Treating Patients, Not Disease: People-Centered Approach

7th Annual TB Symposium
Ministry of Health of the Kyrgyz Republic
and Médecins Sans Frontières

1-2 March, 2018, BISHKEK, KYRGYZSTAN

Survey of TB policies and practices in 8 countries in the region

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HIV & TB Policy Advisor
MSF Access Campaign
TB policies in 8 countries
• Testing
• Treatment & models of care
• Prevention
• Drug regulatory environment
WHO Guidelines

TIMELINE OF KEY WHO POLICIES AND GUIDELINES (2011–2017)

- Programmatic management of DR-TB (Guidelines)
- Contact tracing of people with infectious TB (Recommendations)
- Collaborative TB/HIV activities (Guidelines)
- Delamanid for DR-TB treatment (Interim policy guidance)
- Management of TB in children (Guidance)
- Chest radiography for TB detection (Guidance)
- Molecular line-probe assays (LPAs) for detection of second-line resistance (Policy guidance)
- Delamanid for children/adolescent MDR-TB treatment (Interim policy guidance)

2011
- Interferon-Gamma Release Assays (IGRAs) for TB infection (Policy statement)
- Xpert MTB/RIF for rapid TB detection and RIF resistance (Policy statement)
- Care and control of TB and diabetes (Framework)

2012
- Systematic screening for active TB (Principles and recommendations)
- Bedaquiline for DR-TB treatment (Interim policy guidance)

2013
- TB prevention: 36 months IPT for HIV+ adults/adolescents (Recommendation)
- Management of latent TB infection (Guidelines)
- Surveillance of drug resistance (Guidelines)
- The use of lateral flow urine lipoarabinomannan assay (LF-LAM) for the diagnosis and screening of active tuberculosis in people living with HIV (Policy guidance)

2014
- Treatment of DS-TB and patient care (Guidelines)
Treating Patient, Not Disease: People-Centered Approach

239,100
New people with TB in EECA (2015)

193,082
People diagnosed*

46,018
Diagnosis gap
### KEY DIAGNOSIS POLICIES

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>ARMENA</th>
<th>BELARUS</th>
<th>GEORGIA</th>
<th>KAZAKHSTAN</th>
<th>KYRGYZSTAN</th>
<th>RUSSIAN FED.</th>
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</thead>
<tbody>
<tr>
<td>Xpert MTB/RIF is the initial TB diagnostic test for adults and children being investigated for TB</td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
<td><img src="https://example.com/yes-icon.png" alt="Yes" /></td>
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First-line DST (rifampicin and isoniazid) is done for all RR-TB cases or for people at risk of DR-TB

Second-line DST (fluoroquinolones and second-line injectable agents) is done for at least all RR-TB cases

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**Xpert MTB/RIF is the initial TB diagnostic test for all**

6 of 8 countries have adopted the policy

3 countries are implementing the policy widely

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(a) The initial diagnostic test is microscopy, but regardless of microscopy result, every person to be evaluated for TB is tested with Xpert.
(b) Part of an initial diagnostic package of tests.
(c) At facilities that offer DR-TB regimens with BDQ or DLM.
(d) Xpert is part of a package of diagnostic tools; other diagnostic tests can be used, including other rapid molecular methods.

**If Yes, is the policy being implemented?**

- ![Yes](https://example.com/yes-icon.png)
- ![Yes](https://example.com/yes-icon.png) but not widely
(a) The initial diagnostic test is microscopy, but regardless of microscopy result, every person to be evaluated for TB is tested with Xpert.

(b) Part of an initial diagnostic package of tests.

(c) At facilities that offer DR-TB regimens with BDQ or DLM.

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Rifampicin resistance testing for bacteriologically confirmed TB

8 of 8 countries have adopted the policy

6 countries are implementing the policy widely
### Key Diagnosis Policies

<table>
<thead>
<tr>
<th>Country</th>
<th>TB Diagnostic Test</th>
<th>DST for RR-TB</th>
<th>DST for MDR-TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>Belarus</td>
<td>YES</td>
<td>YES</td>
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<td>Georgia</td>
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<td>Kazakhstan</td>
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<td>Russian Fed.</td>
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**Xpert MTB/RIF** is the initial TB diagnostic test for adults and children being investigated for TB.

First-line DST (rifampicin and isoniazid) is done for all RR-TB cases or for people at risk of DR-TB.

Second-line DST (fluoroquinolones and second-line injectable agents) is done for at least all RR-TB cases.

**Second-line DST for all RR- and MDR-TB cases**

- **8 of 8 countries** have adopted the policy.
- **5 countries** are implementing the policy widely.

**If Yes, is the policy being implemented?**

- **Yes**
- **Yes, but not widely**
Testing policies in 29 countries

- **52% of the countries have Xpert for all as the initial test**
  - ✗ Only 7 have implemented it widely.
  - ✓ Double the number compared to 2015
  - ✗ 5 of the countries with highest number of missed cases have not introduced Xpert as first line test.

- **97% recommend Xpert for high risk groups**
  - • 54% implement widely

- **1st line DST is widely implemented in 89% of the countries**

- **2nd line DST is widely implemented in 83% of the countries**
Dealing with Patient, Not Disease: People-Centered Approach

7th TB Symposium – Ministry of Health of the Kyrgyz Republic and Médecins Sans Frontières

MODELS OF CARE

Sadir Naimov explaining the importance of Tajikistan's mHealth TB tool for communities.
DS-TB treatment is started at the primary health care level

3 of 8 countries have adopted the policy

1 country is implementing the policy widely

(*) Including smear-positive individuals. In some countries exceptions are made for people who are smear-negative and on a case by case basis.
(a) Except for people who are smear-negative and on a case by case basis.
(b) Patient receives a prescription at TB facilities.
**KEY MODELS OF CARE POLICIES**

<table>
<thead>
<tr>
<th>DS-TB treatment is started at the primary health care level*</th>
<th>ARMENIA</th>
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<table>
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<tr>
<th>DR-TB treatment is started at the district level*</th>
<th>ARMENIA</th>
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<th>Hospitalisation is NOT required for DS-TB treatment*</th>
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**DR-TB treatment is started at the district level**

5 of 8 countries have adopted the policy

2 countries are implementing the policy widely

(*) Including smear-positive individuals. In some countries exceptions are made for people who are smear-negative and on a case by case basis.
(a) Except for people who are smear-negative and on a case by case basis.
(c) DR-TB treatment can be started and dispensed from the district level, but only after decision and prescription from the regional TB committee.
### Hospitalisation is NOT required for DS-TB treatment

2 of 8 countries have adopted the policy
2 countries are implementing the policy widely

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**KEY MODELS OF CARE POLICIES**

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<tr>
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(a) Except for people who are smear-negative and on a case by case basis
Hospitalisation is NOT required for DR-TB treatment

2 of 8 countries have adopted the policy
2 countries are implementing the policy widely

(*) Including smear-positive individuals. In some countries exceptions are made for people who are smear-negative and on a case by case basis.
■ The implementation of the policy was not assessed for the hospitalisation questions.
(a) Except for people who are smear-negative and on a case by case basis.
119,700
People in need of DR-TB treatment in EECA

46,018
Treatment gap

55,900
People treated
## KEY TB & DR-TB TREATMENT POLICIES

### National protocol reflect WHO guidance on bedaquiline use for adults
- Armenia: Yes
- Belarus: Yes
- Georgia: Yes
- Kazakhstan: Unknown
- Kyrgyzstan: Yes
- Russia: Yes
- Tajikistan: Yes
- Ukraine: No

### National policy reflects WHO guidance on delamanid use for adults and children
- Armenia: No
- Belarus: Yes
- Georgia: No
- Kazakhstan: Unknown
- Kyrgyzstan: No
- Russia: Yes
- Tajikistan: Yes
- Ukraine: Yes

### National policy includes the WHO-recommended, nine-month (shorter) MDR-TB treatment regimen
- Armenia: Yes
- Belarus: Yes
- Georgia: Yes
- Kazakhstan: Yes
- Kyrgyzstan: Yes
- Russia: Yes
- Tajikistan: Yes
- Ukraine: Yes

**National protocol reflect WHO bedaquiline guidance**

- 6 of 8 countries have adopted the policy
- 4 countries are implementing the policy widely

(a) Implementation in pilot sites.
### KEY TB & DR-TB TREATMENT POLICIES

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#### National protocol reflect WHO delamanid guidance

- **5 of 8 countries have adopted the policy**
- **2 countries are implementing the policy widely**

(a) Implementation in pilot sites.

If Yes, is the policy being implemented?

- **GREEN**: Yes
- **GREEN**: Yes, but not widely
- **RED**: No
- **QUESTION MARK**: Unknown
### Key TB & DR-TB Treatment Policies

<table>
<thead>
<tr>
<th>National Protocol Reflecting WHO Guidance</th>
<th>Armenia</th>
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<th>Georgia</th>
<th>Kazakhstan</th>
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<tbody>
<tr>
<td>Reflects WHO guidance on bedaquiline use for adults</td>
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<td>●</td>
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<td>●</td>
<td>●</td>
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<tr>
<td>Reflects WHO guidance on delamanid use for adults and children</td>
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<tr>
<td>Includes the WHO-recommended, nine-month (shorter) MDR-TB treatment regimen</td>
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**National protocol reflect WHO delamanid guidance**

2 of 8 countries have adopted the policy.

No countries are implementing the policy widely.

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If Yes, is the policy being implemented?

- [ ] Yes
- [ ] Yes, but not widely
REGULATORY ENVIRONMENT FOR TB MEDICINES
### Country is enrolled in WHO Collaborative Registration Procedure (CRP)

4 of 8 countries are enrolled in the WHO CRP
Treatment & Drug Regulations in 29 countries

✖ Shorter Treatment Regimen included in less than 50%

✖ EML with full set of WHO recommended DRTB drugs (50%) and with either Bedaquiline or Delamanid (28%)

✖ National TB guidelines including Bdq. (79%) and Del. (62%)

✖ Countries enrolled in WHO Collaborative Registration Procedure (41%)

✓ Accelerated registration for new drugs possible in 78% of the countries

✓ Alternative legal mechanisms to import and use unregistered drugs (89%)
ACKNOWLEDGEMENTS

We would like to thank the NTPs, MSF field teams, and Stop TB Partnership members and partners who have provided us with the information on which this report is based.