The Global Fund

## Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Memorandum of Understanding (effective as of 28 NOV 2016, as amended and supplemented from time to time (the "Memorandum of Understanding")) between **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Republic of Kazakhstan** (the "Grantee") for the Program described herein.

2. This Grant Confirmation supplements, forms part of, and is subject to the Memorandum of Understanding. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Memorandum of Understanding (including the Global Fund Grant Regulations (2014)). In the event of any inconsistency between this Grant Confirmation and the Memorandum of Understanding (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern.

3. The Global Fund and the Grantee hereby confirm the following:

| | | |
|---|---|---|
| 3.1. | Host Country or Region: | Republic of Kazakhstan |
| 3.2. | (Disease) Component: | Tuberculosis |
| 3.3. | Program Title: | Decreasing the burden of TB in Kazakhstan through reforming the TB control system and strengthening the management of drug-resistant forms of TB |
| 3.4. | Grant Name: | KAZ-T-NCTP |
| 3.5. | GA Number: | 607 |
| 3.6. | Grant Funds: | Up to the amount of US$17,674,620 (Seventeen Million Six Hundred Seventy-Four Thousand Six Hundred and Twenty US Dollars) or its equivalent in other currencies. |
| 3.7. | Implementation Period: | From 1 January 2017 to 31 December 2019 |
| 3.8. | The Principal Recipient nominated: | National Center of Tuberculosis Problems of the Ministry of Healthcare and Social Development of the Republic of Kazakhstan<br>Bekhozhin Street 5, 050100, Almaty<br>Republic of Kazakhstan<br><br>Attention: Prof. Shakhimurat Ismailov<br>Manager<br>Project Implementation Unit of the Global Fund<br><br>Telephone: +7 727 293 8000<br>Facsimile: +7 727 291 9554<br>Email: shismailov@tbpiugf.kz |
| 3.9. | Fiscal Year of the Principal Recipient: | 01 January to 31 December |
| 3.10. | LFA: | PricewaterhouseCoopers<br>34 Al-Farabi, AFD, Block 'A', 4th Floor, 050059 Almaty, Republic of Kazakhstan |

| | | |
|---|---|---|
| | | Attention: Mr. Baurzhan Burkhanbekov<br><br>Telephone: +7 (727) 330 3200<br>Facsimile: +7 (727) 244 6868<br>Email: baurzhan.burkhanbekov@kz.pwc.com |
| 3.11. | Global Fund<br>(Notices information for this Grant Confirmation): | The Global Fund to Fight AIDS, Tuberculosis and Malaria<br>Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland<br><br>Attention: Nicolas Cantau<br>Regional Manager<br>Eastern Europe and Central Asia Team<br>Grant Management Division<br><br>Telephone: +41 58 791 1700<br>Facsimile: +41 58 791 1701<br>Email: Nicolas.Cantau@theglobalfund.org |

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee acting through the Principal Recipient shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the "Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting" (2014, as amended from time to time), available at the Global Fund's Internet site, throughout the Implementation Period.

5. The Global Fund and the Grantee further agree that the following requirements are applicable to this Grant Confirmation:

   5.1. Prior to use of the Grant Funds for procurement of second-line anti-tuberculosis drug, the Principal Recipient shall delivery to the Global Fund, in form and substance satisfactory to the Global Fund, (i) a current detailed multi-drug resistant tuberculosis ("MDR-TB") expansion plan, including the number of MDR-TB patients to be treated and the list and quantifications of the medicines to be procured for the MDR-TB program reflecting the Principal Recipient's finalized forecast for the grant implementation period covered by the Grant Agreement, and (ii) the national guidelines for programmatic management of MDR-TB, both of which have been developed in collaboration with a technical partner acceptable to the Global Fund.

   5.2. No later than 30 days prior to a scheduled disbursement of the Grant Funds for the procurement of MDR-TB medicines, the Principal Recipient shall deliver to the Global Fund a pro forma invoice issued by the designated Global Drug Facility procurement agent, as delegated by the Green Light Committee Initiative.

   5.3. The Principal Recipient shall cooperate with the GLC in the efforts of the GLC to provide technical support and assistance to the Principal Recipient with respect to monitoring and the scaling-up of MDR-TB-related services provided in-country. Accordingly, the Principal Recipient shall budget and authorize the Global Fund to disburse up to a maximum of USD 50,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.

5.4. The Principal Recipient shall engage a service provider, which shall be acceptable to the Global Fund, for managing material and high risk procurements, as shall be determined by the Global Fund Secretariat, under the Grant Agreement.

5.5. For each reporting period, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence of reallocation of saved government funds due to transitioning from TB inpatient based care to outpatient based care (the "Reallocation Savings") in accordance with the implementation of the Republic of Kazakhstan Complex Plan on TB fight for 2014-2020. The Reallocation Savings shall be budgeted and spent on TB related expenses, including outpatient support, infection control in outpatient facilities and community support initiatives (the "Additional TB Expenses"). The Global Fund reserves a right to (i) reconsider or lower disbursements and (ii) facilitate the CCM discussion with the Ministry of Health and Social Development, if the Republic of Kazakhstan does not spend the Reallocation Savings on Additional TB Expenses.

5.6. No later than 31 December 2018, the Grantee acting through the Principal Recipient, in collaboration with the CCM, other stakeholders and partners in the Republic of Kazakhstan, shall prepare and deliver to the Global Fund a transition plan for the National TB Program in form and substance satisfactory to the Global Fund.

5.7. No later than the start date of the Implementation Period, any unspent Grant Funds and any revenue and interest generated or accrued therefrom (including those held by the Sub-recipient(s) and advances made to but not yet committed and liquidated by supplier(s) or service provider(s)) under the grant agreement for KAZ-809-G04-T dated 12 April 2012 between the National Center of Tuberculosis Problems of the Ministry of Healthcare and Social Development of the Government of the Republic of Kazakhstan and the Global Fund (the "Previous Grant Agreements") after taking into consideration the amount of Grant Funds needed to settle relevant outstanding commitments and liabilities under the Previous Grant Agreements, shall be transferred to the bank account designated for this Program (the "New Bank Account"), if different from the bank accounts designated under the Previous Grant Agreements. In the event that any refund or other income is received or, after relevant outstanding commitments and liabilities under the Previous Grant Agreements being settled and paid, any cash left in the bank accounts under the Previous Grant Agreements after the start date of the Implementation Period, the Grantee shall immediately (1) arrange for these funds to be transferred to the New Bank Account and (2) notify the Global Fund thereof.

5.8. No later than the start date of the Implementation Period, all non-cash assets remaining under the Previous Grant Agreements are fully accounted for and duly documented in order for them to be included into the Program Assets, managed under the Program and governed by the terms of this Grant Agreement.

5.9. All other requirements (including, but not limited to, those concerning financial and other reporting) are duly complied with in order for the Global Fund to financially and administratively close the Grant Funds provided under the Previous Grant Agreements according to the relevant Global Fund policy.

6. In addition to the representations set forth in the Memorandum of Understanding (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations as follows:

6.1. The Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Grantee or the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

**IN WITNESS WHEREOF**, the Global Fund and the Grantee acting through the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives as of the date of last signature below.

**The Global Fund**
**to Fight AIDS, Tuberculosis and Malaria**

By: _____

Name: Mark ELDON-EDINGTON,

Title: Division Head, Grant Management

Date: 28 NOV 2016

**Republic of Kazakhstan**
*acting through the*
***National Center of Tuberculosis Problems***

By: _____

Name:

Title:

Date:

**Acknowledged by**

By: _____

Name: Mrs. Tamara Duisenova

Title: Chair of the Country Coordinating Mechanism for Republic of Kazakhstan

Date:

By: _____

Name: Mr. Nurali Amanzholov

Title: Civil Society Representative of the Country Coordinating Mechanism for Republic of Kazakhstan

Date:

**Schedule 1**

**Integrated Grant Description**

| | |
|---|---|
| **Country:** | **Republic of Kazakhstan** |
| **Program Title:** | **Decreasing the burden of TB in Kazakhstan through reforming the TB control system and strengthening the management of drug-resistant forms of TB** |
| **Grant Name:** | **KAZ-T-NCTP** |
| **Grant Number:** | **607** |
| **Disease:** | **Tuberculosis** |
| **Principal Recipients:** | **National Center of Tuberculosis Problems (NCTP)** |

## A. PROGRAM DESCRIPTION

### 1. Background and Rationale for the Program

Kazakhstan is one of the 27 high-MDR-TB burden countries and also has one of the highest levels of TB prevalence (127/100,000), incidence (99/100,000) and mortality (8.6/100,000) in the region (WHO 2015 Global TB Report). Although the registered number of TB cases and estimated incidence have been decreasing over the recent years, the key challenge is the high burden of multi drug resistant TB. According to WHO estimates, there were 4,900 of MDR TB cases in 2014.

However, the country notified 5,877 laboratory-confirmed MDR-TB cases in 2014 suggesting that the MDR-TB prevalence is higher than estimated. The treatment success rate for MDR-TB cases was satisfactory (73% for 2012 cohort).

The special population groups, which are considered at high-risk of contracting TB and DRTB are prisoners, PLWHIV and labor migrants.

**Prisoners:** Over the last decade, the TB notification rate in the penitentiary system remains high and more than 20 times the respective rate in the civil sector (4,199.4 per 100,000 of prisoners). The TB mortality rate is also very high reaching 182 per 100,000 prisoners mainly due to the MDR-TB. According to the national data for 2012, the MDR-TB prevalence in the penitentiary system was 30-41% among new and 60-72% among retreated cases.

**PLHIV:** The TB/HIV co-infection in the country remains low – 4%.
In 2014, 98% of TB patients were tested for HIV, 4% of TB patients were HIV co-infected. However, in only 76% of HIV-positive TB cases the ARV treatment was initiated. The coverage of TB screening among PLHIV is low. In 2012, 74% of PLHIV registered at AIDS Centers were screened for TB (questionnaire, physical examination or X-ray). There are insufficient TB case findings among PLHIV mainly due to stigma, behavioral issues, and inadequate cooperation between two services leading to limitation in access. About 60% of PLHIV registered at AIDS Centres are represented by people who inject drugs and people without the place of residence. These categories of people are often difficult to reach.

**Migrants**: Over the last decade the external labor migration to Kazakhstan has been increasing due to the rapidly growing economy of Kazakhstan. The data on TB, DR-TB and TB/HIV among labor migrants in Kazakhstan has been very scarce. It is estimated that the number of TB cases among migrants may add up to 10% of the total number of TB cases in

the country. At present, the external migrants have limited access to TB diagnostics and treatment services as the existing regulations restrict provision of services to migrants. This problem contributes to the growth of the M/XDR TB burden in the country.

The component of TB, M/XDR-TB and TB/HIV among labor migrants will be managed by the second Principal Recipient, Project Hope through the separate grant.

## 2. Goals, Objectives and Key Interventions

***Goal:***
The overall goal of the program is to decrease the burden of TB in Kazakhstan through reforming the TB control system and strengthening the management of drug-resistant forms of TB by ensuring universal access to DR-TB diagnosis and treatment and addressing the needs of population groups at risk

***Objectives:***

- To support the reform of TB control services through strengthening the National TB
- Program management, monitoring and evaluation and capacity building;
- To improve timely case detection and quality diagnosis of TB and DR-TB;
- To promote quality and evidence-based treatment of DR-TB cases;
- To strengthen collaboration and response for control of TB/HIV co-infection;
- To strengthen TB and DR-TB control in the penitentiary system;
- To strengthen partnerships with civil society for effective control of TB, DR-TB and
- TB/HIV

The program is fully aligned with the *Complex Plan for Tuberculosis Control in Kazakhstan for the Period 2014-2020.* The program can also be considered as a step forward towards priorities determined in the newly developed Global Fund Investment Guidance for Eastern Europe and Central Asia.

The program intends to spearhead the reforms in TB control system in order to rationalize inpatient treatment, to expand outpatient treatment and to invest in early case detection. The program will also intend to serve populations such as prison inmates, TB/HIV patients and migrants that cannot currently be properly served by existing system due to legal limitations or systemic inefficiencies. Strengthening community systems and increasing the role of civil society during outpatient treatment for the most vulnerable patients is also one of the major streams of the current project.

## Budget Summary (in grant currency)

| By Module | Q1 | Q2 | Q3 | Q4 | Year 1 | Q5 | Q6 | Q7 | Q8 | Year 2 | Q9 | Q10 | Q11 | Q12 | Year 3 | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TB care and prevention | 133,137 | 150,467 | 213,593 | 180,898 | 678,095 | 129,521 | 180,985 | 136,668 | 177,718 | 624,891 | 138,590 | 170,022 | 209,519 | 145,737 | 663,869 | 1,966,855 | 11% |
| TB/HIV | 51,360 | 39,458 | 62,756 | 28,549 | 182,123 | 49,380 | 28,549 | 50,131 | 14,698 | 142,758 | 49,362 | 9,649 | 25,940 | 23,499 | 108,449 | 433,330 | 2% |
| MDR-TB | 2,952,405 | 759,747 | 1,011,080 | 177,516 | 4,900,749 | 2,895,609 | 410,274 | 977,027 | 322,979 | 4,605,890 | 859,076 | 472,481 | 815,504 | 344,632 | 2,491,693 | 11,998,332 | 68% |
| HSS - Procurement supply chain management (PSCM) | 37,297 | 37,297 | 37,297 | 37,297 | 149,189 | 37,297 | 37,297 | 37,297 | 37,297 | 149,189 | 37,297 | 37,297 | 37,297 | 37,297 | 149,189 | 447,568 | 3% |
| HSS - Health information systems and M&E | 51,541 | 143,311 | 72,322 | 58,423 | 325,597 | 94,117 | 36,572 | 46,747 | 36,572 | 214,010 | 101,098 | 28,656 | 53,728 | 28,656 | 212,138 | 751,745 | 4% |
| HSS - Policy and governance | 27,658 | 110,446 | 47,482 | 47,354 | 232,940 | 20,147 | 130,041 | 61,573 | 38,693 | 250,455 | 210,143 | 85,534 | 55,608 | 42,093 | 393,379 | 876,773 | 5% |
| Program management | 90,186 | 99,613 | 93,712 | 118,359 | 401,869 | 91,529 | 100,956 | 95,055 | 119,702 | 407,241 | 91,870 | 95,397 | 83,595 | 120,044 | 390,906 | 1,200,017 | 7% |
| Total | 3,343,584 | 1,340,339 | 1,538,243 | 648,396 | 6,870,562 | 3,317,600 | 924,675 | 1,404,499 | 747,660 | 6,394,434 | 1,487,438 | 899,035 | 1,281,192 | 741,960 | 4,409,623 | 17,674,620 | 100% |

| By Cost Grouping | Q1 | Q2 | Q3 | Q4 | Year 1 | Q5 | Q6 | Q7 | Q8 | Year 2 | Q9 | Q10 | Q11 | Q12 | Year 3 | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.0 Human Resources (HR) | 204,105 | 213,532 | 207,631 | 195,829 | 821,096 | 208,881 | 218,308 | 212,407 | 200,805 | 840,202 | 209,332 | 212,858 | 201,056 | 201,056 | 824,301 | 2,485,598 | 14% |
| 2.0 Travel related costs (TRC) | 50,957 | 170,428 | 280,506 | 164,248 | 666,139 | 44,289 | 262,285 | 180,249 | 156,577 | 643,400 | 117,556 | 223,178 | 177,858 | 84,308 | 602,900 | 1,912,439 | 11% |
| 3.0 External Professional services (EPS) | 21,786 | 125,218 | 27,965 | 71,615 | 246,585 | 71,761 | 111,761 | 21,708 | 58,158 | 263,389 | 162,844 | 71,479 | 28,626 | 65,076 | 328,025 | 837,999 | 5% |
| 4.0 Health Products - Pharmaceutical Products (HPPP) | 1,698,700 | 3,949 | 3,949 | 3,949 | 1,710,546 | 1,698,687 | 3,936 | 3,936 | 3,936 | 1,710,495 | 25,287 | | | | 25,287 | 3,446,328 | 19% |
| 5.0 Health Products - Non-Pharmaceuticals (HPNP) | 816,937 | 38,917 | 740,497 | 38,917 | 1,635,268 | 622,045 | 38,917 | 602,045 | 38,917 | 1,301,924 | 438,201 | 8,187 | 418,201 | 8,187 | 872,775 | 3,809,967 | 22% |
| 6.0 Health Products - Equipment (HPE) | 41,795 | 423,135 | 8,295 | 3,795 | 477,020 | 15,975 | | 15,975 | | 31,950 | 15,975 | | 15,975 | | 31,950 | 540,920 | 3% |
| 7.0 Procurement and Supply-Chain Management costs (PSM) | 336,166 | 44,425 | 123,983 | 24,625 | 529,200 | 315,520 | 24,625 | 103,337 | 24,625 | 468,108 | 83,934 | 24,625 | 80,788 | 24,625 | 213,953 | 1,211,261 | 7% |
| 8.0 Infrastructure (INF) | | | | | | | | | | | | | | | | | |
| 9.0 Non-health equipment (NHP) | 65,267 | 124,252 | 37,547 | 37,547 | 264,612 | 11,568 | 11,568 | 11,568 | 11,568 | 46,270 | 11,568 | 11,568 | 11,568 | 11,568 | 46,270 | 357,152 | 2% |
| 10.0 Communication Material and Publications (CMP) | 1,781 | 90,393 | 1,781 | 1,781 | 95,735 | 76,668 | 1,068 | 1,068 | 1,068 | 79,873 | 76,668 | 1,068 | 1,068 | 1,068 | 79,873 | 255,482 | 1% |
| 11.0 Programme Administration costs (PA) | 37,659 | 37,659 | 37,659 | 37,659 | 150,637 | 34,395 | 34,395 | 34,395 | 34,395 | 137,582 | 34,395 | 34,395 | 34,395 | 34,395 | 137,582 | 425,800 | 2% |
| 12.0 Living support to client/ target population (LSCTP) | 68,431 | 68,431 | 68,431 | 68,431 | 273,724 | 217,810 | 217,810 | 217,810 | 217,810 | 871,242 | 311,677 | 311,677 | 311,677 | 311,677 | 1,246,708 | 2,391,673 | 14% |
| 13.0 Results-based financing (RBF) | | | | | | | | | | | | | | | | | |
| Total | 3,343,584 | 1,340,339 | 1,538,243 | 648,396 | 6,870,562 | 3,317,600 | 924,675 | 1,404,499 | 747,660 | 6,394,434 | 1,487,438 | 899,035 | 1,281,192 | 741,960 | 4,409,623 | 17,674,620 | 100% |

| By Recipients | Q1 | Q2 | Q3 | Q4 | Year 1 | Q5 | Q6 | Q7 | Q8 | Year 2 | Q9 | Q10 | Q11 | Q12 | Year 3 | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ministry of Health of Kazakhstan - National Center of TB Problems | 175,156 | 467,115 | 343,852 | 322,853 | 1,308,976 | 272,735 | 411,339 | 279,421 | 260,828 | 1,224,323 | 413,245 | 350,578 | 217,658 | 207,889 | 1,189,370 | 3,722,669 | 21% |
| AIDS center | 49,898 | 32,965 | 19,465 | 8,205 | 110,533 | 47,918 | 8,205 | 19,465 | 8,205 | 83,793 | 47,900 | 8,187 | 19,447 | 8,187 | 83,720 | 278,045 | 2% |
| TB Dispensary | 2,371,196 | 596,625 | 919,022 | 138,131 | 4,024,973 | 2,291,755 | 309,511 | 907,628 | 283,594 | 3,792,488 | 826,385 | 350,583 | 789,702 | 341,350 | 2,308,019 | 10,125,480 | 57% |
| NGO | 114,250 | 126,549 | 120,400 | 114,250 | 475,448 | 113,537 | 131,987 | 113,537 | 113,537 | 472,598 | 113,537 | 125,837 | 119,687 | 113,537 | 472,598 | 1,420,645 | 8% |
| KNCV | 18,887 | 18,887 | 74,062 | 26,034 | 137,870 | 15,983 | 24,836 | 23,130 | 42,698 | 106,648 | 25,053 | 25,053 | 73,381 | 32,200 | 155,688 | 400,206 | 2% |
| Penitentiary | 576,900 | 60,901 | 24,146 | 1,626 | 663,573 | 538,374 | 1,500 | 24,020 | 1,500 | 565,394 | 24,020 | 1,500 | 24,020 | 1,500 | 51,040 | 1,280,007 | 7% |
| UNDP | 37,297 | 37,297 | 37,297 | 37,297 | 149,189 | 37,297 | 37,297 | 37,297 | 37,297 | 149,189 | 37,297 | 37,297 | 37,297 | 37,297 | 149,189 | 447,568 | 3% |
| Total | 3,343,584 | 1,340,339 | 1,538,243 | 648,396 | 6,870,562 | 3,317,600 | 924,675 | 1,404,499 | 747,660 | 6,394,434 | 1,487,438 | 899,035 | 1,281,192 | 741,960 | 4,409,623 | 17,674,620 | 100% |

| Performance Framework | | | English | |
|---|---|---|---|---|
| **A. Program details** | | | | |
| **Country / Applicant:** | Kazakhstan | **Principal Recipients** | Ministry of Health of Kazakhstan - National Center of TB Problems | NCTB |
| **Component:** | Tuberculosis | | | |
| **Start Year:** | 2017 | *(Please select from list or add a new one)* | | |
| **Start Month:** | January | | | |
| **Annual Reporting Cycle** | Jan - Dec | | | |
| **Reporting Frequency (Months)** | 12 | | | |

| B. Reporting periods | | | | |
|---|---|---|---|---|
| **Period** | **Jan 2017 - Dec 2017** | **Jan 2018 - Dec 2018** | **Jan 2019 - Dec 2019** | |
| **PU due** | **No** | **No** | **No** | |
| **PU/DR due** | **Yes** | **Yes** | **Yes** | |

| C. Program goals and impact indicators | |
|---|---|
| **Goals:** | |
| 1 | To decrease the burden of TB in Kazakhstan through reforming the TB control system and strengthening the management of drug-resistant forms of TB by ensuring universal access to DR-TB diagnosis and treatment and addressing the needs of population groups at risk – |
| 2 | |

| Linked to goal(s) # | Impact indicator | Country | Baseline | | | Required disaggregation | Targets | | | | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Value | Year | Source | | 2017 | Report due date | 2018 | Report due date | 2019 | Report due date | 2020 | Report due date | |
| | TB I-3: TB mortality rate per 100,000 population | Kazakhstan | 5.2 | 2014 | R&R TB system, yearly management report | | 4.9 | 15-Feb-18 | 4.6 | 15-Feb-19 | 4.3 | 15-Feb-20 | | | In accordance with data presented by NCTP and Ministry of Internal Affairs 846 patients died from TB in the civil sector, 54 in the penitentiary system. Population of RK in 2014 was 17289224. GF contribution: participation in reforming of financial system of the TB service for improvement of quality of medical aid to TB patients; funding of social support to patients to improve adherence to treatment; procurement of equipment and consumables for TB diagnostics using rapid methods for timely treatment coverage, procurement of third line drugs for XDR TB |
| | TB I-4: RR-TB and/or MDR-TB prevalence among new TB patients: Proportions of new TB cases with RR-TB and/or MDR-TB | Kazakhstan | 26 | 2014 | R&R TB system, yearly management report | | 25 | 16-Feb-18 | 25 | 16-Feb-19 | 25 | 16-Feb-20 | | | In accordance with data presented by NCTP RR/MDR TB testing was conducted for 9597 patients, number of MDR TB cases was 2495. GF contribution - procurement of equipment and consumables for TB diagnostics using rapid methods for timely treatment coverage; funding of social support to patients to improve adherence to treatment. Data is collected through RDS. |

| D. Program objectives and outcome indicators | |
|---|---|
| **Objectives:** | |
| 1 | To support the reform of TB control services through strengthening the National TB Program management, monitoring and evaluation and capacity building |
| 2 | To improve timely case detection and quality diagnosis of TB and DR-TB |
| 3 | To promote quality and evidence-based treatment of DR-TB cases |
| 4 | To strengthen collaboration and response for control of TB/HIV co-infection |
| 5 | To strengthen TB and DR-TB control in the penitentiary system |
| 6 | To strengthen partnerships with civil society for effective control of TB, DR-TB and TB/HIV |

| Linked to objective(s) # | Outcome Indicator | Country | Baseline | | | Required disaggregation | Targets | | | | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Value | Year | Source | | 2017 | Report due date | 2018 | Report due date | 2019 | Report due date | 2020 | Report due date | |
| | TB O-2a: Treatment success rate- all forms: Percentage of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) successfully treated (cured plus treatment completed)<br>*Includes new and relapse cases | Kazakhstan | 89% | 2013 cohort | R&R TB system, yearly management report | | 85 | 15-Feb-18 | 85 | 15-Feb-19 | 85 | 15-Feb-20 | | | In accordance with data presented by the national program, number of all laboratory and clinically confirmed new cases and relapses registered in 2013 was 14456, with cured and treatment completed outcomes - 12841. GF contribution: funding of social support to patients to improve adherence to treatment; procurement of equipment and consumables for TB diagnostics using rapid methods for timely treatment coverage, training of specialists. In connection with introduction of integrated approach to management of TB cases in 2016 in RK, that stipulates transfer of some functions of TB service to PHC service and expansion of outpatient treatment phase, we suppose that in the first years there will be decrease in treatment effectiveness rate of all TB cases, sensitive and MDR, up to development of mechanisms of medical aid rendering at the PHC level. Reporting: 2017 will be reported 2015 cohort, 2018 - 2016 cohort, 2019 - 2017 cohort. |
| | TB O-4: Treatment success rate- laboratory confirmed RR TB and/or MDR-TB: Percentage of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated (cured plus completed treatment) among those enrolled on second-line anti-TB treatment during the year of assessment | Kazakhstan | 73.00% | 2012 cohort | R&R TB system, yearly management report | XDR | 75 | 15-Feb-18 | 75 | 15-Feb-19 | 75 | 15-Feb-20 | | | In accordance with data presented by the national program, number of cases started SLD treatment in 2012 was 7213, with cured and treatment completed outcomes - 5265. GF contribution: funding of social support to patients to improve adherence to treatment; procurement of equipment and consumables for TB diagnostics using rapid methods for timely treatment coverage, training of specialists. Reporting: in 2017 will be reported 2014 cohort, in 2018 - 2015 cohort and in 2019 - 2016 cohort. |
| | TB O-5: TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | Kazakhstan | 92.5 | 2014 | R&R TB system, yearly management report | | TBD | | TBD | | TBD | | | | Target setting exersice will be conducted in 2017, since this is a newly introduced indicator by the WHO. |

## E. Modules

### Module 1 — TB care and prevention

| Coverage/Output Indicator | Responsible Principal Recipient | Is subset of another indicator (when applicable) | Geographic Area (If Sub-national, specify under "Comments") | Cumulation for AFD | Baseline N# / D# | Baseline % | Baseline Year | Baseline Source | Required disaggregation | Targets Jan 2017 - Dec 2017 N# / D# | Jan 2017 - Dec 2017 % | Jan 2018 - Dec 2018 N# / D# | Jan 2018 - Dec 2018 % | Jan 2019 - Dec 2019 N# / D# | Jan 2019 - Dec 2019 % | N# / D# | % | N# / D# | % | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TCP-6a: Number of TB cases (all forms) notified among prisoners | NCTB | | National | Cumulative annually | 1153 | | 2015 | Administrative records | | 1,084 | | 1,051 | | 1,019 | | | | | | GF contribution: procurement of equipment and consumables for TB diagnostics using rapid methods for timely treatment coverage, training of specialists, support of infection control, treatment coverage for MDR patients in penitentiary system. Declining trend: 2013 - 2107, 2014 - 1671, |
| TCP-8: Percentage of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis | NCTB | | National | Cumulative annually | 9414 / 14917 | 63.1% | 2015 | Administrative records | | 9,726 / 14,517 | 67% | 9,878 / 14,317 | 69% | 9,882 / 14,117 | 70% | | | | | According to the data of the national program, in 2015 number of new cases 9150, relapses - 5767 (from the TB-07 log. Out of them 6250 new cases and 3164 relapses underwent GeneExpert testing. GF contribution: procurement of equipment and consumables for TB diagnostics using rapid methods for timely treatment coverage, training of specialists on TB diagnostics using rapid methods. |

### WorkplanTracking Measures

| Module 2 | MDR-TB | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Coverage/Output indicator | Responsible Principal Recipient | Is subset of another indicator (when applicable) | Geographic Area (if Sub-national, specify under "Comments") | Cumulation for AFD | Baseline | | | | Required disaggregation | Targets | | | | | | | | | | | | Comments |
| | | | | | | | | | | Jan 2017 - Dec 2017 | | Jan 2018 - Dec 2018 | | Jan 2019 - Dec 2019 | | | | | | | | |
| | | | | | N# / D# | % | Year | Source | | N# / D# | % | N# / D# | % | N# / D# | % | N# / D# | % | N# / D# | % | N# / D# | % | |
| MDR TB-3: Number of cases with RR-TB and/or MDR-TB that began second-line treatment | NCTB | | National | Cumulative annually | 6482 | | 2015 | R&R TB system, yearly management report | Male=4524<br>Female= 1958<br>Age <15= 39<br>Age 15+ = 6443<br>New TB drugs: Short regimens: | 5,997 | | 5,740 | | 5,490 | | | | | | | | According to the data of the national program, number of patients started SLD treatment in 2015 was 6876. GF contribution: procurement of equipment and consumables for TB diagnostics using rapid methods for timely treatment coverage, training of specialists. Declining trend. 300 MDR patients will be provided with MDR treatment in the penitentiary system : 2013-7039, 2014 - 6851, 2015 - 6482 |
| MDR TB-8: Number of cases of XDR TB enrolled on treatment | NCTB | | Subnational | Cumulative annually | 391 | | 2015 | Administrative records | | 325 | | 325 | | | | | | | | | | There were no patients with confirmed XDR TB covered with new third line drugs in 2015. GF contribution: procurement of third line drugs, training of specialists. The basline includes XDR and pre-XDR patients not treated with the new drugs. |

| Module 4 | HSS - Policy and governance | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Coverage/Output indicator | Responsible Principal Recipient | Is subset of another indicator (when applicable) | Geographic Area (if Sub-national, specify under "Comments") | Cumulation for AFD | Baseline | | | | Required disaggregation | Targets | | | | | | | | | | | | Comments |
| | | | | | | | | | | Jan 2017 - Dec 2017 | | Jan 2018 - Dec 2018 | | Jan 2019 - Dec 2019 | | | | | | | | |
| | | | | | N# / D# | % | Year | Source | | N# / D# | % | N# / D# | % | N# / D# | % | N# / D# | % | N# / D# | % | N# / D# | % | |
| HSS - other 1: Number and percentage of TB beds reduced | NCTB | | National | Cumulative annually | 1644<br>11,848 | 13.9% | 2015 | Administrative records | | 2,369<br>11,848 | 20% | 2,962<br>11,848 | 25% | 3,554<br>11,848 | 30% | | | | | | | This indicator measures the outcome of TB reform.<br>Cumulative target during Program life is 3554 beds (30% of baseline). Cumulative target corresponds to the Complex Plan (Indicator 1.1.1).<br>Nominator: Number of beds reduced by the end of reporting period.<br>Denominator is stable. 11848 TB beds are reported in Annual Statistical Report, 2013.<br>GF contribution: funding of work on reforming of financial system of the TB service. |
| HSS - other 2: Average length of in-patient treatment | NCTB | | National | Cumulative annually | 104.9 | | 2015 | Administrative records | | 68 | | 60 | | 50 | | | | | | | | Indicator is reported annually (for the second semester of a given year).<br>Indicator is oriented at the evaluation of TB Reform. Source of Information: Statistical Report (Reporting form 30)/ or TB Register.<br>It is expected that by the end of 2019, the average stay in hospital for TB patients (all forms) will be decreased by 50%. This Indicator corresponds to the Complex Plan (Indicator 1.1.3).<br>Indicator is cumulative annually (value for the Program Period 2 represents annual target) GF contribution: funding of work on reforming of financial system of the TB service. |

| WorkplanTracking Measures | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # | Intervention | Key Activities | Milestones/Targets (no more than 200 characters) | Criterion for completion milestone/target | Milestones/Targets | | | | | | | | Comments (no more than 500 characters) |
| | | | | | Jan 2017 - Dec 2017 | Jan 2018 - Dec 2018 | Jan 2019 - Dec 2019 | | | | | | |
| 5 | Development and implementation of health legislation, stratgies and policies | To develop TB institutions' improved funding mechanism in order to expand outpatient treatment for TB patients, including those suffering from TB drug-resistant forms | To create a working group on funding mechanisms | Order to establish a working group | | x | | | | | | | |
| | | | TB service funding mechanism is developed and approved. | Order of the MHSD of RK about conduction of pilot in the 4 regions of RK | | x | | | | | | | |
| | | | New funding methods is piloted in Aktobe, Akmola, Shymkent, city of Almaty. | Interim and final results of piloting | | x | x | | | | | | |
| | | | Funding mechanism is finalized according to the approbation results. | Relevant order of the MHSD of RK was developed. | | | x | | | | | | |