TB REP

TB Regional HCA Project on Strengthening Health Systems for Effective TB and DR-TB Control, funded by the Global Fund

Strengthening outpatient TB care model in Georgia

FINANCED BY Global Fund to Fight AIDS, Tuberculosis and Malaria

PRINCIPAL RECIPIENT:

CENTER FOR HEALTH POLICIES AND STUDIES

(PAS CENTER)

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PROGRESS REPORT

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ABBREVIATIONS

ACSM	Advocacy Communication and Social Mobilization
CSO	Civil Society Organization
DOT	Directly Observed Therapy
GFMA	Georgian Family Medicine Association
KAP	Key Affected Population
MDR TB	Multidrug Resistant Tuberculosis
MCLA	Ministry of Corrections and Legal Advice
MOLHSA	Ministry of Labour, Health and Social Affairs
MP	Member of the Parliament
NCDCPH	National Center for Disease Control and Public Health
NCTBLD	National Center of Tuberculosis and Lung Diseases
NSP	National Strategic Plan
NTP	National Tuberculosis Program
PCP	Primary care provider
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization
XDR TB	Extensively Drug Resistant Tuberculosis

1. INTRODUCTION

Georgia Family Medicine Association has been implementing the project “expanding patient-centered care for TB KAP in Georgia” since March 1 2016. Major achievements of the project in line with its objectives were as follow:

1. GFMA conducted situation analysis to identify the barriers to access to quality TB services. The advocacy strategy to promote an outpatient TB care model was developed based on this analysis. The strategy was widely discussed among Georgia TB coalition members (which are 17 Non-governmental and community based organizations active in the field of TB and TB/HIV). The strategy was positively evaluated by the Country Coordinating Mechanism and will be formerly launched on February 23rd at CSOs forum organized by the CCM with the Global Fund support.
2. In order to build linkages between primary care providers and community based organizations GFMA conducted quarterly thematic meetings attended by family physicians, nurses, social workers, representative of Georgia TB Coalition, Ministry of Labor, Health and Social Affairs and National Center for Disease Control and Public Health. GFMA has produced and disseminated brochure promoting outpatient TB care model to increase awareness and generate demand among population groups.
3. High level advocacy meetings were organized to sensitize high level decision makers on the importance of shifting resources towards outpatient TB care delivery. The GFMA representatives joined the National TB Health System Strengthening working group established under the auspices of Country Coordinating Mechanism to serve as a platform for joint discussions and decision making on various systemic issues related to outpatient TB care model.

The utilization of hospital services for TB care in Georgia is low (30% of patients with drug sensitive TB are hospitalized, and average length of stay for MDR TB treatment is 120 days) as compared to the regional average. However, the low treatment success and high loss to follow up rates particularly among MDR TB patients indicate that TB care model is sub-optimal. Systemic changes are needed to make it more patient-centered with high quality diagnostic and treatment services readily available near patients’ homes in a community.

Thematic and high level meetings conducted within the project revealed that the readiness of primary care providers to play a greater role in TB detection and follow up care particularly in urban areas is limited. This is determined by high level of stigma, limited competencies and lack of a comprehensive framework on role distribution for TB control across different health care structures and institutions. The resistance from TB specialized network to support a gradual shift of core TB care functions towards primary care services is still substantial. This prevents representatives of TB specialized (mainly hospitals) network to enter into an effective dialogue with general health care providers and discuss various options for outpatient TB care delivery.

Recently adopted TB control law for Georgia promotes all mechanisms aimed at improving efficiency of the system and making TB care more patients oriented. Local governments have to play a key role in the implementation of the new law. Their role should be increased and capacity built to ensure implementation of new TB control law at a community level (active case finding, contact tracing, adherence support).Very few (if any) activities have been targeted specifically to governors within TB control interventions so far. It is important to improve coverage of this group through their involvement in high level meetings and national workshops on outpatient TB care delivery.

As outpatient TB service in Georgia are delivered by private general district hospitals. Continuous interaction and advocacy efforts are needed to ensure sustainable involvement of private providers in national TB programs.

Establishment of the high level TB health system strengthening working group has been an important development. In order to achieve greater involvement of TB specialists and high level decision makers in advocacy for outpatient TB model, the GFMA team plans to work

closely with the health systems strengthening TB-REP team leadership (Deputy Minister for health and the director of National Center for Disease Control and Public Health) to agree upon strategies for disseminating positive messages about ongoing development to minimize resistance of the hospital staff. This dialogue will improve understanding and acceptance of the given project and overall TB-Rep objectives.
In summary, the first year implementation experience showed that (1) there should be a clear outline defining outpatient service delivery model specifying roles and responsibilities of all health care providers and community players in the TB service delivery. A country roadmap should be elaborated to guide all stakeholders towards new TB service delivery model that will be more patient-centered, responsive and efficient. (2) Priority groups for advocacy efforts should be private providers and local government representatives (3) High level advocacy should be implemented through close collaboration with TB-REP working group. The latter can serve as a platform for policy discussions and facilitate high-level decision making by regular interaction with policy makers and preparing evidence-based solutions to policy questions on new TB service delivery model.

Priority areas for advocacy efforts include:

- Ensuring sustainable financing of the National TB Program through improving efficiency of the system
- Introducing effective financing mechanisms to encourage good performance and high quality service delivery
- Supporting professional integration of TB into competencies of primary care providers
- Organizing information campaigns aimed at reducing a level of stigma
- Supporting structural and functional integration of TB service delivery into general health care setting through building outpatient health care providers capacity in TB and MDR TB management

The overall goal of the project is to improve access to and coverage with outpatient TB services. The project
will contribute towards “day-1” outpatient care model for drug sensitive and MDR TB patients through advocating for increased involvement of primary care and outpatient specialized lung services in TB detection and follow up care.
The project should result in increased access to and utilization of outpatient TB service in Georgia.
Project objectives are as follow:

1. Facilitate the country dialogue on developing TB outpatient care model for Georgia
2. Contribute towards establishing an effective TB outpatient care model through building linkages between primary care service providers and community based organizations active in the field of Tuberculosis
3. Sensitize high-level policy makers on importance of transitioning from hospital towards outpatient TB care model through intensive advocacy efforts

4. PROGRAM HIGHLIGHT

The reporting period was devoted to development of a draft outline on outpatient TB care model in Georgia and initiation of a country dialogue on adoption of the new service delivery model with special emphasis on active patient engagement.

Objective 1. Facilitate the country dialogue on developing TB outpatient care model for Georgia

Activity 1.1. Develop a draft outline on outpatient TB care model in Georgia.

In line with the project objectives GFMA technical advisors initiated the preparatory work to develop the draft outpatient TB care model that will define roles and responsibilities for primary care providers, TB outpatient and inpatient specialized services and social workers

A consultative meeting was held with former TB patients to find out their expectations about shifting of TB service delivery to predominantly outpatient based model. A meeting was held on May 18th. (See annex 1 for the meeting minutes).

The discussion led to the following findings that will be further used for dialogue and advocacy. Namely,

- Peer support by former TB patients should be reflected in the national TB program as a separate service.
- Criteria and terms for patient hospitalization should be clearly defined.
- Social support for TB patients may be revised.

Objective 2. Contribute towards establishing an effective TB outpatient care model through building linkages between specialized outpatient TB service within the private providers network, primary care service providers and community based organizations active in the field of Tuberculosis

GFMA technical advisors continue consultations with national counterparts to define key elements of outpatient care model. This work will intensify in June-July and will result in developing a TB outpatient care model concept for Georgia.

Objective 3. Sensitize high-level policy makers on importance of transitioning from hospital towards outpatient TB care model through intensive advocacy efforts

Preparatory work is in place to develop agenda and content for planned high level meeting to be conducted in quarter 2.

5. ACHIEVEMENTS

The meeting and discussions involving patients group contributed to identification and highlighting the patient perspective on current and prospective TB service model in Georgia and helped to understand patients' perspectives of the TB outpatient model development.

6. CONSTRAINTS AND SOLUTIONS

No constraints were met during the reporting period.

7. DESCRIPTION OF THE STRATEGIC EVENTS IN TB GOING IN THE COUNTRY

1. On March 22nd, 2017, CCM organized the CSO forum aimed at discussion of the main dimensions of the Transition and Sustainability Plan developed based on the need to ensure smooth transition from the Global Fund to the state funding of the TB

and HIV programs and the coordinated actions towards their implementation. The topics of HIV and TB control current initiatives and the role of the CSOs in their implementation, the transitional planning, Global Fund grants and future prospects of financing were covered during the meeting. The ways/barriers and possibilities of strengthened CSOs involvement in national response to Tuberculosis and AIDS were discussed.

On March 24, 2017 World TB campaign was conducted, including high-level meeting, in-door and out-door events, TB shows, and other activities with active involvement of GFMA and Georgia TB Coalition.

2. Curatio International Foundation (CIF) has initiated research to explore opportunities for introducing results based financing for outpatient TB service providers in Georgia. The research is implemented in collaboration with the lead experts in the field of results based financing, TB economics and realist evaluation from the Queen Margaret University (QMU), London School of Hygiene and Tropical Medicine (LSHTM) (UK) and Institute of Tropical Medicine (TME) (Antwerp). The main goal of the project is to assist the Georgian government in developing a provider incentive payment scheme for TB (as a pilot RBF intervention) and to generate evidence on its effects on adherence and treatment success rates for DS and MDR TB patients, health service cost, and how it works in different contexts in Georgia.

   The RBF pilot will be intended at addressing the current supply side weaknesses of TB service delivery. It will allow to examine the (i) impact, (ii) cost-effectiveness and (iii) underlying mechanisms and wider effects of the RBF intervention using a theory-informed controlled trial design. GFMA technical advisors are involved in the research steering committee and will be involved in a research plan design and implementation oversight.

8. ANNEXES

- Minutes of meeting
- Sign-up sheets
- Photos

ANNEX 1.

The country dialogue on developing TB outpatient care model for Georgia

Meeting with Georgia Patients Union

Meeting Notes

The consultative meeting was held at the National Family Medicine Center on May 18, 2017 at 16:00

Objectives

To discuss the barriers and enablers of outpatient TB care model from the patient perspective

Attendees

Irina Karosanidze - Georgian Family Medicine Association

Tamar Gabunia - Georgian Family Medicine Association/CCM

Tsira Chakhaia - Georgian Family Medicine Association

Maka Danelia - Georgian Family Medicine Association

Magda Omiadze - Georgian Family Medicine Association

Sofia Mgeladze - National Family Medicine Training Center

Nelli Iluridze - Georgian Family Medicine Association

Ushangi Kiladze - Georgian Family Medicine Association

Beka Ioseliani - National Family Medicine Training Center

Nana Amashukeli - Georgian Family Medicine Association

Lali Janashia - Patients Union

Nikoloz Mirzashvili - Patients Union

Vajha Jikia - Patients Union

David Alkhazashvili - Patients Union

Levan Dzamashvili - Patients Union

Lorik Garibashvili - Patients Union

Baia Kupunia - Patients Union

The meeting was devoted to discussion of the systematic barriers and enablers through the care pathway including prevention, early diagnosis and treatment. The following points were underlined:

- Awareness rising and patient education is important to promote health seeking behavior and avoid delays in patient admission.
- Primary care physicians often treat patients with antibiotics for prolonged time (exceeding 2 months) instead of referral for specific TB tests.
- Diagnosis of extra-pulmonary is especially difficult and these forms are often detected at a later stage. The late diagnosis is linked to complications and financial expenditure for patients.

- Stigma in general population and especially among health care professionals should be addressed.
- Primary care providers lack motivation to be engaged in TB service delivery. Besides, healthcare professionals often lack counselling skills, leading to misunderstanding and conflict with patients.
- Patients need psychological support to adhere to long term treatment course. Peer support and shared experience have tremendous influence. However, at the same time, incorrect information from peers (i.e. “those yellow pills are terrible”) may promote unfavorable behavior and jeopardize treatment process.
- It is difficult to adhere to treatment for long period without direct observation. Observation method should be selected on individual basis, for some patients facility based DOT is preferable, for others VOT is a method of choice, is some cases – family members shall be used. Family needs adequate attention as it may be supporting or hindering the treatment.
- After several months of treatment, the TB symptoms are relieved and patients feel worse from drugs, at this stage patient education and support have paramount importance. The patients should be aware of the risks of treatment interruption, including the spread of infection. The treatment default is a gradual process, as a rule the patients start to miss one-two days a week before loss to follow up. So health care providers or adherence supporters should intervene immediately.
- Currently, initial hospital treatment is offered to all patients with MDR TB. Patients have different experience of hospital treatment, which is mostly used to monitor patient’s response to treatment and avoid disease transmission. Such hospitalization may last from one to several months. Most of former patients think that initial hospitalization is needed but two to three weeks is a sufficient time for hospital treatment.
- Financial incentive for MDR patients is important, however the current scheme implies loss of incentive for one week, if one day or one medication is missing. In certain cases this may be demotivating. The alternative may be providing incentive for each day. Financial incentive for regular TB patients is insignificant and its impact on patient behavior is unclear.

Findings

Peer support/counselling by former TB patients should be reflected in the national TB program as a new type of service.

Criteria and terms for patient hospitalization should be clearly defined.

Social support for TB patients may be revised.