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 presented at the Country Coordination Mechanism meeting and positively evaluated by all major stakeholders represented at the CCM. An advocacy meeting was conducted involving a wide group of primary care providers to discuss the challenges and opportunities for strengthening outpatient TB care model. The leaflet on access to TB services was 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 2.2. 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.

On December 29th, 2016 the advocacy strategy was presented at the CCM meeting to achieve shared understanding of the advocacy goals and agree upon immediate and long term outcomes expected through successful implementation. The meeting was attended by CCM members, high level officials of the Ministry of Labour, Health and Social Affairs, Ministry of Corrections, Ministry of Education and Science, Healthcare and Social Issues Committee of the Parliament of Georgia, National Center for Disease Control and Public Health, TB service providers as well as civil sector representatives.

The advocacy strategy was presented by Dr. Tamar Gabunia, who focused on the importance of the strategy, people-oriented approach as a recent priority and the main challenges reflected in the strategy. The high burden of MDR TB has been highlighted; guiding principles of the strategy; aim; concrete objectives; the importance of involvement of Civil Society was underlined; implementation framework; estimated outcomes; activities under each objectives; risks; the timelines of the implementation of the strategy and funding sources. Nikoloz Mirzashvili continued the presentation and outlined the patient's views regarding preference of ambulatory model. The strategy was well accepted by the audience and importance of outpatient service strengthening was stressed.

The formal launch of the advocacy strategy will take place at the Civil Society Forum that will be organized early February of 2017 by the CCM.

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

A thematic meeting was held on December 23 to discuss establishing patient-centered TB care model through strengthening TB outpatient services with primary care providers. The meeting was attended by the representatives of WHO country office, Georgia TB Coalition, GFMA, Primary care clinics. The meeting participants explored the most effective and feasible strategies for establishing outpatient TB care model in Georgia and agreed to participate further in the development and promotion of outpatient TB care model.

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.

The leaflet on access to TB services has been printed in 10000 copies. 5000 leaflets were disseminated to primary care clinics. The remaining 5000 will be transferred to the National Center for Disease Control and Public Health for the upcoming World TB Day campaign. Both healthcare professionals and patients as well as their families found the leaflet information easily understandable and helpful.

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.

A high-level advocacy meeting was held on November 24th to sensitize all stakeholders about the advantages of outpatient TB care model and encourage greater involvement of civil society organizations in TB adherence support. Despite the initial confirmation, attendance of the meeting by high-level decision makers was poor. Representatives of Ministry of Labor, Health and Social Affairs were present. Although direct involvement of high level officials was not achieved, the meeting was helpful in terms of preparing some grounds for further discussions and decision making.

3. ACHIEVEMENTS

The advocacy strategy was finalized and presented at the CCM meeting. This created an opportunity for the wide group of stakeholders, including high level policy-makers to comment on the key themes and reinvigorate commitments and efforts towards End-TB targets through strengthening people-centered TB care model. Special attention and acknowledgement was given to active patient engagement in the process and presentation of their perspective.

4. CONSTRAINTS AND SOLUTIONS

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.

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

Transition plan to ensure smooth gradual shift from donor to domestic funding and sustainability of TB and HIV programs has been developed, reviewed by internal and

external experts and wide group of stakeholders, revised and accepted by CCM. The plan intends to further support integration of TB services in general health care settings and introduce mechanisms for efficient allocation of resources between inpatient and outpatient TB services. The next step is formalization and approval of the plan at the governmental level.

6. ANNEXES

- PowerPoint presentation on outpatient TB care model
- PowerPoint presentation on patient perspective on ambulatory TB care
- Minutes of thematic meeting
- Minutes of advocacy meeting
- Sign-up sheets
- photos