

Treating Patient, Not Disease: People-Centered Approach

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

1-2 March, 2018, BISHKEK, KYRGYZSTAN

Roll-out of new TB drugs and short-course regimens in the Kyrgyz Republic

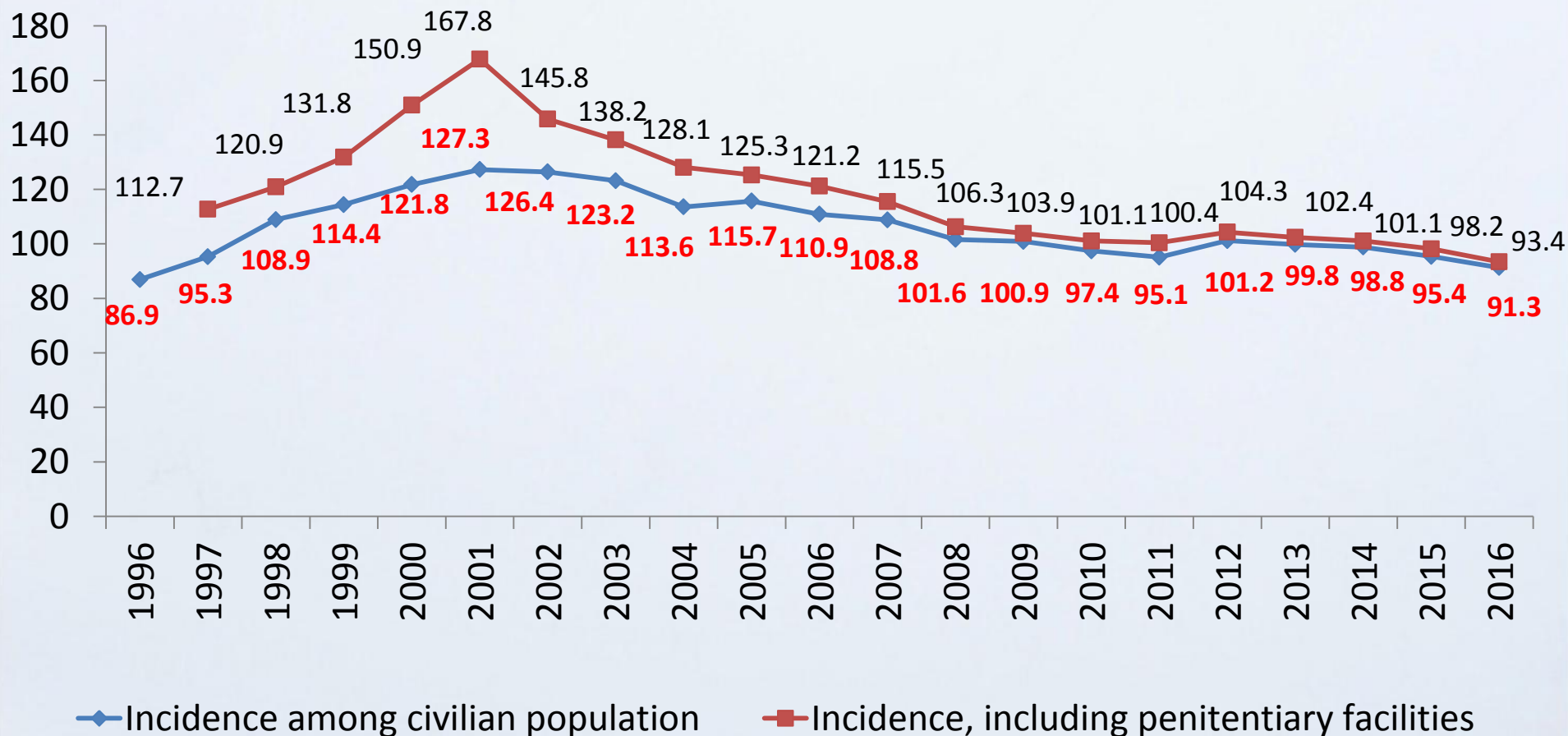
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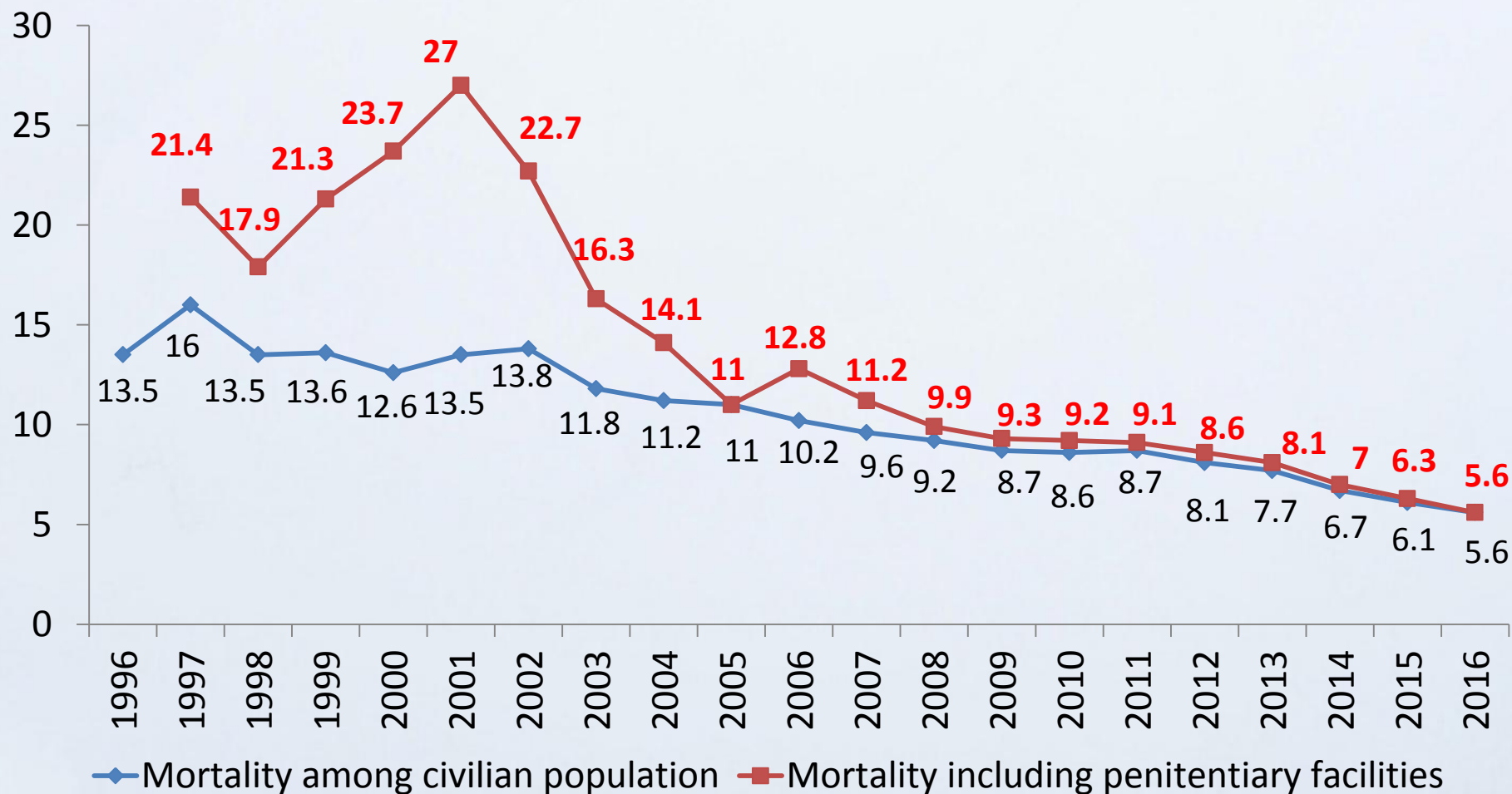


Dynamics of TB incidence in the Kyrgyz Republic (per 100,000 people)





Dynamics of TB mortality in the Kyrgyz Republic (per 100,000 people)



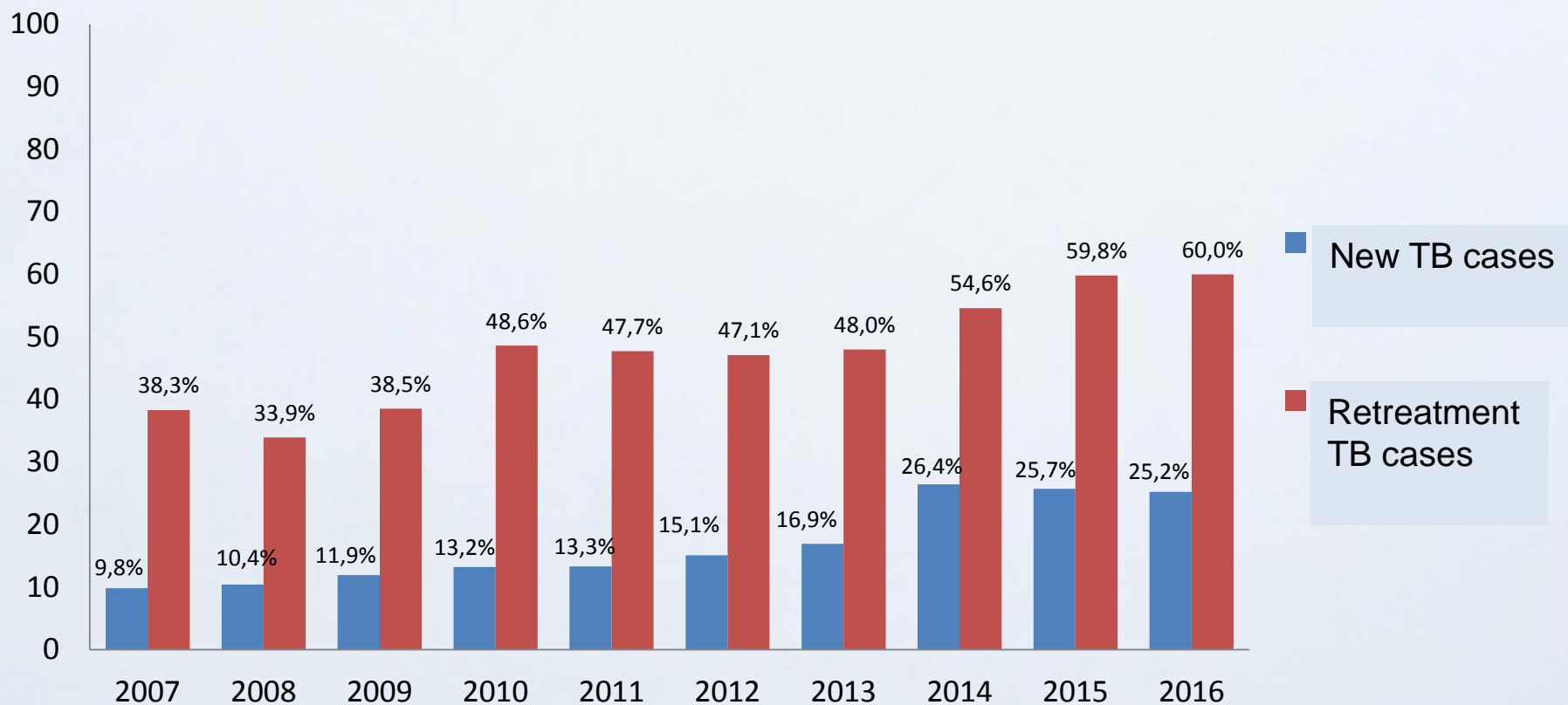


Number of MDR/RR-TB patients and treatment coverage in the KR, 2009–2016 (target: 90%)

Year	Laboratory confirmed MDR-TB	Laboratory confirmed XDR-TB	MDR/XDR-TB patients enrolled to treatment with SLD	MDR/XDR-TB treatment coverage (%)
2009	835	-	545	65,3
2010	566	-	441	77,9
2011	804	11	492	61,2
2012	958	32	775	80,9
2013	1160	59	1060	91,4
2014	1186	73	1125	94,6
2015	1240	66	1200	97,0
2016	1244	59	1163	93,5



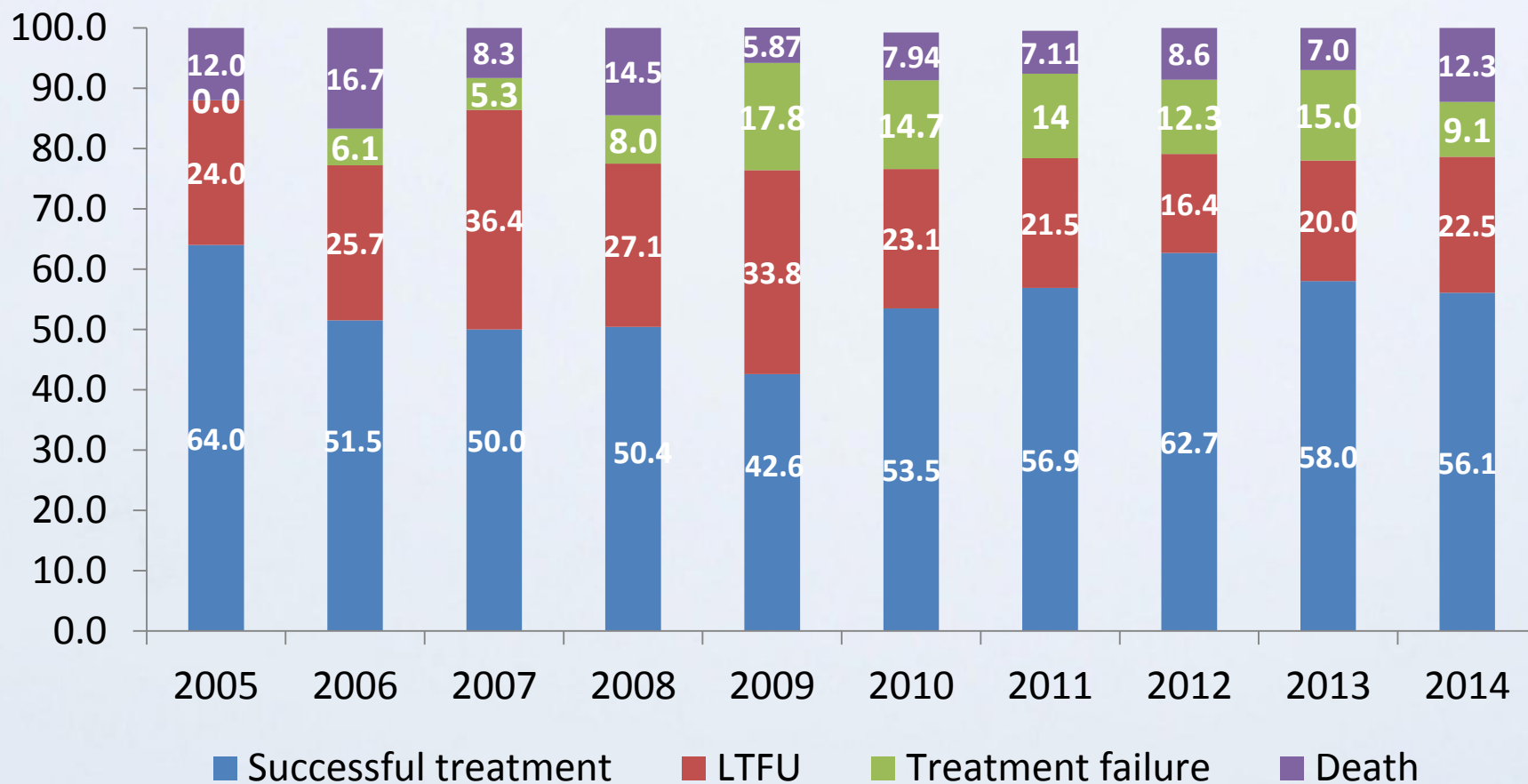
Proportion of MDR/RR-TB among total TB patients, 2007–2015*



*Source prior to 2015: Republican reference laboratory



Treatment outcomes of DR-TB patients, 2005–2014 (%)



APPROVED

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MINISTRY OF HEALTH OF THE KYRGYZ REPUBLIC
NATIONAL CENTRE for PHTHISIATRY

PLAN

FOR INTRODUCTION OF NEW TB DRUGS
AND SHORT-COURSE REGIMENS
FOR DRUG-RESISTANT TUBERCULOSIS
IN THE KYRGYZ REPUBLIC for 2016–2017



Objective:

- Provision of high-quality treatment for MDR/XDR-TB patients
- Introduction of treatment with new TB drugs
- Introduction of short-course MDR/XDR-TB regimens in pilot regions of the Kyrgyz Republic
- Further roll out of new TB drugs and short-course regimens for MDR/XDR-TB treatment in the country



In preparation for introduction of the new TB drugs and shorter treatment regimens for MDR/XDR-TB, the NCPH, with support of the partners - WHO, UNDP, MSF, and Challenge TB, conducted following activities:

- ✓ **July 2015:** a baseline assessment of the country's readiness for introduction of the new TB drugs and shorter regimens for treatment of MDR/XDR TB (Challenge TB)
- ✓ **September 2015:** Bedaquiline and Delamanid are included in the National Clinical Guidelines on Management of XDR-TB (MSF / Challenge TB)
- ✓ **December 2015:** a training on pharmacovigilance was conducted (WHO / Challenge TB)
- ✓ **April 26, 2016:** The MoH KR adopted the Plan for introduction of the new TB drugs and short-course regimens for treatment of MDR/XDR-TB (MSF / Challenge TB)
- ✓ **May 2016:** two NRL specialists underwent a two-week training course on the use of HAIN DR SL at the Institute of Tropical Medicine in Antwerp, Belgium
- ✓ **July 2016:** an order was placed for Bedaquiline through GDF to GF (UNDP)
- ✓ **July 2016:** training for specialists of pilot sites in Chui oblast and Bishkek on introduction of new TB drugs and shorter treatment regimens was conducted
- ✓ **July 2016:** Temporary data base for registration of MDR/XDR-TB patients in Chui oblast and Bishkek city was implemented
- ✓ Regular meetings are held for the coordination of partners



Individualized regimen with bedaquiline/delamanid:

134 patients on treatment as of 01 Feb 2018 (incl. 9 patients in Kara-Suu District)

Quarter	Started treatment	On treatment as of 01 Feb 2018
Q1	28	25
Q2	52	43
Q3	23 (2 on DIm)	22
Q3	36 (3 on DIm)	35
Kara-Suu District Osh Region	10 (1 on Bdq+DIm)	9
Total	149	134

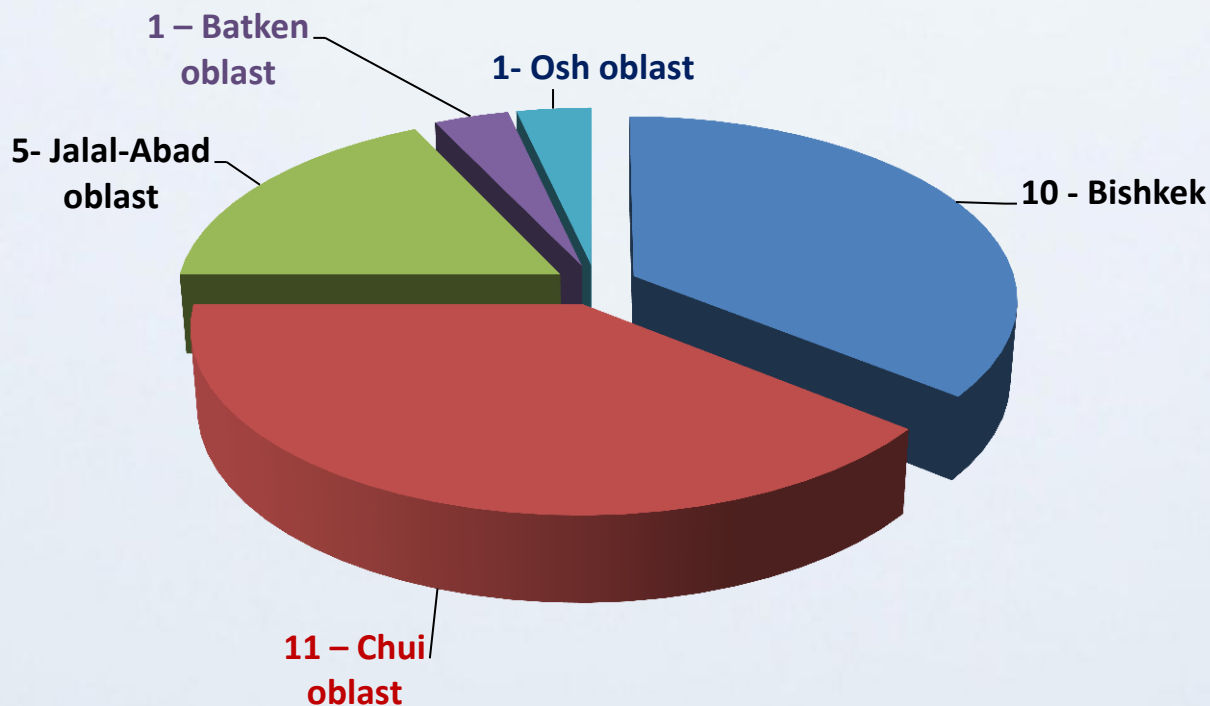


Individualized regimen with bedaquiline as of 01.02.2018

- Treatment of 2 patients was discontinued: for 1 patient it was not possible to construct a regimen, 1 patient got pregnant
- 4 patients died
- 5 patients had outcome of treatment failure
- 4 patients were lost to follow up



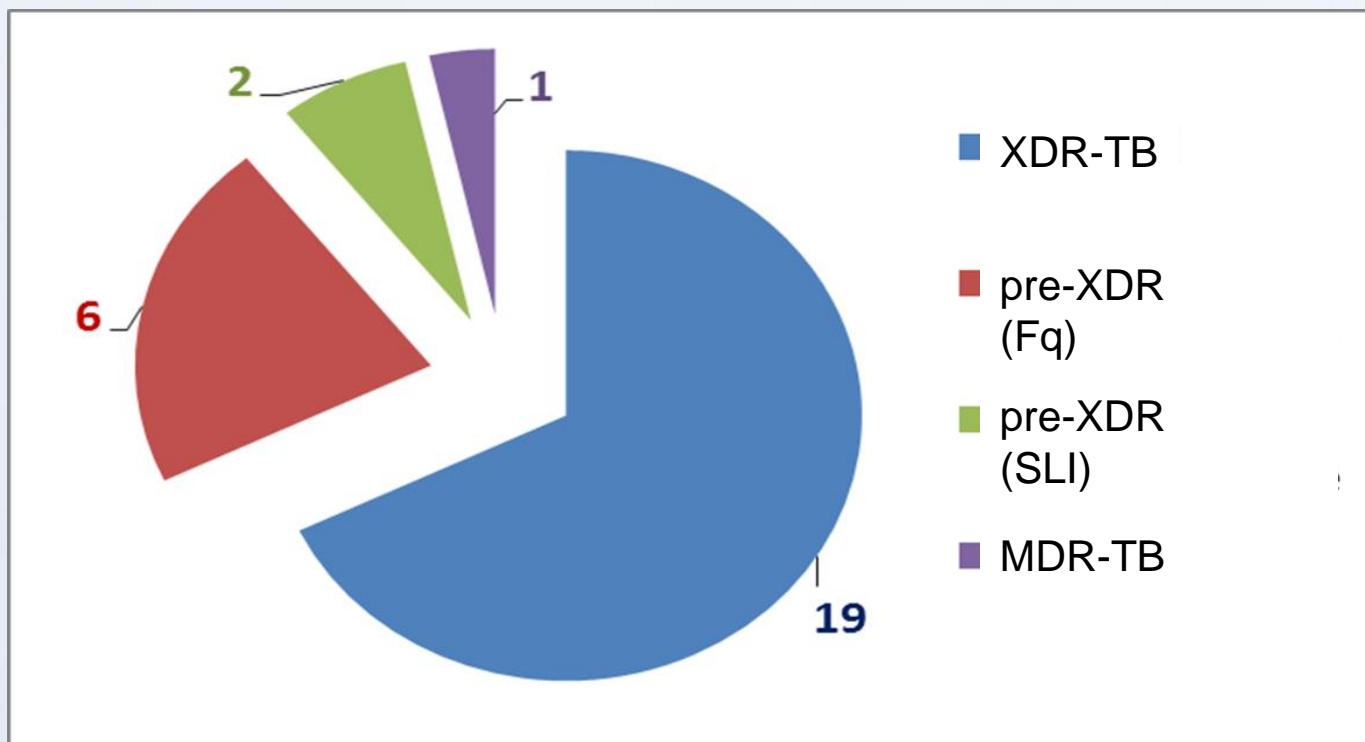
Individualized regimen with bedaquiline patients split by oblasts, Q1 2017 (28 patients)





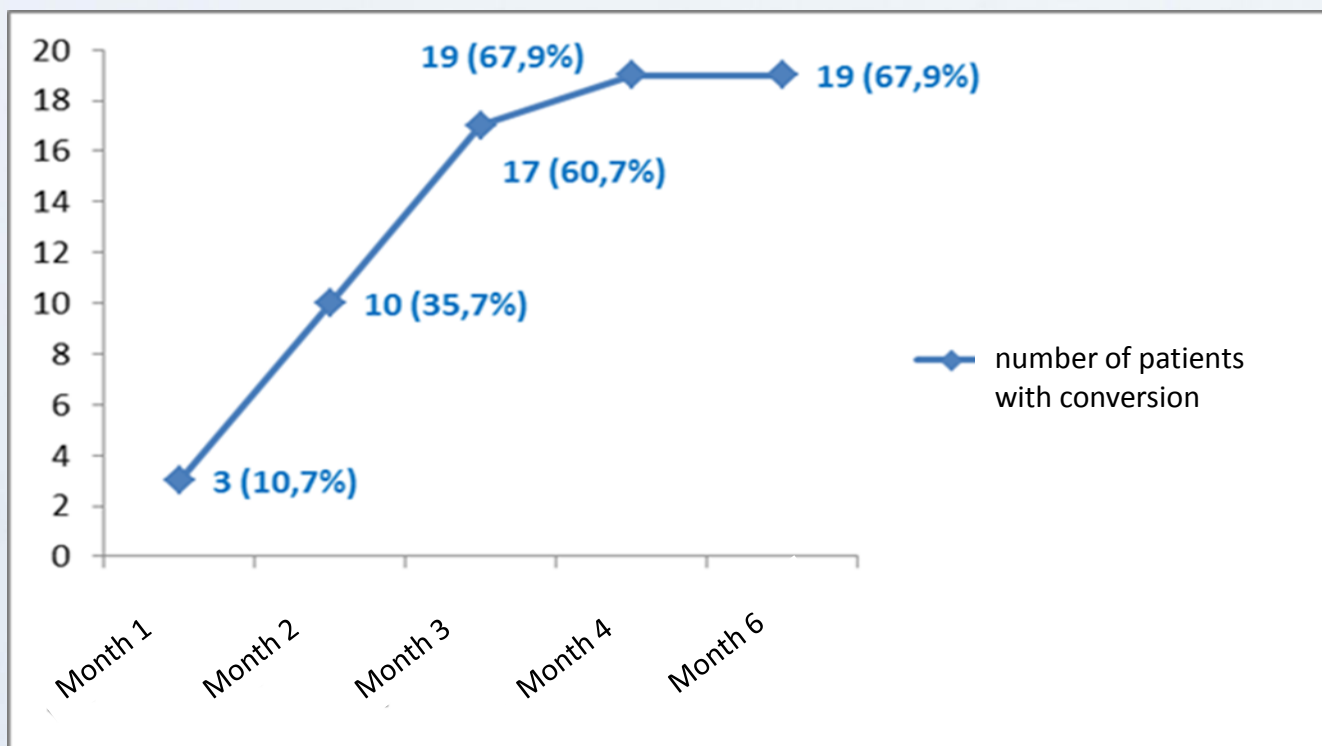
Individualized regimen with bedaquiline:

patients split by DST results (Q1 2017 cohort: 28 patients)





Individualized regimen with bedaquiline: interim results after 6 months of treatment, Q1 2017 cohort





Short-course regimen

4-6Cm(Km) Mfx Cfz Z E Pto H-600 **5**Mfx Cfz Z E Pto:

Intensive phase

4 months

- Kanamycin (Km)
- Moxifloxacin (Mfx)
- Clofazimine (Cfz)
- Pyrazinamide (Z)
- Ethambutol (E)
- High-dose Isoniazid (H)
- Prothionamide (Pto)

Continuation phase

5 months

- Moxifloxacin (Mfx)
- Clofazimine (Cfz)
- Pyrazinamide (Z)
- Ethambutol (E)
- Prothionamide (Pto)



Eligibility criteria for short-course regimen:

1. Susceptibility to fluoroquinolones and/or SLD (confirmed by SL-LPA)
2. No contact with MDR-TB patients with resistance to fluoroquinolones and/or SLD
3. Not treated before with SLD >1 month
4. No evidence of intolerance to TB drugs used in this regimen
5. No pregnancy
6. Excluded extrapulmonary TB
7. No risk factors of treatment failure



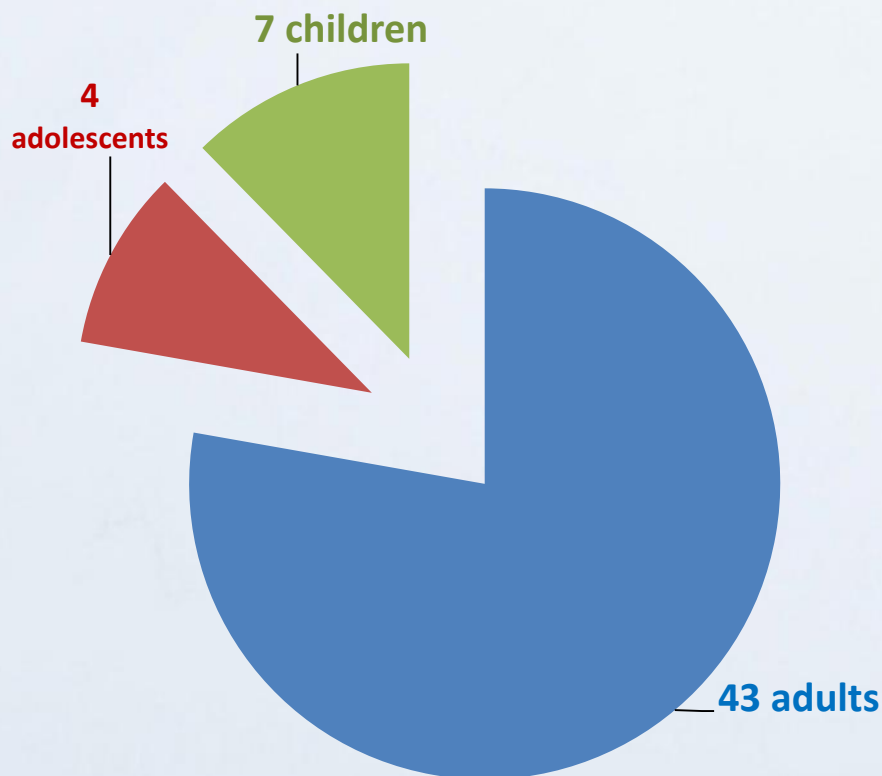
Short-course regimen: patients enrolled in treatment in 2017

Quarter	Started treatment	On treatment as of 01/02/2018
Q1	54	9
Q2	15	10
Q3	35	31
Q3	27	23
Total	131	73



Short-course regimen

54 patients started TB treatment in Q1 2017

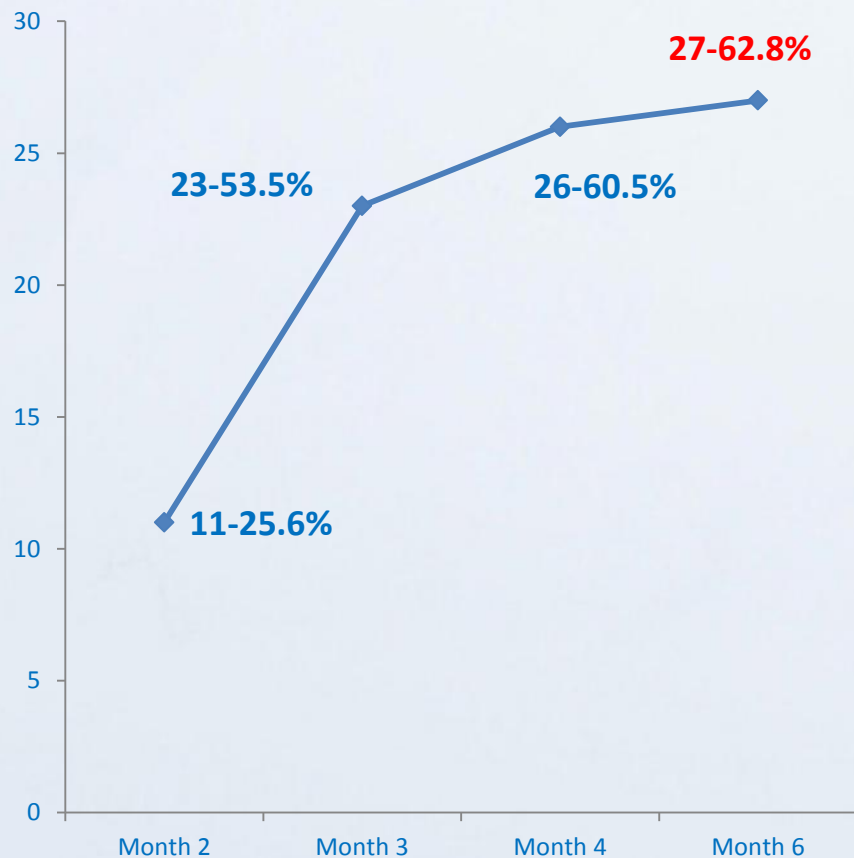


- 9 patients from Q1 cohort are on treatment as of 01.02.2018
- 6/54 patients switched to individualized regimens:
 - 2 — developed resistance to SLD
 - 2 — ALT or AST increased
 - 1 — optic neuropathy
 - 1 — drug intolerability



Short-course regimen:

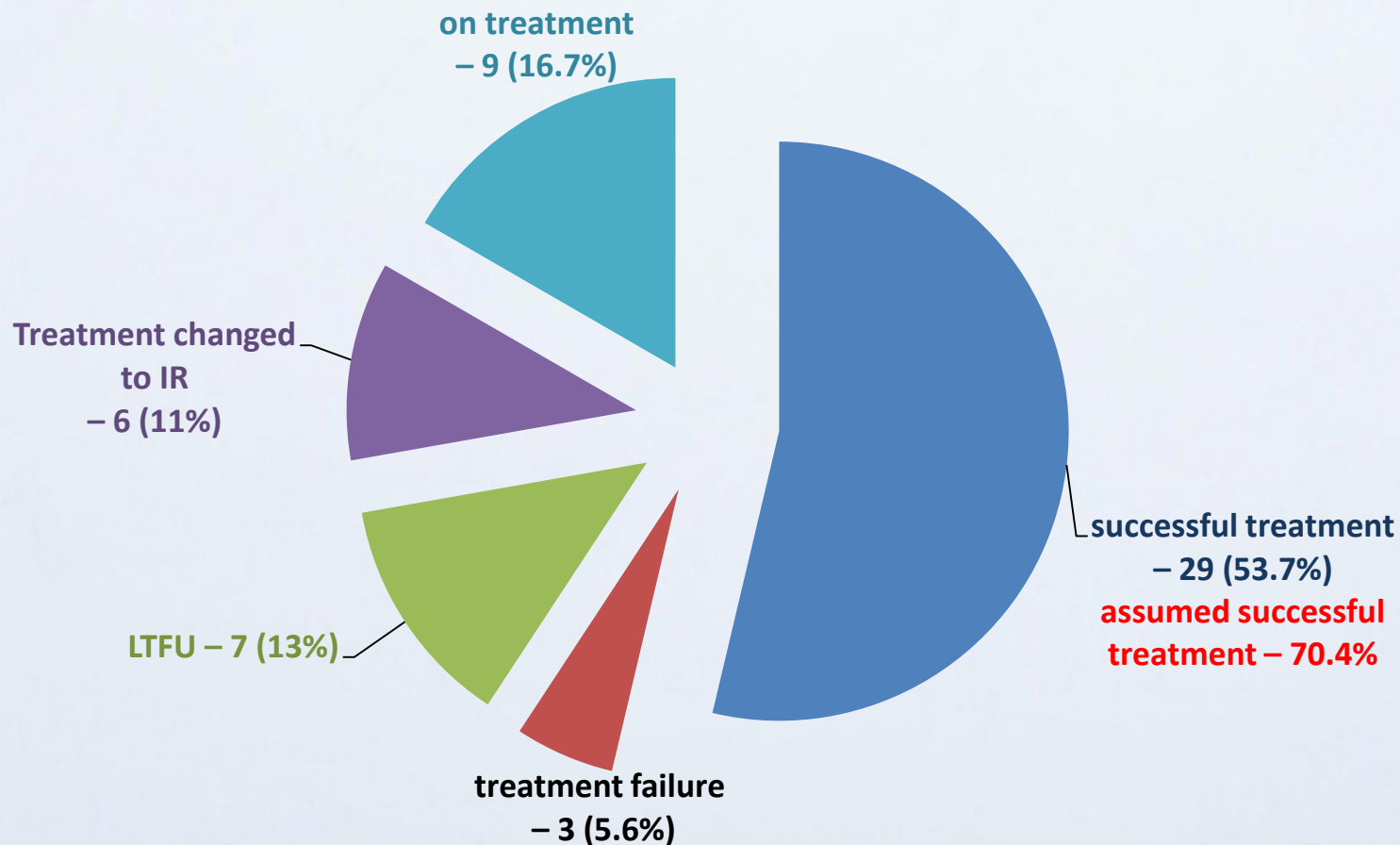
interim results after 6 months of treatment, Q1 2017 cohort



- 43/54 patients were smear-positive at baseline
- 5 patients did not convert by month 6
- 5 patients had no smear tests done (LTFU)
- for 6 patients treatment was changed to individualized regimen



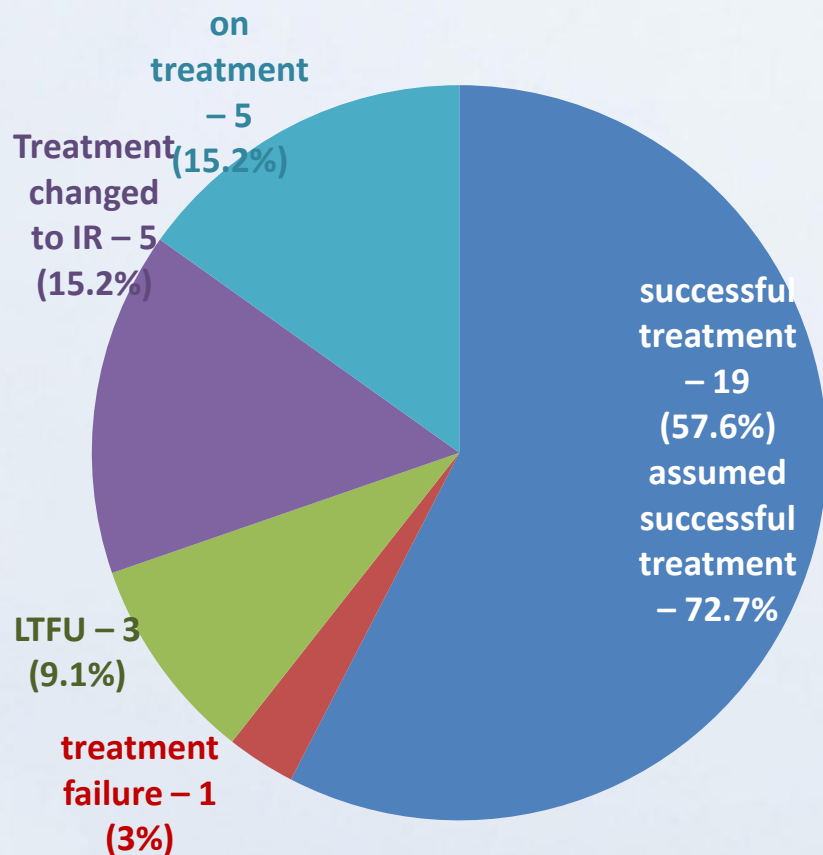
Short-course regimen: treatment outcomes of Q1 2017 cohort



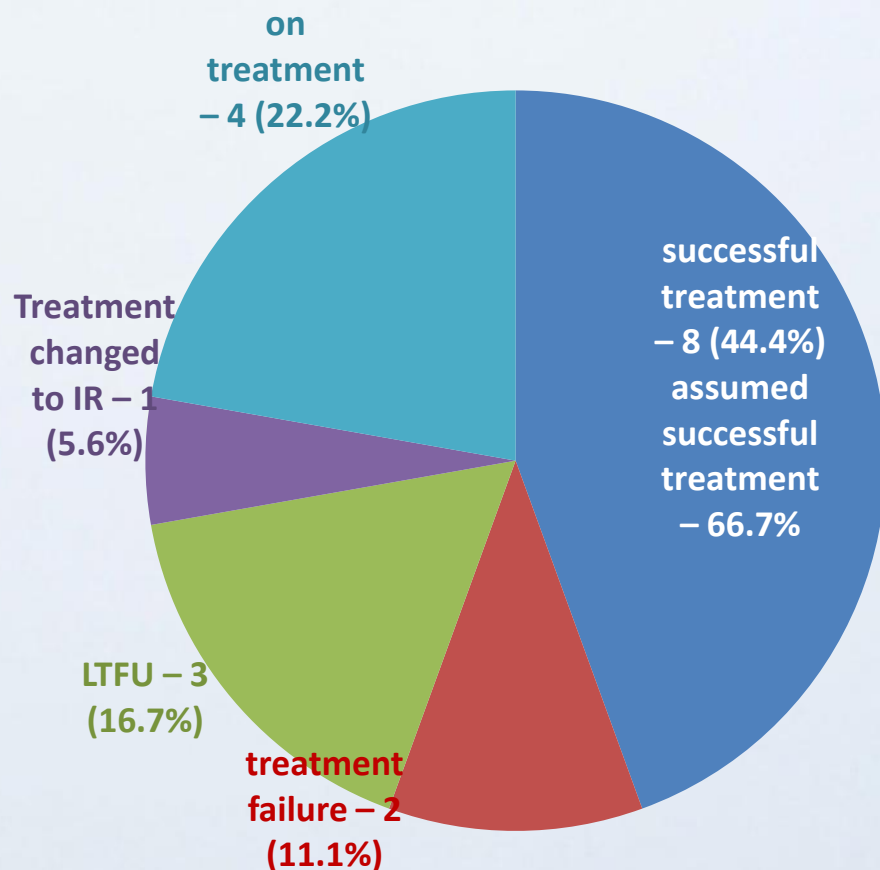


Short-course regimen: comparison of treatment results at pilot sites, Q1 2017

Bishkek



Chuy Region





Challenges

Individualized regimen with bedaquiline:

Inpatient care:

- Long duration of inpatient treatment

Outpatient care (PHC facilities are not ready to treat patients on individualized regimens):

- IV Imipenem twice daily (8am, 8pm)
- Treatment monitoring (biochemistry tests)
- Consultation by specialized doctors (particularly narcologists — on a paid basis)
- Management of persons of no fixed abode

Short-course regimen:

- Limited access of patients to rapid diagnostic tests in the country's southern regions
- Quality monitoring during treatment is not available at PHCs (biochemistry tests, specimen transportation)
- Poor treatment compliance



**THANK YOU
FOR YOUR ATTENTION!**

