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| **«AGREED»**Manager of GF PIU Sh. Ismailov\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_«\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020  |  | **«APPROVED»**Director of NSCP of MoH of RK M. Adenov\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_«\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020 |

**Terms of Reference**

**For technical assessment of introduction of the outpatient support model and improvement of adherence to treatment of TB patients in the pilot regions of Kazakhstan during 2017-2019**

**Introduction**

Tuberculosis (TB) re-emerged as an important public health challenge in the 1990s. Over the last decade, according to WHO the estimated TB incidence in Kazakhstan substantially decreased: from over 150 cases per 100,000 in 2008-2009 to 66 per 100,000 in 2017[[1]](#footnote-1). The WHO-estimated TB mortality is relatively low (0.89 cases per 100,000 excluding TB/HIV and 0.20 per 100,000 from HIV-associated TB).

During the last ten years, between 2008 and 2018, the annual number of notified cases of active TB more than halved; the case notification rate per 100,000 decreased for new cases from 125.6 to 48.2 (by 61.6%), and for all TB cases – from 184.5 to 72.0 (by 60.9%). At the same time, the proportion of previously treated cases remains high: in 2018, they accounted for 33.1% of all notified active TB cases. The TB mortality rate decreased during the same period from 16.6 to 2.4 cases per 100,000 population.

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 (from 8,048 cases in 2014 to 6,148 cases in 2018) the high burden of anti-TB drug resistance is the key challenge for the NTP. According to the NTP data for 2018, 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 25.1% among new cases and 46,2% among previously treated cases.

Effective TB case management strategies, including intensified patient support and follow up, have allowed to substantially improve treatment outcomes: treatment success rate of new and relapse cases in 2018 cohort was 90.3%, and 81.3% among RR/MDR TB cases (2016 cohort).

As a result of introduction of the outpatient model of rendering monthly social support and reimbursement of transport expenses to DR TB patients in the pilot regions under the GF Project in 2017-2019, the proportion of outpatients among those registered for treatment increased – from 19,9% in 2017 to 60,3% in 2018 and to 68,8% in 2019, number of violators and persons on compulsory treatment decreased. In the whole country the proportion of TB patients starting OT from the first day was 61.3% in 2019 (versus 49.8% in 2018), but not all regions have 100% of coverage with the monthly support throughout the whole treatment course.

**General purpose of the technical assessment**

During the years 2017-2019, under the previous grant of the Global Fund, an outpatient DR TB care model (including for children) was introduced in four pilot regions (Akmola, Aktobe, East Kazakhstan oblasts and Semey region). In order to comprehensively evaluate introduction and implementation of the outpatient intensified DR TB treatment model with obligatory monthly support throughout the whole treatment course, and develop recommendations for further actions for its rollout in other regions of the country an external consultant will be contracted.

**Consultant’s objectives**

1. **To assess effectiveness and sustainability of the introduced outpatient DR TB treatment model in the pilot regions of RK. To assess influence of monthly social support on improvement of adherence to treatment and decrease in treatment failure among TB, M/XDR TB patients in the pilot regions of RK.**

During the assessment, the consultant will be responsible for the following activities:

* To analyze the national policies and regulations, which stipulate the support programs for TB, DR TB patients to improve adherence to treatment at the outpatient phase;
* To assess the efficiency of the support program to TB outpatients through discussions, interviews with providers of care at the various levels and in the various regions (republican, regional, district, NGO, etc.);
* To assess delayed treatment outcomes of the DR TB outpatients and current situation on rendering social support to TB and DR TB patients in the pilot regions of Kazakhstan, where an outpatient DR TB treatment model was introduced under the previous Global Fund grant for 2017-2019;
* To assess the satisfaction of beneficiaries of the services through interviews, focus group discussions, etc;
* To identify the barriers, bottleneck and challenges during implementation of the outpatient model of support to TB patients during treatment taking into account various treatment schemes and types of observed treatment (DOT in PHC, VOT, mobile units, day hospital);
* To develop recommendations on strengthening the support program and improving adherence of TB patients throughout the whole treatment course in the country, in line with the WHO recommendations and best practices;
* To develop recommendations on rollout of an effective outpatient model of support to TB, DR TB patients throughout the whole treatment course in the whole country defining risks and solutions.

**Expected Outcomes**

The consultant is expected to produce the following outputs during the technical assessment:

* Inception report outlining the proposed methodology, detailed work plan (activities, terms, completion form) and schedule of visits to the regions (dates, regions, purposes and tasks, participants) – within 2 weeks from conclusion of the Contract for rendering the technical assistance;
* Interim report outlining the main findings by results of the assessment in accordance with the approved Work plan of the consultant under the Contract for the PR comments;
* Final report outlining the main findings under the assessment, as well as relevant recommendations on outpatient TB care model and social support to TB and DR TB patients in accordance with the approved Work plan of the consultant under the Contract;

The deliverables have to be country-applicable and their implementation programmatically feasible in the regions and at the country level.

**Consultant profile**

In order to accomplish the described activities the PR should contract an external consultant with the following requirements:

1. ***General qualifications***
* Higher education in medicine and / or public health;
* At least 5 years of international experience (preferably in Eastern European and Central Asian countries) in revision and development TB care sustainable models.
1. ***Specific program qualification***
* Practical experience in management of TB programs, understanding of TB management, its challenges and opportunities for improving program outcomes;
* Knowledge of various TB care delivery models;
* Proven experience in development of the patent-oriented TB care delivery models;
* Knowledge of operating health systems in the EECA region;
* Participation in development of NLA on programs to improve adherence to treatment of TB patients and measures required to improve efficiency of TB services;
* Experience of work in the EECA region is an asset;
* Previous experience working for the GF funded grants is an asset.
1. ***Language and Other qualifications***
* Very good communication and presentation skills with government institutions and nongovernmental organizations;
* Knowledge of Russian and English languages is a pre-requisite;
* Excellent drafting skills in Russian and English, and ability to synthesize complex information and issues;
* Good computer user skills.

**Duration of services and payments**

Services are required for a period of 45 days (including 10 days in country) during the year 2020. The consultant will be financed through the GF grant as follows:

1. 20% upon the delivery of the inception report, approved by PR;
2. 30% upon the delivery of the interim report, approved by PR;
3. 50% upon the delivery of the final version of the report in form and substance satisfactory to PR.
1. *Source*: WHO Global Tuberculosis Report 2018, <http://www.who.int/tb/publications/global_report/en/> [↑](#footnote-ref-1)