

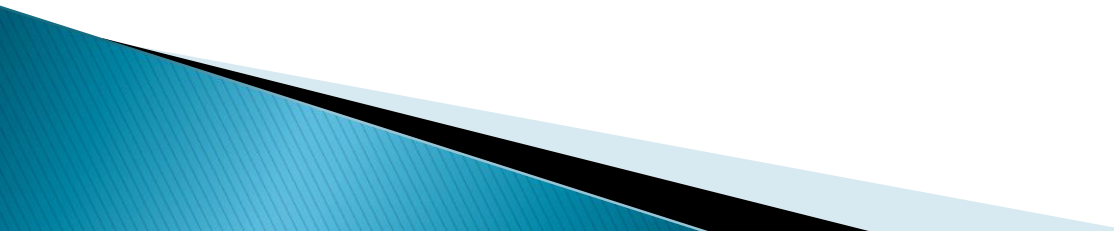


THE EXISTING ACCESS BARRIERS TO QUALITY TB SERVICES FOR KEY AFFECTED POPULATIONS (KAP)

GEORGIA FAMILY MEDICINE ASSOCIATION

MAY 2016

Purpose and methodology

- ▶ Analyze barrier to access to TB services in Georgia
 - ▶ Desk review of available technical reports
 - ▶ Stakeholder consultative meeting
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Analysis framework

Health Care Context

- Political commitment on ensuring universal access to quality health services
- Primary Care Reform
- Integration of TB services with other services for KAP
- Involvement of community based organizations in health care

TB Service Delivery

**Geographical
accessibility**

Availability

Effectiveness

Affordability

Acceptability

**Geographic
distribution of TB
services**

**Scope of services, a
level of equity in
access to a
comprehensive
package**

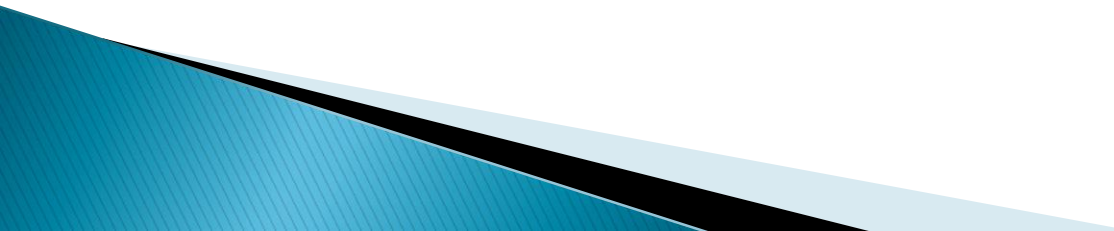
**Equality in access to
quality services**

**Free care at the
points of service
delivery
Social aid to cover
patients 'costs
while on treatment**

**A level of TB
related stigma and
its impact of
patients health
seeking behavior**


Health Care Context

POLITICAL COMMITMENT TO HEALTH

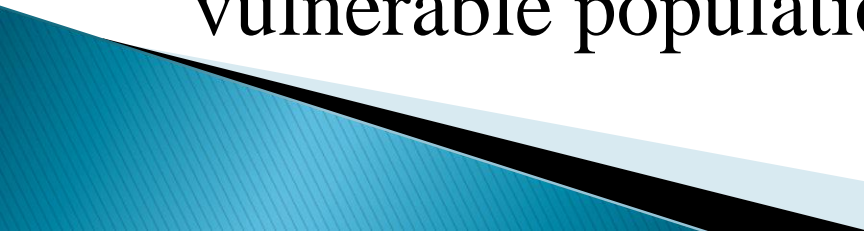
- ▶ Georgia launched the Universal Health Care Program in 2014 which guarantees unlimited access to basic primary care and hospital services for the entire population
 - ▶ TB Control Law was adopted in 2015 to strengthen TB control framework through effective governance and sustainable funding
 - ▶ Improving access to quality services was declared as the highest priority
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PRIMARY CARE REFORM

▶ **BARRIERS TO INTEGRATING TB SERVICES INTO PRIMARY CARE SERVICE PACKAGE:**

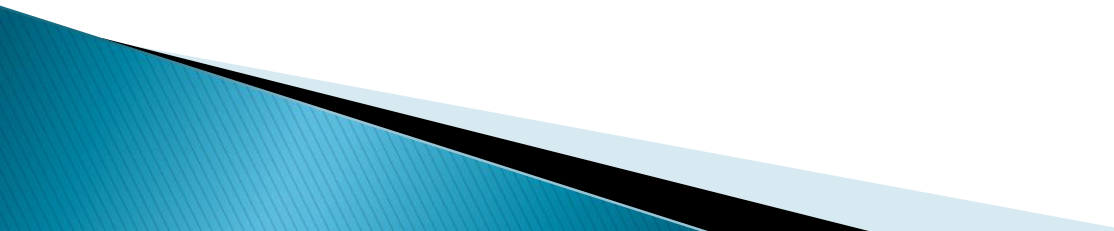
- Inadequate physical infrastructure
 - Lack of transportation and communication means
 - No financial motivation to stimulate the treatment completion
 - Weak referral mechanisms
 - Weak linkages with TB specialized services
 - No cooperation model with CSOs
 - Donor reliance for continuous professional development and capacity building
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ROLE OF CIVIL SOCIETY ORGANIZATIONS

- ▶ USAID Supported small grants program in 2012-2015
 - ▶ 18 Programs implemented (community mobilization, peer support, capacity building, research)
 - ▶ This program has proved that civil society organizations (CSOs) have strong motivations to serve their communities, especially vulnerable populations
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ACCESS TO TB SERVICES

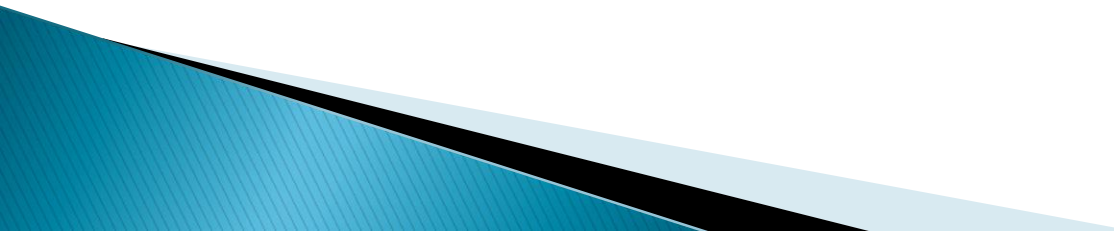
KEY FEATURES OF TB SERVICE DELIVERY MODEL IN GEORGIA

- ▶ TB care is TB specialists driven
 - ▶ A vast majority of patients start TB treatment at a hospital
 - ▶ PHC providers are involved in TB detection, organizing referral and providing DOT at a village level
 - ▶ DOT is facility based-NTP provides no resources to encourage active outreach and home-based follow up care when applicable
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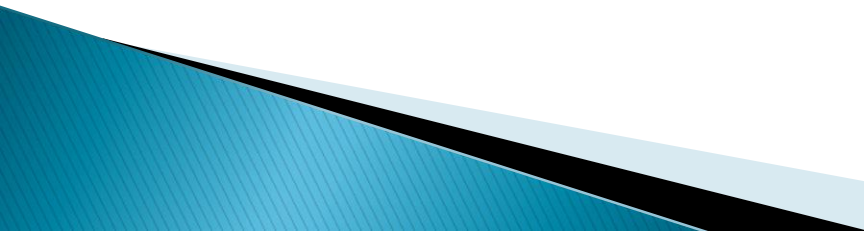
GEOGRAPHICAL ACCESSIBILITY

- ▶ There is the need for improving geographic access to TB services as a key requirement for ensuring good treatment adherence
- ▶ TB KAP Survey in 2012 showed that
 - 68 % of TB patients need 30 minutes or less to get to the nearest health care facility.
 - 48.9% need half an hour or less
 - 44% 1-3 hours to visit the facility which provides TB services.
 - 76.7% of rural dwellers need 1-3 hours or more to get to TB specific facility compared to 46.0% who are from urban areas.


DOT PROVISION BY PHC PROVIDERS

- ▶ Overall share of TB patients who receive DOT at PHC level have been steadily increasing from 13% in 2012 to 20% in 2015.
 - ▶ Clinical outcomes of DOT given by a PHC provider as compared to DOT by TB specialized services has yet to be evaluated.
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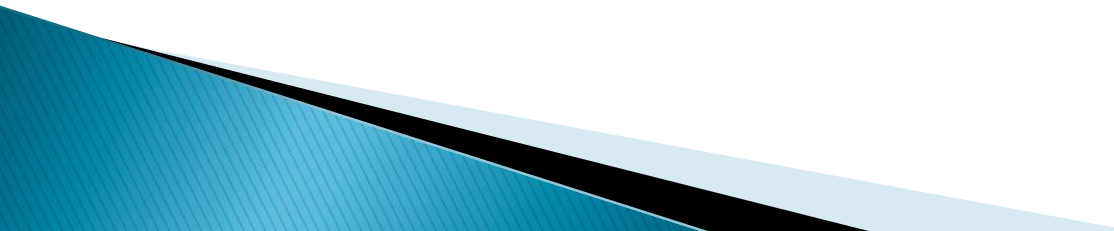
AVAILABILITY OF TB SERVICES IN GEORGIA

- ▶ A full range of TB services is available in the civilian and penitentiary health facilities
 - ▶ NCTBLD offers a broader range of services as compared to other TB clinics.
 - ▶ Psychological counselling, peer support, specialists' consultation and drugs for side effects management are not equally available to all TB patients
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EQUALITY IN ACCESS TO QUALITY SERVICES

- ▶ National Center for TB and Lung Diseases serves as a center for clinical excellence and along with the TB Specialists and Pulmonologists Association promotes evidence-based TB care
 - ▶ Equal clinical standards are applied in civilian and penitentiary sectors
 - ▶ Clinical practice guidelines are available to guide TB care
 - ▶ Routine quality measurement at a facility level is not established. Therefore, it is difficult to explain unfavorable clinical outcomes
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FINANCIAL ACCESS TO TB SERVICES IN GEORGIA

- ▶ Georgia provides free access to TB prevention, diagnostic and treatment services for all in need.
 - ▶ Compared with 70% share of out-of-pocket payments from total health spending in the country, 5% share of out-of-pocket expenditures on TB prevention and care is considerably low.
 - ▶ In the context of diminishing donor funding improving efficiency of the systems becomes even more acute.
 - ▶ Shifting resources from hospital based to outpatient based care model can be a very reasonable solution to efficiency and long term financial sustainability.
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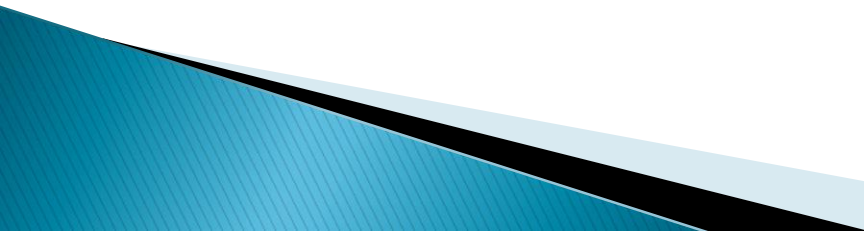
ACCEPTABILITY

▶ **WHAT INFLUENCES TB HEALTH SEEKING BEHAVIOR**

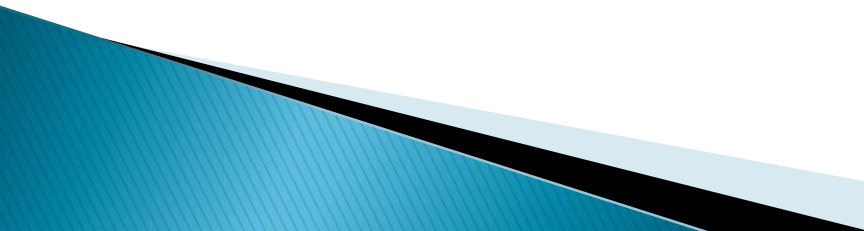
- Knowledge of TB symptoms
- Understanding of how TB services are organized and funded
- Perception of quality of services
- Social support
- HCW Positive attitude and empathy towards TB patients
- Employment status and fear of being fired if found with confirmed TB

**A SET OF RECOMMENDATIONS ON
NECESSARY STRATEGIC AND
PROGRAMMATIC CHANGES TO SUPPORT
STRENGTHENING OF OUTPATIENT TB
SERVICE DELIVERY WITH GREATER
INVOLVEMENT OF PRIMARY CARE AND
COMMUNITY BASED ORGANIZATIONS**

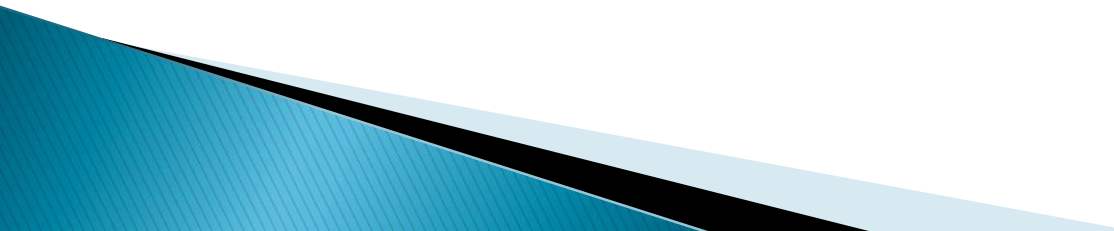
TO GOVERNMENT OF GEORGIA/MINISTRY OF LABOR, HEALTH AND SOCIAL AFFAIRS (1)

- ▶ While supporting the implementation of new TB strategy for 2016-2020, consider gradual shift of resources towards outpatient TB care delivery through primary care and specialized outpatient services
 - ▶ Introduce adequate payment mechanisms to stimulate greater utilization of outpatient versus inpatient TB services
 - ▶ Consider opportunities for integrating TB service delivery by primary care providers into the Universal Health Care Program
 - ▶ Build and implement electronic health management information systems to facilitate data exchange between different care providers. Thus improve linkages and strengthen a referral practice
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TO GOVERNMENT OF GEORGIA/MINISTRY OF LABOR, HEALTH AND SOCIAL AFFAIRS (2)

- ▶ Support continuous professional development of all human resources involved in TB care to maintain good quality standards
 - ▶ Consider strengthening TB services at peripheral localities by making a full range of services equally available to all citizens in need
 - ▶ Support involvement of TB patients in decision making by authorizing their presence at high level coordinating or advisory groups including but not limited to the TB strategy, TB guideline development and transition planning groups.
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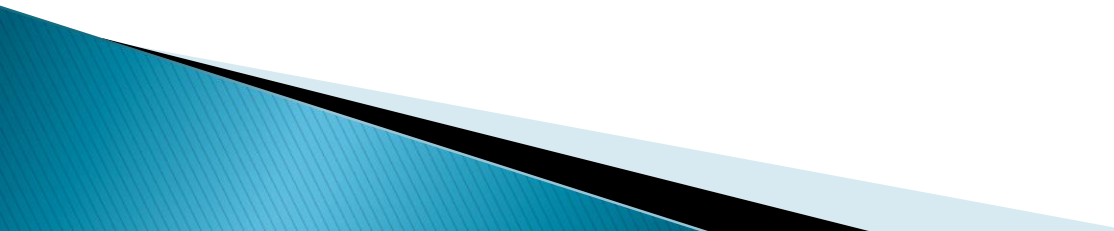
TO TB SERVICE PROVIDERS

- ▶ Revise the list of available services offered by a particular facility as compared to the national standards and make necessary actions to ensure a full compliance (e.g. make psychological support and mental health specialist consultation available)
 - ▶ Create adequate environment for CSOs and former TB patients to conduct peer education and counselling at health facilities
 - ▶ Partner with CSOs for active community outreach of individuals who need home-based care or do not comply with DOT requirements
 - ▶ Consider broadening the scope of offered services by strengthening the pulmonology profile and diversifying professional competencies of physicians and nurses currently working exclusively on TB.
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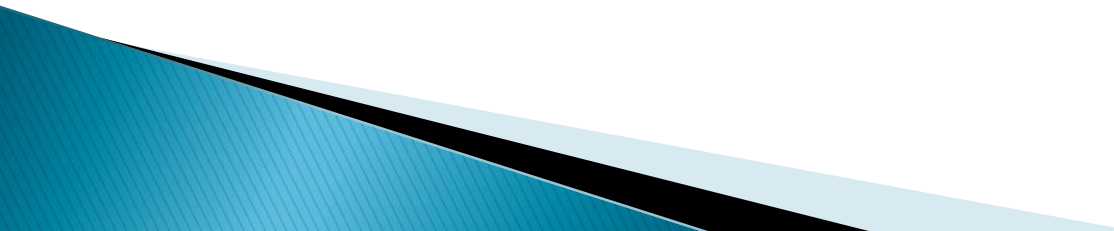
TO DONOR AGENCIES

- ▶ Support implementation of innovative interventions aimed at eliminating geographic access barriers to DOT services through video technologies or outreach mobile teams
 - ▶ Support pilot programs implemented by CSOs to ensure effective use of existing community resources and establish an optimal cooperation mode between CSOs and formal health services
 - ▶ Support integration of TB services with other services and disease programs (e.g. HIV, Hep C) aimed at hard to reach groups
 - ▶ Assist the country in transition planning to ensure long-term sustainability in access to TB prevention, diagnostic and care services
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TO CIVIL SOCIETY ORGANIZATIONS (1)

- ▶ Advocate for the “day one” outpatient treatment among health professionals, patient groups and Georgian citizens.
 - ▶ Elaborate innovative patient support models to improve availability of psychological support services and achieve better compliance to TB treatment.
 - ▶ Mobilize community resources for a wide scale information and communication campaigns to improve TB awareness and increase the number of individuals which will benefit from having the free access to TB diagnosis and care.
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TO CIVIL SOCIETY ORGANIZATIONS (2)

- ▶ Engage actively in disseminating positive messages about TB to reduce TB related stigma
 - ▶ Establish partnerships with organized health services at primary care and at TB hospitals to ensure synergy and maximize results in TB control
 - ▶ Encourage current and former TB patients to join the national movement against TB by representing TB patients' community at the Country Coordinating Mechanism and other high level advisory groups.
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TO PROFESSIONAL ASSOCIATIONS

- ▶ Georgia Family Medicine Association sees its role in redefining the scope of work and competencies of family physicians and general practice nurses for their active involvement in TB detection and long-term care
 - ▶ GFMA will closely collaborate with the Georgian Association of Pulmonologists and TB Specialists in elaborating key features of the new “patient-centered TB care model”
 - ▶ Professional Associations should take a lead in updating and supporting implementation of TB care guidelines and protocols in line with the updated quality standards with a strong emphasis on protecting patients’ rights and providing best possible care for optimal clinical outcomes
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TO FORMER AND CURRENT TB PATIENTS

- ▶ Join the Georgia TB Coalition to make patients voices heard by the high level decision makers
 - ▶ Build skills for sharing the information and their personal experience of fighting tuberculosis to patients newly enrolled in treatment
 - ▶ Be aware of their own rights in health system and help peers to understand entitlements of the National TB Program
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