

FUNDING REQUEST

Tailored to Material Change

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| SUMMARY INFORMATION | | | |
| Applicant | Kazakhstan Country Coordinating Mechanism | | |
| Component(s) | Tuberculosis | | |
| Principal Recipient(s) | National Scientific Center of Phthisiopulmonology of the Ministry of Health of the Republic of Kazakhstan | | |
| Envisioned grant(s) start date | 01 January 2020 | Envisioned grant(s) end date | 31 December 2022 |
| Allocation funding request | US$ 8,054,663 | Prioritized above allocation request | N/A |

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| *IMPORTANT:*  To complete this funding request, please:   * Refer to the accompanying *Funding Request Instructions: Tailored to Material Change*; * Refer to the *Information Note* for each component as relevant to the funding request, and other guidance available, found on the [Global Fund website](http://www.theglobalfund.org/en/applying/funding/resources/); * Ensure that all mandatory attachments have been completed and attached. To assist with this, an application checklist is provided in Annex of the Instructions; * Ensure consistency across documentation before submitting.   Applicants are encouraged to submit a joint funding request for eligible disease components and resilient and sustainable systems for health (RSSH).  Joint TB/HIV submissions are compulsory for a selected number of countries with highest rates of co-infection. See the related [guidance](http://www.theglobalfund.org/en/applying/funding/resources/#coreinformationnotes) for more information. |

This funding request includes the following sections:

Section 1: Context related to the funding request

Section 2: Program elements proposed for Global Fund support, including rationale

Section 3: Planned implementation arrangements and risk mitigation measures

Section 4: Funding landscape, co-financing and sustainability

Section 5: Prioritized above allocation request

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| SECTION 1: CONTEXT |
| This section should capture in a concise way relevant information on the country context and highlight the need for material change to programming. It should refer to the existing and latest sources of information available, particularly (but not limited to) national health plans and other national strategy documents. This information is critical for justifying the choice of interventions under the funding request.  To respond, refer to additional guidance provided in the *Instructions.* |

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| 1.1 Background: Material Change triggers | |
| Indicate below the area(s) of change that most accurately describes the need for revising the programming of certain areas.  Refer to the *Instructions* and the [*Operational Policy Note on Access to Funding and Grant-making*](http://www.theglobalfund.org/en/operational/)(*forthcoming*)for material change definition and triggers. | |
| 1. Epidemiological contextual updates | |
| Are there any relevant changes in the country’s epidemiological context as compared to the previous funding request (e.g. important changes in trends in incidence/notification rates or prevalence, key drivers of the epidemics, emerging high risk behaviors, drug/insecticide resistance, or coverage of interventions in the general population or specific key populations based on the latest surveys or other data sources)? | Yes  No |
| 1. National policies and strategies revisions and updates | |
| Are there new approaches adopted within the national policy or strategy for the disease program (e.g. Test and Treat guidelines for HIV, short-term regimens for MDR-TB, shift in interventions from Malaria control to pre-elimination, expanded role of the private sector)? | Yes  No |
| 1. Investing to maximize impact towards ending the epidemics | |
| Referring to available evidence and inputs from technical partners and key stakeholders, does the current program continue to be relevant, and is it progressing and generally on track to achieve results and impact? | Yes  No |
| 1. Alignment with 2017 – 2022 Global Fund Strategy Objectives 2 and 3 | |
| Objective 2 to Build Resilient and Sustainable Systems for Health | |
| Are changes in Resilient and Sustainable Systems for Health (RSSH) investments needed in order to maximize Reproductive Maternal Neonatal and Child Health impact, (RMNCH) or other RSSH areas? | Yes  No |
| Objective 3 to Promote and Protect Human Rights and Gender Equality | |
| Is there a need for intensifying efforts to address human rights and gender-related barriers to services and to ensure appropriate focus on interventions that respond to key and vulnerable populations? | Yes  No |
| 1. Effectiveness of implementation approaches | |
| Are the current implementation arrangements effective to deliver on the program objectives and anticipated impact (including the Principal Recipient and the main sub-recipients)? | Yes  No |
| 1. Sustainability, transition and co-financing | |
| Are there changes in domestic or international financing (e.g. due to withdrawal of a major donor or significant increase in domestic allocation/funding), resulting in material impact on funding availability for programmatic interventions and sustainability? | Yes  No |
| Is your country’s 20172019 Global Fund allocation for the disease component is significantly lower as compared to the current grants’ spending levels[[1]](#footnote-2)? | Yes  No |
| 1. Others: | |
| Specify: - | N / A |

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| 1.2. Summary of country context |
| Given the above,   1. Describe the reasons for programmatic changes which form the basis of your funding request, as applicable (e.g. refocusing to high impact interventions, epidemiological changes, alignment with the latest normative guidelines, changes to funding landscape, etc.) 2. As applicable, specify how these changes relate to key and vulnerable populations and human-rights and gender considerations; 3. Describe how the request builds on lessons-learned from existing and other donors’ programs. |

The Republic of Kazakhstan is a country in Central Asia; it is the ninth largest country in the world by land area (2,724,900 sq.km). At the beginning of 2018, the country population was 18,157,377 inhabitants[[2]](#footnote-3) (urban – 57.4%, rural – 42.6%). The population density is 6.7 people per 1 sq.km.

The administrative division at the first level includes 17 regions: 14 oblasts and 3 cities – Astana, Almaty and Shymkent. Kazakhstan is ranked by the World Bank as an upper-middle income (UMI) country; Gross National Income (GNI) per capita in 2017 was estimated at USD 7,890 per capita[[3]](#footnote-4).

Tuberculosis (TB) re-emerged as an important public health challenge in the 1990s, and its burden remains high in Kazakhstan. According to the latest WHO estimates for 2017[[4]](#footnote-5), TB incidence (new cases and relapses) is 66 per 100,000, which the 9th highest level among 53 countries of the WHO European Region. Over the last decade, the estimated TB incidence in Kazakhstan substantially decreased (Figure 1): from over 150 cases per 100,000 in 2008-2009 to 66 per 100,000 in 2017. The WHO-estimated TB mortality is relatively low (0.89 cases per 100,000 excluding TB/HIV and 0.20 / 100,000 from HIV-associated TB) (Figure 2).

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| Fig. 1. WHO-estimated TB incidence (all forms) in Kazakhstan per 100,000 population,  2008-2017 | Fig. 2. WHO-estimated mortality of TB cases (all forms) in Kazakhstan per 100,000 population, 2008-2017 |
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| *Source*: WHO Global TB Database, <https://www.who.int/tb/data/en/> | |

As shown in Figures 3 and 4 below, during the last ten years the annual number of notified cases of active TB more than halved; the case notification rate per 100,000 decreased for new case from 125.6 to 52.2 (by 58.4%), and for all TB cases – from 184.5 to 79.1 (by 57.1%). At the same time, the proportion of previously treated cases remains high: in 2017, they accounted for 34.0% of all notified active TB cases.

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| Fig. 3. Annual number of notified TB cases in Kazakhstan, 2008-2017 | Fig. 4. TB case notification rates in Kazakhstan per 100,000 population, 2008-2017 |
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| *Source*: NSCP | |

The following table presents the breakdown of TB case notifications by category, for the last five years.

Table 1. Annual number of notified TB cases in Kazakhstan by category, 2013-2017

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| --- | --- | --- | --- | --- | --- |
|  | 2013 | 2014 | 2015 | 2016 | 2017 |
| New cases total | 12,510 | 11,480 | 10,255 | 9,381 | 9,417 |
| New pulmonary bacteriologically confirmed | 7,942 | 8,026 | 6,505 | 6,930 | 6,798 |
| New pulmonary clinically diagnosed | 2,931 | 1,883 | 2,303 | 1,248 | 1,335 |
| New extrapulmonary | 1,637 | 1,571 | 1,447 | 1,203 | 1,284 |
| Previously treated cases total | 7,347 | 7,682 | 6,468 | 5,546 | 4,854 |
| Relapses pulmonary bacteriologically confirmed | 5,190 | 5,412 | 4,957 | 4,383 | 3,937 |
| Relapses pulmonary clinically diagnosed | 891 | 1,296 | 802 | 387 | 251 |
| Relapses extrapulmonary | 367 | 300 | 225 | 191 | 173 |
| Other previously treated | 899 | 664 | 466 | 579 | 493 |
| Other cases | 0 | 10 | 18 | 6 | 0 |
| All TB cases | 19,857 | 19,162 | 16,723 | 14,927 | 14,271 |

*Source*: NSCP

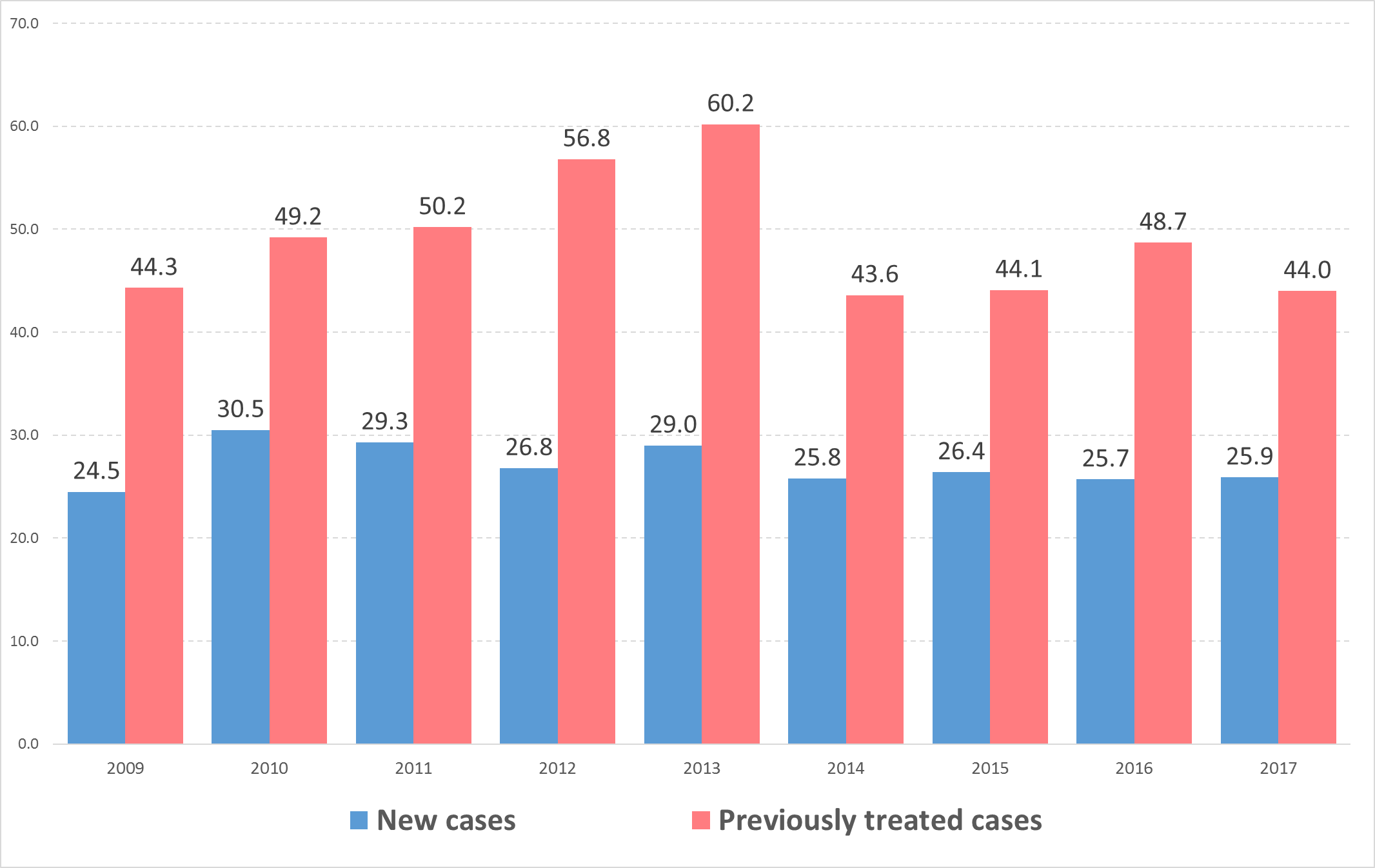
In 2017, 60.5% of notified incident TB cases were men, and 39.5% - women. The male-to-female ratio was 1.53 (in 2013-2016, it varied between 1.53-1.66). TB affects mostly economically active population. In 2017, the largest number of new cases and relapses were registered in age groups 25-34 years and 35-44 years: 43.1% (during the previous four years, this proportion was between 44-46%). The proportion of elderly people in notified TB cases is gradually increasing: in the age group 65+ years, it increased from 6.4% in 2013 to 10.0% in 2017.

The WHO-estimated number of incident TB cases in children (0-14 years) was 1,200 in 2017, but only 404 cases were notified (33.7% of estimated number). The absolute number of incident childhood TB cases was substantially decreasing during the previous four years (2013 – 511, 2014 – 452, 2015 – 392, and 2016 – 326). The share of 0-14 years age group among incident TB cases was 3.2% in 2017, which is slightly higher than that in 2013-2016, when it varied within 2.7-3.0%[[5]](#footnote-6).

The mortality from TB steadily decreases over time. According to WHO/EURO[[6]](#footnote-7), since the coverage and quality of the state vital registration system are adequate, this trend reflects the true reduction in TB burden in the country. The WHO-estimated mortality rate in Kazakhstan is one of the lowest among the Former Soviet Union countries, and during the past 10 years it decreased by more than 17 times (from 19 to 1.1 per 100,000 population, including mortality from HIV-associated TB). The data from the state vital registration system confirm these estimates: between 2008 and 2017, the death rate from TB decreased from 16.6 to 3.0 cases per 100,000 population.

The high burden of anti-TB drug resistance is the key challenge for the NTP and the main obstacle for effective TB control in the country. According to the NTP data for 2017, the results of drug susceptibility testing (DST) to first-line anti-TB drugs (FLDs) by the oblast reference laboratories and the National Reference Laboratory (NRL) revealed that the proportion of rifampicin-resistant TB (RR-TB) was 25.9% among new cases and 44.0% among previously treated cases. Trends in RR-TB prevalence in new and previously treated cases during the last nine years is shown in Figure 5.

Fig. 5. Proportion of RR-TB among new and previously treated TB cases   
with DST results to FLDs in Kazakhstan, %, 2009-2017



*Source*: NSCP

Resistance to second-line drugs (SLDs) is an acute and growing concern for the NTP. SLD DST coverage in MDR-TB patients has been improving: from 43.9% (3,587 out of 8,165 MDR cases tested) in 2013 to 68.1% (5,114 / 7,509) in 2015, 73.3% (4,441 / 6,060) in 2017 and 74.0% (3,060 / 4,133) during the first 9 months of 2018. While, due to the overall decreasing trend in TB notifications over the last decade, the total number of MDR-TB cases in the country has been decreasing as well (e.g. from 8,048 cases in 2014 to 6,210 cases in 2017), the proportion and absolute number of cases with SLD resistance among them is on rise. During the same period (2014-2017), the number and proportion of ‘pre-XDR’ and XDR cases increased from 1,766 (21.9%) to 1,989 (32.0%), respectively. This trend mandates the NTP to mobilize all resources and efforts in order to provide universal access to rapid and quality diagnosis of TB and DR-TB and appropriate treatment for all patients according to the resistance profile.

Tuberculosis remains an important problem in the penitentiary sector. The successful implementation of the criminal law reform, including application of alternative sanctions, allowed to reduce the number of imprisoned population. While in 1998, Kazakhstan had the third-highest rate of prison population in the world, in 2017 it was on the 82nd place. The average annual number of detainees in the criminal-executive system (CES) of Kazakhstan was 35.5 thousand in 2017.

During the last decade the incidence of TB in the penitentiary system decreased significantly. The annual number of active TB cases in the detention institutions and pre-trial isolators between 2008 and 2017 decreased 4.8 times and 2.5 times, respectively (4.2 times in the system overall). Between the same years, the rate of all TB cases per 100,000 prison population decreased from 5,406 to 2,015 (2.7 times), being, however, 25 times higher than the country-wide level.

In view of the decreasing size of the total prison population, and the decreasing trends of TB cases, during the recent years the absolute number of DR-TB patients in the penitentiary system has been substantially decreasing as well. If in 2012-2013 there were more than 800 MDR cases, they were 652 in 2015, 435 in 2016, and 306 in 2017. In 2017, 74.2% of all patients with active TB in prisons had RR/MDR-TB, and out of them 35.3% had extensively drug-resistant forms (‘pre-XDR’ and XDR-TB).

HIV-associated tuberculosis is an important challenge. Kazakhstan is at concentrated stage of HIV epidemics. According to UNAIDS estimates, 27,000 people lived with HIV (PLHIV) in the country in 2017[[7]](#footnote-8), including 3,700 new infections. The estimated HIV prevalence rate in adult (15-49 years) general population was 0.2%.

According to the Republican AIDS Center, as of end-2017, a total of 32,573 HIV-positive cases were registered in the country since the onset of the epidemic (of which 29,980 Kazakhstan citizens) and 9,448 individuals died; the number of people living with HIV – 20,841 (77.2% of UNAIDS-estimated number). During 2017, 3,023 new cases of HIV infections were registered (81.7% of UNAIDS estimates), including 2,856 Kazakhstan citizens (16.2 per 100,000).

The main transmission route is heterosexual contact (62.0% cases), followed by parenteral route when using drugs (29.2%). In key affected populations, HIV prevalence is estimated at 8.5% among people using injectable drugs, at 3.2% among men having sex with men, at 2.7% among prisoners and at 1.9% - among sex workers.

In 2017, almost all (98%) TB patients on treatment were tested for HIV, and 87% of PLHIV registered at AIDS Centers were screened for TB by any method. The number of notified cases (all forms) with HIV-associated TB was 734 in 2017, compared to 736 in 2016 and 781 in 2015. TB/HIV prevalence among all TB cases was 5.0% in 2017 (2015 – 4.7%, 2016 – 4.9%). In 2017, 661 patients with TB/HIV co-infection were enrolled in ART, which accounted to 90.1% ART coverage among TB/HIV patients, compared to 87.2% in 2016 (642 patients enrolled out of 736) and 65.3% (510 / 781) in 2015.

The proportion of HIV-infected persons among TB patients in the penitentiary system is high and increasing with time. In detention facilities, TB/HIV prevalence was about 9% in 2011-2013, but it increased significantly during the following years and was 12.0% in 2014, 17.8% in 2015 and 26.6% in 2016. In pre-trial isolators, proportion of HIV-positive TB cases increased from 5.0-5.7% in 2013-2015 to 13.5% in 2016.

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The following are considered to be the key achievements of the national TB program over the last years, of which many were achieved with the Global Fund’s important contributions:

* The Government of Kazakhstan demonstrates strong and continuous financial commitments to TB control including allocation of significant financial resources and promoting efficiency gains, including the recent decisions to undertake procurement of Xpert cartridges and new anti-TB drugs through the Stop TB Partnership’s Global Drug Facility (GDF).
* The Ministry of Health and the NTP work systematically on improving the TB care delivery model with promotion of patient-centered approaches and reducing unnecessary hospitalizations. Starting 2013, when the TB hospitals’ optimization program started, the number of acute TB hospital beds was reduced from 11,848 to 6,955, or by 41.2%. Only in 2017, hospital optimizations produced savings of KZT 537.3 million (about USD 1.65 million), which were reprogrammed for other TB program needs, such as infection control measures, laboratory consumables, training of staff, M&E and ACSM.
* Effective TB case management strategies, including intensified patient support and follow up, have allowed to substantially improve patient outcomes: treatment success rate of new and relapse cases in 2016 cohort was 88%, and 78% - of RR/MDR cases (2015 cohort). At the same time, the NTP is highly concerned about low treatment results of XDR cases (just 32% in 2015 cohort) and about the need to introduce contemporary, more effective treatment strategies and approaches and prevent further amplification of drug resistance.
* In all country regions, the local (oblast) administrations provide adherence support to TB patients (monetary incentives) on an increasing scale. While in 2013 the funds allocated for patient support accounted for 1.1% of the consolidated TB program budget, this share increased to 3.5% in 2017 and to 4.5% in 2018 (6 months). In the first half of 2018, the amount allocated for patient support amounted to KZT 771.7 million (about USD 2.36 million), which represents a 35.8% increase compared to the same period of 2017.
* The full outpatient treatment of DR-TB cases is implemented successfully with TGF project support in four demonstration regions; in 2018 (9 months), 54.5% of DR-TB patients are treated in ambulatory settings, compared to 19.9% in 2017. Adherence support includes provision of monthly monetary incentives, reimbursement of patient transportation costs (enablers), mobile patient support teams in towns that include nurses and psychologists, and DOT nurses in rural areas carrying out home visits to patients at higher risk of treatment interruption due to medical or social reasons. Starting Q4-2018, video-observed treatment (VOT) is being implemented in these pilot areas; by the end of the year, 104 patients have been managed by VOT.
* Implementation of new anti-TB drugs and shorter treatment regimens for MDR-TB started countrywide with the support of *endTB* project / Partners in Health and the Global Fund project. Currently, the NTP is planning the transition to modified longer and shorter regimens in line with the new WHO guidelines for DR-TB treatment.
* Xpert MTB/RIF diagnostic technology is increasingly implemented in the country, including rollout to peripheral (district) service delivery level. In three pilot / demonstration regions supported by the ongoing TGF grant (Akmola, Aktobe and East Kazakhstan oblasts), the uptake of Xpert testing at district level increased the number of investigations during the first 9 months of 2018 by 140% (i.e. 2.4 times) compared with the whole year 2017, with high coverage of needs and increased timely detection of RR-TB cases. Indicative of proper intensity of case finding, MTB-positivity rate in the pilot areas is about 10%, the proportion of RR cases was 40.8% and the error rates are as low as 2.5%. The NTP will use the lessons learned when rolling out Xpert MTB/RIF at district level country-wide.
* The Global Fund project contributed to the establishment and development of the National Stop TB Partnership platform for civil society and other non-state actors in TB prevention and care, and successfully supports engagement of NGOs through a small grants’ program. Nine NGOs are currently engaged in such activities (7 NGOs with previous experience in HIV work and 2 organizations formed by people affected by TB). Cumulatively, a total of 4,173 people with presumptive TB from risk groups were referred by the NGOs for TB screening by PHC units; out of them, 1,509 persons (36%) were investigated for TB according to the national algorithm, and 333 (8%) were diagnosed with active TB disease. The NGOs traced and sent for investigations 360 contacts of TB patients; intensive adherence support and follow-up was provided to 1,704 TB patients at increased risk of lost to follow-up, and 1,483 persons who interrupted therapy were returned to treatment, supervised and supported by the NGOs for its completion. Given high demand from the beneficiaries and good results of early implementation, the coverage and scope of NGO projects are being extended. It is further planned that the local governments will increase their share in co-financing and take over from TGF, through appropriate social contracting mechanisms.

\* \* \*

There are a number of reasons for programmatic changes which form the basis of this funding request (i.e. applying through ‘Tailored to Material Change’ application channel), related to the changes in the country epidemiological and health system context, funding landscape, international policies and guidance and other factors, including:

* The reinforced political commitment of the Government of Kazakhstan, which adhered to the United Nations’ *Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis;*
* Evolution of TB epidemiological situation in the country, with overall positive trends and decreasing TB burden but emerging challenges related to extensive drug resistance;
* Important structural reforms in the health system in Kazakhstan, which are aimed at ensuring universal health coverage (UHC) of essential interventions, including TB prevention and care, through establishing the single-payer system (see more in section 4.1), optimization of health service delivery organization and management (including merging specialized TB units under common administrative at oblast level), and promoting efficiency, quality and innovations;
* The updated international policies and guidance for ending TB, including the revised WHO recommendations for DR-TB management;
* The changing funding landscape in TB, with the increased Government contributions and takeover and decreasing external funding support, including reduced allocations from the Global Fund;

In addition to those above, the key changes to TGF program setup, which justify the application through ‘Tailored to Material Change’ channel, are presented in Section 2.1 below.

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| SECTION 2: FUNDING REQUEST (Within Allocation) |
| This section should describe and provide a rationale for the program elements proposed for this funding request. Attach and refer to completed Programmatic Gap Table(s), Funding Landscape Table(s), Performance Framework and Budget.  To respond, refer to additional guidance provided in the *Instructions.* |

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| 2.1 Funding request |
| Describe the funding request for the disease program(s) by specifying the changes to the current funded program, taking into account the existing programmatic and financial gaps that now need to be addressed, and how the changes in certain program areas affect the scope/scale of the Global Fund investments.  Additionally, outline in particular:   1. The changes to the (i) Performance Framework such as impact on targets, geographic coverage, or the diversity/quality of the service packages, (ii) budget 2. How the proposed revisions will ensure:    1. continued scale up where feasible;    2. effective and efficient use of Global Fund investments;    3. maximum impact for ending epidemics HIV/AIDS, TB and malaria; 3. How the proposed investment ensures appropriate focus on building resilient and sustainable systems for health, and key and vulnerable population programs as applicable.   For joint applications: ensure the answer appropriately reflects the separate disease programs in addition to cross-cutting modules where appropriate, and expected coordination and resulting efficiencies and impact achieved from the joint programming.  Ensure also that that the funding request meets the focus of application requirement*[[8]](#footnote-9)* as outlined in the allocation letter |

In December 2016, Kazakhstan was invited by the Global Fund to submit the TB application for 2017-2019 allocation cycle. Given the fact that the implementation of the current TB grant was delayed (start date 01 January 2017), the Country Team and the CCM agreed later that the country would submit the proposal in Q1-2019, using ‘Tailored to Material Change’ channel.

The proposal was developed using a transparent and inclusive process with participation of national stakeholders and international partners active in TB field. It reflects the priorities laid down in the key national strategies, including the National TB Strategic Plan 2014-2020, as well as in the international TB policies and guidance (in particular, new WHO DR-TB guidelines). The application takes proper account of lessons learned during the implementation of the current TGF TB grant, recommendations of the WHO NTP review mission to Kazakhstan in July 2018, priorities developed for the Transition Plan 2019-2022, and the interventions to be supported by TGF Regional project ‘TB-REP 2.0’. A comprehensive priority setting exercise was conducted for designing the interventions, considering the allocated amount and co-financing by the Government and partners.

The main changes to TGF program setup, which justify the application through ‘Tailored to Material Change’ channel, in addition to those presented in Section 1.2 above, are summarized below:

* The amount of funding for Kazakhstan in 2017-2019, compared to previous allocation, was reduced drastically by TGF (for TB, by 77%), leading to reduction of scope and strict prioritization. Thus, only high priority interventions are included in this application, such as where the state is not able to take over or requires phased transition during the coming years.
* The scope of procurement through TGF was substantially reduced given the increasing Government’s co-financing and takeover, including procurement of TB drugs and diagnostics from the international sources (GDF) starting 2018. Procurement through TGF’s new grant will be limited to rapid diagnostics and drugs for M/XDR treatment in prisons only, and only during the first 1-2 years of the new grant, with further takeover by the Government. At the same time, the procurement specifications were adjusted to the recent changes in WHO guidance for DR-TB diagnosis and treatment.
* Similarly, the proposal does not include provision of adherence incentives to the patients given the increasing share of the state (regional budgets).
* TGF support to demonstration projects on Xpert rollout at district level and outpatient DR-TB treatment in three regions is discontinued as these activities are proving to be effective (for example, the proportion of MDR cases on full outpatient treatment has increased in these regions, over one year of implementation, from 20% to 55%), and the Government will uphold these interventions using domestic resources.
* Given the good acceptance by service providers and high demand from beneficiaries, the coverage of NGO projects was extended from initial 4 regions to 9 regions in 2018 and will be extended to 12 regions in 2019. In addition, the setup of grants was changed to accommodate for a comprehensive approach covering the needs of vulnerable and at-risk populations (PLHIV, PWID, homeless people, prisoners and ex-prisoners) in each area. It is nevertheless planned that the local governments will increase their share in co-financing and take over 50% of costs by the end of the project in 2022.
* The component on TB and DR-TB among migrants, as a separate objective, will be discontinued due to the fact that it largely achieved the expected results. At the same time, targeted interventions for migrants will be supported through the NGO grants’ program.
* Due to funding constraints and reduced scope of interventions (e.g. reduced procurement), the grant management and administration arrangements will be simplified and optimized, i.e. no sub-recipients, less staff effort and other efficiency gains are foreseen in the upcoming project.

The funding request meets the TGF counterpart financing requirements outlined in the allocation letter; please refer to Section 4.1 of this form for details. It is deemed that the proposal is compliant with the requirement of a 100% focus on underserved and most-at-risk populations and highest-impact interventions.

As classified by WHO, Kazakhstan belongs to the list of high burden MDR-TB countries in the world. The activities in this application aim at supporting special groups (PLHIV, PWID, homeless people, prisoners and ex-prisoners, migrants) or specific interventions, i.e. those for DR-TB diagnosis, treatment and support. DR-TB patients, out which the majority are present with M/XDR-TB forms, are especially prone to service barriers and are likely, if not provided with an appropriate support to receive the needed package of care, to incur catastrophic financial expenditures and indirect losses. It is therefore considered that all, or almost all, DR-TB patients fall under TGF categorization of ‘underserved population segments’ likely to be deferred access to modern diagnosis, quality treatment and adherence support, and being, therefore, at high risk of DR-TB amplification and interrupting therapy, with the resulting treatment failure and death.

At the same time, the proposal includes the high-impact interventions, such as rolling out modern molecular diagnostic technologies (Xpert MTB/RIF) to the lowest service delivery level with the scope of rapid diagnosis of TB and rifampicin resistance, scaling up DST and treatment with new WHO-recommended DR-TB regimens in prisons. Achieving full coverage of country needs, including penitentiary sector, will have an important impact on the service performance, which, in turn, will contribute to the alleviation of the overall burden of TB and DR-TB. Intervention 2.3 includes specific interventions aiming at increasing access and improving quality of care among the vulnerable and at-risk population groups, which are considered as having limited access to care. TGF support will be used to scale up the uptake of successful practices by the local authorities through sustainable involvement of civil society organizations and broader local coalitions to end TB.

The activities aimed at improvement of regulatory and normative framework, as well as those for capacity building at different levels, are seen as fully legible in the above context. The CCM therefore considers that the TGF requirements regarding the focus on key populations and/or high-impact interventions have been fully met in this application.

The project retains appropriate focus on building resilient and sustainable systems for health (see Objective 1 below); the investments in RSSH have appropriate scope and budget share in the grant (13.6% of the within-allocation budget).

The *Goal* of the project is: Effective responses to drug-resistant tuberculosis in Kazakhstan sustained through people-centered and evidence-based approaches, including those for vulnerable and at-risk populations. The proposal is structured around 2 main Objectives, 4 modules and 7 Interventions, including grant management, as presented below:

Table 2. The project structure: Objectives, Modules, Interventions

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| *Objective* | *Module* | *Intervention* |
| Objective 1. To ensure comprehensive and sustainable health system responses to DR-TB challenge | Module: RSSH: Integrated service delivery and quality improvement | Intervention 1.1. Supportive policy and programmatic environment |
| Module: RSSH: Health management information systems and M&E | Intervention 1.2. Program and data quality |
| Objective 2. To sustain universal access to quality and people-centered DR-TB diagnosis, treatment and prevention | Module: Multidrug-resistant tuberculosis (MDR-TB) | Intervention 2.1. Case detection and diagnosis: MDR-TB |
| Intervention 2.2. Treatment: MDR-TB |
| Intervention 2.3. Community care delivery: MDR |
| Intervention 2.4. Other MDR-TB interventions |
| 3. Grant management | Module: Program management | Intervention 3.1. Grant Management |

Since resistance to anti-TB drugs represents the major challenge to effective TB control in the country, the majority of the project interventions are included under ‘MDR-TB’ module; funding-wise, they account for 74.6% of the within-allocation budget. At the same time, several important activities under RSSH modules are also included.

A brief description of proposed activities by each Objective and Intervention is given below.

Objective 1. To ensure comprehensive and sustainable health system responses to DR-TB challenge

The activities under this Objective support high-level advocacy and intersectoral coordination for upholding commitments to End TB, building capacities for strengthening the health system for implementation of people-centered approaches in TB care, strengthening monitoring and evaluation of the national TB program, and developing evidence for decision making.

Intervention 1.1. Supportive policy and programmatic environment

*Module: RSSH – integrated service delivery and quality improvement*

The multisectoral working group, established under previous grant, will be further supported to perform high-level advocacy and enhance the political commitment for effective governance of the health system and sustainable financing of TB interventions, including strengthening and coordinating the non-governmental sector involvement. The new grant will allocate funding to support the national experts to develop relevant regulations for both civilian and penitentiary services and guidance for NGOs in line with the international recommendations and best practices. The project will also support coordination meetings with a broader participation of the governmental agencies (including the Ministry of Finance and the Committee for Criminal Executive System of the Ministry of Internal Affairs), health care managers at central and regional levels, academia, civil society and other non-state actors.

The project will organize special training sessions and round tables at the central/regional level with the involvement of local public administrations and relevant partners including businesses, which will focus on the End-TB Strategy implementation approaches, such as enabling people- and patient-centered TB care delivery with predominantly outpatient TB and DR-TB case management model, establishing functional local coalitions to end TB and mobilizing additional and alternative sources of funding for priority TB interventions.

In coordination with the regional TGF TB project (‘TB-REP 2.0’), capacity building of the regional (oblast-level) NTP managers will be supported through training on managerial and technical aspects related to the institutionalization of the new payment mechanisms for TB diagnostic and treatment services. These trainings will be held in continuation of TB-REP 2.0 technical assistance in 2019, which will be provided to support (i) revision of the provider payment mechanisms to improve efficiency and promote patient-centered TB care delivery; and (ii) development and introduction of the incentives’ mechanism to improve recruitment and retention of TB service staff (doctors, nurses and laboratory personnel).

This project proposal includes three assignments of external technical assistance, to perform evaluations of three key health system strengthening interventions aimed at improving the system’s performance for TB control, which were initiated within the ongoing TGF project in three pilot regions (Akmola, Aktobe and East Kazakhstan oblasts): (i) implementation of the outpatient TB care delivery model (including DR-TB cases and children); (ii) intensified patient support and follow-up to improve adherence to DR-TB treatment; and (iii) optimization of hospitalization practices among TB and DR-TB patients. All these assignments are sought to critically evaluate the progress and challenges in implementation and inform future decisions for expanding the accumulated experience to other regions of the country. Based on the hospitalization assessment, a national plan for phased hospital infrastructure optimization for years 2021-2025 will be developed, and its realization will be further supported by the project by provision of training for the health care managers from oblasts in the implementation of this plan, improving TB hospital performance and strengthening the links between different levels of service along the patient pathway and care continuum.

In line with the *State Program “Digital Kazakhstan”*[[9]](#footnote-10) and the Ministry of Health’s priority activities for implementation of digital tools and systems in health care, support to the development of the Center for Clinical Mentoring and Advanced Training at the NSCP is included in the application. The NSCP has responsibilities to develop and certificate relevant distance learning programs for postgraduate medical education curricula. The Center will engage in conducting the distance learning education in TB and lung diseases clinical management for different categories of medical providers, including postgraduate students. The proposal also foresees limited support for participation of key NTP staff in relevant international conferences and meetings abroad.

Intervention 1.2. Program and data quality

*Module: RSSH – Health management information systems and M&E*

The project will cover supportive supervision / M&E visits by the NTP central unit (NSCP) / PR to the regions, to oversee program implementation including innovative DR-TB management interventions. Each of 14 oblasts and 3 cities (Astana, Almaty and Shymkent) will be visited once a year during Years 1 and 2; additional visits, including regional supervision within oblasts, will be covered from domestic sources. Program coordination meetings will be supported in Years 1-2 at the NSCP, to discuss the implementation progress and plan actions to address the challenges identified.

A national consultant will be employed to perform maintenance of the updated electronic national TB register (TGF support is sought during the first two years of the new grant).

The application includes support to six operational research (OR) studies in priority program areas related to DR-TB case detection and case management, as well as to the interventions in populations at risk. The OR studies will be conducted in the following areas: 1) Referral patterns and delays in the provision of DR-TB diagnostic and treatment services; 2) Survey of resistance to second-line anti-TB drugs among RR/MDR-TB patients; 3) Effectiveness and efficiency of the use of Xpert MTB/RIF at the district level; 4) Administration of modified shorter regimens for treatment of RR/MDR-TB cases without resistance to second-line drugs; 5) TB screening and preventive treatment for latent TB infection among contacts of DR-TB patients; and 6) Active TB and DR-TB case finding and preventive treatment in high-risk population groups. The studies will be performed by the National Scientific Center of Phthisiopulmonology in collaboration with the Department of Phthisiopulmonology of the National Medical University “S. Asfendyarov” and other partners as relevant. The studies’ results will inform the NTP decisions in DR-TB management and addressing the needs of vulnerable and at-risk population groups in line with the new WHO guidance and taking into account the country context including the processes of transition from the Global Fund.

Objective 2. To sustain universal access to quality and people-centered DR-TB diagnosis, treatment and prevention

Under this Objective, targeted support is requested for aligning the DR-TB diagnostic and treatment services with the up-to-date international policies and practices, in particular, the new WHO guidelines for DR-TB management, and the needs of at-risk populations in view of transition and sustainability. Special attention is paid to upholding successful experiences in empowering people and communities for obtaining accessible and high-quality TB care through broader coalitions to end TB and active involvement of civil society / non-governmental organizations.

Intervention 2.1. Case detection and diagnosis: MDR-TB

*Module: Multidrug-resistant tuberculosis (MDR-TB)*

This project proposal includes procurement of 25 Xpert MTB/RIF instruments for district-level TB service units, which will contribute to achieving full coverage of the country needs in rapid molecular testing for TB and DR-TB by the end of 2020. This procurement will be undertaken in accordance to the NTP Xpert rollout plan, which includes support from different sources (TGF, USAID and state budget) and is based on the detailed assessment of Xpert MTB/RIF needs by region, completed by the NTP in December 2018 (attached to this application). The procurement will be carried out in Year 1 through the Stop TB Partnership’s Global Drug Facility (GDF); the package includes 2-module instruments, uninterrupted power supply devices, delivery costs and 3-year warranty with calibration / check kits.

To ensure proper implementation of Xpert MTB/RIF technology at district level, during Years 1-2 of the project, two national consultants will be involved to support effective rollout and functionality of the Xpert technology at the peripheral TB service delivery (district level) facilities, in the penitentiary system and HIV/AIDS service, and oversee the implementation of the new diagnostic algorithm. In addition to the part-time consultants, in Year 1 monitoring visits by the regional (oblast) reference laboratories will be conducted to districts where new Xpert instruments will be installed, to support the local staff in the implementation of the new technology. In addition after-sale service for Xpert instruments, procured before 2017 (23 machines with 88 modules) is also included. The standard GDF package includes calibration costs for Xpert instruments: calibration cartridges and replacement of modules; and other servicing, maintenance and minor repairs for instruments beyond the warranty period. Additionally costs for Ceiphed local country distributor visits in territories for modules replacement are included, not covered by GDF warranty package.

The project will continue procuring consumables for rapid laboratory tests for TB and DR-TB diagnosis, but on a limited scope – for the penitentiary sector only. Procurement of Xpert MTB/RIF cartridges for the penitentiary sector through TGF will cover 100% of needs in Years 1-2 (2020-2021), with the state budget taking over to transition starting with 2022. In the same manner, TGF project will supply consumables for isolation of strains in liquid culture and DST to first-line and second-line drugs by automated MGIT (Bactec-960) and for M.Tb identification and DST using LPA (Hain) method at the central prison bacteriological laboratory in Karaganda.

In addition, in line with the revised WHO recommendations for DR-TB management, in particular, new DST manual, the proposal includes procurement of pure substances for DST to new and repurposed drugs (Mfx/Lfx, Bdq, Lzd, Cfz and Dlm), to be performed by the reference laboratories using MGIT. TGF support will cover 100% of countrywide needs in Years 1-2 (2020-2021), and the government will ensure full takeover starting 2022.

Support to training of local engineers is included to ensure appropriate capacities for servicing, maintenance and repairs of laboratory equipment at the NRL and oblast-level reference laboratories, including biosafety cabinets (BSCs) and negative-pressure ventilation systems. Four persons will be trained during the first two years of the grant.

Intervention 2.2. Treatment: MDR-TB

*Module: Multidrug-resistant tuberculosis (MDR-TB)*

Procurement of anti-TB drugs from TGF sources will be done on a decreasing scale, in accordance to the agreed upon takeover / transition modalities. The new project will procure second-line drugs for treatment of RR/MDR-TB patients in the penitentiary sector only. For RR/MDR cases without resistance to fluoroquinolones (FQ), TGF will cover all needs in prisons for Year 1 (2020), and for those with identified FQ resistance (‘pre-XDR’ and ‘XDR’ cases) – 100% for Year 1 (2020) and 50% in Year 2 (2021). It is estimated that a total of 340 of patients in prisons in the two above categories will benefit from drug supply through GDF. The treatment regimens are aligned with the new WHO recommendations. Detailed calculations of the number of patients enrolled, drug regimens and costs are presented in the detailed workplan and budget. The annual payments to the Green Light Committee (GLC) are included in the budget according to the TGF/WHO agreement and TGF requirements for applicants.

In order to ensure appropriate management support to the implementation of revised DR-TB guidance, the project will provide support to organization of training courses for health care managers in the specialized TB service and general health services, including the penitentiary system. Totally six training courses will be held during the grant’s lifetime.

The project will support targeted activities for strengthening pharmacovigilance and active drug safety monitoring (aDSM) during treatment of RR/MDR-TB cases. For this purpose, an IT firm will be contracted to upgrade the aDSM module of the National TB Register, and a national consultant will be engaged to assist the NTP in drug management with emphasis on pharmacovigilance and aDSM in conditions of transition to newly recommended treatment regimens for DR-TB. Training-of-trainer (ToT) courses will be organized by NSCP for the regional (oblast) NTP staff in aDSM processes and the use of the updated aDSM module; which will further conduct cascade training for TB service providers and database operators in respective regions. In total, four ToT courses will be conducted in Q3 and Q5 of the project.

Intervention 2.3. Community care delivery: MDR-TB

*Module: Multidrug-resistant tuberculosis (MDR-TB)*

Under this Intervention, the proposal seeks support for priority activities aimed at strengthening participation of civil society organizations, community establishments and other non-state actors in integrated responses to TB and DR-TB at community level that form people-centered approaches and imply active participation of patients and households in decision making, monitoring of service performance and promotion of patient rights and empowerment. The activities were designed taking into account the lessons learned and successful experiences accumulated during the current implementation period.

The National Stop TB Partnership (NSTP) platform in Kazakhstan, established within the ongoing TGF TB grant, will be further supported through organization of exchange visits to selected countries in the region that have functional national partnerships and/or implement other best practices related to CSO and community engagement (2 visits during Years 1-2). To expand the scope and capacities of NSTP and partners, technical assistance will be provided by an external consultant to facilitate social contracting of NGOs with state funds (through local budgets); the assignment will include the task of defining the costs for service delivery activities by NGOs, which will harmonize the contracting processes.

The NSTP Kazakhstan will take the lead in launching the advocacy / communication campaign to promote community-based TB awareness and responses through scaling up social contracting and ensuring sustainability and accountability. For this purpose, the project will support advocacy meetings with key decision makers at central and regional level; round tables with participation of public authorities and CSO partners; development and broadcasting of video and audio spots; and targeted outdoor advertising and printed materials, etc.

Support to the small grants’ program for NGOs will be continued and adjusted on the basis of lessons learned and best practices in the ongoing grant. It will be complemented by capacity building for local NGOs to facilitate their involvement in TB prevention and care, in particular in addressing the needs of vulnerable and at-risk populations (PLHIV, PWID, prisoners and ex-prisoners, migrants and homeless). The project will provide two types of training focusing on i) key TB-related problems in the target groups, contemporary approaches for patient support and the role of civil society and local actors for strengthening adherence and other types of support in view of people-centered TB care delivery model (3 training courses); and ii) organizational development; project design, implementation, monitoring and evaluation; communications and reporting (2 courses).

The application seeks support to a total of 45 small NGO grants over the project’s lifetime: Year 1- 20 grants, Year 2 – 15 grants, Year 3 – 10 grants, thus relying on increasing role of the state in supporting NGOs through social contracting, as an integral part of the overall transition process. The NGO grants will be implemented in different regions of the country and will include a comprehensive range of interventions focusing on: (i) rolling out of innovative people- and patient-centered approaches for improving case detection, treatment adherence, contact tracing and prevention in disadvantaged communities; (ii) support to TB and DR-TB case finding, case management and prevention in high-risk and vulnerable population groups: PLHIV, IDUs, migrants, prisoners and ex-prisoners, and homeless people; and (iii) addressing legal barriers to care, human rights, gender, stigma and other factors limiting access to services.

Based on the experience gained in the current project, the Principal Recipient will ensure appropriate procedures for announcing and selection, contracting, oversight, reporting and M&E of the NGO small grants program. Monitoring visits to selected regions and projects will be conducted by PR and NTP M&E staff to assess grants implementation, quality of services and users’ satisfaction, and identify implementation challenges and measures required to address them. It is planned to have two monitoring visits per project per year. In addition, exchange visits between different NGO implementers will be organized with the scope of peer review and experience sharing.

The NGO clients’ database, which is being established under the ongoing TGF TB project, will be maintained and regularly updated to ensure effective M&E of services provided within the grants. The NGO grantees’ staff will receive appropriate training and management of clients’ data.

The national TB conference, with participation of all partners active in TB control (from governmental agencies and public services, non-governmental organizations and international agencies), will be organized in the last year of the project implementation. The conference will discuss and analyze the progress achieved by the national TB program, with special emphasis on sharing innovative experiences across the country regions and identifying potential for further actions through partnerships with local authorities, civil society and the private sector. The conference will provide a forum for presenting the results of the NGO small grants’ program and planning future actions for transition and sustainability.

Intervention 2.4. Other MDR-TB interventions

*Module: Multidrug-resistant tuberculosis (MDR-TB)*

This Interventions includes mostly advocacy, communication and social mobilization (ACSM) activities targeting general population as well as select specific target groups. A national consultant will provide technical assistance to the NTP and partners in designing public awareness campaigns, elaboration and pretesting IEC materials, obtaining relevant endorsements with authorities, facilitate and monitor implementation, and ensure appropriate communication in social media.

A TB Knowledge, Attitudes and Practices (KAP) survey will be performed in Year 1, to assess the situation and inform further actions. Based on the survey results, the National ACSM Plan for years 2021-2025 will be developed with an external consultant’s support. In Year 2, external TA will be also provided to assist the NTP in the development of a multisectoral Plan for Reduction and Prevention of TB Stigma and Discrimination, which, inter alia, will identify the changes needed in various legislative and regulatory acts to eliminate and/or prevent discriminatory practices.

A set of informational and educational (IEC) materials for DR-TB prevention and care will be developed and disseminated in line with the objectives of the national TB program and on the basis of the preceding KAP survey results. The set will include guidelines for patients and their families; printed IEC materials for vulnerable at-risk population groups such as PLHIV, prisoners, seasonal labor migrants, homeless people, etc.; recommendations for social workers, psychologists, primary health care providers; as well as different materials to promote new methods for TB diagnosis and treatment, with special emphasis on the need to complete treatment, prevent drug resistance and prevent stigma and discrimination. The project will support production and broadcasting of TV and radio spots on aimed at increasing the population awareness of TB and TB/HIV, with special emphasis on the access to services, availability of innovative diagnostic and treatment methods and the need for adherence to prevent drug resistance.

The project will provide the journalists working in mainstream media (print, electronic and social networks) with timely and reliable information on TB and its control, countrywide and locally. For this purpose, training for mass media on TB and DR-TB prevention and care will be organized in each project year. The project will also hold annual contests for journalists, who will be awarded for the best publications and programs on TB. In addition, TB advocacy workshops will be held at the central level on the World TB Days 24 March to increase awareness and commitment of public authorities and improve collaboration and coordination between different actors including civil society and mass media.

3. Grant management

Intervention 3.1. Grant management

*Module: Program management*

This component includes grant management costs by the Principal Recipient (National Scientific Center of Phthisiopulmonology): staff and project operating costs, including project monitoring and external audit.

\* \* \*

For details, please refer to the table below and detailed Workplan and Budget.

Table 3. Kazakhstan TB application: Interventions and Activities by Objective

| No. | Intervention / Activity | Description | Year 1 (Jan-Dec 2020) | | | | Year 2 (Jan-Dec 2021) | | | | Year 3 (Jan-Dec 2022) | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Q1* | *Q2* | *Q3* | *Q4* | *Q5* | *Q6* | *Q7* | *Q8* | *Q9* | *Q10* | *Q11* | *Q12* |
| 1 | Objective 1. To ensure comprehensive and sustainable health system responses to DR-TB challenge | | | | | | | | | | | | | |
| 1.1 | Supportive policy and programmatic environment  *Module: RSSH – integrated service delivery and quality improvement* | |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.1 | Support to the Working Group on health system strengthening for TB control | The multisectoral working group, established under previous grant, will be further supported to perform high-level advocacy and enhance the political commitment for effective governance of the health system and sustainable financing of TB interventions, including strengthening and coordinating the non-governmental sector involvement. The new grant will allocate funding to support the national experts to develop relevant regulations for both civilian and penitentiary services and guidance for NGOs in line with the international recommendations and best practices. |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.2 | RSSH / TB coordination meetings | The project will support coordination meetings with a broader participation of the governmental agencies (including the Ministry of Finance and the Committee for Criminal Executive System of the Ministry of Internal Affairs), health care managers at central and regional levels, academia, civil society and other non-state actors (quarterly meetings during Years 1-2). |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.3 | RSSH / TB round tables at central/regional level for high-level decision makers | The project will organize special training sessions and round tables at the central/regional level with the involvement of local public administrations and relevant partners including businesses, which will focus on the End-TB Strategy implementation approaches, such as enabling people- and patient-centered TB care delivery with predominantly outpatient TB and DR-TB case management model, establishing functional local coalitions to end TB and mobilizing additional and alternative sources of funding for priority TB interventions (2 events per year during Years 1-3). |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.4 | Training on institutionalization of new payment mechanisms for TB services | In coordination with the regional TGF TB project (‘TB-REP 2.0’), capacity building of the regional (oblast-level) NTP managers will be supported through training on managerial and technical aspects related to the institutionalization of the new payment mechanisms for TB diagnostic and treatment services. These trainings will be held in continuation of TB-REP 2.0 technical assistance in 2019, which will be provided to support (i) revision of the provider payment mechanisms to improve efficiency and promote patient-centered TB care delivery; and (ii) development and introduction of the incentives’ mechanism to improve recruitment and retention of TB service staff (doctors, nurses and laboratory personnel) (2 training courses per year, during Years 1-2; external consultant will be involved in trainings in Year 1). |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.5 | Technical assistance, outpatient TB care delivery model | An external consultant will be contracted to evaluate the implementation of outpatient TB care model (including DR-TB cases and children), initiated within the ongoing TGF project in three pilot regions (Akmola, Aktobe and East Kazakhstan oblasts), and develop recommendations for further actions for rollout in other regions (in Year 1). |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.6 | Technical assistance, intensified patient support and follow-up of DR-TB treatment | An external consultant will be contracted to evaluate the implementation of intensified patient adherence support and follow-up program for DR-TB patients, implemented within the ongoing TGF project in three pilot regions (Akmola, Aktobe and East Kazakhstan oblasts), and develop recommendations for further actions for rollout in other regions (in Year 1). |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.7 | Technical assistance, DR-TB inpatient treatment | An external consultant will be contracted to evaluate the implementation of optimization of hospitalization practices among TB and DR-TB patients, implemented during period 2014-2018, and assist in developing a national plan for TB hospital infrastructure optimization for years 2021-2025 (in Year 1). |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.8 | Training on implementation of outpatient TB care and hospital optimization plan | Realization of the concept of outpatient TB care and the national plan for TB hospitals’ optimization will be supported by capacity building of health care managers from the regions in their implementation, improving TB hospital performance and strengthening the links between different levels of service along the patient pathway and care continuum (2 training courses per year in Years 2-3). |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.9 | Center for Clinical Mentoring and Advanced Training | Support to development of the Center for Clinical Mentoring and Advanced Training at the NSPC will be provided. The Center will engage in conducting the distance learning education in TB and lung diseases clinical management for different categories of medical providers, including postgraduate students. |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.10 | Attendance of international meetings abroad | Support is included for participation of key NTP staff in relevant international conferences and meetings abroad (4 persons per year in Years 1-2 and 3 persons in Year 3). |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2 | Program and data quality  *Module: RSSH – Health management information systems and M&E* | |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.1 | NTP supervision visits | Support will be provided for regular supportive supervision / M&E visits by the NTP central unit (NSCP) / PR to the regions, to oversee program implementation including innovative DR-TB management interventions. Each of 14 oblasts and 3 cities (Astana, Almaty and Shymkent) will be visited once a year during Years 1 and 2; additional visits, including regional supervision within oblasts, will be covered from domestic sources. |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.2 | NTP program coordination meetings | Program coordination meetings (2 days) will be convened in the first quarter of Years 1-3 at NSCP, to discuss the implementation progress and plan actions to address the challenges identified. |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.3 | National consultant, maintenance of national TB database | A national consultant will be employed to perform maintenance of the updated electronic national TB register (with TGF support during Years 1-2). |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.4 | Operational research in priority issues of DR-TB management | The application includes support to 6 OR studies in priority program areas related to DR-TB case detection and case management, as well as to the interventions in populations at risk, in the following areas: 1) Referral patterns and delays in the provision of DR-TB diagnostic and treatment services; 2) Survey of resistance to second-line anti-TB drugs among RR/MDR-TB patients; 3) Effectiveness and efficiency of the use of Xpert MTB/RIF at the district level; 4) Administration of modified shorter regimens for treatment of RR/MDR-TB cases without resistance to second-line drugs; 5) TB screening and preventive treatment for latent TB infection among contacts of DR-TB patients; and 6) Active TB and DR-TB case finding and preventive treatment in high-risk population groups. The studies will be performed by NSCP in collaboration with the National Medical University and other partners. The studies’ results will inform the NTP decisions in DR-TB management and addressing the needs of vulnerable and at-risk population groups in line with the new WHO guidance and taking into account the country context including transition from TGF support. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Objective 2. To sustain universal access to quality and people-centered DR-TB diagnosis, treatment and prevention | | | | | | | | | | | | | |
| 2.1 | Case detection and diagnosis: MDR-TB  *Module: Multidrug-resistant tuberculosis (MDR-TB)* | |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1.1 | Procurement of Xpert MTB/RIF instruments | This project proposal includes procurement of 25 Xpert MTB/RIF instruments for district-level and city TB service units, to complete the full coverage of the country needs in rapid molecular testing for TB and DR-TB by the end of 2020. This procurement will be undertaken in accordance to the NTP Xpert rollout plan, which includes support from different sources (the ongoing TGF project, USAID and state budget) and is based on the detailed assessment of Xpert MTB/RIF needs by region (December 2018). The procurement will be carried out in Year 1 through GDF. The package includes 2-module instruments, UPS devices, delivery costs and 3-year warranty with calibration / check kits. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1.2 | Monitoring of implementation of Xpert MTB/RIF at district level | To ensure proper implementation of Xpert MTB/RIF technology at district level, during Years 1-2 of the project 2 national consultants (part-time) will be hired to support effective rollout and functionality of the Xpert technology at the peripheral TB service delivery (district level) facilities, in the penitentiary system and HIV/AIDS service, and oversee the implementation of the new diagnostic algorithm. In addition, in Year 1 monitoring visits by the oblast reference laboratories will be conducted to districts where new Xpert instruments will be installed, to support the local staff in the implementation of the new technology. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1.3 | After-sale service, maintenance, calibration and repairs for Xpert instruments | Includes 3 years warranty package for Xpert equipments procured before 2017 ( a total of 23 machines with 88 modules, 21 with 4 modules and 2 with 2 modules). The standard GDF package includes calibration costs for Xpert instruments: calibration cartridges and replacement of modules; and other servicing, maintenance and minor repairs for instruments beyond the warranty period. Additionally costs for MMG engineer visits in territories for modules replacement are included, not covered by GDF warranty package (approx. 15% of the modules to replace during each year) |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1.4 | Xpert MTB/RIF investigations in the penitentiary sector | Procurement of Xpert MTB/RIF cartridges for the penitentiary sector. TGF will cover 100% of needs in Years 1-2 (2020-2021), with the state budget taking over to transition starting with 2022. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1.5 | Isolation of strains in liquid culture and DST (automated MGIT) investigations in the penitentiary sector | Procurement of consumables for isolation of strains in liquid culture and DST to first-line and second-line drugs by automated MGIT (Bactec-960) for the penitentiary sector, at the central prison bacteriological laboratory in Karaganda. TGF will cover 100% of needs in Years 1-2 (2020-2021), with the state budget taking over to transition starting with 2022. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1.6 | M.Tb identification and DST to FLDs and SLDs (LPA Hain) investigations in the penitentiary sector | Procurement of consumables for M.Tb identification and DST to FLDs and SLDs by LPA (Hain) method (MTBDRPlus and MTBDRsl tests) for the penitentiary sector, at the central prison bacteriological laboratory in Karaganda. TGF will cover 100% of needs in Years 1-2 (2020-2021), with the state budget taking over to transition starting with 2022. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1.7 | Procurement of pure substance for DST to new and repurposed drugs | In line with the revised WHO recommendations for DR-TB management and new DST manual, the project will procure pure substances for DST to new and repurposed drugs (Mfx/Lfx, Bdq, Lzd, Cfz and Dlm) at reference laboratories using MGIT. TGF support will cover 100% of countrywide needs in Years 1-2 (2020-2021), and the government will ensure full takeover starting 2022. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1.8 | Maintenance and servicing of laboratory equipment | Support to training of local engineers is included to ensure appropriate capacities for servicing, maintenance and repairs of laboratory equipment at the NRL and oblast-level reference laboratories, including biosafety cabinets (BSCs) and ventilation systems (4 persons will be trained during the Years 1-2). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2 | Treatment: MDR-TB  *Module: Multidrug-resistant tuberculosis (MDR-TB)* | |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2.1 | Procurement of anti-TB drugs: RR/MDR-TB cases in the penitentiary sector | Procurement of drugs for RR/MDR-TB cases for patients in the penitentiary sector, aligned to treatment regimens as per new WHO recommendations. Detailed calculations of the number of patients enrolled, drug regimens and costs are presented in the detailed workplan and budget. For RR/MDR cases without resistance to FQs, TGF project will cover the needs in prisons for Year 1 (2020), and the Government will ensure full takeover starting 2021. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2.2 | Procurement of anti-TB drugs: pre-XDR and XDR-TB cases in the penitentiary sector | Procurement of drugs for ‘pre-XDR’ and XDR-TB cases for patients in the penitentiary sector, aligned to treatment regimens as per new WHO recommendations. Detailed calculations of the number of patients enrolled, drug regimens and costs are presented in the detailed workplan and budget. For cases with resistance to FQs, TGF project will cover 100% of the needs in prisons for Year 1 (2020) and 50% in Year 2 (2021), and the Government will ensure the takeover starting with 50% of the needs in 2021. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2.3 | Support to Green Light Committee operations | Annual payments to the GLC are included according to the TGF/WHO agreement and TGF requirements for applicants. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2.4 | Clinical tests for patient monitoring | Reimbursement of the costs for clinical laboratory tests and Specialist consultations (cardiology) for treatment monitoring of the patients with M/XDR-TB in the penitentiary sector. TGF will cover the needs in Years 1-2 (2020-2021), and the Government will ensure takeover starting 2022. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2.5 | Capacity building in DR-TB management | In order to ensure appropriate management support to the implementation of revised DR-TB guidance, the project will provide support to organization of training courses for health care managers in the specialized TB service and general health services, including the penitentiary system. Training will be conducted by at the central level; totally 6 courses will be organized. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2.6 | Update of PV / aDSM module of the National TB Register | An IT company will be contracted to update of the pharmacovigilance and aDSM module of the National TB Register |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2.7 | National aDSM consultant | A national consultant at the central level will be engaged to assist the NTP in drug management with emphasis on pharmacovigilance and aDSM in conditions of transition to newly recommended treatment regimens for DR-TB (during Years 1-2). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2.8 | Training in PV / aDSM | Training-of-trainer (ToT) courses will be organized by NSCP for the regional (oblast) NTP staff in aDSM processes, which will further conduct cascade training for TB service providers in respective regions. In total, 44 people from 14 oblasts and 3 cities will be trained (2 training courses in Year 1). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.2.9 | Training on the use of aDSM module of the National TB Register | Training-of-trainer (ToT) courses will be organized by NSCP for the regional (oblast) NTP staff in the use of updated aDSM module of the National TB Register, which will further conduct cascade training for TB database operators in respective regions. In total, 44 people from 14 oblasts and 3 cities will be trained (2 training courses in Year 2). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3 | Community care delivery: MDR-TB  *Module: Multidrug-resistant tuberculosis (MDR-TB)* | |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.1 | Experience exchange visits for the National Stop TB Partnership | The National Stop TB Partnership (NSTP) platform in Kazakhstan, established within the ongoing TGF TB grant, will be further supported through organization of exchange visits to selected countries in the region that have functional national partnerships and/or implement other best practices related to CSO and community engagement (2 visits for 10 people each, during Years 1-2). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.2 | Technical assistance, social contracting / cost of NGO services | To expand the scope and capacities of NSTP and partners, technical assistance will be provided by an external consultant in Year 1 to facilitate social contracting of NGOs with state funds (through local budgets); the assignment will include the task of defining the costs for service delivery activities by NGOs, which will harmonize the contracting processes. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.3 | Advocacy meetings to promote social contracting | Advocacy meetings (workshops, round tables, etc.) will be organized with key decision makers at central and regional level, to increase awareness about social contracting and commitment of public authorities to scale-up this mechanism (2 meetings per year). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.4 | Communication campaigns on community-based TB responses and social contracting | Communication campaigns will be organized to increase awareness about community-based TB interventions for vulnerable population, promote social contracting mechanism, advocate for budget increases and sustainability at regional level (meetings with decision makers, broadcasting of video and radio spots, outdoor advertising, printed materials, etc.). Two campaigns will be held in Years 1 and 3. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.5 | Training for NGOs in TB and DR-TB control | Trainings for NGOs will be organized by the NTP with participation of other partners, which will focus on priority TB-related problems in the target groups, contemporary approaches for patient support and the roles of civil society and local actors for strengthening adherence and other types of support in conditions of implementation of TB care delivery model based on outpatient treatment and patient-centered approaches (2 courses in Year 1 and 1 course in Year 2 and 3, at central level). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.6 | Training for NGOs in organizational development, strategic planning and project management | Trainings for NGOs will be organized by the NTP with participation of other relevant partners, which will focus on strengthening the capacities of the NGO in organizational development; project design, implementation, monitoring and evaluation; communications and reporting (2 training courses in Years 1-2, at central level). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.7 | NGO grants program | The project will support to a total of 45 small NGO grants: Year 1- 20 grants, Year 2 – 15 grants, Year 3 – 10 grants, relying on the state takeover with time through social contracting. The NGO grants will be implemented in different regions of the country and will include a comprehensive range of interventions focusing on: (i) rolling out of innovative people- and patient-centered approaches for improving case detection, treatment adherence, contact tracing and prevention in disadvantaged communities; (ii) support to TB and DR-TB case finding, case management and prevention in high-risk and vulnerable population groups: PLHIV, IDUs, migrants, prisoners and ex-prisoners, and homeless people; and (iii) addressing legal barriers to care, human rights, gender, stigma and other factors limiting access to services. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.8 | Monitoring of NGO grants implementation | Monitoring visits to selected regions and projects will be conducted by PR and NTP M&E staff to assess grants implementation, quality of services and users’ satisfaction, and identify implementation challenges and measures required to address them (2 monitoring visits per project per year). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.9 | Experience exchange visits for NGOs | Exchange visits between different NGO implementers will be organized with the scope of peer review and experience sharing (2 visits per year in Years 1-2). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.10 | Update of the NGO clients’ database | The NGO clients’ database, which is being established under the ongoing TGF TB project, will be maintained and regularly updated to ensure reliable evidence of clients and effective M&E of services provided within the grants (in Year 1). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.11 | Training on the use of the NGO clients’ database | The NGO grantees’ staff will receive appropriate training and management of clients’ data. Two people from each implementing organization will be trained during Year 2. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.3.12 | National TB conference | The national TB conference, with participation of all partners active in TB control (from governmental agencies and public services, non-governmental organizations and international agencies), will be organized in the last year of the project implementation. The conference will discuss and analyze the progress achieved by the national TB program, with special emphasis on sharing innovative experiences across the country regions and identifying potential for further actions through partnerships with local authorities, civil society and the private sector. The conference will provide a forum for presenting the results of the NGO small grants’ program and planning future actions for transition and sustainability. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4 | Other MDR-TB interventions  *Module: Multidrug-resistant tuberculosis (MDR-TB)* | |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.1 | National consultant, TB ACSM / IEC activities | A national consultant will provide technical assistance to the NTP and partners in designing public awareness campaigns, elaborating and pretesting IEC materials, obtaining relevant endorsements with authorities, facilitate and monitor implementation, and ensure appropriate communication in social media. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.2 | TB KAP survey | A TB Knowledge, Attitudes and Practices (KAP) survey will be performed in Year 1, to assess the situation and inform further actions. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.3 | Technical assistance, development of the National ACSM Plan | Based on the KAP study results, the National ACSM Plan for years 2021-2025 will be developed with an external consultant’s support (and the end of Year 1). |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.4 | Development of the Plan for Prevention of TB Stigma and Discrimination | In Year 2, external TA will be also provided to assist the NTP in the development of a multisectoral Plan for Reduction and Prevention of TB Stigma and Discrimination, which, inter alia, will identify the changes needed in various legislative and regulatory acts to eliminate and/or prevent discriminatory practices. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.5 | IEC materials for DR-TB prevention and control: printed | A set of informational and educational (IEC) materials for DR-TB prevention and care will be developed and disseminated in line with the objectives of the national TB program and on the basis of the preceding KAP survey results. The set will include guidelines for patients and their families; printed IEC materials for vulnerable at-risk population groups such as PLHIV, prisoners, seasonal labor migrants, homeless people, etc.; recommendations for social workers, psychologists, primary health care providers; as well as different materials to promote new methods for TB diagnosis and treatment, with special emphasis on the need to complete treatment and prevent drug resistance. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.6 | IEC materials for DR-TB prevention and control: audio and video | The project will support production of TV and radio spots on aimed at increasing the population awareness of TB and TB/HIV, with special emphasis on the access to services, availability of innovative diagnostic and treatment methods and the need for adherence to prevent drug resistance. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.7 | Broadcasting of audio and video spots | TB TV and radio spots will be broadcasted on local and national media. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.8 | Training for mass media on TB and DR-TB prevention and control | The project will provide the journalists working in mainstream media (print, electronic and social networks) with timely and reliable information on TB and its control, countrywide and locally. For this purpose, training for mass media on TB and DR-TB prevention and care will be organized in each project year. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.9 | An annual contest for journalists | The project will hold annual contests for journalists, who will be awarded for the best publications and programs on TB. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.4.10 | TB advocacy workshops at central level on the event of WTBD | TB advocacy workshops will be held at the central level on the World TB Days 24 March to increase awareness and commitment of public authorities and improve collaboration and coordination between different actors including civil society and mass media. |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Grant management | | | | | | | | | | | | | |
| 3.1 | Grant management  *Module: Program management* | |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.1.1 |  | Principal Recipient (PIU NSCP) costs:   * Staff: base salaries, social taxes, insurance and other staff costs * Project monitoring and operating costs: office operating costs, vehicles, audit and travel costs |  |  |  |  |  |  |  |  |  |  |  |  |

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| SECTION 3: OPERATIONALIZATION AND RISK MITIGATION |
| This section describes the planned implementation arrangements and foreseen risks for the proposed program(s).  To respond, refer to additional guidance provided in the *Instructions*. |

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| 3.1 Implementation arrangements summary | |
| Do you propose major changes from past implementation arrangements, e.g. in key implementers or flow of funds or commodities? | Yes  No |
| If yes,   1. Outline the reasons and the key changes from past implementation arrangements to give an understanding of grant operationalization. You can provide an updated Implementation Arrangements Map; 2. Detail how representatives of women's organizations, key populations and people living with the disease(s) as applicable will actively participate in the implementation of this funding request; 3. Include a description of procurement mechanisms for the grant(s). | |

The Country Coordination Mechanism (CCM) for HIV and TB oversees the overall implementation of TGF grants and ensures proper coordination between different sectors as well as different programs implemented by other external partners. The CCM will continue to monitor the grant progress to ensure that the activities are carried out according to the work plan and indicators of programmatic and financial performance are accomplished. It will make the key financial and programmatic decisions and will have the responsibility to address the main problems and challenges related to the grant. The CCM meetings will be convened quarterly or more frequently if necessary. The CCM and the Ministry of Health will carry out the role of coordination with other programs and development initiatives.

On 9 November 2018, the CCM endorsed the National Scientific Center of Phthisiopulmonology (NSCP) of the Ministry of Health of the Republic of Kazakhstan to continue with its current role as the Principal Recipient (PR) for the TB grant. The PR will apply procedures in accordance to TGF requirements and in compliance with the national legislation. The grant funds will be transferred to the special account of the PR. The PR will be responsible for all practical issues related to the grant implementation including oversight of sub-contractors. The PR will undertake the functions of procurement of goods and services, financial management, grant-related monitoring and reporting to TGF.

The PR will develop the workplans for grant implementation and will present activity and financial progress reports to the CCM. The CCM will annually review the grant performance and approve the workplans for the following year and additional disbursements.

The key changes from past implementation arrangements are mainly due to the decreased amount of funding allocated to TB in Kazakhstan compared to the previous allocation period resulting in the reduced and prioritized scope of the new project. In particular, no Sub-recipients (SRs) are foreseen for the new grant, and the PR will be responsible for oversight and coordination of the implementing partners including non-governmental partners for the NGO small grants’ program under Intervention 2.3. The grant management and administration arrangements will be simplified and optimized, i.e. less staff effort and other efficiency gains are foreseen in the upcoming project.

The upcoming project will have a reduced scope of procurement of drugs, medical equipment and consumables, limited to the penitentiary sector and the first two years only. UNDP will no longer be used as a procurement agent (it is engaged in procurement of all laboratory goods in the current grant). Procurement of SLDs, Xpert instruments and cartridges and LPA tests will be done by the PR using the international concessionary prices mechanism, through the Stop TB Partnership’s Global Drug Facility (GDF). For procurement of MGIT Bactec laboratory supplies, the PR will continue the current procedure of local tenders.

The participation of key populations and people affected by the diseases in the implementation of this funding request will be ensured through: CCM membership of relevant organizations and their participation in the technical working groups and other CCM decision making processes; National Stop TB Partnership (NSTP) platform for engagement and coordination of partners active in TB including NGOs and other relevant non-state actors; NGO projects and other community and civil society engagement activities under Intervention 2.3 (see Section 2.1 above).

The CCM Secretariat and the PR will communicate with the Global Fund on the grant progress. Progress Updates and Disbursement Requests (PUDRs) will be forwarded to TGF on annual basis or as otherwise agreed with the Fund Portfolio Manager (FPM). The Local Fund Agent (currently Price Waterhouse Coopers, PWC) will act within the Terms of Reference agreed upon with the Global Fund, including on-site verifications (OSV). Annual external audits are an integral part of the proposed management arrangements. The updated Implementation Arrangements Map will be developed at the grant-making stage.

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| 3.2 Key implementation risks | | | | |
| Using the table below, outline key risks foreseen, including those that were provided in the *Key Program Risks* table shared by the Global Fund during the Country Dialogue process. You can also add key operational and implementation risks, which you identified as outstanding from the previous implementation period, and the specific mitigation measures planned to address each of these challenges/risks to ensure effective program performance in the given context.  Applicant response in the table below. | | | | |
| Risk Category  (Functional area) | Key Risk | Mitigating actions | Timeline |
| External risks (macroeconomic factors) | Currency exchange rate fluctuation | Adjustment of the workplan and budget; approval by the CCM; negotiation of reprogramming the activities with TGF Country Team | Periodically, as required |
| Programmatic / monitoring and evaluation risks | Material changes in international TB policies / guidelines | Consultations with WHO and other international partners; advocacy with MOH and the national TB program; negotiation with TGF Country Team and reprogramming of procurement and other activities, as needed | Periodically, as required |
| Programmatic / monitoring and evaluation risks | Data quality (NGOs, penitentiary system) | 1. Technical assistance, IT support and capacity building in upgrading the information system (National TB Register); supervision / monitoring visits to prisons and NGO project sites; onsite data verifications | Ongoing, according to the project workplan |
| Programmatic / monitoring and evaluation risks | Sustainability (e.g. social contracting) | Advocacy with the Government at central and regional level through the National Stop TB Partnership and other platforms; technical support for estimating costs of NGO services provision and budget planning; capacity building for NGOs; experience sharing activities and dissemination of best practices | Ongoing, according to the project workplan |
| Financial risks | Low absorption of grant funds | Strict observation of TGF procurement and financial guidelines for PRs; regular systematic evaluation of grant funds’ utilization by the PR; estimation of savings and non-utilization and identification of potential reallocation options; negotiation of reprogramming the activities with TGF Country Team | Ongoing |

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| SECTION 4: FUNDING LANDSCAPE, CO-FINANCING AND SUSTAINABILITY |
| This section details trends in overall health financing, government commitments to co-financing, and key plans for sustainability.  Refer the Funding Landscape Table(s) and supporting documents as applicable.  To respond, refer to additional guidance provided in the *Instructions.* |

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| 4.1 Funding Landscape and Co-financing | |
| 1. Are there any current and/or planned actions or reforms to increase domestic resources for health as well as to enable greater efficiency and effectiveness of health spending? If yes, provide details below. | Yes  No |
| 1. Is this current application requesting Global Fund support for developing a health financing strategy and/or implementing health-financing reforms? If yes, provide a brief description below. | Yes  No |
| 1. Have previous government commitments for the 2014-16 allocation been realized? If not, provide reasons below. | Yes  No |
| 1. Do current co-financing commitments for the 2017-19 allocation meet minimum requirements to fully access the co-financing incentive, as set forth in the Sustainability, Transition and Co-financing Policy?[[10]](#footnote-11) If not, provide reasons below. | Yes  No |
| 1. Does this application request Global Fund support for the institutionalization of expenditure tracking mechanisms such as National Health Accounts? If yes or no, specify below how realization of co-financing commitments will be tracked and reported. | Yes  No |

The public expenditure for health has been stable and was 2.2% of the GDP along with significant level of private spending up to 46.7% of total health expenditure in 2014[[11]](#footnote-12). The spending for health in the general government budget was 10.9% in 2014[[12]](#footnote-13) and kept unchanged in 2015-2016 (source: MoF). These indicators show that in comparison with other countries of the Eastern Europe and Central Asia there is satisfactory government commitment to distribute fair share of the government budget to the health system.

The total estimated costs of the National TB Response, based on the current level of spending and taking into account the need to expand essential services to KAP, coverage with new and repurposed drugs of the MDR-TB and FQ-resistant and XDR-TB cases, roll-out of the new diagnostic technologies, and realization of the people centered model of care is estimated to KZT 151,6 B for 2020-2022, compared to KZT 149,2 B for 2017-2019 (Table 4). The costs of the program are expected to increase with KZT 2,4 B or USD 6,9 M, using average exchange for year 2018 of KZT 342.08 per 1 USD.

Table 4. Anticipated domestic funding 2020-2022, thousands KZT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
| Procurement of anti-TB drugs | 7,394,710.10 | 7,652,132.00 | 6,634,394.00 | 6,634,394.00 | 6,634,394.00 | 6,634,394.00 |
| Service delivery for TB patients | 39,963,196.70 | 41,308,709.00 | 42,322,839.00 | 42,368,997.00 | 42,368,997.00 | 42,368,997.00 |
| Social support for TB patients | 1,190,613.70 | 1,340,644.00 | 1,400,000.00 | 1,450,000.00 | 1,450,000.00 | 1,450,000.00 |
| NGO grants |  |  |  |  | 75,000.00 | 150,000.00 |
| Total | 48,548,520.50 | 50,301,485.00 | 50,357,233.00 | 50,453,391.00 | 50,528,391.00 | 50,603,391.00 |
| 149,207,238.50 | | | 151,585,173.00 | | |

The decrease in funding for procurement of anti-TB drugs is explained by the decreasing in total number of expected patients, and lower drug costs due to procurement of new and repurposed drugs through GDF under the national budget sources.

The donor landscape for TB in Kazakhstan is limited and includes, along with TGF, USAID, UN Agencies with technical support and few other international organizations with insignificant contribution.

During recent years, external support in the field of TB in Kazakhstan has been provided by the following partner organizations:

* *Partners in Health (PIH).* Starting 2015, PIH is implementing the *endTB* Project in Kazakhstan focused on expanding access to new TB drugs – Bedaquiline and Delamanid. As of 12 December 2018, a total of 675 patients with M/XDR-TB have been enrolled in the observational study and accessed therapy with new TB and repurposed companion drugs in 10 regions of Kazakhstan. PIH provided comprehensive technical assistance to the NTP in scaling up access to new TB drugs, supported the national capacities’ strengthening, and supplied selected TB drugs (Bdq, Dlm, Lzd, Cfz and Imi-Cls).
* *KNCV.* During 2016-2018, KNCV through the USAID-funded Challenge TB project supported implementation of new regimens for treatment of DR-TB. Additionally in Almaty city, KNCV through the project “Building Models for Future”, funded by the Dutch government, supported the model of integrated TB and HIV care for key populations by strengthening public-private health care collaboration (covering TB service, HIV service, public primary health care service, private clinics and local NGOs). Stigma reduction is another area of KNCV technical support. In this regard, KNCV introduced a Photovoices methodology in Almaty city as a tool to decrease stigma. In addition, with financial support from the Dutch private donor (Wessel Foundation), KNCV developed a tool for stigma reduction that is currently implemented in five health care facilities in Almaty city. As a sub recipient of the NFM GF TB program, KNCV providing technical support in strengthening capacity of local NGOs in provision of TB care.
* *Project HOPE.* Project HOPE, as Principal Recipient, implemented in December 2014 - December 2017 Objective 7 “Addressing cross border TB, M/XDR-TB and TB/HIV among labor migrants” under the Global Fund TB grant for Kazakhstan. The objectives of the program were: a) removing legal barriers to access to care for internal and external migrants; b) assuring TB prevention and care for migrants; c) strengthening community systems and increasing role of civil society with focus to four key components: governance, service delivery, monitoring and surveillance, supporting environment. The interventions were designed in line with the Minimum Package for Cross-Border TB Control and Care in the WHO European Region: a Wolfheze Consensus Statement (2012) and contributed to the national TB program efforts in the area laid down in the Complex Plan for TB and MDR/TB Control in the Republic of Kazakhstan for Years 2014-2020. The program pilot territories were Astana, Almaty, Karaganda, Shimkent, Taraz, Temirtay, Aktau, Aktobe cities, Almaty oblast and 2 districts of South Kazakhstan Oblast.

During implementation of the program in 2014-2017: 1) Established the network of migrant-friendly medical facilities in pilot territories of Kazakhstan; 2) The model on involvement of local non-governmental organizations in TB control activities among migrants has been developed and implemented in different areas as a city, in rural areas and in the border area with other countries.3) Established network of six non-governmental organizations for the control of TB among migrants in pilot territories of Kazakhstan as well as Regional dialog on establishment of Central Asian network of nongovernmental organizations implementing projects on TB among migrants has started; 4) Developed and implement of model on treatment adherence’s improvement approach among labor migrants, including joint activities with IOM and other partners to meet migrants needs as legal support, transition to home country to ensure treatment continuation; 5) Identified and established information channels for labor migrants in the country of destination to provide pre-departure information activities; 6) Supported development of bilateral agreements on trans-border TB control between Kazakhstan and Kyrgyzstan and Kazakhstan and Tajikistan. It is planned that the bilateral agreements will be signed in the first half of 2019. Also conducted training on use of trans-border TB control data exchange for representative of Central Asian countries, except Turkmenistan 7) Several documents including National Guideline on TB control among migrants and information education materials focused key population, were developed with aim to use them countrywide and in the neighboring countries. In 2015-2017, more than 145 000 migrants were covered by information session by outreach workers, more than 44 000 were examined for TB and 1607 TB patients were identified (401 external and 1206 internal migrants).

Since January 2018, Project HOPE as sub-recipient of the Global Fund grant implemented by National Research Center of Phtisiopulmonology, has been implementing with reduced scope of work the activities “Addressing cross border TB, M/XDR-TB and TB/HIV among labor migrants” in cities Astana, Almaty, Karaganda, Almaty Oblast and Saryagash district of Turkestan Oblast. The main directions of the program were: a) removing legal barriers to access to care for internal and external migrants; b) assuring TB prevention and care for migrants; c) strengthening community systems and increasing role of civil society with focus to four key components: governance, service delivery, monitoring and surveillance, supporting environment. Most of above mentioned activities will be continued, including support of Regional Dialog of trans-border control on finalization of bilateral agreements, creation of enabling environment, create access to TB diagnosis and treatment for migrants and involvement of local NGOs to TB control activities among migrants.

It is planned for the period of 2018- 2019 cover 97400 external migrants with TB information session, out of them actively screen and examine for TB 20 083 external migrants and detect 360 TB cases among them.

* *TB-REP 2.0:* The Global Fund TB Regional project “Advancing People-Centered Quality TB Care - From the New Model of Care Towards Improving DR-TB Timely Detection and Treatment Outcomes in Patients” implemented by PAS Center as PR will support during 2019-2021 the NTP of Kazakhstan in (i) CSO engagement in improving TB prevention and care outcomes, and (ii) strengthening RSSH to enable people-centered delivery and addressing need of KPs. The planned activities under TB-REP 2.0 project have been discussed by NTP and PIU of the GF in order to avoid duplication of the activities and ensure coordination in implementation of the interventions (e.g. Activity 1.1.4 above).

The NTP data, reported to WHO, indicate that over last years (2013-2017), the majority of funding (more than 90%) was from public sources: central and regional budgets. The donors support represents less than 5%, with small fluctuation by years.

The Funding Landscape Table was completed and is attached to this form. The proposal has been developed in line with the counterpart financing requirements of the Global Fund, which are set forth in the Global Fund Sustainability, Transition and Co-financing Policy. The expected co-financing commitments for the 2020-2022 meet minimum requirements to fully access the co-financing incentive, as set forth in the above Policy.

The information used to complete the funding landscape table has been obtained from the MoF, MoH, RTBD – for domestic sources; PRs for TGF support (resources disbursed in previous period of implementation and disbursement planned); country offices or implementing organizations – for other external contributions (previous, current and anticipated). Calculations of financial needs for the National TB Response are based on the current level of spending, taking into account the need to expand essential services.

Kazakhstan is in the process of changing the main system of financing and coverage in the health sector, by introducing Mandatory Social Health Insurance (MSHI) which will become functional in 2019. The reform will establish the single-payer system for health services country-wide; reinforce the principle of solidarity in financial risk protection; ensure universal coverage (UHC) of essential health care services within the explicitly defined package; and increase efficiency through optimization of the health care delivery. Besides reforming the health financing system, the Ministry of Health continues pursuing its priority directions towards promoting patient-centered approaches, ensuring appropriate quality of services at all levels and facilitating implementation of modern technologies and innovative solutions in health care.

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| 4.2 Sustainability |
| Describe below how the government will increasingly take up health program costs, and actions to improve sustainability of Global Fund financed programs. Specifically,   1. Explain the costs, availability of funds and the funding gap for major program areas. Specify in particular how the government will increasingly take up key costs of national disease plans and/or support health systems; including scaling up investments in programs for key and vulnerable population, removal of human rights and gender-related barriers and enabling environment interventions. 2. Describe actions to improve sustainability of Global Fund financed programs. Specifically, highlight key sustainability challenges of the program(s) covered by the funding request, and any current and/or planned actions to address them. |

The Government of Kazakhstan is committed to uphold financial sustainability of priority public health interventions as it is key to ensuring continuity of impact. Over the last decade, the Government has substantially increased financial allocations to the health sector, including TB control interventions, while the contributions of external partners in this area have been decreasing substantially during this period.

Currently the Government, through its central and regional (oblast) state budgets, covers the great majority of costs related to TB control, including (i) procurement of anti-TB drugs (first-line and second-line drugs), bacteriological and clinical laboratory investigations, medicines for management of adverse events caused by TB drugs; (ii) human resources costs; (iii) facility costs; and (iv) program management, training, surveillance and other operational costs of the national TB program. It should be noted that in the Government is currently undertaking procurement of Xpert cartridges and new drugs through the GDF.

The regional governments are increasingly providing adherence support to TB patients (monetary adherence incentives); this practice is in place in all country regions. In 2013, the funds allocated for patient support accounted for 1.1% of the consolidated TB program budget; this proportion increased to 1.5% in 2014, 2.0% in 2015, 2.9% in 2016, 3.5% in 2017 and further to 4.5% in 2018 (6 months). During the first half of 2018, the regional governments paid the amount of KZT 771.7 million (about USD 2.36 million) for patient support, which represents a 35.8% increase compared to the same period of the previous year.

At the moment, the Global Fund is the main (and sole in most areas) external source of support to TB control in the country. TGF resources are used to roll out the new diagnostic TB technologies such as Xpert MTB/RIF, and for covering interventions that, due to the budgeting regulations in force, are difficult to be financed from domestic resources at the moment (such as support to NGO small grants program and other civil society and community engagement activities). At the same time, the transition plan (attached to this Application Form) foresees further steps for the Government takeover of interventions that are currently supported by TGF, including increasing contributions to scaling up investments in programs for key and vulnerable populations, e.g. through social contracting. The CCM and MOH acknowledge, though, that the state financing of the abovementioned interventions will be a key challenge for the three-year period of the upcoming TGF (2020-2022), and the decision was made to secure their appropriate funding in the new project, with provisions for gradual takeover.

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| 5. Prioritized Above Allocation (PAAR) |
| To complete a PAAR, please fill-in the attached Excel template |

N/A

\* \* \*

1. We suggest to compare the new allocation amount with the current spending on a yearly basis, past and/or forecasted. For example using the last year spending multiplied by 3. [↑](#footnote-ref-2)
2. *Source*: Ministry of National Economy of the Republic of Kazakhstan, Committee on Statistics, <http://stat.gov.kz> [↑](#footnote-ref-3)
3. *Source*: The World Bank, <http://data.worldbank.org/country/kazakhstan>; Atlas method, in current US dollars [↑](#footnote-ref-4)
4. *Source*: WHO Global Tuberculosis Report 2018, <http://www.who.int/tb/publications/global_report/en/> [↑](#footnote-ref-5)
5. The measures to improve diagnosis of childhood TB include expanding Xpert MTB/RIF use in children, culturing of bronchial and gastric lavage specimens, increasing the use of computerized tomography for diagnosing chest lymphatic abnormalities, piloting use of the T-Spot, as well as strengthening capacities of medical staff. [↑](#footnote-ref-6)
6. *Tuberculosis epidemiological and impact analysis in Kazakhstan, 2017,* WHO Regional Office for Europe, 2018 [↑](#footnote-ref-7)
7. UNAIDS, <http://www.unaids.org/en/regionscountries/countries/kazakhstan> [↑](#footnote-ref-8)
8. Refer to the [Global Fund 2017 Eligibility List](http://www.theglobalfund.org/en/fundingmodel/process/eligibility/) for income level. LMI and UMI countries have specific requirements in terms of the focus of applications as set forth in the Global Fund [Sustainability, Transition and Co-Financing Policy](http://www.theglobalfund.org/en/fundingmodel/process/cofinancing/). [↑](#footnote-ref-9)
9. *State Program “Digital Kazakhstan”*, approved by the Decree of the Government of Kazakhstan No. 827 from 12 December 2017 [↑](#footnote-ref-10)
10. Refer to the [Sustainability, Transition and Co-Financing Policy](http://www.theglobalfund.org/en/fundingmodel/process/cofinancing/) [↑](#footnote-ref-11)
11. *Source*: Health for All Explorer, WHO Regional Office for Europe, <https://gateway.euro.who.int/en/hfa-explorer/> [↑](#footnote-ref-12)
12. *Source*: Health for All Explorer, WHO Regional Office for Europe, <https://gateway.euro.who.int/en/hfa-explorer/> [↑](#footnote-ref-13)