



Ambulatory model of TB care in Tajikistan

2013



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The Global Fund
To Fight AIDS, Tuberculosis and Malaria

**Барнома оид ба муборизаи зидди ВИЧ/СПИД
ва бемории вараҷа дар Ҷумҳурии Тоҷикистон**

HIV/AIDS and Malaria Control in Tajikistan

**Программа по борьбе с ВИЧ/СПИД и малярией
в Республике Таджикистан**

Tajikistan

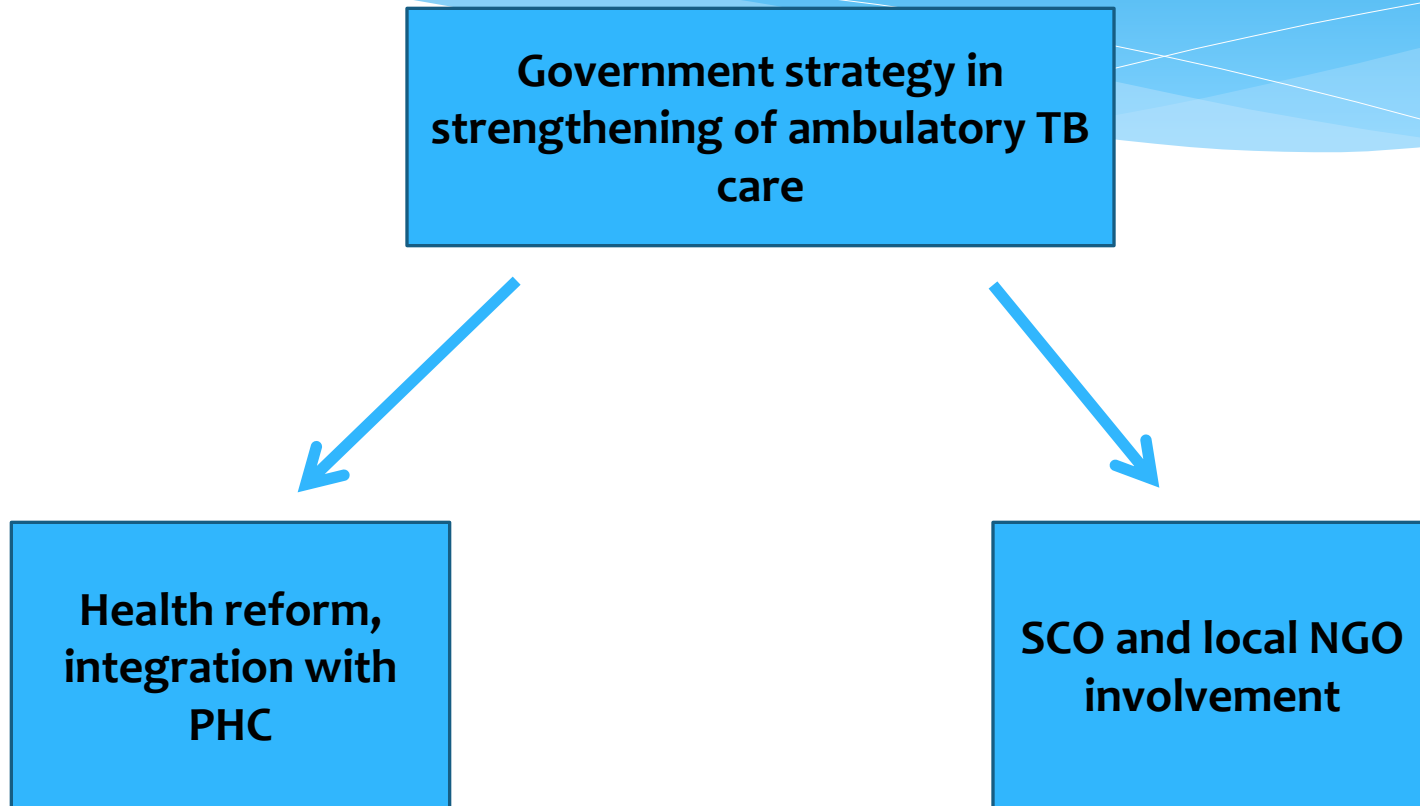
New recommendations of WHO, 2011

- * **“Community involvement and communication with community leaders can greatly facilitate implementation of treatment and respond to needs that cannot be met by medical services alone. Community education, involvement and organization around TB issues can encourage a feeling of community ownership of control programs and reduce stigma. In some circumstances, communities have helped to address the interim needs of patients, including the provision of DOT, food and/or housing.”** Source: “WHO Guidelines for the programmatic management of drug-resistant tuberculosis” 2006, p 15.
- * According to the WHO, experiences from other countries (Estonia, Peru, Philippines, Russia\Tomsk, Georgia, Pakistan — confirmed the efficiency of collaboration with SCO and local NGO’s.

Background for implementation of ambulatory TB care

- * Long treatment course for MDR TB cases;
- * Challenges in organizing DOT;
- * Poor infrastructure in health sector;
- * Lack of medical staff in remote areas;
- * Socio economic burden for TB patients and their family members because of long treatment course;

Government strategy in strengthening ambulatory TB care within the National TB Program in Tajikistan



Health reform in Tajikistan: integration of PHC with NTP

- * DOTS implementation in TJK started in 2002 with close collaboration and support of PHC workers. More than 25% out of all smear positive TB patients are detected by PHC during last three years;
- * According to the National TB Program PHC is responsible for TB case finding and monitoring of treatment. **Integration of TB program with PHC.**
- * More than 40% out of total TB suspects cases were referred for microscopy test by PHC during last three years.
- * **Open sale of first line TB drugs have been prohibited by the Government. (MoH Prikaz on prohibited imports and selling of FLD by local pharmacy since 2010)**

Involvement of SCOs and local NGOs

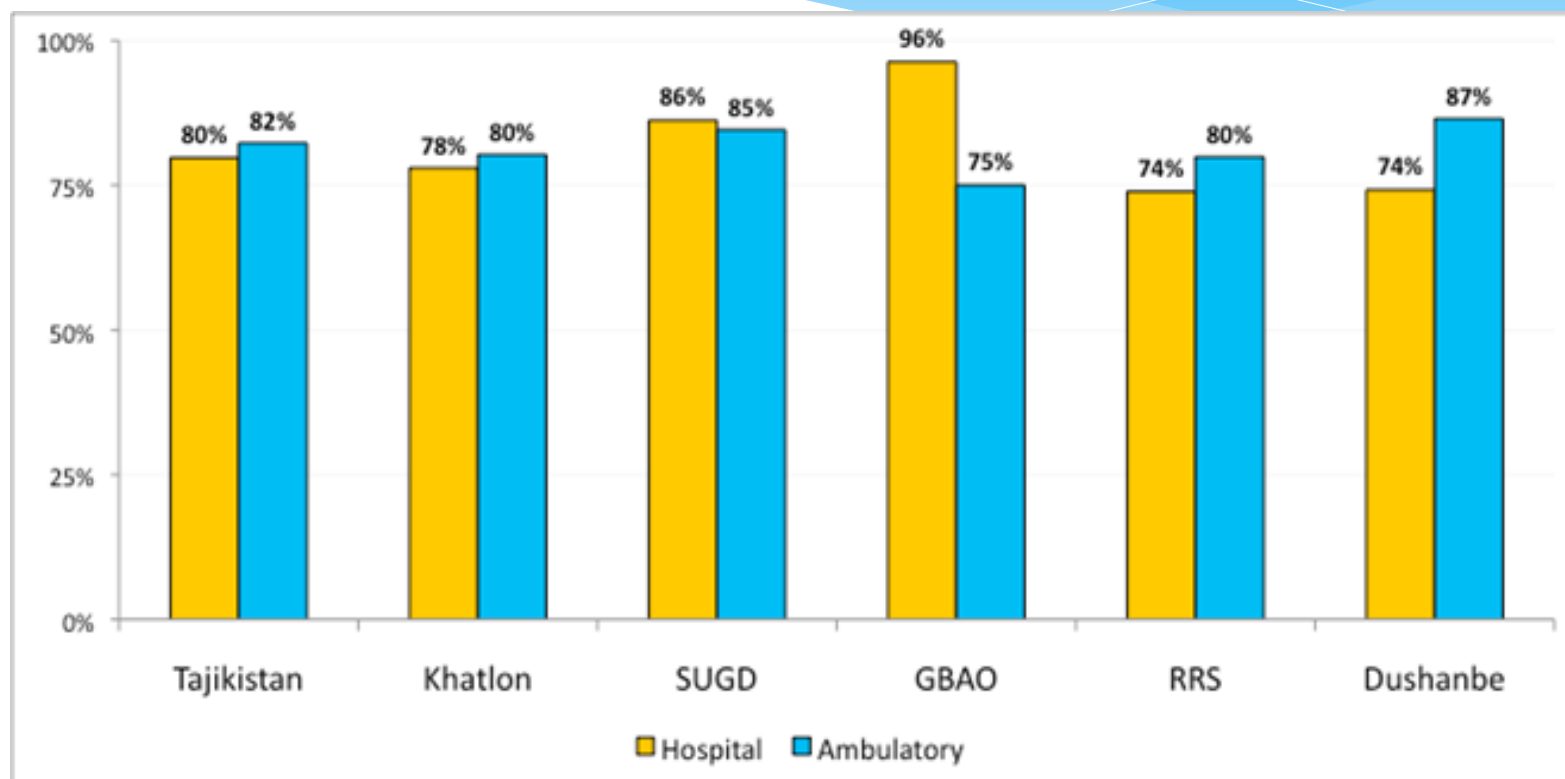
- * At the moment 37 local NGOs are involved in the National TB Program implementation (3090 volunteers). **50% of population** are covered by local NGOs & SCO activities in TB Program.
- * **Key activities of the NGOs involved in TB control is to support in DOT of outpatients as well as raise awareness of population on TB prevention, diagnosis and treatment, conducting IEC activities among risk groups – contacts of TB, migrants, Roma population.**
- * National Red Cross Committee has established volunteers network with more than 1000 volunteers and covered whole districts in the country. The Committee has its offices in each districts (66 districts).
- * 28 Patients Support Groups were created in 2011 (more than 400 patients and their relatives participated in these groups over the last 2 years).
- * **Treatment success rate of TB and MDR-TB co-managed with community and NGO reached over 85% in 2012**
- * **In 2012, trained religious leaders held over 3000 talks on TB during the main Friday's prayers, which were attended by more than 250, 000 men. Religious leaders referred thousands people for TB diagnostics and 448 were diagnosed with TB in 2012. Religious leaders and community members supported TB patients by providing food packages, making charitable donations to mosques to cover transportation costs and bringing medication from health facilities to patients' home to assure DOT.**

Key **achievements** of ambulatory TB care

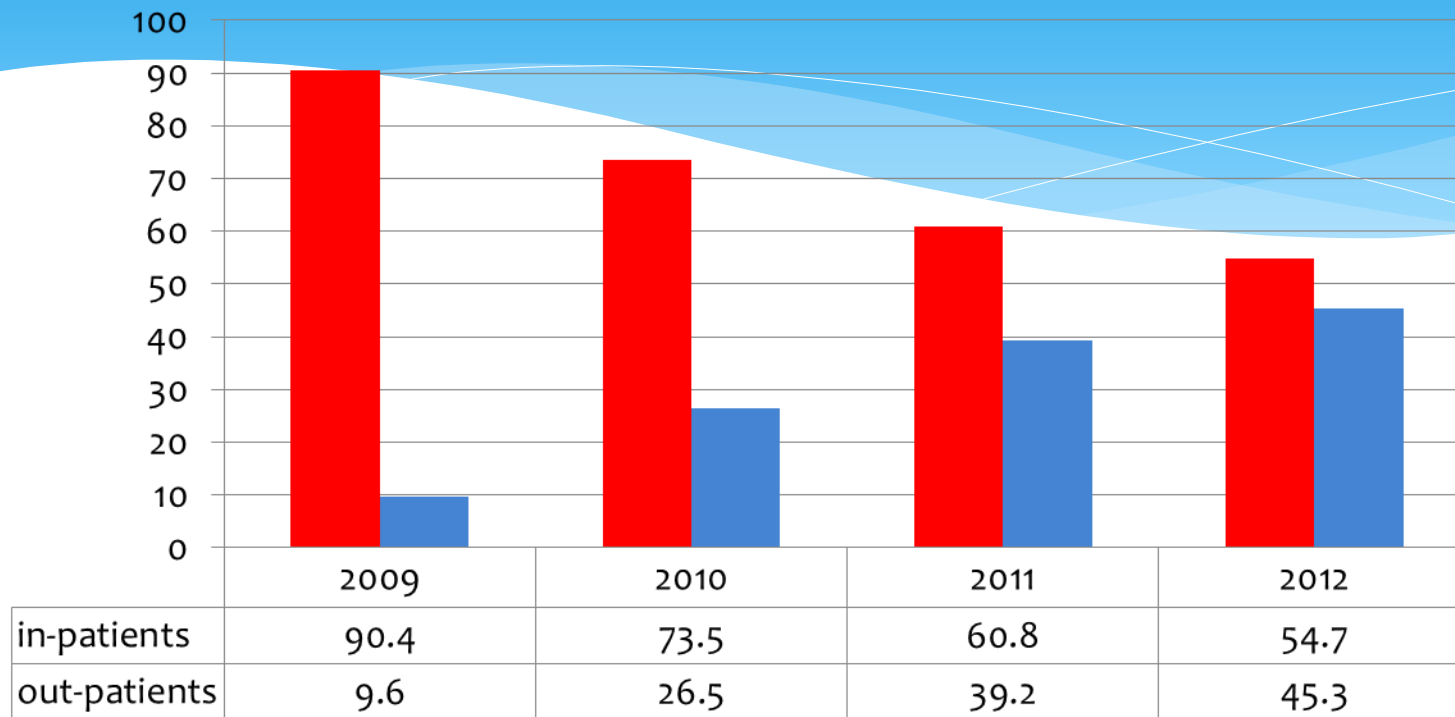
- All TB patients have universal access to TB treatment, annually 7000 to 8000 (100%) registered in the country including penitentiary sector receive treatment with first line TB drugs;
- The country successfully introduced MDR-TB (DOTS Plus) project and by now more **than 1400** enrolled for MDR treatment with second line TB drugs; **72% of population has universal access for MDR TB diagnosis and treatment;**
- Over 90% of all TB cases are tested for HIV annually;
- Network of microscopy and bacteriology laboratories established **including modern technology (MGIT, Gen-Expert, HAIN-test);**
- New Level 3 Bio-Safety Laboratory is constructed in Dushanbe allowing detection of communicable and most hazardous diseases including HIV, TB and Malaria;

Key results of ambulatory TB care

Treatment success rate for new TB patients (Cat 1)



Expansion of ambulatory care for MDR TB patients



 % of MDR TB patients under hospital treatment

 MDR TB patients under ambulatory treatment

Lessons learned

- * MoH Prikas on involvement of Patient Support Groups (Decree # 421 on PSG from 15 July 2013) that is the important step for sustainability.
- * MoH strategy is to decrease number of TB beds from 3100 to 1500 by 2015; the number of TB beds have been reduced by 30% in 2013.
- * Economic analysis – treatment cost per TB patient in the hospital is USD 1,737 ; in the ambulatory is USD 1,122.
- * Sustained treatment success rate during last five years (around 80%).
- * Regular (semi-annually) participation of society\mahally in the District Coordination Committee. And TB is part of their agenda.

Way forward

- * NTP plans to expand ambulatory TB care through involvement of SCO/NGO's;
- * Institutionalization of involvement of the local NGO's and SCO in TB Program implementation via integration into young –consultation departments that are part of MoH structure and funds by Government.