Universal Health Care scheme, it is planned to increase the level of staff remuneration according to the relevant Government policies. The Government will continue covering the facility expenses of the health care provider institutions providing TB care and will increase the payments for relevant budget lines as required.

Timeframe: continuous

- *Renovation and refurbishment of inpatient TB treatment facilities*. The Government will allocate, as well as advocate for with the management of private medical provider networks, additional financing for renovation of TB inpatient and outpatient facilities, which are in need of infrastructure rehabilitation (including relocation from current premises). This includes establishment of the palliative care facility for patients who failed all available treatment options.

  Timeframe: 2019-2022

- *Microscopy and conventional culture investigations (consumables, reagents)* was in 2016. Government will provide continuous funding to ensure access to quality TB diagnoses.

  Timeframe: continuous

- *Clinical investigations for TB patients on treatment and medicines for management of adverse drug reactions of anti-TB drugs* will be continued to be funded by the government.

  Timeframe: continuous

- *Individual infection control protection for staff and patients*. Respirators for staff at increased risk of infection working in TB and inpatient TB treatment sites, including prisons, as well masks for TB inpatients, will be continued to be procured from domestic sources.

  Timeframe: continuous

- *First-line anti-TB drugs* will be continued to be funded by the government. The system for TB drugs' procurement and supply management will be further strengthened.

  Timeframe: continuous

- *MGIT and LPA laboratory investigations (consumables, reagents, maintenance of equipment and other costs)*. The Government will gradually engage in the procurement of supplies during the second half of the Plan.

  Timeframe: 2016-2022 (50% takeover by end- of 2019, 75% by end of 2020, 100% by end of 2022).

- *M/XDR-TB Patient adherence support (incentives, enablers)*. The Government will assure for provision of adherence support as a key component of the patient-centered TB case management, thus taking over from TGF project, which currently covers the most of this support.

  Timeframe: 2016-2020 (75% takeover by end of 2018, 100% by end of 2020).

- *Second-line and third-line TB drugs*. The Government is committed to engage in own procurement of drugs for treatment of M/XDR cases and to scale it up during the NSP period, in order to ensure the financial sustainability of the program in view of decreasing external support.

  Timeframe: 2016-2022 (75% takeover by end of 2019, 80% takeover by end of 2020, 100% by end of 2022).

6. Potential risks associated with the Strategy implementation

As gradual reduction of donor funding is anticipated during the strategy implementation period, there are some risks that available government resources may not be sufficient to fully cover the program needs and eliminate the funding gap that is largely caused by the estimated recommended salary level of health care workers within the NTP as well as growing facility costs. This strategy considers a set of interventions aimed at mitigating this risk that includes intensive advocacy, and improving system's efficiency by strengthening

outpatient TB care delivery and building capacity of primary care providers for early detection of TB and treatment follow up.

7. Indicators for monitoring implementation

Implementation of this strategy (2019-2022) will be regularly monitored against 7 impact and outcome indicators and 10 output indicators to illustrate coverage with TB services.

National Center for Disease Control and Public Health will coordinate the strategy monitoring and evaluation processes and will prepare reports in line with the global reporting requirements. Implementing partners including the Global Fund supported project will contribute towards M&E efforts through data quality assurance and evaluation studies when appropriate.

M&E indicators and targets are presented in Annex 1.

Annex 1. Monitoring and Evaluation Framework

No.	*Impact and Outcome Indicators*	*2014*	*Baseline 2015*	*2016*	*2019*	*2020*	*2021*	*2022*
1.	Estimated TB notification rate: new cases and relapses, per 100,000	106	99	92	64.6	63.3	62.0	60.8
2.	MDR prevalence among new TB cases	11.6%	11.6	10.2%	<12%	<12%	<12%	<12%
3.	MDR prevalence among previously treated TB cases	39.2%	38.8%	38%	<35%	<35%	<35%	<35%
4.	Estimated TB mortality rate (excluding TB/HIV), per 100,000	5.1	5.0	4.8	4	3.75	3.5	3.225
5.	Treatment success rate, of new and relapse TB cases	79.6% (2013 cohort)	83.1% (2014 cohort)	84% (2015 cohort)	86%	90%	92%	95%
7.	Treatment success rate, laboratory confirmed RR/MDR-TB cases	47.5% (2012 cohort)	42.8% (2013 cohort)	48.9% (2014 cohort)	67%	75%	>75%	>75%
No.	***Output Indicators***	***Baseline (2014)***	***2015***	***Baseline 2016***	***2019***	***2020***	***2021***	***2022***
1.	Percentage of notified new and relapse TB cases tested using a WHO-recommended rapid diagnostic (for example Xpert MTB/RIF) as the initial diagnostic test	32%	64%	83%		>85%		>95%

2.	Coverage of first-line drug susceptibility testing among notified culture-positive TB patients (new and previously treated)	2163/2296 (94%)	2108/2205 (96%)	1982/2027 (98%)	>95%			>95%
3.	Coverage of second-line drug susceptibility testing among notified MDR patients	396/425 (93%)	385/407 (95%)	331/361 (92%)	>95%	>95%	>95%	>95%
4.	Interim results of MDR-TB treatment: percentage of patients with culture conversion at six months of treatment	317/502 (63%)	320/465 (69%)	296/395 (75%)		85%		>90%
5.	Number of contacts of TB patients screened for active TB, per 1 TB case (all forms)	1.2	1.5	1.6		3.5		4
6.	TB notification rate in the penitentiary system: all cases, per 100,000 of average annual prison population	1388	1173	889		<800		<700
7.	Proportion of TB patients with known HIV status (percentage of notified TB cases, all forms, tested for HIV)	68%	88%	96%		95%		>95%
8.	Prevalence of HIV among all TB cases	2.2%	3.1%	2.4%		≤ 4.5%		
9.	Percentage of TB cases, all forms, receiving the entire treatment in outpatient (ambulatory) setting	30%		30% (2014)		65%		70%
10.	Share of out of pocket payments in total TB expenditures	5%	4%	2%		1%		0.5%