

Comparison of COVID-19-Related Tuberculosis Resource Reallocation in Afghanistan and Kyrgyzstan

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Background

In 2020, the COVID-19 pandemic ravaged health systems worldwide. During this time, tuberculosis (TB) programs were particularly hard hit given the overlap in medical equipment, laboratory systems, and clinical expertise needed to combat both diseases. Afghanistan and Kyrgyzstan have experienced COVID-19 under very different contexts. Lockdowns and restrictions in Kyrgyzstan made it difficult for TB patients to access appropriate care, whereas the escalating conflict coupled with the difficulties of COVID-19 posed major challenges to delivering quality TB care in Afghanistan. Understanding the extent to which resources are reallocated will help program managers, policy-makers, donors, and implementers assess vulnerabilities in TB services and focus efforts to ensure minimal loss of progress in the fight to end TB in the post-COVID-19 era.

Methods

A quality of TB services assessment (QTSA) was conducted in randomly selected health facilities in Afghanistan (N=239) and Kyrgyzstan (N=258) between November 2020 and March 2021. The assessment tools included a facility audit, register review, patient interview, and provider interview. The facility audit and patient interview tools included newly developed [COVID-19 modules](#) designed to examine the disease's impact on TB services and resources from the perspective of both TB service providers and TB patients, and these QTSA's offered a unique opportunity to pilot and validate the tool in two distinct contexts.

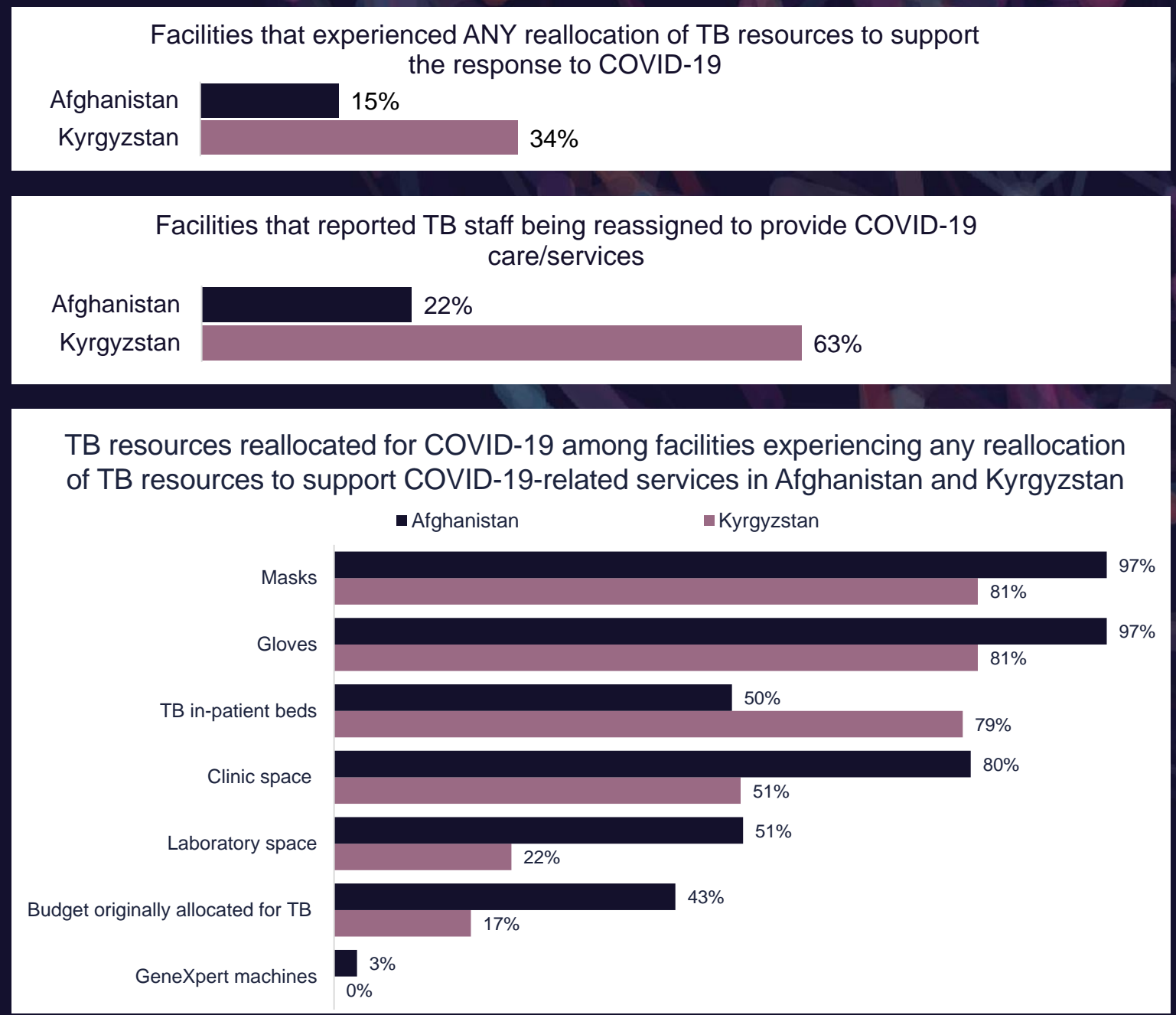
In both countries, primary, secondary, and tertiary level facilities were assessed. All seven Oblasts (regions) were covered by the QTSA in Kyrgyzstan, but only seven out of thirty-four provinces were covered in Afghanistan, mostly due to resource constraints and security concerns.

Mobile data collection was used to administer the QTSA tools, and the analysis for this presentation was limited to results from the facility audit COVID-19 module. Descriptive analysis was performed to determine frequencies of resource reallocations experienced by facilities in each country.

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Results

Of all facilities surveyed in Afghanistan, only 15% (35 facilities) reported experiencing any reallocation of their TB resources in response to COVID-19 needs, while about one-third (94) of facilities surveyed in Kyrgyzstan experienced TB resource reallocations. Furthermore, just under one-quarter of facilities in Afghanistan and almost two-thirds of the facilities in Kyrgyzstan indicated that they had TB staff reassigned to provide COVID-19-related services. In both countries, the reassigning of TB staff for COVID-19 care was most common in tertiary-level health facilities.

Of those facilities that reported experiencing reallocations, masks and gloves were the resources most often reallocated from TB services to COVID-19 efforts. For facilities with in-patient services, approximately half of surveyed facilities in Afghanistan and over three-quarters of facilities surveyed in Kyrgyzstan reported reallocation of TB in-patient beds. Physical clinical space was reallocated in 80% of facilities in Afghanistan and 51% of facilities in Kyrgyzstan, and physical lab space was reallocated in 51% of facilities in Afghanistan and 22% of facilities in Kyrgyzstan. TB budget reallocations were reported by 43% and 17% of facilities in Afghanistan and Kyrgyzstan, respectively. Only a small portion of facilities in Afghanistan reported reallocation of GeneXpert machines.

Discussion

The assessment revealed variations in COVID-19-related TB resource reallocation between Afghanistan and Kyrgyzstan. Results demonstrated differences in the scope and types of reallocated TB resources, reflecting the role of contextual factors and program environment in determining how TB programs respond and adapt during emergencies. Furthermore, these QTSA's were an opportunity to validate the [COVID-19 modules](#) in two different contexts and demonstrated their effectiveness in collecting information on the impact of COVID-19 on multiple aspects of TB systems and service delivery.

Understanding the nature and extent of COVID-19-related reallocations will help national TB programs identify resulting gaps in TB-related resources and services and anticipate and plan for future system shocks that may threaten progress in the fight to end TB.