



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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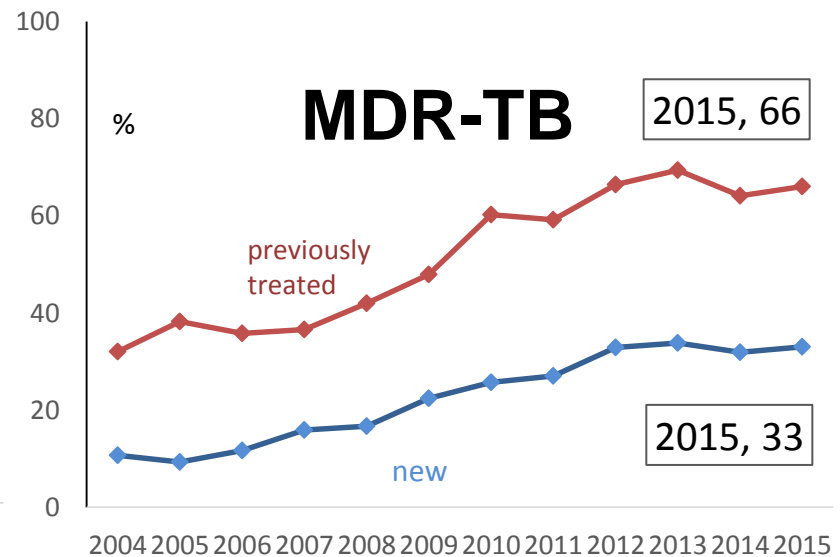
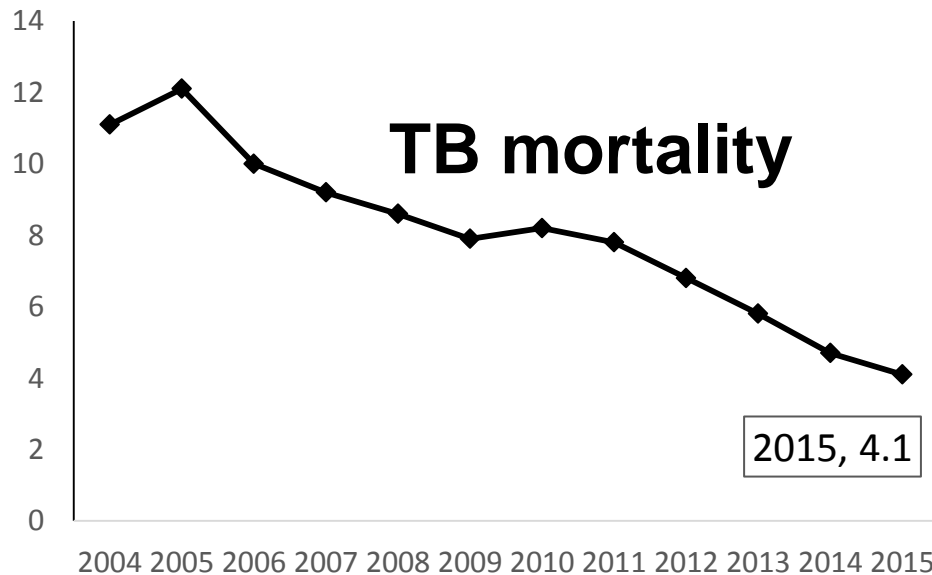
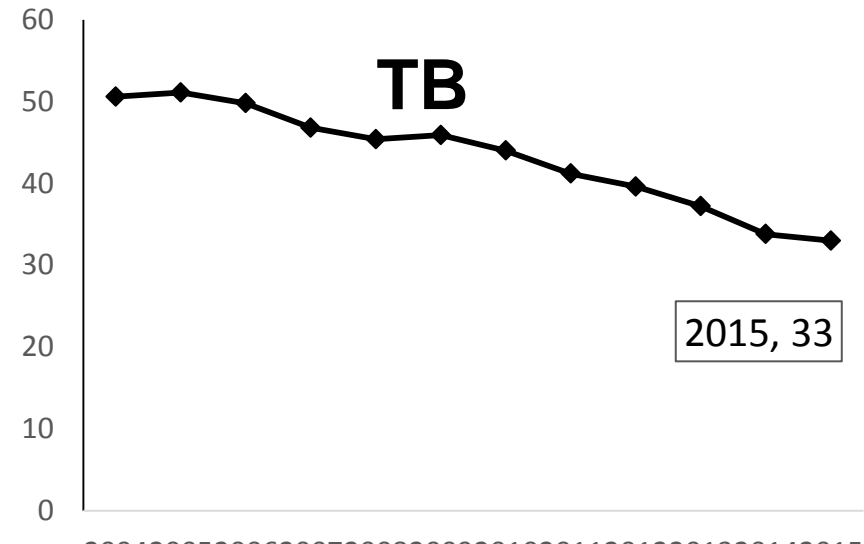
**Addressing adherence issue in high-burden
MDR-TB countries: example from Belarus**

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Belarus TB epidemiology

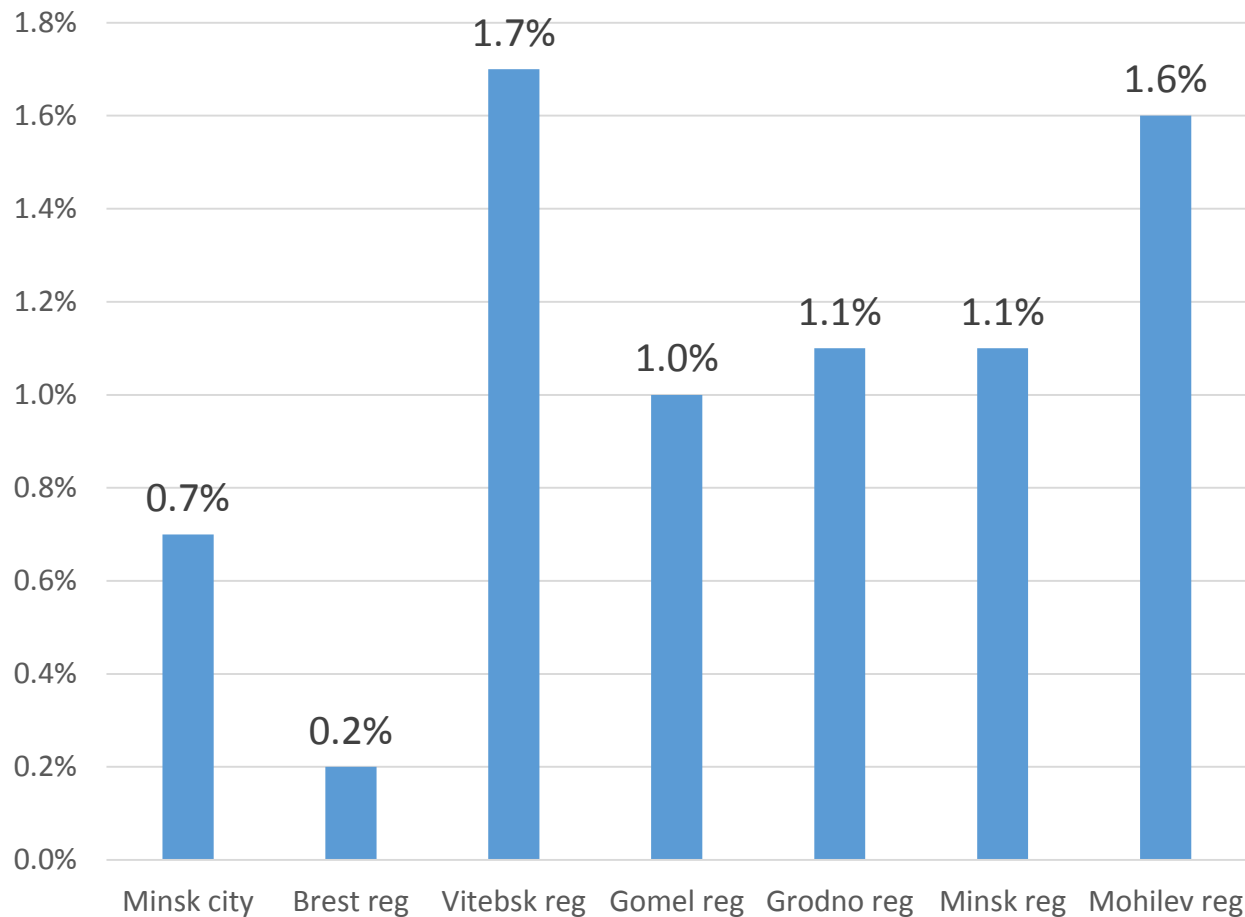


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LTFU in regions, 2015, non-MDR

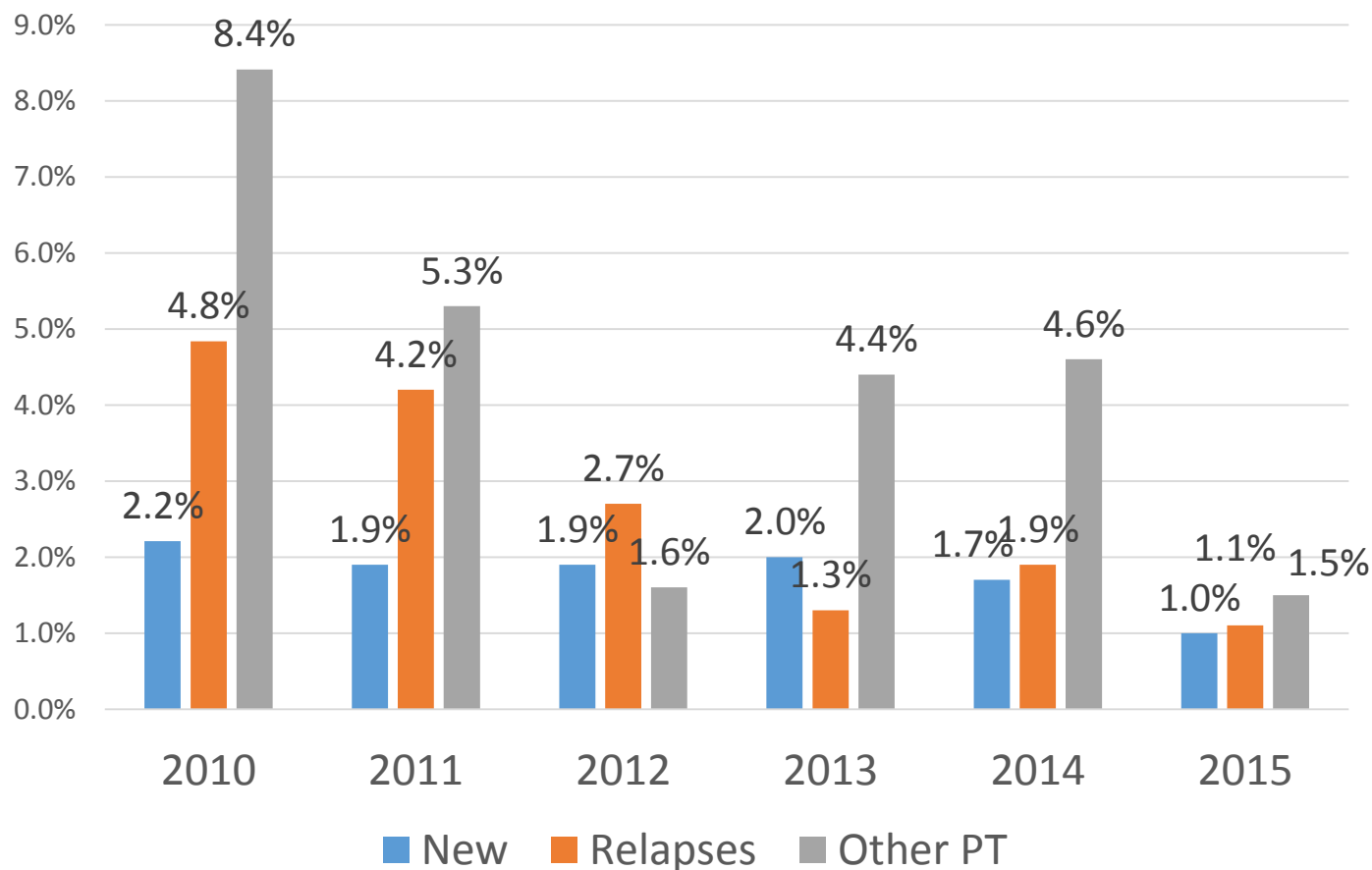


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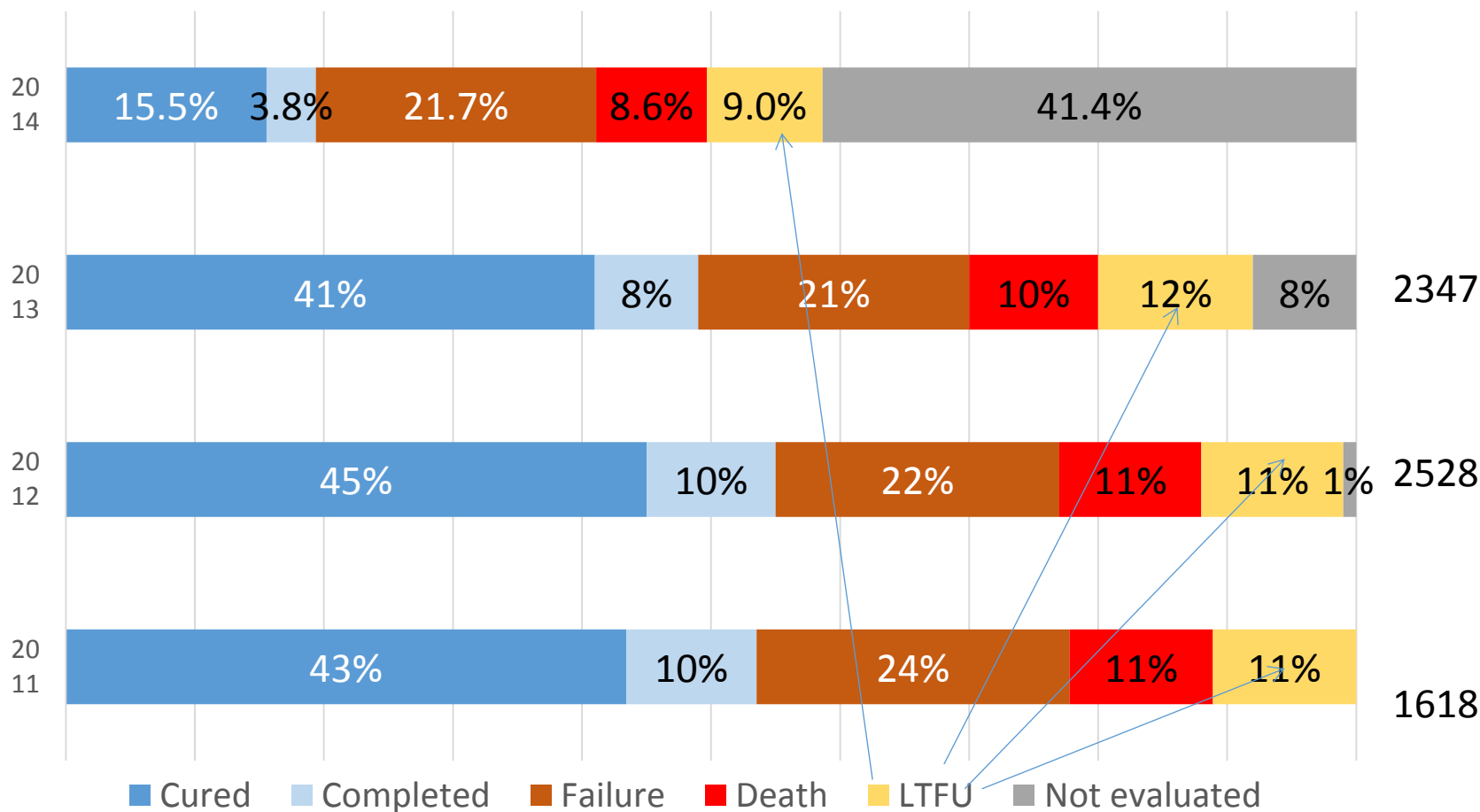
LTFU in 2010-2015, non-MDR



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Outcomes of MDR-TB treatment, 2011-2013



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**SORT IT SUPPLEMENT: TB IN EASTERN EUROPE, 2012–2014****Poor treatment outcomes among multidrug-resistant tuberculosis patients in Gomel Region, Republic of Belarus**

A. Khaliaukin,¹ A. M. V. Kumar,² A. Skrahina,³ H. Hurevich,³ V. Rusovich,⁴ J. Gadoev,⁵ D. Falzon,⁶ M. Khogali,⁷ P. de Colombani⁸

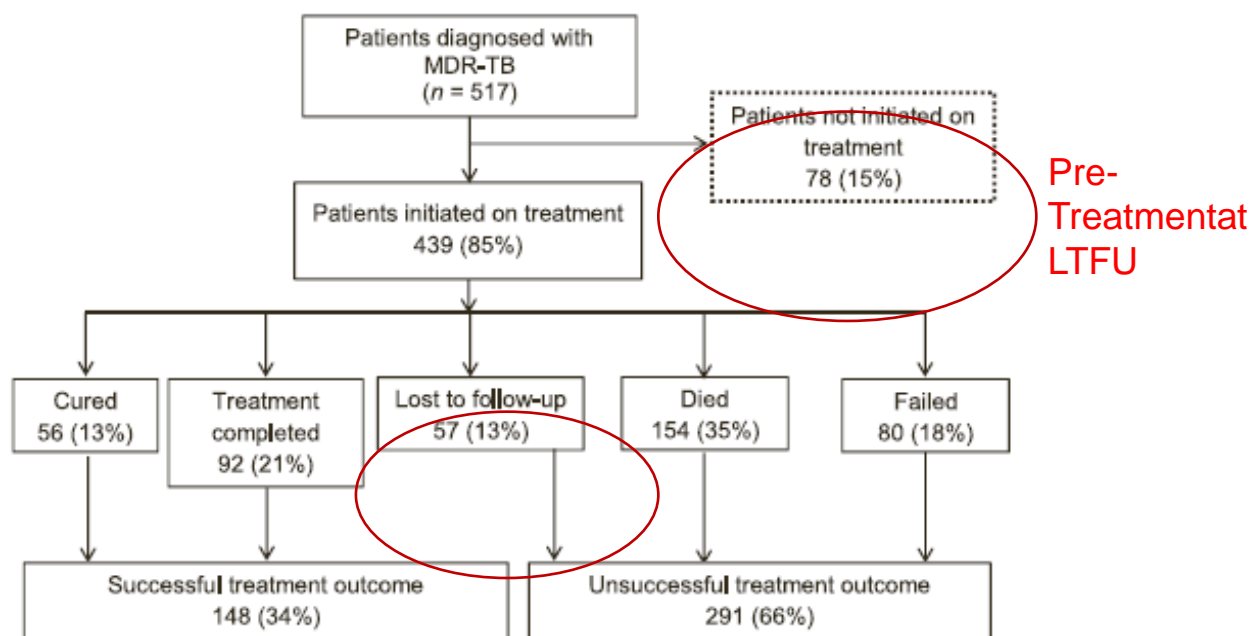


FIGURE Treatment outcomes of patients diagnosed with MDR-TB, Gomel Region, Republic of Belarus, 2009–2010. MDR-TB = multidrug-resistant tuberculosis.

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MDR-TB patients demographic characteristics

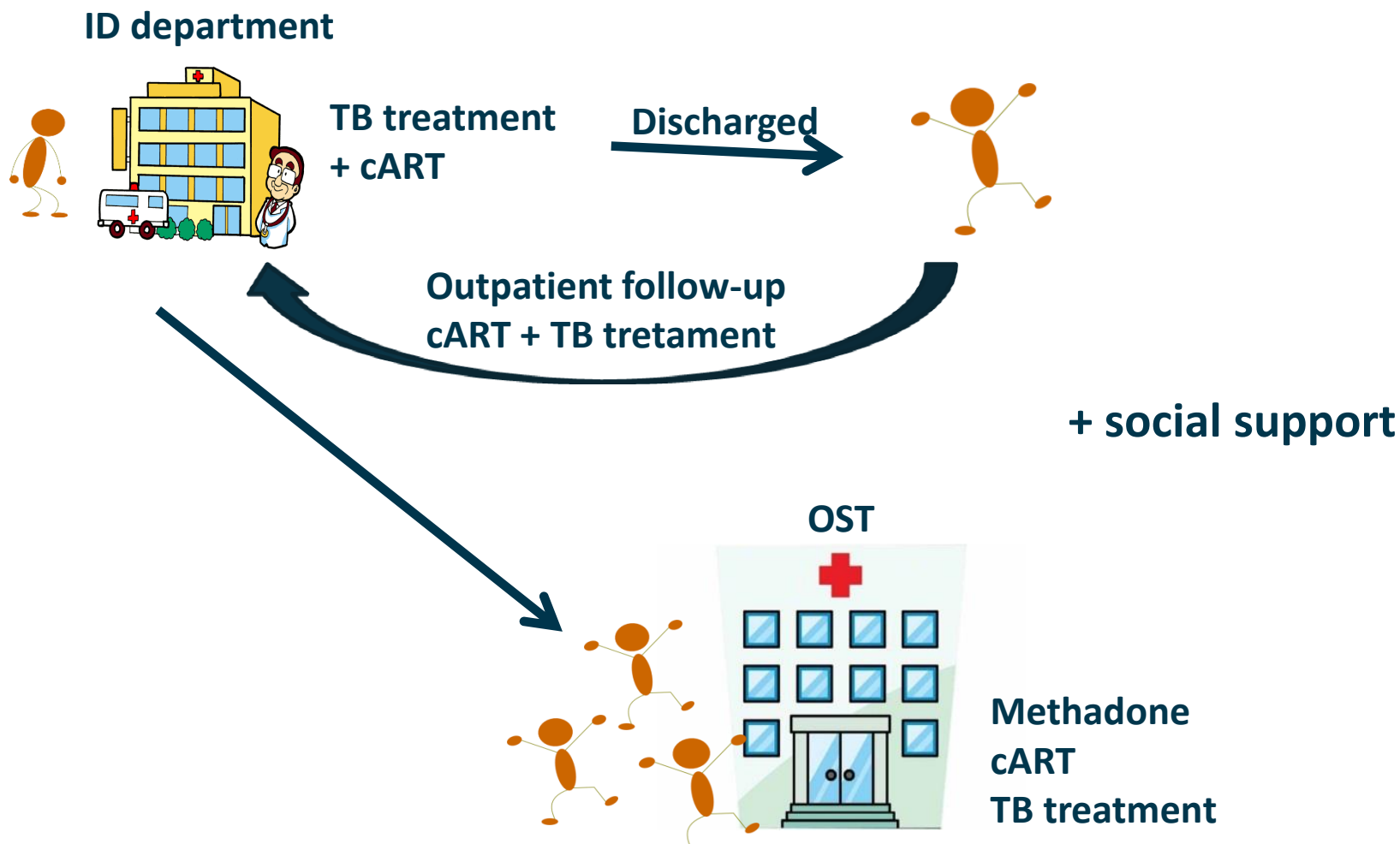
Social group	Proportion
Unemployed	25.2%
Homeless	1.1%
With previous imprisonment history	2.1%
Alcohol addicts	15.3%
HIV-infected	5.8%
Patients living in rural area	37.1%

Skrahina A. et. al, Bull World Health Organ, 2013

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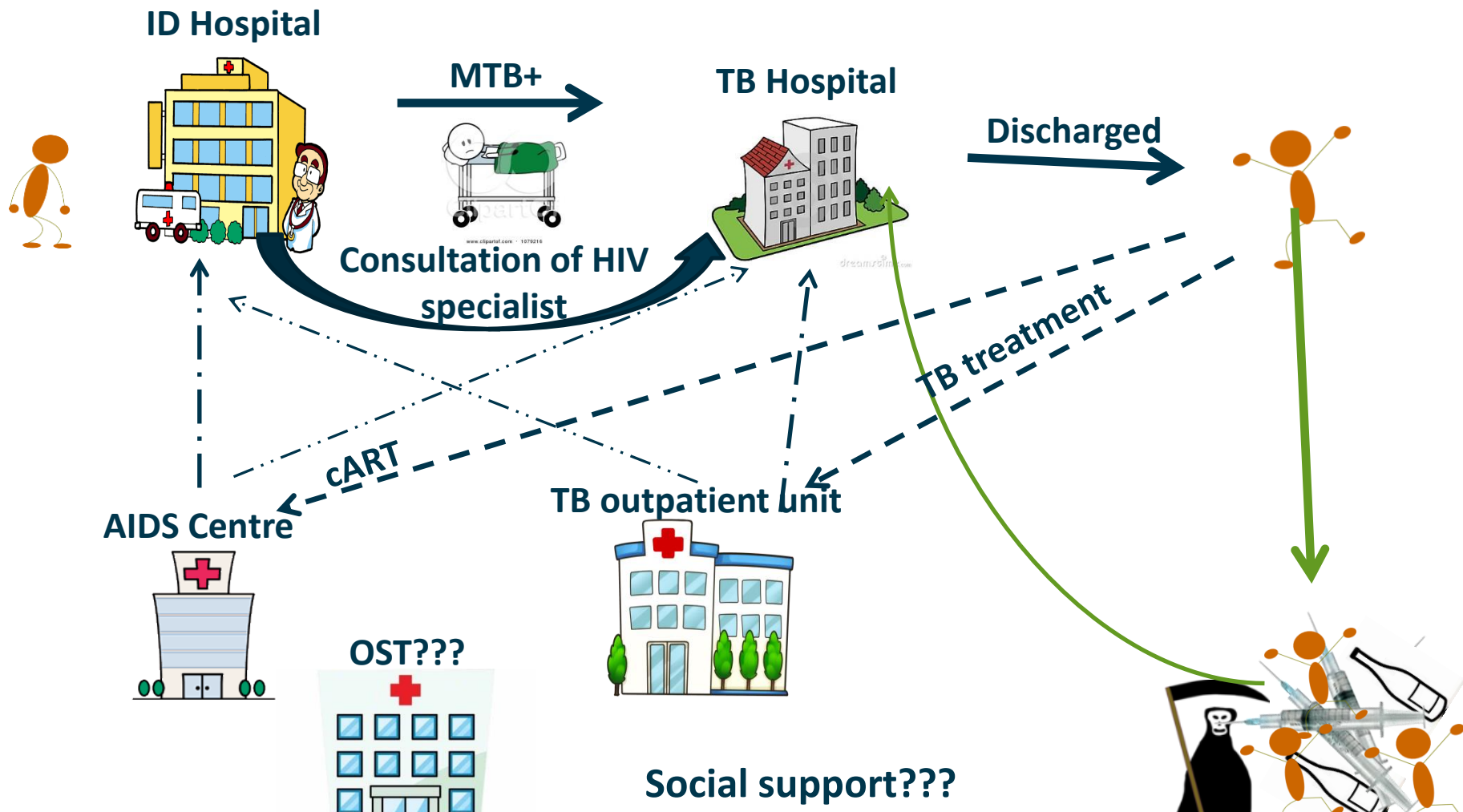
Management of TB/HIV patient in Western Europe



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Management of TB/HIV patient in Eastern Europe



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Improving adherence of TB patients

- Identify potential risk factors and targeted intervention
- Extensive adherence counselling
- Provision of Enablers: Food package and transport ticket
- Aggressive and immediate management of drug AE
- Screening for co-morbidities (HIV) and other related conditions (IDU, alcohol abuse) and ensure adequately treated
- Screening for mental health problems and ensure adequately treated

MDR-TB Consilium (Expert Board)

1 National, 6 Regional and 1 Prison MDR-TB Consiliums

- M/XDR-TB, HIV/TB, Child TB, Difficult-to-treat TB

- All registered MDR-TB cases
- Adherence issues
- Management of co-morbidities
- Management of AE
- Alcohol abuse, IDU
- Mental health problems



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Health care financial problems

- Financing - the number of beds
- Lack of mechanisms for
 - paying supplementary benefits to primary HCP
 - social support to outpatients
- Unnecessary long term hospitalization:
 - 61 days S-TB
 - 153 days MDR-TB
 - Weak out-patient care



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In-patient vs. out-patient



In-patient care:

- Isolation of sm+/cult+
- Daily observation and more intensive management
- No patient's costs (transport, food, etc.)



Out-patient care:

- Not expensive for HC system
- No cross contamination
- Ability to work
- Living with families



- Need for IC
- Expensive for HC system
- Isolation from family
- Inability to work
- Cross contamination

- Need for sm- sputum
- Costly for patient (food, transport)
- Poor adherence and **LTFU**
 - alcoholics, IDU, former prisoners
 - Drug side effects


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Mogilev project

Funds reallocation from TB hospitals to PHC settings

Actions

-  TB beds
- MoH approved new contracts for PHC staff, i.e. payment for every visit

Results

- early discharge
-  treatment outcomes
 - Incl. ↓LTFU
- developing new financial mechanisms for ambulatory strengthening
- saving money and resources

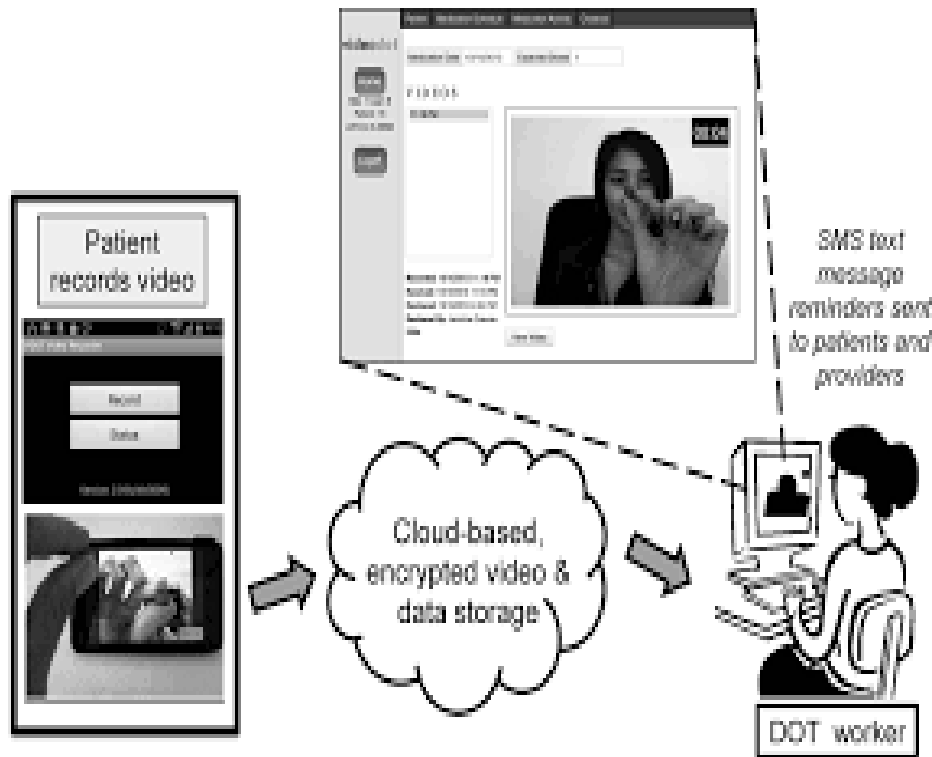
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NTP measures to increase adherence

- aDSM
 - CEM: HIV-M/XDR TB (2012), LZD (2014), BDQ (2015)
- HIV testing in all TB patients
- cART+Co-trimoxazole in all HIV/TB
- MST for IDU HIV/TB patients
- Psychiatrist (narcologist), psychologist – in each TB hospital
- Mandatory transportation freed prisoners with TB
- Provision of Enablers (food packages) at out-patient phase for each TB patients from state budget (2015)

VOT procedure

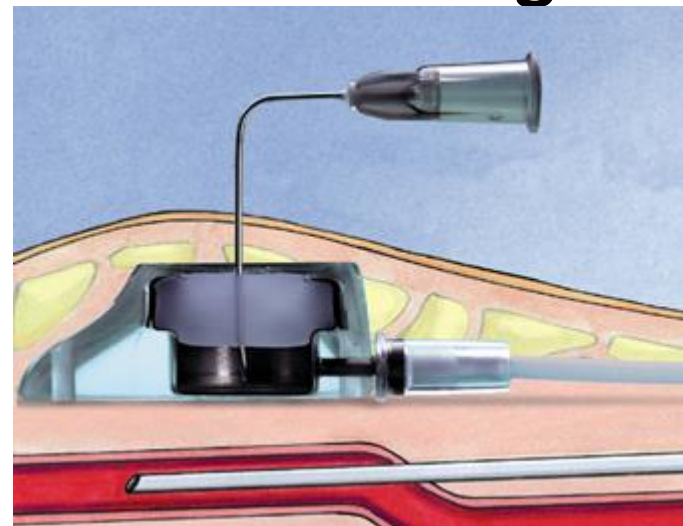


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IV central port for patients on new drugs



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Future steps

- Change financial mechanism
 - Stronger motivation of staff and patients
- Close collaboration with Ministry of Labor and Social Protection
 - Social support from government (transport)
 - Work permission for TB patients
- MST in TB DOT facilities
- Management of alcohol abuse to incorporate in TB treatment
- Psychological support at out-patient settings
- Scaling up eDOT (VOT)

