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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Process of transition from Global Fund to state funding, Armenia, NTP

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Definitions

**Transition** is “the mechanism by which a country, or a country-component, moves towards fully funding and implementing its health programs independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate”.
Definitions

**Sustainability** - “the ability of a health program or country to both maintain and scale up service coverage to a level, in line with epidemiological context, that will provide for continuing control of a public health problem and support efforts for elimination of the three diseases, even after the removal of external funding by the Global Fund and other major external donors”.
TPA Process

✓ Transition preparedness assessment working group was established by RA Minister of Health.
✓ The working group involve representatives of the state, international and local non-governmental organizations.
✓ The process started in late 2016 when the working group convened and initiated data collection according to the TPA tool.
✓ Process was finalised with involvement of external technical support.
TPA main sectors

External Environment - political & economic environment

Internal Environment - financial & human resources, existing information systems, governance, accountability, service delivery, organizational capacity, transition planning
### GF funding history

<table>
<thead>
<tr>
<th>Grant Title</th>
<th>Duration</th>
<th>Signed USD</th>
<th>Amount USD (disbursed)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>2003-2010</td>
<td>9,104,989</td>
<td>9,104,989</td>
<td>Closed</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2009-2015</td>
<td>8,985,110</td>
<td>8,913,000</td>
<td>Closed</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2009-2015</td>
<td>11,386,344</td>
<td>11,401,748</td>
<td>Closed</td>
</tr>
<tr>
<td>HIV/AIDS (Health Systems)</td>
<td>2010-2015</td>
<td>2,142,805</td>
<td>2,143,127</td>
<td>Closed</td>
</tr>
<tr>
<td>HIV NFM</td>
<td>2016-2018</td>
<td>1,675,082</td>
<td>1,164,546</td>
<td>Active</td>
</tr>
<tr>
<td>HIV NFM</td>
<td>2016-2018</td>
<td>3,725,352</td>
<td>2,039,571</td>
<td>Active</td>
</tr>
<tr>
<td>TB</td>
<td>2006-2012</td>
<td>7,012,767</td>
<td>7,012,767</td>
<td>Closed</td>
</tr>
<tr>
<td>TB</td>
<td>2009-2011</td>
<td>2,015,339</td>
<td>2,015,339</td>
<td>Closed</td>
</tr>
<tr>
<td>TB</td>
<td>2012-2018</td>
<td>18,623,087</td>
<td>14,148,707</td>
<td>Active</td>
</tr>
</tbody>
</table>
TB State Budget expenditures 2012-2016

- 2012: 1,527,800,000
- 2013: 1,520,100,000
- 2014: 1,518,600,000
- 2015: 1,772,600,000
- 2016: 1,890,531,600
## TB actual (2016) and planned financial allocations (2018-2020)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2016 (actual)</th>
<th>2017 (planned)</th>
<th>2018 (planned)</th>
<th>2019 (planned)</th>
<th>2020 (planned)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceuticals</td>
<td>23,500,000</td>
<td>22,923,000</td>
<td>69,334,000</td>
<td>199,730,000</td>
<td>199,730,000</td>
</tr>
<tr>
<td>Change from previous year</td>
<td>-2%</td>
<td>202%</td>
<td>188%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Hospital TB</td>
<td>1,473,174,400</td>
<td>1,398,853,100</td>
<td>1,321,161,700</td>
<td>1,322,816,800</td>
<td>1,283,507,500</td>
</tr>
<tr>
<td>Out-patient TB</td>
<td>353,200,000</td>
<td>353,200,000</td>
<td>353,200,000</td>
<td>353,200,000</td>
<td>353,200,000</td>
</tr>
<tr>
<td>NTP office</td>
<td>40,657,200</td>
<td>40,657,200</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL MoH budget</td>
<td>1,890,531,600</td>
<td>1,815,633,300</td>
<td>1,743,695,700</td>
<td>1,876,534,800</td>
<td>1,836,437,500</td>
</tr>
<tr>
<td>Change from previous year</td>
<td>-4%</td>
<td>-4%</td>
<td>8%</td>
<td>-2%</td>
<td></td>
</tr>
</tbody>
</table>
# TB expenditures share (USD)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2016 (actual)</th>
<th>%</th>
<th>2017 (planned)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Budget</td>
<td>3,915,441</td>
<td>48%</td>
<td>3,760,321</td>
<td>52%</td>
</tr>
<tr>
<td>TGF &amp; USAID</td>
<td>4,220,776</td>
<td>52%</td>
<td>3,522,361</td>
<td>48%</td>
</tr>
<tr>
<td>Total</td>
<td>8,136,217</td>
<td>100%</td>
<td>7,282,682</td>
<td>100%</td>
</tr>
</tbody>
</table>
TPA result for National TB Program

In overall analysis of the 24 transition preparedness risk assessment indicators 5 was evaluated as a Low risk, 11 have shown moderate risk and 8 high risk for transition.

Total score for TB National Program successful transition and movement towards fully funding and implementation independently of donor funding support was evaluated as moderate/high risk.
Creation of enabling environment

✓ Shift from hospital to TB ambulatory care: obvious effectiveness and cost–effectiveness as well as reduction of nosocomial airborne transmission of TB in hospitals.

✓ TB services financial reforms

✓ Structural reforms / optimisation
TB Financing mechanisms prior to 2014

1. In-patient services financing:
   - Based on the number of bed/days (load) occupancy.

2. Out-patient services financing:
   - Per capita financing mechanism: based on number of served population by PHC.
Impact of Financing Mechanism Change

- Upgrade of hospitalization

- Reduction:
  - Number of hospitalized TB patients/hospitalization rate
  - Number of hospitalized TB suspects
  - TB patients with smear negative results
  - Average Length of Stay for suspects and smear negative TB patients
  - Bed Occupancy Rate
  - Number of hospital beds
Impact of Financing Mechanism Change

- Significant Savings

- Public funding for TB services between in-patient and out-patient facilities: 78% in-patient and 22% out-patient

- Increased the cost of per capita for TB in out-patient

- Enhancement of the TB outpatient services
Current TB Financing Mechanism

In-patient

FINANCIAL INCENTIVES FOR HOSPITALIZATION

Fixed costs (80%)

Variable costs

NO MORE FINANCIAL INCENTIVES FOR HOSPITALIZATION

Better Performance

TB services

Fixed Funding, Per/Capita-Based

DO NOT MOTIVATES PERFORMANCE

Out-patient

Per/capita costs

Performance based

MOTIVATES PERFORMANCE

Fixed + Performance Based

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Structure of TB Services before 2014

- **MOH/NTP/NTCO**
  - **NRL**
  - ** Hospitals**
    - 9 Hospitals
      - RTBD
      - YCTBD
      - 7 Marz in-patient units
  - **PHC**
    - 72 TB Cabinets
    - 21 Yerevan
  - **Sanatorium**
    - 51 Marzes
  - **Penitentiary**
    - 1. Hospital for Detainers
    - 2. Nubarashen in-patient unit
  - **TB Labs**
    - 9 TB Labs
    - 6 TB Labs
    - 18 TB Labs
    - 2 TB Labs

448 Hospital beds

Total hospital beds: 16
Current Structure of TB Services

MoH - NTP - NTCC

IN-PATIENT/ Hospitals
- 6 Hospitals
  - RTBD
  - YCTBD
  - 4 in Marzes

OUT-PATIENT/ PHC
- 72 59 TB Cabinets
  - 21 9 In Yerevan
  - 50 In Marzes

Sanatorium

Penitentiary sector
- 2 Hospitals
  - 1 Hosp for Detainers
  - 2. Nubarashen in-patient unit

PHC
- 5 TB Labs

Sanatorium
- 48 14 TB Labs

Penitentiary sector
- 1 TB Lab

318 Hospital beds
Structure of TB Service in Yerevan

YEREVAN GOVERNMENT/HEALTH DEPARTMENT

IN-PATIENT SERVICE

YCTBD /48 BEDS/

OUT-PATIENT SERVICE

9 TB UNITS
Proposed Structure of TB Service in Yerevan
Impact of New *Proposed* Structure and Financing Mechanism Change for out-patient service

- Introduction of new model of out-patient service in Yerevan, Gyumri and Vanadzor
- Redesigning the Yerevan CTBD to the Center of Lung Diseases and Tuberculosis
- Reduce number of hospital beds
- Close 4 in-patient units in North and South regions
- Increase funds for out-patient service
- *Public funding for TB services between in-patient and out-patient facilities: 60% in-patient and 40% out-patient*
- Enhancement of the TB outpatient services