicklungsbank (KfW)** supports the construction of a city TB hospital in Bishkek.

- **International Committee of the Red Cross (ICRC)** supports TB and DR-TB patients in prison #31, including patient support, service providers' capacity building, and infrastructure development.

- **WHO/EUROPE** supports the Tuberculosis Regional Eastern European and Central Asian Project (TB REP), which developed an "A people-centered model of tuberculosis care" for Central Asian countries.

G. PROGRAM DESCRIPTION COMPONENTS

Sub Purpose 1: Increased DR TB case detection

- Sub-sub Purpose (SSP) 1.1: Strengthened laboratory services and diagnostic networks;

- SSP 1.2: Primary health care and community-based detection and contact tracing expanded.

Early diagnosis helps to break the chain of DR-TB transmission, yet the region continues to suffer from delayed diagnosis, inappropriate and incomplete treatment, and inadequate infection control measures. Bacteriological confirmation of TB diagnosis is underutilized, with continued overreliance on chest X-ray imaging. The overall laboratory systems for TB must be strengthened so that the current and future laboratory specialists have adequate knowledge, resources, and mentoring to conduct TB diagnostic services at international standards. Transportation of laboratory specimens must be sustainably improved for timely bacteriologic confirmation and drug sensitivity testing.

Not enough TB patients are diagnosed at the PHC level, and there are many missed opportunities to increase TB detection. PHC doctors and nurses can significantly increase TB detection rates by tracing and testing contacts of TB patients. Additionally, strengthening linkages between patients, PHC, and secondary and tertiary levels of care will ensure that confirmatory testing and drug sensitivity testing (DST) is completed, which will allow patients to receive the spectrum of care they need and are informed of their TB status and treatment. These priority interventions can be bolstered by increasing community knowledge and awareness of TB.

Vulnerable and high-risk groups such as prisoners, migrants, and socially disadvantaged persons continue to be underserved by TB services. Limited access to TB diagnosis and care, insufficient infection control measures, poor nutrition, and high-density living conditions put prisoners at higher risk of TB infection. TB patients who are released from the penitentiary system are often not linked with health services in the civilian sector, leading to reduced adherence or cessation of TB treatment, which contributes to the development of DR-TB. Many migrants are undocumented and less likely to seek TB diagnosis and treatment due to the fear of deportation from the countries in which they work. Internal migrants face difficulty receiving the necessary consistent treatment and support they require because they move between health service catchment areas as they move throughout the country.

ILLUSTRATIVE ACTIVITIES

- SSP 1.1: Strengthened laboratory services and diagnostic networks

Illustrative activities:

- Support the MOH to promote the rational use and maintenance of current and innovative diagnosis technologies for improved DR-TB outcomes;
- Support the MOH to expand bacteriological confirmation and DST coverage across the country;
- Provide TA to strengthen and rollout of diagnostic technologies;

- ➢ Support the TB National Reference Laboratory to conduct TB whole genome sequencing and analysis;
- ➢ Strengthen logistics management, forecasting of laboratory supplies and expendables, and planning for routine equipment servicing;
- ➢ Training and certification of national laboratory engineers to repair and calibrate lab equipment;
- ➢ Train national lab experts to mentor new and rotating lab staff in use of rapid diagnostic and other lab equipment;
- ➢ Support the NTP and the NRL on sustaining rational sputum transport systems to ensure faster, more reliable specimen transportation to laboratories;
- ➢ Develop or update SOPs and protocols for laboratories at all levels of the laboratory system to conform to international standards;
- ➢ Facilitate engagement between private labs and health facilities for timely diagnostic services.

- o SSP 1.2: Primary health care and community-based detection and contact tracing expanded
  Illustrative activities:
  - ➢ Strengthen the capacity of PHC to timely diagnose TB, conduct comprehensive contact tracing, and testing of contacts;
  - ➢ Strengthen community knowledge and awareness of TB through Village Health Committees (VHCs), civil society organizations (CSOs), and community leaders (including religious leaders) in order to increase TB and DR-TB case detection rates;
  - ➢ Strengthen collaboration between PHC and secondary and tertiary TB services to ensure that confirmatory tests are completed and results are received by PHC;
  - ➢ Provide outreach services to suspected TB patients to ensure that they complete their confirmatory test and are linked to appropriate care.

Sub Purpose 2: More patients cured of DR TB

- o SSP 2.1: All patients treated with appropriate treatment regimens of quality-assured drugs
- o SSP 2.2: Treatment completion rate increased

While the GOKR has shown significant political will by procuring first-line drugs (FLD) using domestic resources, additional technical support is needed to ensure that these drugs WHO-

prequalified to ensure their efficacy and safety. TB programs cannot function without quality-assured drugs in the right place, at the right time, and in adequate quantities. A robust nationwide drug management and supply chain system is needed to successfully select, forecast, procure, assess quality, distribute, and monitor TB drugs and supplies for adequate stock and use.

The new WHO treatment guidelines will be released in December 2018 and will replace all previous WHO recommendations on the treatment of DR TB. To implement these changes, graduate and postgraduate program curriculums will need to be revised, DR TB clinical protocols should be updated, and DR TB consiliums will need additional training and supervision.

People-centered care puts the individual at the center of all activities and strives to meet his or her specific needs. It requires an ongoing and in-depth partnership between healthcare providers, the patient, and his or her family and community to identify and address a full range of individual needs and preferences. The provision of people-centered support enables patients to overcome the difficulties of coping with a diagnosis of TB or DR TB, manage treatment side effects, and the emotional, social, and economic hardships that can interfere with treatment adherence. Many DR TB patients experience significant hardships which affect their continued treatment. Case management activities help keep patients adherent to their treatment for the full duration, by supporting their holistic needs. There are several models for case management of DR TB patient currently being implemented in the country. The MHIF has recently started incentivizing PHC staff with additional payments once a patient has been cured so that PHC workers provide higher quality, people-centered care. There is a strategic opportunity to expand this results-based intervention.

ILLUSTRATIVE ACTIVITIES

- *SSP 2.1: All patients treated with appropriate treatment regimens of quality-assured drugs*

Illustrative activities:

- ➢ Support the MOH to revise clinical protocols on DR TB individual and short course regimens in accordance with new WHO recommendations;
- ➢ Support the MOH to update the curriculum for DR TB treatment management at the graduate and the post-graduate levels;
- ➢ Strengthen national and regional level DR TB consiliums on new treatment regimens and enhance their capacities and effectiveness on patient clinical monitoring;
- ➢ Support advocacy efforts of the MOH and other stakeholders to procure quality assured TB drugs (WHO pre-qualified);
- ➢ Strengthen supply chain management of TB drugs and supplies.

- ➢ Support further nationwide scale-up of pharmacovigilance and active drug safety monitoring systems in the country, including training, and supportive supervision.

- SSP 2.2: Treatment completion rate increased

Illustrative activities:

- ➢ Train health care providers on people-centered TB services;
- ➢ Refine and implement innovative models for outpatient TB and DR-TB treatment with the provision of comprehensive case management services through PHC, CSOs, VHC, and communities to encourage treatment adherence;
- ➢ Support the development and rollout of a social behavior change strategy (SBC) and SBC national guidelines that enhance outpatient and case management models;
- ➢ Support PHC providers and treatment supporters to improve the quality and consistency of DOTs and its implementation during the entire course of outpatient treatment and care;
- ➢ Continue to develop and expand the implementation of all aspects of programmatic management of drug-resistant TB (PMDT), including diagnostics, treatment, follow-up, monitoring of drug side effects, and auxiliary drugs;
- ➢ Strengthen the capacity of national and regional DR-TB consiliums to ensure they provide quality services compliant with the recent WHO recommendations for DR TB treatment;
- ➢ Strengthen collaboration between TB services and PHC for an improved continuum of treatment and care of DR TB patients.
- ➢ Support the GOKR to create an incentivized, results-based payment system for health care workers.

Sub Purpose 3: Prevention of DR TB Infections

- SSP 3.1: Improved infection control in health facilities and laboratories
- SSP 3.2: Treatment completion rate increased (same as SSP 2.2)
- SSP 3.3: Provider, patient, and at-risk populations behaviors changed for TB prevention, detection, and treatment

Support to the Kyrgyz government to further expand on outpatient treatment and care models for patients with TB and DR TB will help to both reduce nosocomial infections and improve treatment completion.

The Kyrgyz Republic is in the process of transitioning from an outdated model of long-term inpatient hospital treatment for TB and DR-TB patients to a modern, outpatient TB treatment and

care model. However, improved infection control (IC) is a concern for both inpatient and outpatient settings. Expansion of outpatient treatment to the PHC level requires adequate IC measures at PHC and community facilities, including environmental and patient isolation controls. Hospitalization in TB treatment facilities, along with the high levels of drug resistance and the period needed for DST, increase opportunities for transmission of DR TB to other patients. Infection control measures will prevent and contain the transmission of TB and DR TB and protect patients, DOTs providers, and health care workers involved in outpatient care.

The provision of people-centered support enables patients to overcome the difficulties of coping with a diagnosis of TB or DR TB, manage treatment side effects, and the emotional, social, and economic hardships that can interfere with treatment adherence. Many DR TB patients experience significant hardships which affect their continued treatment. Case management activities help keep patients adherent to their treatment for the full duration, by supporting their holistic needs. There are several models for case management of DR TB patient currently being implemented in the country. The MHIF has recently started incentivizing PHC staff with additional payments once a patient has been cured so that PHC workers provide higher quality, people-centered care. There is a strategic opportunity to expand this results-based intervention.

Social and cultural norms dictate the behaviors of patients, populations at risk, and healthcare providers. This contributes significantly to the TB transmission chain because of a lack of knowledge and fear keep people from practicing health behaviors and TB prevention measures. Women are less likely to complete inpatient treatment than outpatient, due to household responsibilities. Various community groups have been involved in behavior and knowledge change related to TB, yet a more systematic approach to social behavior change (SBC) is needed. Targeted SBC interventions for different age groups, children, TB/HIV co-infected people, ex-prisoners, migrants, and other vulnerable groups is a priority need.

ILLUSTRATIVE ACTIVITIES

- SSP 3.1: Improved infection control in health facilities and laboratories
  Illustrative activities:
  - ➢ Review and revise Infection control (IC) protocols for PHC and TB treatment facilities;
  - ➢ Provide refresher training for health providers and develop an IC plan for routine monitoring;
  - ➢ Strengthen IC measures in DR TB treatment facilities.

- SSP 3.2: Treatment completion rate increased (same as SSP 2.2)
  Illustrative activities:
  - ➢ Train health care providers on people-centered TB services;

- ➢ Refine and implement innovative models for outpatient TB and DR-TB treatment with the provision of comprehensive case management services through PHC, CSOs, VHC, and communities to encourage treatment adherence;
- ➢ Support the development and rollout of a social behavior change strategy (SBC) and SBC national guidelines that enhance outpatient and case management models;
- ➢ Support PHC providers and treatment supporters to improve the quality and consistency of DOTs and its implementation during the entire course of outpatient treatment and care;
- ➢ Continue to develop and expand the implementation of all aspects of programmatic management of drug-resistant TB (PMDT), including diagnostics, treatment, follow-up, monitoring of drug side effects, and auxiliary drugs;
- ➢ Strengthen the capacity of national and regional DR-TB consiliums to ensure they provide quality services compliant with the recent WHO recommendations for DR TB treatment;
- ➢ Strengthen collaboration between TB services and PHC for an improved continuum of treatment and care of DR TB patients.
- ➢ Support the GOKR to create an incentivized, results-based payment system for health care workers.

- o SSP 3.3: Provider, patient, and at-risk populations behaviors changed for TB prevention, detection, and treatment

Illustrative activities:

- ➢ Develop, implement, and evaluate an SBC strategy for TB;
- ➢ Strengthen community knowledge and awareness of TB through CSOs and VHC to increase TB and DR-TB case detection rates and reduce stigma and discrimination against TB patients;
- ➢ Conduct extensive outreach on TB and TB/HIV to at-risk populations, including migrants, people who inject drugs, PLHIV, ex-prisoners, and homeless;
- ➢ Empower former TB patients to become role models and engage them in peer outreach with the support of CSOs.

Sub Purpose 4: Improved enabling environment

- o SSP 4.1: Improved financing for TB services
- o SSP 4.2: Improved data for decision making
- o SSP 4.3: Improved policies
- o SSP 4.4: Reduced stigma and discrimination

Supporting an enabling environment at the national and oblast levels for improved access to quality TB diagnosis and treatment requires advocacy to redirect national efforts toward more productive and effective program interventions and practices, as delineated in policies and strategic guidelines. Policies, regulations, and guidelines will strengthen the enabling environment to pilot, implement, and institutionalize internationally accepted practices for DR-TB control and support universal access to TB diagnosis and treatment. The GOKR has shown strong continuous commitment for TB prevention and control, and openness to the introduction and implementation of new policies and guidelines based on international standards. Domestic funding covers about 50% of overall TB financing (WHO, 2017), and substantial financial dependency remains. Financing by development partners for TB is decreasing overall, and the forecast is unstable. Additional domestic funding needs to be mobilized, as do private sector engagement and capital.

Further implementation of the ten-year roadmap to restructure the national system for the treatment and control of TB in the Kyrgyz Republic can solidify needed reforms that are in the process of implementation. The roadmap has already produced savings for the GOKR, which has been re-invested into TB services. Continued implementation will produce even more savings, but the prioritization of TB investments needs to be further elaborated. For example, the procurement of second-line drugs is urgently needed. In collaboration with other donors and international and local partners involved in DR-TB scale-up, advocacy efforts must be implemented at the national level to promote innovative solutions for drug financing and procurement to ensure an uninterrupted supply of quality TB drugs. Working with the Global Fund to support a more effective Country Coordinating Mechanism (CCM) can improve the Global Fund TB program implementation.

A strong evidence base for monitoring and evaluating program performance is a core function of a national TB program. Quality data needs to be available for analysis and use at all levels, particularly at the facility level where they are collected. Data should be disaggregated by sex and age for a greater understanding of TB trends and epidemiology. The current TB MIS being used in the Kyrgyz Republic is primarily a surveillance system focused on TB case detection. Without a laboratory or drug component, it is difficult to forecast drugs and implement case management. Improvements to the overall data system will result in more strategic decision making by the National TB Program.

Stigma and discrimination of TB patients, including self-stigma and negative attitudes by providers, present a major barrier to TB diagnosis and treatment. Although statistics show that men are disproportionately infected by TB, women are less likely to seek early TB diagnosis due to stigma and cultural restrictions. Many patients fear social isolation and abandonment by their families and communities from this disease. Health care worker may provide poor quality of care because they fear disease and do not want to care for TB patients. Vulnerable populations, including those co-infected with HIV and TB, often face additional stigma and discrimination at access points, further discouraging their chances of receiving a timely diagnosis, treatment, and

support. As part of a national SBC strategy (SSP 3.3), SBC activities should be conducted to properly inform the public on TB and to change discriminatory attitudes that present a barrier to care.

- *SSP 4.1: Improved financing for TB services*

Illustrative activities:

- ➢ Support further implementation of TB system optimization reforms;
- ➢ Support GOKR reforms of TB financing at TB facility and PHC levels.

- *SSP 4.2: Improved data for decision making*

Illustrative activities:

- ➢ Facilitate consensus among stakeholders to either improve the comprehensiveness of the current electronic TB MIS, ensuring inclusion of drug and lab management systems; or to develop and introduce a new TB MIS to provide timely, accurate data to program managers and decision makers at national and oblast levels;
- ➢ Support regular implementation of data quality assessment (DQA) activities and strengthen NTP staff capacity at central and oblast levels;
- ➢ Evaluate the current drug resistance surveillance system to ensure that all retreatment and new TB cases are evaluated for drug resistance;
- ➢ Assess TB strategic information (SI) needs and develop tools and procedures to improve the SI capacity at the NTP;
- ➢ Enhance NTP capacity at the central and oblast levels on data collection, reporting, and analysis of TB data, including disaggregates;
- ➢ Facilitate data sharing among stakeholders;
- ➢ Document and disseminate best practices from the Kyrgyz Republic to other countries in the region.

- *SSP 4.3: Improved policies*

Illustrative activities:

- ➢ Support the development of policies and guidelines supporting DR TB control efforts;
- ➢ Collaborate with NTP, Ministry of Health, Ministry of Social Protection, and CSOs to implement social procurement in collaboration with other development activities.

- *SSP 4.4: Reduced stigma and discrimination*

Illustrative activities:

- ➢ Strengthen community knowledge and awareness on TB to reduce stigma and discrimination against TB patients;
- ➢ Conduct outreach activities to health care providers as a target audience to reduce their stigma against TB patients.

I. OTHER CONSIDERATIONS

a. **Gender:** The 2018 USAID TB Gender Analysis provided a number of recommendations for TB programs, including, but not limited to, strengthening case management counseling skills, employing different approaches for counseling men and women, delivering accessible accurate information from the point of view of the patient, and strengthening healthcare provider education. The Applicant should respond to gender analysis findings in the technical approach and include how they will clearly incorporate gender into the Application, Work Plan, deliverables, Performance Management Plan (PMEP), and reporting requirements. The Applicant should clearly define the gender gaps and suggest concrete steps in addressing them over the course of this five year activity with clear set of measurement of progress towards the goals. Please see attachments for more information on TB gender issues in the Kyrgyz Republic.

b. **Self-Reliance and Sustainability:** USAID is realigning and reorienting its policies, strategy, and program practices to improve how it supports each country on the Journey to Self-Reliance- a country's ability to plan, finance, and implement solutions to address its own development challenges. Applicants should demonstrate how their proposed activities will strengthen the Kyrgyz Republic's capacity to plan, design, implement, monitor, and maintain DR-TB activities through technical and organizational capacity building of the NTP, MOH, and CSOs for improved program outcomes and sustainability. Progressively assumed ownership and responsibility for planning, funding, and implementation by the NTP over the five years will be a key determinant of sustainability.

c. **Coordination and Linkages:** The principal stakeholders and potential partners who are critical to the program's success include the Ministries of Health (MOH), NTP, WHO, the Global Fund for AIDS, TB, and Malaria, civil society (CSO), parastatals, and other development partners, such as KfW, Medecins sans Frontieres (MSF), ICRC, and SWAP partners. Implementation of the program will be undertaken in close coordination with the MOH and NTP staff who provide leadership and management, and hold critical decision-making power over the national TB response. USAID will also cooperate with WHO, recognized as a neutral advisor to the MOH and highly committed to the quality implementation of the STOP TB Strategy in the region, as well as with the Global Fund, and a necessary partner in influencing governments to adopt priority interventions. Increasing linkages between NTP and PHC, HIV and CSOs will be essential for achieving desired outputs under this program. Opportunities for linkages with the private sector will be explored to increase the potential impact and sustainability of the program.

d. **Technical Expertise**: Management and implementation of the planned activities will require strong expertise in core technical areas related to the program, including but not limited to TB program management, infection control, drug and laboratory management, civil society engagement and outreach, electronic TB management information systems, M&E, gender sensitive approach to programming and financial management.
e. **Operational Research:** Two focused cost-effectiveness assessments should be conducted:
    - People-centered outpatient treatment for MDR-TB;
    - Rapid diagnosis technology utilization.
f. **Geographic Coverage:** The program will focus on country-level activities.
g. **Third Party Performance Evaluation**: An external mid-term performance evaluation will be carried out during year three to assess the program's progress towards its goal and outputs and to redirect the focus or direction of activities over the remaining two years if necessary. The performance evaluation will specifically consider sex-disaggregated data collected and if necessary, make recommendations for revised or more appropriate interventions for the remaining years of the program. It is expected that the Recipient will collaborate with all external evaluation efforts.

Attachment II. How to Submit a Response

All comments must be submitted electronically to AlmatyAASolicitations@usaid.gov under the title: RFI-72011519RFA00001 USAID/Kyrgyz Republic Tuberculosis (TB) Control Program. Responses to this RFI will be accepted through the date and time on the cover letter. You will receive only an electronic confirmation acknowledging receipt of your response, but will not receive individualized feedback or suggestions. No basis for claims against the U.S. Government shall arise as a result of a response to this request for information or from the U.S. Government's use of such information. Specific questions about this RFI should be directed only to the email addresses identified above. This office will not respond to any telephone or other inquiries regarding this notice.

The submitted information must not exceed 2 pages, including annexes/attachments. The submitted response should include the following information:

Reference Number: 72011519RFA00001
USAID/Kyrgyz Republic Tuberculosis (TB) Control Program.

Date:

Affiliation/ Organization:

Business Address:

Representative Name / Email:

A short narrative that includes:

- The questions or specific areas requiring clarity in the PD; and
- Recommendations for considerations/improvements, referencing a place/section in the PD.

Please note USAID is not seeking technical or cost applications at this time. Do not submit any application in response to this RFI. Only the information requested above will be considered. Issuance of this notice does not constitute an award commitment on the part of the U.S. Government, nor does it commit the Government to pay for any costs incurred in the preparation of comments.