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

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PRINCIPAL RECIPIENT:

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(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. 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. 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.

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

This report covers program activities implemented in July-December 2018.

1. PROGRAM HIGHLIGHT

The reporting period was focused on finalizing the concept of people-centered TB care, organizing high level meeting attended by all relevant stakeholders involved in decision making on various aspects of national TB program. Consultation with private providers have continued and the annual award ceremony for best outpatient sites was established by the Georgia TB Coalition.

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.

GFMA technical team drafted a concept note on people-centered outpatient TB care model for Georgia. The draft was presented to a high level meeting held on February 19th that was attended by all members of the Georgia Health Systems Strengthening working group established within TB REP under the auspices of Country Coordinating Mechanism. (See also objective 3). GFMA received comments from WHO colleagues on the draft on February 20th. GFMA technical advisors revised the draft to incorporate provided comments. A revised concept note and a comments review sheet are attached to this report.

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

Activity 2.1. Organize workshops for managers of private health clinics delivering TB outpatient services on TB and MDR TB case management

On February 19th, GFMA and GPU organized a meeting for private providers and TB activities to present the final version of a people-centered outpatient TB care model. The meeting was devoted to discussion of outpatient TB care model for Georgia developed by

GFMA on the basis of blueprint for a people-centered model of tuberculosis care. The focus was made on following points:

- Comprehensive outpatient care
- Advantages and barriers of outpatient TB management
- People-centered environment as part of quality care
- Patient information and education, family involvement
- Facility based DOT and other available options of TB treatment
- Updated guidance including a chapter on service provision
- Outpatient treatment adherence incentive and enablers, including social and psychological support
- Civil society engagement, outreach activities
- Distribution of functions between TB hospitals, specialized outpatient TB units and PHC facilities
- Financing mechanisms supporting outpatient TB care rather than prolonged hospitalization
- Access to comprehensive TB care, including active drug safety monitoring and adverse event management in regions

Early implementation experience of MDR TB adherence support program was shared by "New Vector." National Center for Disease Control and Public Health through the Global Fund Program subcontracted local CSOs New Vector and Georgia Patients Union to implement DR TB adherence support program. The program was launched in July 2017 with GPU involved for treatment adherence counseling services at ambulatory settings. Within this project, the peer to peer educators/former TB patients, social workers and psychologists are working together to identify and address potential barriers to treatment adherence. Since September 2017 over the 4 months follow up period the project provided peer-to-peer adherence counseling to 179 DR TB patients. It is too early to analyses any results at this point of time. However, in general acceptance of this service by patients is good.

GFMA and NFMTC representatives presented a brief outline of Samegrelo pilot. The major goal of this pilot is to promote TB, HIV and Hep C active screening by primary care providers. The protocol was elaborated, training and some preparatory activities are currently in place and the implementation will start in April 2018.

In summary, a presented outpatient TB care model was accepted by the participants as relevant document to inform TB service transition process.

Private providers expressed commitment and desire to further improve quality of outpatient TB services at their respective settings. However, concerns were expressed about low reimbursement rate and the need to revisit funding mechanism within the state program.

Minutes of the meeting is attached to the report.

Activity 2.2. Establish annual award ceremony at which the Georgia TB Coalition will identify best performing outpatient clinics and recognize their work.

Box 1. "Best TB outpatient site" selection criteria:

-TB team has established good working relationship with primary care teams practicing in the area
-A facility has a protocol on interpersonal communication and counselling for TB patients
-A facility TB team has a case management plan for each patient
-A facility offers home visits if for some reasons the patient cannot attend a regular DOT session
-TB team is equipped with computer and have easy access to electronic TB database and online resources
-A facility TB team collaborates with Civil Society Organizations or former TB patients and invites them regularly for counselling patients newly enrolled on treatment

On February 19th, at a meeting attended by representatives of MoLHSA, NCDC, private providers, TB activists GPU nominated– “best TB outpatient sites” selected on the bases of agreed criteria (See box 1). Nikoloz Mirzashvili, a GPU board member announced 8 best TB outpatient sites and handed over wall plates recognizing good performance. The list of sites follows:

1. National Center for TB and Lung Diseases in Tbilisi, DOT point #1
2. National Center for TB and Lung Diseases in Tbilisi, DOT point #2
3. TB Outpatient Clinic (Dispansery) #5 in Tbilisi
4. Bolnisi TB Unit (At private provider network IC group)
5. Gardabani TB Unit (At private provider network “Geohospitals”)
6. Zugdidi TB hospital outpatient department
7. Batumi infectious diseases, Aids and TB clinic outpatient department
8. Primary Care Clinic (Baratashvili Str, Tbilisi)

GPU plans to identify more sites and award them during the World TB Day on March 24th.

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

A high level meeting was organized on February 19th (2 p.m -4p.m) at Tbilisi Marriot Hotel. In order to make a high level meeting more focused and results oriented, GFMA invited all members of TB Health System Strengthening working group established under the auspices of CCM within TB REP initiative. The meeting was attended by NCDC Director Professor Amiran Gamkrelidze, Director of National Center for TB and Lung Diseases Dr Zaza Avaliani and Director of Department of Health at MoLHSA, Dr. Marina Darakhvelidze. Eight representatives from Georgia TB Coalition and private provider networks were also present.

Discussion was held on the role of private providers in implementing the National TB Program. Since 2013, a substantial portion of TB outpatient service providers have been transferred to the private network, and the obligation of providing TB services was determined by 2018. Since the beginning there was a pronounced resistance to the implementation of the program from private providers. Private providers were concerned with low reimbursement with the program, low overhead costs and limited allowance for diagnostics. There were difficulties also with regard to infection control requirements; however a solid investment was implemented within USAID TB Preventive Program and ventilation systems were installed in these institutions. Now the time comes when the main leverage – the initial agreement on maintaining basic services in the regions (including TB) obligation comes to an end. Numerous discussions were held around this issue with the participation of NCDC and MoLHSA; this has been reflected into the TB National Strategy (2016-2020) and the Global Fund Transition and Sustainability Plan; However, there is no documented decision on whether and under what circumstances will private provides remain committed to the State TB program after their obligation on maintaining TB services in selected geographic locations expires.
MoLHSA is currently considering a number of options for continued engagement of private sector and will be solving this issue through negotiations with individual providers.
The meeting participants addressed the shortage of human resources for TB program and emphasized the need to greater professional integration of TB into family medicine and pulmonology. NCTBLD is offering 2 months retraining courses to family physicians. Although this creates a good opportunity for rapid reorientation, concerns arise about quality of training and whether re-trained providers will be able to perform adequately.
The possibility of financial integration of TB outpatient service package within Universal Health Care Program was also discussed at the meeting. The issue whether the universal healthcare program can be used as a leverage to maintain TB services in the package of baseline services was also raised up on a discussion agenda.

Due to the fact that TB incidence is decreasing and the demand for hospital services is gradually decreasing as well, the issue of effectives of existing funding mechanism for hospital services (financing is attached to the number of patients and the length of hospital stays) was also noted. The latter was reflected in the TB National Strategy and a desire to work on a new funding model (global funding) was expressed. The need for stimulating this issue was underlined during the meeting.
Representatives of CSO/CBO have expressed their position on the above mentioned issues at the meeting. In their opinion, the PHC system is not yet ready for the integration of TB services and this is greatly associated with the stigma of PHC medical personnel. They also expressed concern about the future of the staff employed in the TB program (especially DOT service personnel) under the inevitable integration. The importance of involving civil society representatives and patients in the development and planning of the new model was also underlined.
The following were decision points of the meeting:

- Map available outpatient services and make projections on the needs taking into consideration estimated incidence and anticipated workload for outpatient TB teams (NCTBLD)
- MoLHSA will continue its work with private providers to negotiate conditions for continuous TB service delivery
- Take necessary actions to support the implementation of new, patient-based TB electronic module
- Professional associations should think of mechanisms for addressing human resource shortage and supporting professional integration through high quality reorientation/retraining programs
- Explore the opportunity of financial integration of TB outpatient component within the Universal Health Program during the TB strategy update process

Minutes of the meeting are attached.

GFMA has prepared a success story on “Best Outpatient TB Site” award and shared it with PAS team on February 22nd for further dissemination.

2. ACHIEVEMENTS

GFMA used a high level meeting platform to host representatives of TB Health Systems Strengthening working group members and facilitate discussion on important solutions related to sustainability of TB service delivery by private providers. Participants agreed to conduct mapping of private providers delivering TB services and come up with service continuation arrangement based on in-depth analysis on current conditions (workload, payment terns, availability of human resources etc.). MoLHSA/NCDC agreed to work on activation of new patient-based TB electronic module developed with USAID support in 2013-2016. Despite the ministerial order, the module is not well utilized. Reasons for this will be analyzed and addressed in the nearest future to ensure that the module is fully operationalized soon.

3. CONSTRAINTS AND SOLUTIONS

No Major constrains were encountered during the implementation period.

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

1. CCM and MoLHSA has initiated update of the National TB strategy for 2016-2020. The new strategy will revisit priorities of the current strategy and will cover the strategic cycle

by 2022. A consultant will be recruited to facilitate technical process for the strategy development in close consultations with all stakeholders.

2. CCM organized Civil Society Forum on February 20th. A people-centered, outpatient care concept was presented again to wider audiences including HIV constituencies and international partners (UNFPA, MSF etc)

5. ANNEXES

- A concept note on TB outpatient model in Georgia revised in February 2018
- Minutes of meetings
- Sign-up sheets
- Photos