**Information on implementation of the Global Fund grant under NFM by results of 2017**

The Global Fund to fight AIDS, tuberculosis and malaria (GF) is an international organization providing grant funding to fight against three indicated infections. The primary goal of the GF projects is provision of best practices for fights against these diseases to the countries based on the WHO principals – evidence-based medicine.

On November 28, 2016 the National Center of Tuberculosis Problems of the Republic of Kazakhstan signed a Grant Agreement No KAZ-607-T-NCPT with the Global Fund to fight AIDS, tuberculosis and malaria (hereinafter the “Fund”) (the program “Decreasing the burden of TB in Kazakhstan through reforming the TB control system and strengthening the management of drug-resistant forms of TB by ensuring universal access to DR-TB diagnosis and treatment and addressing the needs of population groups at risk”) to the amount of 17 674 620 USD. The National Center of Tuberculosis Problems of the Republic of Kazakhstan is defined as a Principal Recipient of the grant by the Grant Agreement conditions.

In January 2017 the implementation of the Global Fund Project under the New Funding Model for 2017-2019 “Decreasing the burden of TB, M/XDR-TB in Kazakhstan by ensuring universal access to the modern diagnostics and treatment” was started. The present project is implemented based on the Memorandum of understanding between the Government of the Republic of Kazakhstan and the Global Fund (GD of RK No 700 dated November 11, 2016).

*Purpose of the GF Project* is decreasing the burden of TB in Kazakhstan through reforming the TB control system and strengthening the management of drug-resistant forms of TB by ensuring universal access to DR-TB diagnosis and treatment and addressing the needs of population groups at risk - prisoners, people living with HIV, labour migrants and others.

All activities are synchronized with the Complex Plan to fight tuberculosis for 2014-2020, the State program for developing the healthcare of RK “Densaulyk” for 2016-2019 and the WHO strategy “End TB by 2035”.

*The results of the implementation* of the project is that **each task includes innovative approaches for development and sustainable introduction of best practices in the field of organization, funding, clinical and program management of TB and M/XDR-TB in RK.** Thus, within the implementation of the *Task 1*“Support to reforming the national TB program through strengthening the overall capacity, management of activities, M&E”, the trainings were for the first time held on actual issues of reforming the TB service for the heads of the healthcare departments and CPCS. A total of 21 trainings were organized at the national level with involvement of external and national trainers during 2017. 476 persons were trained including healthcare organizers, key specialists of TBO, PHC, AIDS centers, drug abuse treatment service, PCS. Also, with the support of the GF Project a work group was established to perform a comprehensive analysis of the acting national legislation, rules and guidelines concerning the TB control and to organize TB care in the country in order to detect gaps and inconsistencies that require revision in accordance with the latest international strategies and practices. During the first project year changes were made in the clinical protocol for diagnostics and treatment of XDR-TB, that was approved by the Joint Commission of Quality of MoH of RK dated November 10, 2017 No 32 (activities on prevention, diagnostics and deal with side-effects of TB drugs for treatment of M/XDR-TB patients with new TB drugs were added). Besides, new shorten (STR), individual schemes (ITR) and M/XDR-TB treatment regimens were added to the new Order of MoH of RK No 994 dated December 25, 2017, the changes were made in organizing the outpatient treatment.

As the TB reform has an impact on issues of reduction of the inpatient TB beds and total duration of stay of TB, M/XDR-TB patient on the bed, the demonstrational projects of the entire outpatient treatment of M/XDR-TB patients are introduced in 4 pilot regions. During the year of 2017 235 patients were included to the project with rendering monthly social support and reimbursement of transport expenses to the total amount of 64 941 USD. Vehicles for the “Sputnik” program were procured in 4 pilot regions to the amount of 43 666 USD, as well as stimulation of medical staff performing DOT at home in the rural area was conducted. It should be noted, that there were no regimen violators and treatment interruptions registered among M/XDR-TB patients included to the outpatient treatment cohort.

Implementation of activities under *the Task 2* “Improvement of timely and qualitative TB and M/XDR-TB diagnostics” allowed to increase the coverage with rapid diagnostic methods by expanding the use of the TB diagnostics express methods at the district level and increasing the coverage among vulnerable groups (including CPCS). Thus, during the year of 2017 in the pilot regions number of GX method tests increased in comparison with 2016 by 48% (7605 and 5138 accordingly). 33 new Xpert MTB / RIF machines (five 4-module and twenty eight 2-module) were procured, including 1 machine for the oblast AIDS center of the Karaganda oblast, 2 machines for remand centers of the Aktobe and East-Kazakhstan oblasts. Also, procurement of the following products was conducted: 54 000 cartridges for new and existing machines - 1 115 956 USD; laboratory supplies/consumables: culture and DST for the first and second line drugs in MGIT liquid mediums - 733 738,23 USD and for LPA Hain - 115 352,54 USD. A new Guide on use of molecular and genetic method for TB diagnostics at the PHC level was developed.

Implementation of activities *under the Task 3* “Timely and qualitative treatment of confirmed M/XDR-TB cases” allowed to procure drugs for STR for 350 MDR-TB patients and ITR for 433 XDR-TB patients, including 200 MDR-TB patients in the CPCS, as well as pyridoxine for prevention of adverse events to the total amount of 1712 733 USD. Thus, all regions of RK will for the first time obtain an access to the new drugs. “The methodical recommendations on use of shorten, standard and individual treatment schemes using new and reprofiled TB drugs” were developed and introduced. Development and approval of a new Guide on treatment with inclusion of a pharmacovigilance section is planned. The trainings on pharmacovigilance during the treatment with new TB drugs with participation of the WHO experts were for the first time held; TBO specialists from all regions were trained. Currently these specialists supervise compliance with the requirements of pharmacovigilance and monitoring of the laboratory tests of each M/XDR-TB patient receiving STR and ITR.

*Under the Task 4* “Strengthening the collaboration to control TB/HIV co-infection” an access to the ARV drugs and reimbursement of expenses for biochemical researches among external migrants with TB/HIV will be for the first time ensured. The 1st National conference “Integrated control of TB/HIV co-infection. Expanding an access and improving adherence of persons living with HIV to the antiretroviral therapy” was held (December 4-5, 2017). With the support of the Project a training for the specialists of the oblast AIDS centers from all regions on use of Xpert MTB / RIF for PLWH, as well as a training on actual TB/HIV issues for the PHC and TBO specialists were held.

*Under the Task 5* “Strengthening the TB, M/XDR-TB control in the penitentiary system” the changes and amendments were made in the Order of the Minister of Internal affairs of the Republic of Kazakhstan No 530 dated August 19, 2014 “About approval of the Rules for organizing TB care in facilities of the penal correctional system, List of diseases that are ground for exemption from sentence due to disease” in the following sections: diagnostics – use of GX rapid molecular methods; treatment – introducing ITR using new TB drugs; intersectional collaboration – a new section was developed concerning NGO activity. High-level UV lamps for the M/XDR-TB hospitals in PCS to the amount of 27 883 USD were procured and supplied. N95/FFP-2 respirators for the specialists of prisons in the TB treatment facilities with high infection risk to the amount of 2 920 USD were procured and supplied.

*Under the Task 6* “Strengthening the collaboration with the civil society for highly effective fight against TB, M/XDR-TB, TB/HIV with a focus on vulnerable population groups” for the first time the grants to the amount of 123 720 USD were awarded to the local NGOs on introducing the innovative approaches in adherence of TB, M/XDR-TB patients from the vulnerable groups to the outpatient treatment (10 NGOs in 8 regions). Brochures and posters on TB issues were for the first time developed for the NGO staff and clients.

*Conclusion.* In total, disbursements under the Grant program activities were 5 589 500 USD during the year of 2017. Rate of the program indicators during the first year of the GF Grant implementation was an average of 90%.