



Using the Benchmarking & Planning (B&P) Tool to Improve TB Care for Children and Adolescents in the Kyrgyz Republic

Q4 Regional Webinar - «Country experience»

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In collaboration with NTP/MoH



Country information



WHO region: Europe
World Bank income level:
Lower-middle income (LMC)
Location in Central Asia
Population: 7,2 mln (2024)
WHO Tuberculosis profile

Estimates of TB burden

	Number	Rate per 100 000 population
Total TB incidence, 2024	9 200 (7 100–11 000)	128 (99–159)
TB incidence in people living with HIV, 2024	330 (230–430)	4.5 (3.2–6)
Multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) incidence, 2024	2 600 (2 000–3 300)	37 (27–46)
TB deaths in HIV-negative people, 2024	200 (160–250)	2.8 (2.2–3.5)
TB deaths in people with HIV, 2024	160 (110–210)	2.2 (1.5–3)

TB case notifications

People diagnosed with a new or relapse case of TB, 2024	3 989
– % tested with rapid diagnostics at time of diagnosis	96%
– % with known HIV status	96%
– % pulmonary	81%
– % of pulmonary cases that are bacteriologically confirmed	75%
– % women aged ≥15 years	40%
– % men aged ≥15 years	52%
– % people aged 0-14 years	8%
Total cases notified, 2024	4 427

WHO
consolidated
guidelines on
tuberculosis

Module 5: Management
of tuberculosis in children
and adolescents



Background & Objective

- * TB in children and adolescents remains under - detected globally
- * WHO recommends integrated, child-friendly TB services

Objective of B&P self-assessment:

- Assess alignment with WHO recommendations
- Identify system gaps
- Support evidence-based planning with stakeholders



Using the B&P Tool in Kyrgyz Republic (Self-assessment process)

- B&P tool translated and adapted into Russian
- National self-assessment conducted with:
 - NTP/MoH, Pediatric TB experts with KNCV facilitation
- Validation through multi-stakeholder workshop (Sept 2025)
- Focus on policy, service delivery, data and integration

Key Achievements – Policy & Guidelines

- National pediatric TB guidelines aligned with WHO
- Child-friendly TB regimens available nationwide
- Preventive TB treatment (TPT) implemented for eligible child contacts
- Pediatricians regularly trained on TB diagnosis and management

Key Achievements Service Delivery



- mWRD tests available for presumptive pediatric TB
- Child-appropriate sample collection techniques used
- TB screening mostly integrated into pediatric and PHC services
- Improved collaboration between TB specialists and pediatricians

Achievements Planning & Coordination

- First national application of the **B&P tool for children & adolescents**
- Structured identification of gaps and priorities
- Evidence-based dialogue with partners
- Action-oriented outcomes linked to existing initiatives (e.g. SMT C&A)



Key Gaps & Challenges Identified

- Scope for further integration of TB services at PHC level
- Centralized referral system delays diagnosis
- Pediatricians have limited authority to initiate TB care
- Weak age-disaggregated data (especially adolescents)
- Limited engagement of private sector
- Fragmented referral & feedback mechanisms

Stakeholders mapped (n = 15+) across national, regional and facility levels, covering TB, primary health care (PHC), social and private sectors.

Key stakeholder groups

- **National TB Programme (NTP)** – programme leadership and coordination, monitoring, paediatric TB policy and guidance, clinical care, expert consultation, paediatric TB management
- **Primary Health Care (CSM, family doctors, GPs)** – early detection, referral, ambulatory care and follow-up
- **Social services and psychosocial support** – child protection and social assistance
- **Private healthcare providers** – first-contact care and referral of presumptive TB cases

Geographic coverage

- National level (policy, coordination and training)
- Bishkek city
- Chui and Jalal-Abad oblasts

Coordination and added value

- Direct coordination with **NTP leadership and monitoring units**
- Established clinical collaboration with **NCF paediatric TB experts**
- Functional referral pathways between **PHC and TB services**
- **Clear scope for further integration** of TB, PHC and social support services, particularly for children and adolescents

Roadmap towards ending TB in children and adolescents

Third edition

KNCV
TB|PLUS

Role of Stakeholders

- NTP / MoH – leadership and coordination
- UNDP / Global Fund – medicines, diagnostics, nutrition
- WHO – technical guidance and capacity building
- PHC facilities – screening, contact investigation, treatment support
- Civil society – psychosocial support and adherence
- KNCV – facilitation, analytics, planning, knowledge translation



Stakeholder Workshop – From Gaps to Action

38 participants from health, social protection, CSOs.

- Consensus on priority actions:
 - Decentralization to PHC
 - SOPs for referral & screening
 - Pediatric TB focal point
 - Multisectoral collaboration

Additional gaps identified (requiring phased attention):

Limited integration of TB services into routine PHC workflows

Insufficient coordination with social services for vulnerable children

Gaps in preventive treatment initiation and completion among children and adolescents

Limited involvement of private sector and non-TB providers

Need for stronger data use at sub-national level for decision-making

Immediate public health impact:

- TB outbreak detected in a religious school
- Rapid coordinated response & nationwide screening

Facility assessment/HCW interview

TB screening integration: opportunities and gaps

Where TB screening can be strengthened

- Pediatric, general outpatient and family medicine services
- Mother & child health and HIV clinics
- Private clinics as first-contact entry points

Key gaps to address

- Centralized referrals limit PHC action
- Weak PHC need coordination and support on TB
- High workload, training gaps and fragmented data
- Limited private sector engagement and stigma

Priority next steps

- Empower PHC through policy, training, monitoring and SOPs
- Strengthen coordination and continuous training
- Scale up integrated digital referral and reporting



Lessons Learned

- B&P tool is practical and action-oriented, not theoretical
- Facilitates constructive dialogue across sectors
- Makes invisible gaps visible (especially data & integration)
- Strengthens national ownership and accountability
- Helps translate WHO guidance into country-specific actions



Success Stories

- First national, structured self-assessment on pediatric TB
- Strong stakeholder ownership of results
- Rapid response to TB outbreak in religious schools
- Quarterly webinars institutionalized for follow-up
- Foundation laid for a national pediatric TB roadmap

Key Take-Home Messages

- B&P tool supports evidence-based planning
- Integration into PHC is critical for pediatric TB
- Stakeholder engagement drives real-world impact
- Kyrgyzstan experience shows the tool's value beyond assessment
- Sustained technical & financial support is essential



**Thank you for your
attention!**

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