Scaling up patient centered outpatient models of care for M/XDR-TB cases in Uzbekistan

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In the Republic of Uzbekistan

2001 – RU Law “On TB protection of the population”

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
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<tbody>
<tr>
<td>1998</td>
<td>• Initiation of the TB control program reform in line with the international standards</td>
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<td>2003, 2008</td>
<td>• Introduction of standards for detection and treatment of susceptible and resistant forms of TB in line with the WHO recommendations</td>
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<td>• Decentralization of TB care integrated with the primary healthcare facilities. For this purpose a special infrastructure was established – a network of sputum collection and DOT units in all polyclinics and rural health centers.</td>
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Healthcare and TB service reform

• Since 2003, the Republic of Uzbekistan provides outpatient care to TB patients at the continuation phase of treatment via DOT units established at any PHC facility (RHC, polyclinics) in the country. This is about 3000 facilities which provide daily DOT. The duration of hospitalization of TB patients varies from 56 to 90 days, the rest of TB treatment including MDR-TB treatment is outpatient.

• At present, there are ongoing activities on outpatient care management from day 1 in some pilot projects in the regions where this kind of care is provided to the majority of susceptible TB cases and some MDR-TB cases.

• The treatment success rate reported among susceptible TB cases is quite high (at least 80% over the past 10 years).
In order to further improve the TB service and strengthen TB control in the country, the Cabinet adopted a Programme by Resolution 62 of March 5, 2011 “On additional measures to decrease TB incidence in the Republic of Uzbekistan for 2011-2015”.
TB program financing

The program is financed by the national budget and through foreign investments.

The national budget covers the maintenance and reconstruction of TB facilities; upkeep of personnel; cost of diagnostic equipment and supplies; training and development of the staff.

Since 2005 to the present time, the Global Fund grants have been covering the costs of first- and second-line TB drug procurement, laboratory diagnostic equipment and supplies as well as social support of the patients. For the past 9 years, about $60 mln have been allocated for the TB control program.

In addition, the country is implementing the grants of the German Government, USAID, UNITAID, GDF.
Main achievements in program implementation

- Refurbishment and construction work has been performed at 44 sites for the total amount of $108 mln.
- Optimization of bed capacity is in progress with the reduction of 1830 beds, especially in some small district clinics, which became the outpatient facilities. About 70 TB facilities were closed.
Managerial issues of outpatient care

1. Financing of the Program
2. Policy documents
3. Coordination of the Program
4. Council of physicians
5. Training of the staff
6. Monitoring of the program
7. Recording and reporting documentation
8. Psychological support of the patients
Requirements for the introduction of outpatient TB care

- Rapid and accurate diagnostics of TB and MDR-TB;
- Trained staff with the adequate and effective mentoring and supervision system in place;
- Guidelines/ protocols for clinical management;
- Uninterrupted supply of the first- and second-line drugs, as well as auxiliary medicines for side effects management;
- Effective system of logistics (transporting of specimens and TB drugs);
- Home based treatment management;
- Adequate infrastructure and infection control measures in place;
- Integration of TB facilities, AIDS centers and primary healthcare facilities;
- Careful selection of patients for home based treatment;
- Functional mechanism of monitoring;
- Links between the various levels of healthcare (district, regional and national);
- Effective educational activities.
Comparison of the inpatient and outpatient care at the intensive phase of treatment

- **Inpatient treatment**
  - Easier to manage in some systems of healthcare
  - Easier to ensure uninterrupted treatment
  - Makes the clinical management easier
  - But requires:
    - Infection control measures
    - Ensured financing and bed capacity
    - Ensured human rights and considered ethical issues

- **Outpatient treatment**
  - Socially acceptable
  - Low cost
  - More difficult to ensure uninterrupted treatment
  - It requires:
    - Access to the network of PHC facilities
    - Strong social support
    - Community support in many cases
Administrative measures on management of uninterrupted outpatient TB care

• Development of patient selection criteria
• Selection of the treatment site with due consideration of the severity of the disease, epidemic danger, social status of the patients, availability of the staff, equipment and monitoring.
• Improving access to treatment (closer to patient’s place of residence; proper working hours)
• Search for patients who stop treatment prematurely
• Continuity of treatment between the facilities and departments
Introduction of outpatient care from day one
Experience of Uzbekistan

• Since 2011, the study of treatment effectiveness among susceptible and resistant TB outpatients since day 1 has been performed in two pilot sites:
  • In Karakalpakstan– MSF
  • In the city of Tashkent
• As a result of the study of comparative effectiveness of the outpatient treatment, it was noted that there no significant difference was observed in treatment outcomes in the study groups.
Progress

• Developed:
  • - **Guidelines on outpatient TB care and**
  • - **Guidelines on psychosocial support of TB patients**
• 100% provision with the first- and second-line drugs
• Improved TB diagnostics with the introduction of modern diagnostic tools; establishment of 5 interregional laboratories.
• Construction and refurbishment activities have been performed at all regional TB facilities with due consideration of the infection control requirements; low-capacity facilities have been closed down and the bed capacity in general in decreasing.
INTRODUCTION OF RAPID METHODS

GeneXpert installed in the country
INTRODUCTION OF RAPID METHODS

HAIN TECT

BACTEC MGIT 960
Social support

• Vehicles were purchased at the expense of the Global Fund to provide home based treatment by the district TB dispensaries in Tashkent, the Tashkent region and Karakalpakstan.

• In 2013 all TB patients received food packages on a monthly basis (procured at the expense of the GF grants).
Patient selection criteria for the outpatient care
(from the developed Guidelines on outpatient care)

- TB/DR-TB sputum negative patients of all categories in need of directly observed treatment who do not pose any epidemiological danger, and whose condition does not require twenty-four-hour observation.

- TB/DR-TB (sputum positive) patients whose living conditions allow for the isolation at home with due consideration of patient’s will and consent of the Council of physicians.

- Uncomplicated active forms of extrapulmonary TB (eyes, skin and subcutaneous tissue, localized forms of genito-urinary TB, bone and joint TB)
Outpatient treatment of pediatric patients:
(from the developed Guidelines of outpatient care)

- **Criteria for selection of children for the outpatient treatment:**
  - Sputum conversion
  - Closure of cavitary lesions
  - Lack of intoxication symptoms
  - Normalization of the laboratory test results

- **Indications for the outpatient treatment include:**
  - Uncomplicated course of tuberculosis
  - Lack of risk factors

- **Indications for hospitalization of children with tuberculosis:**
  - Presence of bacterial excretion
  - Presence of cavitary lesions
  - Complicated course of tuberculosis
  - Presence of pronounced symptoms of intoxication
  - Concomitant chronic pathology

- Duration of the inpatient treatment can be reduced to two weeks for children with active TB and lack of functional changes in their body organs and systems for further selection of treatment regimens.
Challenges:

• Transition to a new mode of TB service financing
• Psychosocial support of TB patients
• Untimely diagnosis of adverse events at the outpatient phase of treatment
CONCLUSIONS

• Excluded chances for the nosocomial and cross infection with the drug resistant MBT strains;

• lower cost of treatment and an opportunity to save the funds of TB facilities;

• an opportunity to cure patients without changing their usual mode of life.
The Republic of Uzbekistan plans to implement the following activities in 2016-2020

1. Gradual transition to the national financing of the TB program including procurement of the first- and second-line TB drugs and diagnosticums

2. Optimization of the bed capacity in TB facilities

3. Patient centered approach to TB care activities:
   - Outpatient care for the majority of detected cases;
   - Management of the diagnostic activities for the rapid and timely diagnosis of TB/MDR-TB (extensive use of GeneXperts)
In 2016 the government plans to start a graduate transition to the TB service financing from the national budget. Distribution of costs depending on the source of financing.
Планы на будущее

• В настоящее время разрабатывается проект новой государственной программы по борьбе с туберкулезом на 2016-2020 гг.

• Данный документ является основой новой заявки страны на финансирование из средств Глобального Фонда (2016-2017 гг.).

БЛАГОДАРЮ ЗА ВНИМАНИЕ