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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 an external consultant**

**To assess optimization of number of beds in the TB organizations for treatment of TB and DR TB patients for the period 2014-2019 in the Republic of Kazakhstan**

**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 case 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.

During the period 2014-2019 within implementation of the National Strategical Plan to control TB for 2014-2020 and the previous Global Fund grant a massive optimization of TB organizations was implemented. Number of TB beds throughout the country reduced from 11848 in 2014 to 5529 in 2019 as a result of introduction of an outpatient TB care model. For the whole country during the period 2017-2019 2725 TB beds were reduced, including 612 beds in the pilot regions; an average stay per bed declined from 115 in 2018 to 66 in 2019 in the pilot regions, including MDR beds – from 139 to 83, STB – from 96 to 58 of the treated cases.

**General purpose of the technical assessment**

Assessment of the implemented optimization of beds in the TB organizations for DS and DR TB patients in RK during 2014-2019, as well as development of recommendations for NTP on effective and efficient use of beds in the TB organizations for the years 2021-2025.

**Consultant’s objectives**

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

* To review the national policies and regulations, which stipulate current organization of the TB service and funding TB beds;
* To assess effectiveness of optimization of the TB in-patient facilities and reduction of beds for treatment of TB patients that was implemented during period from 2014 to 2019, including identified barriers, bottlenecks and challenges;
* To assess results of the optimization through interviews with the healthcare managers at the various levels of medical care (republican, regional, district);
* To review of mid- and longer-term projections of expected TB cases in the country based on the recent epidemiological trends;
* To assess needs in TB in-patient facilities and number of TB beds based on epidemiological projections and resistance profile in the country;
* To develop recommendations for NTP on optimization of the TB organizations’ infrastructure for the years 2021-2025, in line with the WHO recommendation and best practices.
* To identify key topics and aspects required for inclusion to the training programs and capacity building of the healthcare organizers and TB service managers on issues of TB services funding and work of TB hospitals.

**Expected Outcomes**

The external consultant is expected to produce the following outputs during 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 the areas of health sector planning, health financing, health services organization and management.
1. ***Specific program qualifications***
* Proven understanding of TB management, its challenges and opportunities for improving program outcomes;
* Knowledge of various funding models of TB activities and TB beds;
* Proven experience in development of the patent-oriented models for delivery of in-patient care to TB patients;
* Understanding of operating healthcare systems in the EECA region;
* Participation in development of strategic documents on the health system reforms in the CIS and measures required to improve efficiency of services including work of TB hospitals and TB beds;
* Experience of work in the EECA region is an asset;
* Previous experience working for the GF funded grants in the region is an asset.
1. ***Language and Other qualifications***
* Very good communication and presentation skills with the state 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 20 days (including 5 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)