



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

22- 23 March , 2016 , TBILISI , GEORGIA

Civil society: practical role in improving TB outcomes

Elchin Mukhtarli

Director of "Support to Health" public union
Civil Society Organization, Azerbaijan

TB in South Caucasus

- TB re-started increasing in South Caucasus after collapse of Soviet Union.
- **Collapse of centralized economical , health and social systems**
- Absence of drug procurement network , etc
- Self-trt, mono-therapy led to MDR TB
- Prisons were breeding ground for TB.
- TB incidence in prison;
 - Azerbaijan -50 times higher
 - Georgia -60 times
 - Armenia – 150 times in 1994



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An overall TB situation in Azerbaijan

- ⊕ Azerbaijan is UMI country with 9 million population
- ⊕ 27 high MDR TB burden country
- ⊕ MDR TB rate is 24.6% in new cases and 60% among PTC
- ⊕ Incidence rate – 110
- ⊕ 7th highest rate among 54 countries of the WHO ER
- ⊕ Penitentiary TB control is more successful than civilian (Penitentiary TB program has been awarded with ICPA 2013 Healthcare Award for efforts and initiatives within the correctional sphere in US.)

CSO efforts in TB control in the CIS region

- ⊕ Armenia - **“Positive People Armenian Network”**
- ⊕ Azerbaijan - **“Saglamliga Khidmat”**
- ⊕ Belarus - **“Defeat Tuberculosis Together”**
- ⊕ Georgia - **“Georgia Family Medicine Association”**
- ⊕ Moldova - **“Act For Involvement”** and also **“SMIT”**
- ⊕ Tajikistan - **“Yong generation of Tajikistan”**
- ⊕ Ukraine - **“Ukrainians against tuberculosis”**
- ⊕ Uzbekistan - **“INTILISH”**

CIS region CSOs that are active in the fight against TB are member of **TB Europe Coalition (TBEC)**



A SUCCESSFUL CSO PROJECT



FOLLOW UP TB PATIENTS' TREATMENT AFTER RELEASE FROM PRISON AZERBAIJAN MODEL



Mukhtarli Elchin
“Sağlamlığa Xidmət” public union
Nongovernment Organization

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Every year 15-20% of TB patients release from prison TB hospital



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PROJECT START

2009-2010

a Memorandum of understanding between MOJ, ICRC and MOH



2011 – to present
a Cooperation Agreement between “Sağlamliğa Khidmat” NGO, MoJ
and M
MoH



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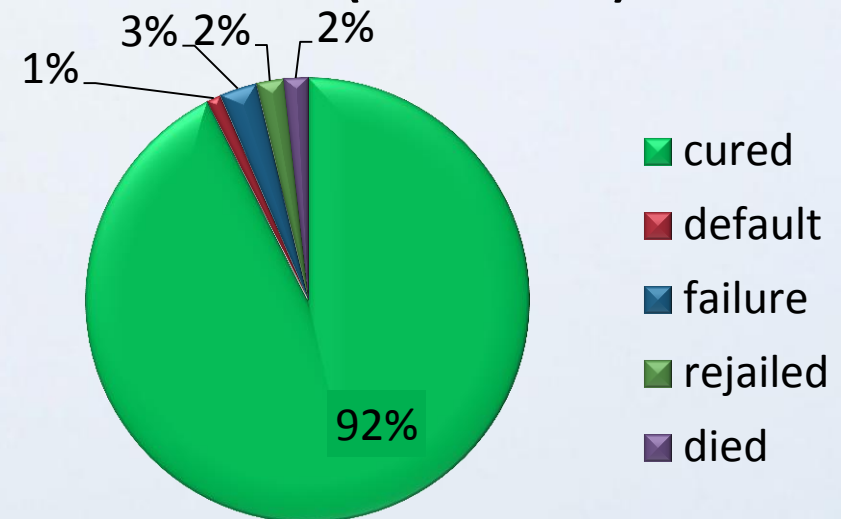
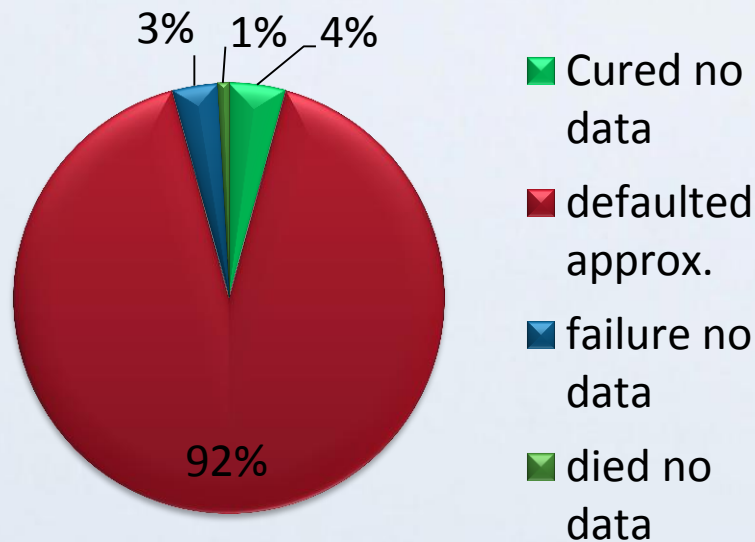
TREATMENT SUCCESS AMONG DS-TB (2011 – 2015)

Before project started

After project started

Until end of 2010

NGO (2011-2015)



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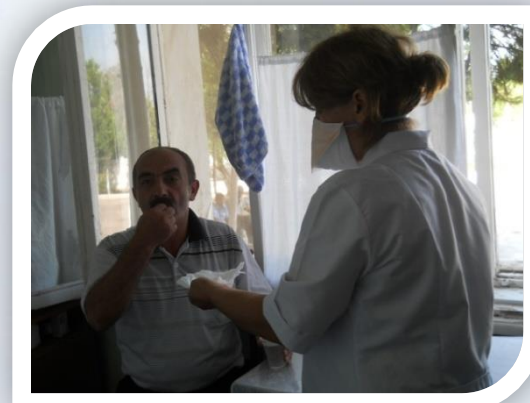
GOAL

Enhancing Treatment Adherence through involvement of community based organization in TB combating
Follow up ex-prisoners on TB treatment by supporting them at civilian sector until treatment is completed.

Work at 2 stages



**Phase I
(Before release)**



**Phase II
(After release)**

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PHASE I

- ✓ Health Education targeting importance of treatment continuation after release
- ✓ Counseling
- ✓ Patients civic information collection
- ✓ Medical information exchange between prison and civilian treatment facilities
- ✓ Drugs and food delivery for released patients



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PHASE II

- ✓ Ensuring released patients get registered at TB dispensary
- ✓ Ensuring treatment is organized at nearby patient's home (DOT)
- ✓ Support to treatment continuation (technical and material)
- ✓ Education and counseling
- Social support: SK NGO staff visit each patient monthly
- ✓ Regular info exchange between STI and civilian TB facility.
- ✓ Provides incentives and enablers (food, transport fee etc)
- ✓ Juridical Support to patients (obtaining national IDs, pension, shelter, etc.)

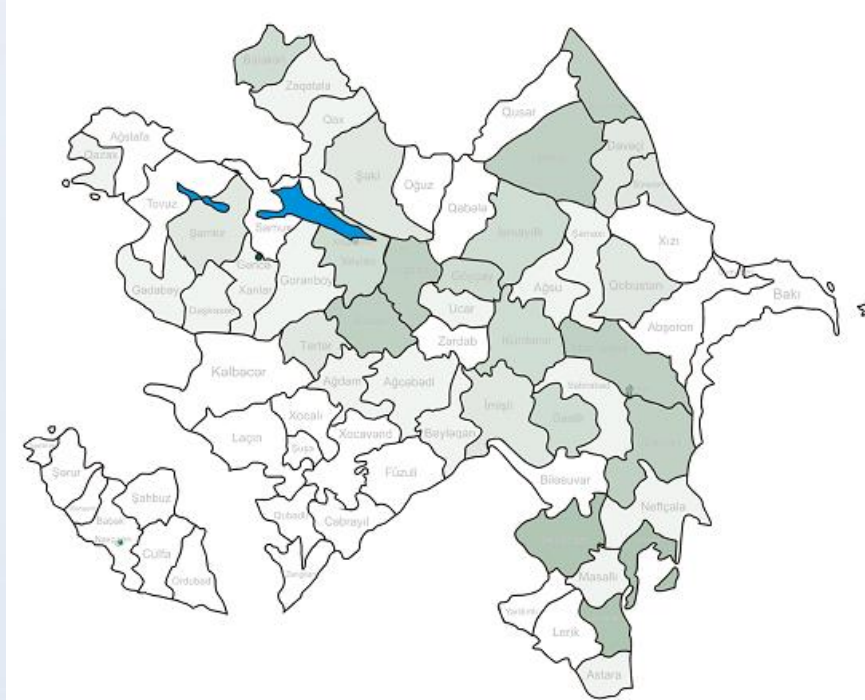


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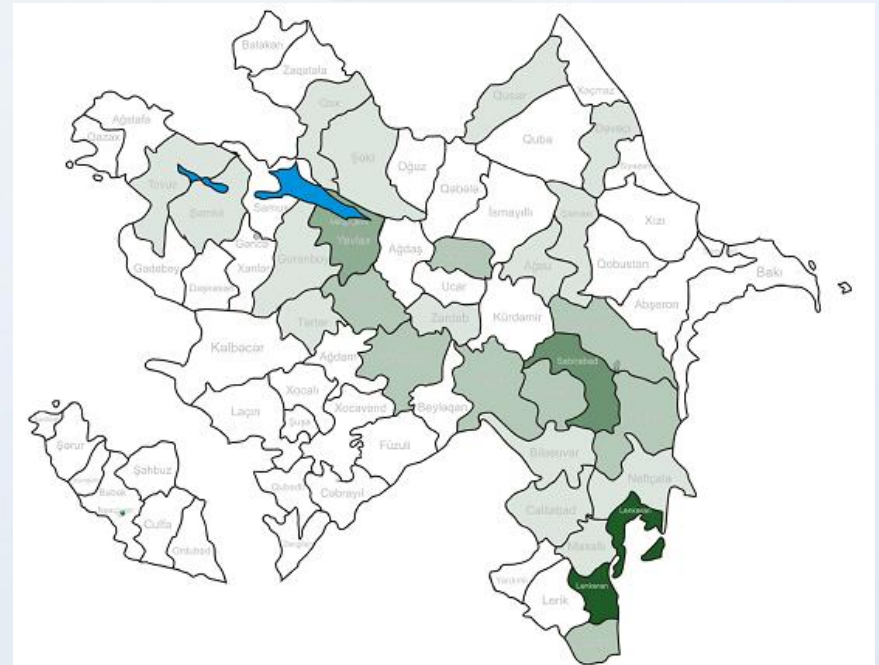
TREATMENT SUCCESS (2011 – 2015)

DS-TB
304



DS-TB
Outcome available 295– Cured 274 (93%)

DR-TB
191

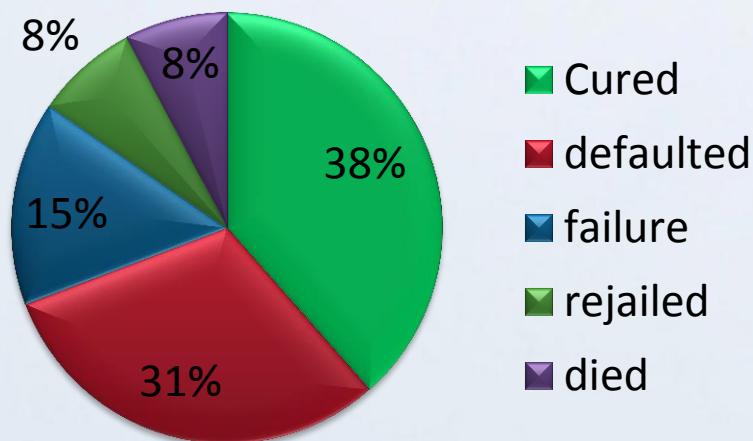


DR-TB
Outc. avail. 165– Cured 123 (74%)

TREATMENT SUCCESS AMONG MDR-TB (SLD) (2009 – 2015)

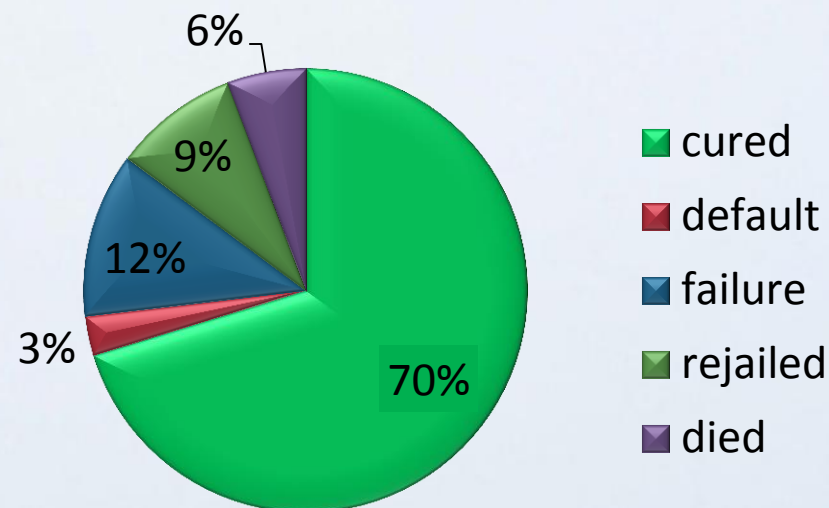
Pilot project with ICRC involvement

(2009-2010)



After NGO involvement

(2011-2015)



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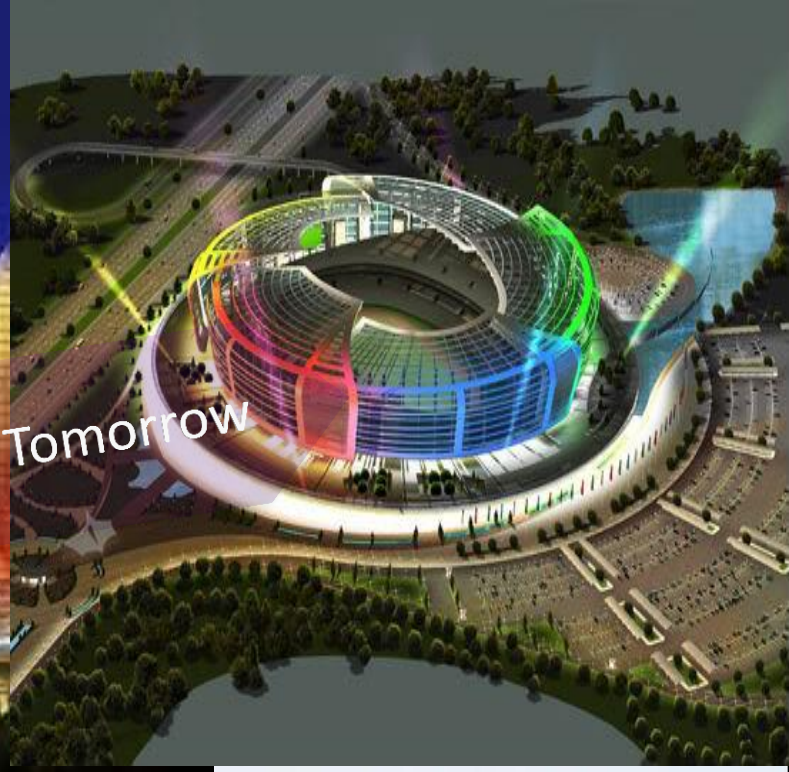
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Yesterday



Today



Tomorrow

THANKS FOR THE ATTENTION!



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