



**Patients and TB: Improving treatment outcomes
through a patient centred approach and
access to new treatments**

**5th TB Symposium – Eastern Europe and Central Asia
Ministry of Labour, Health and Social Affairs of Georgia
and Médecins Sans Frontières**

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**Adopting Policies to Improve Patient Quality of Care
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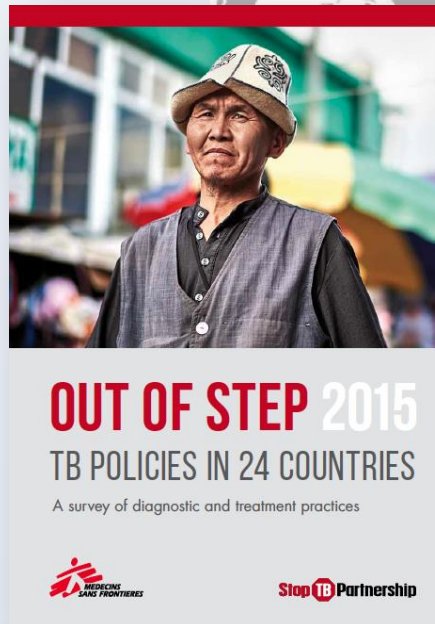
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MINISTRY OF LABOUR,
HEALTH AND SOCIAL
AFFAIRS OF GEORGIA

Countries Surveyed in the region:

- Armenia
- Belarus
- Georgia
- Kyrgystan
- Russian Federation
- Tajikistan
- Ukraine
- Uzbekistan



Five Sections of TB Policy

- Diagnosis
- Models of Care
- Treatment of Drug-Sensitive (DS) TB
- Treatment of Drug-Resistant (DR) TB
- Regulatory Environment for TB Drugs

Why these areas of policy?

Policy change in these areas is necessary to:

- Reduce the transmission of TB
- Avoid the development of further resistance
- Improve access and adherence to effective treatment
- Reduce costs for countries
- Promote a patient centered care approach (decentralisation of Dx and treatment)

Diagnosis

Countries that recommend rapid molecular tests as the initial test for all presumptive TB cases	Countries that recommend rapid molecular tests as initial diagnostic tests only for high-risk groups
Belarus	Kyrgyzstan
Georgia	
Russian Federation	
Tajikistan* (subnational)	
Ukraine* (not widely; only at oblast level)	
Uzbekistan* (subnational)	

Models of Care -Hospitalization

Country	Duration of Hospitalization
Belarus	3 – 4 months
Armenia	Until smear microscopy conversion to negative is achieved; two consecutive negative smears a minimum of 2 weeks apart.
Kyrgyzstan	Not known
Georgia	Hospitalization time is until smear conversion and/or clinical improvement

Positive Policy changes

- Uzbekistan and Russian Federation surveyed in 2014 and had compulsory hospitalisation
- Russian changed this policy at the end of 2014 (Order of MOH RF #951 from 29/12/2014) and routine hospitalization is no longer required for the intensive phase of DS-TB.
- Uzbekistan changed its policy at the end of 2014, removing compulsory hospitalization for DR-TB

DSTB policies

Category 2 recommended	FDCs recommended	Paediatric updated in 2014
Armenia	Armenia	Belarus
Uzbekistan	Belarus	Georgia
Tajikistan	Georgia	Tajikistan
	Kyrgyzstan	Uzbekistan
	Tajikistan	
	Uzbekistan	

DRTB policies

- Belarus and Ukraine have all group 2-5 drugs on national EML

Guidance on Bdq	Guidance on DIm	Compassionate Use framework
Armenia	Armenia	Armenia
Belarus	Belarus	Belarus
Georgia	Georgia	Georgia
Kyrgyzstan	Kyrgyzstan	Russia
Russia		
Tajikistan		

Early adoption leads to implementation

- Only 4 countries in 24 have DIm guidance (all in this region) and are the global leaders in use of DIm.

Country	Bdq use	DIm use
Armenia	82	8
Belarus	182	7
Georgia	164	13
Kyrgystan	0	0
Russian Federation	827	7
Tajikistan	5	0
Ukraine	0	0
Uzbekistan	11	0

Key polices for review

DIAGNOSIS

- Provide DST for all retreatment cases, and avoid use of Category 2 treatment;
- Strategically invest resources to achieve wider diagnostic coverage and improve access to laboratory confirmed diagnosis and DST.

MODELS OF CARE

- Provide ambulatory decentralized and integrated care for DR-TB and DS-TB

DS-TB TREATMENT PROTOCOLS

- Ensure daily treatment with FDC for TB is the standard of care

DR-TB TREATMENT PROTOCOLS

- Ensure that national TB treatment guidelines and EML are in line with WHO guidance for DR-TB

DRUG REGULATORY ENVIRONMENT

- Ensure procurement and use of quality-assured TB drugs
- Enable fast track registration procedures of priority TB medicines

After adoption comes implementation

