



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



## **Strengthening outpatient TB care model in Georgia**

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PRINCIPAL RECIPIENT:

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**FINAL REPORT**

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## ABBREVIATIONS

|        |   |
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| 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                         |
| PAAC   | Policy and Advocacy Council                           |
| 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. In Year 1, the project elaborated TB outpatient care model advocacy strategy and held a number of thematic and high level advocacy meetings to promote people-centered TB care concept, build capacity of people with TB experience and increase their visibility and representation in high level decision making bodies. GFMA started implementation of the second year project cycle in March 1 2017 with the goal to 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. In Year 2, GFMA facilitated the country dialogue aimed at developing TB outpatient care model for Georgia. A concept for outpatient TB care model has been developed and part of its provisions have been incorporated into the National TB Management Guidelines including hospitalization criteria in line with the blueprint for a people-centred model of tuberculosis (TB) care elaborated within TB REP (2017). Advocacy efforts continued through high level and consultative meetings attended by policy makers, private providers and most importantly people living or affected by TB (United in the Georgia Patients Union (GPU) and Georgia TB Coalition). In Year 3 GFMA continued technical work and advocacy efforts for promoting outpatient TB care model in line with the TB-REP blue print and the latest WHO recommendations. The overall goal of the project is to improve access to and coverage with outpatient TB services.

Project objectives are as follow:

1. Strengthen TB outpatient service delivery by promoting the TB-REP blueprint on outpatient care model
2. Support operationalization of various components of TB outpatient care model in line with the national TB service delivery regulations and guidelines
3. Advocate for engagement of TB patients groups and other CSOs with relevant experience in delivering psycho-social support to TB patients at primary care and outpatient facilities

**The report highlights the program achievements over the full implementation period from March to December 2018.**

## 1. PROGRAM HIGHLIGHT

**Objective 1: Strengthen TB outpatient service delivery by promoting the TB-REP blueprint on outpatient care model**

**Activity 1.1.:** Conduct a rapid assessment of the current status of the model of TB care

GFMA technical advisors conducted rapid assessment to show current utilization level of outpatient versus inpatient services. This analysis assessed utilization of outpatient and hospital TB services; analyzed a patient pathway and the level of fragmentation across the care continuum; identified gaps and barriers that may prevent from rapid shift from hospital outpatient care delivery from day-1 for both drug sensitive and drug resistant TB patients. It also measured the progress towards people-centered outpatient TB care over the last two years and highlighted key achievements that can be attributed to TB REP interventions. The rapid assessment was shared with stakeholders at Policy and Advocacy Advisory Committee meetings conducted in May and June. In summary, this analysis showed that despite intensive policy dialogue on strengthening outpatient care delivery the systematic changes have not yet been made. The key achievement in 2017 was endorsement of hospitalization

and discharge criteria by MoLHSA, however it will require substantial efforts to implement these criteria. The work should continue on introducing adequate payment mechanisms to discourage prolonged hospitalization<sup>1</sup> and motivate primary care providers to deliver TB services in the communities. Active advocacy efforts by Georgia TB Coalitions and patients groups should continue to achieve increased financial allocations of strengthening patient-centered TB care models. Key findings on the assessment were incorporated into the situational analysis and reflected in the National TB Strategy for 2019-2022. The strategy document was endorsed by the Country Coordinating Mechanism in July of 2018.

**Activity 1.2.:** Join the national consultative process on developing the road map for strengthening TB outpatient care model in Georgia

GFMA and GPU representatives participated in the consultative process related to elaboration of the National TB Strategy 2019-2022. Meetings were held on March 29th at National Center for Disease Control and Public Health; Several meetings were organized and attended by CSOs representative in June and July for finalizing the TB and HIV strategy and the GF program funding request. Twelve representatives from Georgia TB Coalition member CSOs attended the Policy and Advocacy Committee meeting on July 2nd. The purpose of this meeting was to discuss and agree the GF Program Split for the 2017-2019 allocation period. Another meeting was held on July 16th, to discuss TB and HIV grant continuation requests. This meeting was attended by 18 CSO representatives which are also member of Georgia TB Coalition. As mentioned above The Global Fund's Technical Review Panel has recommended Georgia's TB Funding Request (for 2019-2022) to proceed to grant-making. GFMA will further advocate for engagement of Georgia Patients Union in national level discussions to ensure successful implementation of the upcoming TB response initiatives.

**Objective 2. Support operationalization of various components of TB outpatient care model in line with the national TB service delivery regulations and guidelines**

**Activity 2.1.:** Developing of the guidance for PHC doctors on how to conduct the ambulatory care, based on WHO blueprint.

A key deliverable of the project was the guidance for primary care providers to improve TB case management by primary care and community based organizations by creating an agreed framework for TB case detection, referral, confirmatory testing, treatment administration and follow up care.

The guidance intends to meet the following objectives:

The following are main objectives of this guidance:

1. Define roles and responsibilities for TB service providers in TB detection, diagnosis, treatment and follow up care
2. Outline the referral mechanisms between primary care providers and TB specialized and outpatient services
3. Define collaboration mechanisms between primary care and community based organizations engaged in TB service delivery including peer educators and patients
4. Identify major areas for quality improvement for effective TB control at the community by primary care providers and community based organizations.

It should be noted that most of the guidance provisions are already endorsed through various MoLHSA documents. Therefore, additional approval is not necessary for the implementation.

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<sup>1</sup> In 2016, 80% of MDR TB cases were hospitalized, Average Length of Stay for MDR TB 127 days at National Center of TB and Lung Diseases

The versions of the guidance document in English and Georgian languages can be found on the following links:

Georgian Version:

<http://www.gfma.ge/documents/The%20guidance%20for%20PHC%20doctors%20on%20organizing%20and%20delivering%20TB%20servicesGFMA%20GEO.pdf>

English version:

<http://www.gfma.ge/documents/The%20guidance%20for%20PHC%20doctors%20on%20organizing%20and%20delivering%20TB%20servicesGFMASept2018.pdf>

**Activity 2.2.** Promoting inclusion of the quality standards of TB care in the services of private providers; with involvement of the patients' groups to ensure the community-based monitoring of the quality of services, particularly those provided by private providers as ambulatory treatment;

In order to support implementation of the guidance described under activity 2.1., GFMA consultants developed 10 quality standards. Recommendations of TB guidance were incorporated into the training program that targeted 600 primary care physicians and nurses from Adjara Region (October 13-21, 2018). Participants discussed the guidance and committed to work on localized plans to support its implementation.

In addition, a meeting was conducted through direct TB-REP support for PHC providers on quality standards on November 15th. The meeting was attended by 23 participants from 4 primary care clinics in Tbilisi and Sagaredjo (Kakheti region). Nine representatives from GFMA also attended the meeting.

The following were major discussion points:

- PHC providers are committed to integrating TB services in primary healthcare and recognize its advantages over the existing system
- Everyone agrees unanimously that implementation of the presented guidance at PHC requires implementation of supportive systems, namely: elaboration of effective motivation systems, including financial motivation, implementation of supportive electronic platforms and organization of permanent educational interventions.
- During the discussion majority of the participants mentioned that a responsible specialist should be readily available in case of need and effective referral and feedback system should be in place.
- Meeting participants expressed some concerns regarding the attitude of the general population, they think that some might refuse receiving medical services at PHC centers together with TB patients with the fear of getting infected; therefore, TB awareness raising activities among general population should be implemented step by step. However, after discussing all possible scenarios, the majority rejected the initial position.

After completing wide consultations with primary care providers in December 2018, GFMA printed 1500 hard copies of the guideline and quality standards for dissemination countrywide.

**Activity 2.3.** Continue providing support, including TB-REP messaging for the quality-people centered care in to the activities of the Georgian TB Coalition;

GPU representatives collected of the patient experience and elaborating brief stories as part of preparation for the workshop for TB Coalition members. Five patients stories were developed and shared with the TB REP team.

**Objective 3: Advocate for engagement of TB patients groups and other CSOs with relevant experience in delivering psycho-social support to TB patients at primary care and outpatient facilities**

**Activity 3.1.** Advocate for new model of TB care with PHC active role including children and adolescents, involving also the very established private sector, in an effort to contribute to harmonize TB treatment strategies (Private – public link/mix) and contribute to improving TB treatment outcome;

GFMA arranged three consultative meetings on June 29<sup>th</sup>, 2018 with the representatives of private health service providers: “Mixed Polyclinic #14”, “Medkapitali Gldani” and “Medical Holding 23” to advise PHC physicians and nurses, as well as management staff on organizing TB outpatient care services at their setting. All private providers expressed satisfaction with consultations and committed to support implementation of TB guidance at their respective care setting.

**Activity 3.2.** Documenting best practices and clear examples of the role and benefit of former patient involvement in TB to be included in the state budget for TB care to enable contracting of the patients’ groups;

GFMA and GPU representatives hosted a consultative meeting on April 18, 2018 with members of Georgia TB coalition to discuss priorities of the new National TB strategy for the period of 2019-2022, including models for engagement of people affected with TB in TB education and adherence support and prepare a set of recommendations to the Policy and Advocacy Advisor council which serves as an advisory body to CCM on NSP related matters.

**Activity 3.3.** Provide informational and technical support of the work of high-level and technical missions during it visit to the country as needed

The GFMA representative attended the Regional meeting on strategic priorities for operational and drug-related advocacy for quality people-centered TB care in the region of the Eastern Europe and Central Asia that was held on December 05 – 07, 2018, Tbilisi, Georgia.

The GFMA representative Ushangi Kiladze joined the TB-REP Partners Meeting on Health systems strengthening for sustainable TB care models: „From the people-centered model of care towards improving tuberculosis prevention and care outcomes” which was held in Copenhagen, Denmark on December 13-14. At the meeting, partners had the chance to assess the TB-REP experience and prepare for TB-REP 2.0. The aims of event were to offer participants instruments to understand key areas of progress and challenges of TB-REP, and formulate lessons learned; exchange on existing country experiences and good practices catalysed by TB-REP; have guidance on developing and/or implementing roadmaps for TB-REP in their own country contexts if they have not already done so; and to make sure that partners are familiar with the purpose, structure and key content of TB-REP 2.

## 2. ACHIEVEMENTS

Following the GFMA advocacy, NTP acknowledged that DOT is only one part of comprehensive care and the patient-centeredness of services represent a cornerstone for successful health outcomes; special attention was devoted to out-patient models of care and the updated TB management guideline includes a chapter on service organization largely based on the WHO latest guideline for TB management.

The guidance on organizing TB service at primary care level with related quality standards were well accepted by primary care providers and civil society organizations. Four primary care providers released internal administrative order on implementing the guidance and TB quality standards. Additional 11 providers made commitment to issue the proposed

administrative order after relevant internal clearance. GFMA and GPU conducted high level advocacy meeting to support adoption of quality standards at a national level.

### **3. CONSTRAINTS AND SOLUTIONS**

No specific constraints were encountered during the project implementation. In general, despite rapidly growing interest of primary care providers in TB detection and treatment delivery, their engagement with TB services remains low. Continuous high level advocacy is warranted to sustain and expand engagement of community based and primary care services in TB prevention, detection and care.

### **4. DESCRIPTION OF THE STRATEGIC EVENTS IN TB GOING IN THE COUNTRY**

The National TB strategy for 2019-2022 was elaborated through a participatory process, involving all key public/private/civic stakeholders. The strategy prioritizes strengthening outpatient care model and envisions a set of capacity building interventions. Introducing adequate financial mechanisms to avoid unnecessary hospitalization is also among top priorities.