TB REP

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

Expanding patient-centered care for TB KAP in Georgia

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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

Tuberculosis and especially drug resistant TB are critical public health threats in Georgia. TB incidence and prevalence in Georgia have shown a decline in recent years, but remain high. According to WHO, the latest estimated TB incidence was 106 per 100,000 population (for 2014), which is the fourth highest level among 53 countries of the WHO European Region. The estimated 2014 mortality rate was 6.6 per 100,000 population (excluding TB/HIV cases).[1]

In 2014, 39.2% of previously treated culture positive TB patients and 11.6% of new culture positive patients were estimated to have multidrug resistant TB, which is higher than in 2013. The increasingly high rate of MDR-TB identified in new TB patients is a warning sign that MDR-TB is intensively spreading in the community. Georgia must have a substantial "reservoir" of MDR-TB patients serving as sources of infection for these patients who were never treated for TB in the past, indicating that specific interventions are needed to identify and cure the MDR-TB patients in this reservoir, and stop the spread of MDR-TB to others.

While the treatment success rate for new bacteriologically confirmed DS pulmonary TB cases has reached 80% (2013 cohort), the MDR TB treatment success rate gradually decreased as the numbers of patients lost-to-follow up has grown. In 2009, the treatment success rate was 55%, in 2011 - 50% and for 2012 cohort decreased to 46% while rates of lost-to-follow up increased from 27% (2009) to 34% in 2013 with slight reduction to 32% in 2014.

National TB Program in Georgia is implemented by multiple partners including the Ministry of Labor, Health and Social Affairs (MOLHSA), the National Centre for Disease Control and Public Health (NCDCPH), the National Centre for Tuberculosis and Lung diseases (NCTBLD), and the Ministry of Corrections and Legal Advice (MCLA).

TB services are fully funded by the State TB program. However, Georgia still heavily relies on Global Fund support for funding TB drugs and laboratory consumables. "TB cabinets" at district level private general hospitals deliver TB outpatient services. There are 65 TB service points staffed by a TB specialist and a nurse in each district of Georgia. In Tbilisi, outpatient TB care is still being provided by a network of standalone TB dispensaries and a number of DOT spots at primary care facilities. Primary care providers (PCPs) are responsible for early recognition and timely referral of TB suspects to specialized services. If TB is confirmed, then primary care physicians and nurses with support and supervision of the rayon TB teams are expected to provide DOT in the community. Despite availability of a wide network of PCPs across the country, patients often bypass primary care services and go directly to hospitals. Furthermore, PCPs consider TB service delivery beyond their competencies and are often reluctant to actively collaborate with NTP staff. Although Civil Society Organizations have increasingly been involved in National TB response through USAID funding, their role remains limited and linkages between formal primary care and other community based services are weak.

A vast majority (70%) of new smear positive TB cases and almost all (90%) of MDR TB care are still hospitalized. Average length of stay is 25 for regular and 60 days for MDR TB cases. The average length of stay is lower as compared to many other countries in the region. However, out of government expenditures on TB control, the highest share (63.1% in 2014) is spent on inpatient curative care compared with outpatient care. In light of current change in strategic focus from inpatient to outpatient TB care in the country, it is expected that

[1]. National Tuberculosis Strategy 2016-2020

expenditures on outpatient care should gradually increase.[2] The new TB strategy for 2016-2020 promotes establishment of outpatient TB care model, but pace of transition is slow as the process is not adequately supported neither by financing reforms nor advocacy by health professionals and patients groups.

The comprehensive program review conducted by the WHO late in 2014 reported on good progress in access to and quality of TB diagnostic and treatment services in Georgia.[3] However, the review mission identified remaining challenges NTP should address in the immediate future:

- Active TB case finding should be promoted to address the issue of undiagnosed and/or lately diagnosed TB and provide for rapid detection of drug resistance.
- Poor outcomes of treatment of M/XDR-TB cases require an urgent attention. This should be addressed through implementation of the novel treatment approaches and introduction of new TB drugs (e.g. Bedaquiline which is available in Georgia through the USAID drug donation program). Good adherence support should be achieved by strengthening the patient-centered approaches with appropriate social support and provision of incentives and enablers.
- TB control interventions need to be effectively integrated into the overall health service delivery framework. The integration should be supported by adequate organizational and financial arrangements. Continuous efforts are required to develop physical infrastructure and human resource capacity for safe and effective TB service delivery. Besides, there is a need for strengthening governance and management structures of the National TB program at central and peripheral levels to ensure good coordination among all partners and smooth implementation of TB control activities.
- The new individualized electronic information system (development supported by USAID) was endorsed for use by the Government in May 2015 and became operational at all peripheral TB service delivery sites. All indicators and data collection tools have been aligned to the latest WHO standards. The system requires continuous support and upgrade to incorporate Xpert MTB/RIF and new drugs side effects monitoring data.
- Georgia is going through complex transition accompanied by the dramatic decrease of donor funding and the necessity to increase domestic funding for maintaining critical NTP functions. The National TB Strategy for 2016-2020 laid out a clear road map for the gradual shift from donor dependency towards increased domestic funding for sustainable financing of TB services. The Country Coordinating Mechanism should give proper attention to long term planning of TB control intervention to ensure sustainability in access to and quality of TB services after phasing out of Global Fund funding.

The challenges above were reflected into the National TB strategy for 2016-2020 and will be jointly addressed by national and international stakeholders.

The overall goal of the project is to improve access to and coverage with outpatient TB services. The project will contribute towards improving MDR TB treatment outcomes and preventing nosocomial transmission of TB in hospital settings. The project should result in increased funding for outpatient TB services.
Project objectives are as follow:

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[2]. Expenditures of Tuberculosis Control in Georgia, 2012-2014 USAID Georgia TB Prevention project
[3]. Extensive review of tuberculosis prevention, control and care in Georgia, Mission Report

1. Identify and analyze the existing barriers in the access to quality services for KAP TB to inform policy discussion on transition from hospital based to outpatient TB care model
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

2. PROGRAM HIGHLIGHT

During the reporting period the advocacy strategy was translated in to Georgian, presented at the CSO forum arranged by the Country Coordination Mechanism and positively evaluated by all major stakeholders. The fourth thematic meeting was conducted for social workers and nurses. An advocacy meeting was held to discuss the enforcement new TB control law at regional and district levels. Additional copies of the leaflet on access to TB services were printed and distributed to primary care providers and Georgia TB coalition.

OBJECTIVE 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

Activity 2.1. Develop advocacy strategy for strengthening outpatient TB care model and transitioning to the outpatient model for providing medical aid to KAP TB through patient-focused approach

The final version of advocacy strategy was translated into Georgian and distributed to a wider group of stakeholders.

Activity 2.2. Launch advocacy strategy with participation of all major stakeholders including European TB Coalition, CCM, Civil Society Organizations, Ministry of Labor, Health and Social Affairs, National Center for Disease Control and Public Health, National Center for Tuberculosis and Lung Diseases.

The advocacy strategy was presented (speaker Maka Danelia) at civil society forum organized by the Country Coordinating Mechanism on February 23rd. Strategy briefs in Georgian and English languages were printed (500 copies) and distributed to the meeting participants.

Participants were prompted to provide their view on what does people-centeredness mean to them when it refers to TB control and HIV control. Responses were collected and will be incorporated in a conceptual document outlining elements of the new model.

The following were identified as main features for the people-centered TB care model:

- TB services fully integrated in primary care
- Video DOT is widely available
- DOT schedule is flexible and accounts for patients individual need and ability to attend daily sessions
- TB patients can receive psychosocial counselling and support
- Individualized approach to treatment and adherence support, This would mean greater involvement of peers in patient education and companionship.

Activity 2.3. Organize quarterly thematic meetings with target audiences to discuss barriers and contributing factors towards establishing outpatient TB care model in Georgia.

The thematic meeting was conducted on February 16th for nurses and social workers. Outpatient TB care model was reviewed within the wider context of health and social systems. Nurses and social workers together with patient representatives explored the current roles and potential functions of PHC facilities and social workers.

Activity 2.4. Elaborate and disseminate a leaflet on access to TB services including a clear description of services to be received at outpatient or primary care levels.

Due to high demand from the PHC providers and Georgia TB coalition the leaflet on access to TB services has been printed in additional 10000 copies, from savings accumulated in the project life.

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

Activity 3.1. Organize advocacy meeting attended by all stakeholders, TB patient groups and media representatives on access and quality of TB services in Georgia and how transition towards outpatient care model can help to eliminate gaps in access and quality.

The high level advocacy meeting was held on February 27th to discuss the enforcement new TB control law at regional and district levels. The meeting was attended by the director of National Center for Disease Control and Public Health, Director and representatives from National Center for Tuberculosis and Lung Diseases, representatives of local public health centers, GFMA and Patient Union.

The main themes were TB, HIV and Hep C as main public health challenges in Georgia, TB–Rep initiative, establishing patient-centered TB care model through strengthening TB outpatient services. Developments and perspectives in public health system, the role of public health centers, and their collaboration with primary health services and specialized care, linkages with community based organizations.

The Global Fund TB program manager has introduced novel approaches piloted with the GF support including video DOT and opportunities for CSOs involvement in treatment adherence. He also updated participants on the financial incentives scheme (mandated by the TB control law) that will be fully taken over by the state after the Global Fund phases out of the country. In summary participants agreed that an integrated approach to preventive and diagnostic service delivery is essential for strengthening TB, HIV and Hepatitis C responses; As the new TB control law calls for intensified TB case finding, effective collaboration mechanisms between primary care providers, public health workers and specialized TB services should be put in place for detecting TB presumptive cases and rapidly linking them to diagnostic and treatment services. The importance of introducing performance related financial incentives for primary care physicians and nurses, and public health workers was also emphasized.

3. ACHIEVEMENTS

The strategy launch was formally announced at CSO forum attended by high level ministry officials, the Global Fund portfolio manager and civil society representatives.

High level advocacy meetings sensitized 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.

4. CONSTRAINTS AND SOLUTIONS

No constrains were identified during the reporting period.

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

CCM has positively evaluated the transition plan elaborated with the Global Fund support by Curatio International Foundation. The plan outlines key interventions towards achieving sustainable financing of TB and HIV programs after the Global Fund phase out.

6. ANNEXES

- PowerPoint presentation on advocacy strategy
- Minutes of thematic meeting
- Minutes of advocacy meeting
- Sign-up sheets
- photos