Treating Patient, Not Disease: People-Centered Approach

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

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Transition from hospital-based care to primary health care: optimization of TB services in Kyrgyzstan

Aelita Ibraeva
TB in the Kyrgyz Republic

- Socio-economic decline in the late 90's, sharp decline in the budget allocation for healthcare
- Problems with TB drugs supply
- Treatment quality failing to meet modern requirements
- Lack of social support for patients during treatment
- Deterioration of the epidemiological situation: TB incidence has reached 100 cases per 100 thousand population, and TB mortality — 16 cases per 100 thousand population
Measures for reduction of TB in the KR

• An appropriate regulatory framework for TB control was developed
• Implementation of the WHO's DOTS strategy was started, which aimed at detecting and treating infectious forms of TB
• The country receives effective TB drugs, laboratory and diagnostic equipment
• TB diagnostic and treatment services are provided free of charge
Measures for reduction of TB in the KR

• Four programs were approved and implemented in 1996–2016:
  - Tuberculosis 1 for 1996–2000
  - Tuberculosis 2 for 2001–2005
  - Tuberculosis 3 for 2006–2010
  - Tuberculosis 4 for 2013–2016
  - Tuberculosis 5 for 2017–2021
• TB has become a priority component of the Manas and Manas Taalimi National Programs for Health Care Reform and the Den Sooluk Program
Action Plan for optimization of TB services in the Kyrgyz Republic in 2017–2026 (Government Decree No. 9-r, Jan 17, 2017)
Goal

Reduction of the incidence of TB and MDR-TB, increase of effectiveness of the use of available resources aimed at providing TB services to the population of the Kyrgyz Republic
Components

Restructurization of the network of TB hospitals and optimization of their activities

Strengthening the integration of TB services at PHC level and scaling up the outpatient care for TB patients

Improvement of TB laboratory diagnostic services
Expected outcomes

• Annual detection of at least 70% of TB cases at PHC institutions;
• TB treatment success rate of at least 85% in PHC institutions;
• Downsizing TB beds in hospitals by 40% (1040) by 2020, and by another 20% (320) by 2026 as compared to 2016;
• Annual reduction of unjustified hospitalization rates in TB facilities by 10%;
• Economical effectiveness from the restructuring and optimization of TB facilities of 139.7 million KGS by 2020
Road map: Periods of implementation

- **Short-term period (2017–2019)**
- **Mid-term period (2020–2022)**
- **Long-term period (2023–2026)**
## Action plan (Road map) for optimization of TB services in the Kyrgyz Republic for 2017–2026

### Goal

Reduction of the incidence of TB and MDR-TB, increase of effectiveness of the use of available resources aimed at providing TB services to the population of the Kyrgyz Republic

### Components

<table>
<thead>
<tr>
<th>Strengthening of the integration of TB services into PHC and scale up of outpatient care for TB patients</th>
<th>Restructurization of the network of TB hospitals and optimize their activities</th>
<th>Improvement of TB laboratory diagnostic services</th>
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</thead>
<tbody>
<tr>
<td>— Building the capacity of PHC institutions in TB care</td>
<td>— Reorganizing the network of TB facilities</td>
<td>— Optimisation of the number of TB laboratories</td>
</tr>
<tr>
<td>— Provision of incentives to PHC healthcare workers for detected and successfully treated TB cases</td>
<td>— Optimization of their activities</td>
<td>— Implementation of a transportation system</td>
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<tr>
<td>— Development of a referral and re-referral system of TB patients</td>
<td>— Reduction of the number of inefficient beds and hospitals</td>
<td>— Provision of highly qualified laboratory diagnostics</td>
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<td>— Review TB functions of PHC institutions</td>
<td>— Reduction of the expenses on on hospital infrastructure and bed capacity</td>
<td>— Access to Xpert MTB\RIF</td>
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<td>— Reduction of the risk of nosocomial spread of MDR TB</td>
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### TB services in the Kyrgyz Republic

#### Status as of 2015

<table>
<thead>
<tr>
<th>INPATIENT CARE</th>
<th>OUTPATIENT CARE</th>
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<tbody>
<tr>
<td><strong>Pediatric TB hospitals (5)</strong> (500 beds)</td>
<td><strong>PHC institutions (Family Medicine Centre / General Medicine Practice Centre)</strong></td>
</tr>
<tr>
<td><strong>Republcal TB hospitals (4)</strong> (300 beds)</td>
<td><strong>City TB Centre in Bishkek</strong></td>
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<tr>
<td><strong>Oblast TB centres (7)</strong> (935 beds)</td>
<td><strong>Mandatory hospitalization for TB patients</strong></td>
</tr>
<tr>
<td><strong>District and city TB hospitals (8)</strong> (490 beds)</td>
<td><strong>TB diagnostics in TB facilities</strong></td>
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#### Changes by the end of 2019

<table>
<thead>
<tr>
<th><strong>PHC institutions</strong></th>
<th><strong>NPC oblast branches (4)</strong></th>
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<tbody>
<tr>
<td><strong>Pediatric TB prevention centres (2)</strong> (80 beds)</td>
<td><strong>TB detection and diagnostics at PHC level</strong></td>
</tr>
<tr>
<td><strong>Republcal TB hospitals (3)</strong> (220 beds)</td>
<td><strong>Oblast branches of the National Phthisiology Centre (NPC) help PHCs in TB detection and treatment</strong></td>
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<tr>
<td><strong>Oblast TB centres (2)</strong> (440 beds)</td>
<td><strong>Segregation of duties between PHCs and TB facilities</strong></td>
</tr>
<tr>
<td><strong>District and city TB hospitals (8)</strong> (490 beds)</td>
<td><strong>Downsizing beds and reorganizing inefficient TB facilities</strong></td>
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</tbody>
</table>

#### Challenges

- Duplicated functions; no clear segregation of duties between TB facilities and PHC institutions;
- Lack of commitment in PHC institutions;
- Focus on inpatient care and risk of nosocomial spread of DR TB;
- Low TB prevention efforts and low-potent TB detection activities.

#### Changes

- Strengthening of duties and responsibilities of PHC institutions in TB care;
- Decrease in drug resistance and TB stigma;
- Effective operational use of resources.
Optimization of the network of laboratories performing microscopy

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<tbody>
<tr>
<td>Bishkek city</td>
<td>28</td>
<td>9</td>
<td>5</td>
<td>3</td>
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<tr>
<td>Chuy oblast</td>
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<td>6</td>
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<tr>
<td>Talas oblast</td>
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<td>Batken oblast</td>
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<td>8</td>
<td>6</td>
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<tr>
<td>Osh City</td>
<td>14</td>
<td>6</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Penitentiary system</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>131</strong></td>
<td><strong>74</strong></td>
<td><strong>54</strong></td>
<td><strong>40</strong></td>
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Problems during the implementation of the Action plan for optimization of TB services

• High MDR TB incidence rate
• Insufficient coverage with rapid diagnostic methods and DST
• Lack of commitment among administrations of TB hospitals to contribute to the optimization of TB services (decrease in hospital financing)
• Poor interagency cooperation
• Insufficient capacity and resources at PHC level to provide outpatient TB care, especially for DR TB
• High level of TB stigma and discrimination in the society
Priority actions

• Optimization and restructurisation of the system of provision of TB care in the Kyrgyz Republic;

• Improvement of the quality of TB diagnostics and treatment (incl. MDR TB) at the PHC institutions (access to Xpert, system of transportation of the pathological material);

• Introduction of the new system of payment for services of TB hospitals;

• Implementation of the results-based financing (RBF) for TB services at the PHC institutions;

• Development of plan for transition from drug donation programs to the state funding;

• Improvement of the system of TB patient registration and recording (TB e-database);

• Active engagement of the communities in TB detection and successful treatment efforts, with a focus on vulnerable groups of the population.
Thank you for your attention!