

**Overcoming challenges in TB care:  
from policy to practice**

**Achievements and Gaps in implementing Policy  
in Practice**

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МІНІСТЕРСТВО  
ОХОРОНИ  
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# Existing national strategic plan for tuberculosis for the period 2016-2020

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## Goals and directions (general)

- ✓ Strengthening the tuberculosis control system: improving the legal framework, cooperation between state bodies
- ✓ Improving the epidemiological situation of tuberculosis: introducing the latest methods and means of preventing and treating tuberculosis.
- ✓ Promoting Civil Society Engagement and Co-operation: Advocacy, Communication and Social Mobilization

# Legal framework

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## Achievements

- ✓ Accepting international challenges
- ✓ (Global strategy and targets for tuberculosis prevention, care and control )
- ✓ Health care reform reduction in hospitalization
- ✓ Legislative changes in the procurement of TB drugs on state funds through international procurement platforms

## Challenges

- ✓ Limited role and mandate of NTCC , insufficient technical and human resources
- ✓ Lack of sufficient state inter-departmental cooperation
- ✓ Role of general practitioners and family doctors in early diagnosis of presumptive TB, active case finding, and TB treatment is not specified or promoted

# The introduction of the latest methods case detection

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## From Policy to practice: National TB guideline 2019

- ✓ Xpert MTB/RIF is the initial TB diagnostic test – in stage of implementation/16 Xpert MTB/RIF laboratories in Armenia peripheral levels
  
- ✓ Universal DST obligatory for all bacteriologically confirmed cases / NRL conduct culture testing, molecular diagnosis of drug resistance (with line probe assay (LPA) and GeneXpert MTB/RIF) and DST
  - *LPA and GeneXpert MTB/RIF were introduced in 2010 and 2013*
  - *LPA is performed in the NRL only and includes FL-and SL-LPA*
  - *MTBC Hain test has been introduced in the NRL in 2019*

# Areas of improvement in lab service

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- ✓ Develop and approve TB Lab Strategic Plan
- ✓ Develop policy guidelines and procedures for NRL
- ✓ Improve infrastructure, performance & quality of NRL
- ✓ Develop a national plan for procurement, maintenance and replacement of equipment for NRL (including purchase of BSC calibration and certification equipment)
- ✓ Blood sample collection and transportation

# Active case finding and preventive treatment policy and practice

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## Active case finding

- ✓ Active case finding for all family contacts children and adults
- ✓ Active case finding should be carried out for PLWHA

## Available tests

- ✓ For contact children
  - *Tuberculin skin test*
  - *IGRA mandatory for the children 0-6 month with positive Tuberculin skin test*
- ✓ For contacts among adults
  - Chest X-r or digital fluorography

## TB preventive therapy

- ✓ 6-month daily isoniazid daily for children <15 years of age
- ✓ 3-month weekly rifapentine plus isoniazid for children and adults
- ✓ 3-4 month isoniazid plus rifampicin for children <15 years of age

# Areas of improvement on active case finding

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- ✓ Increase the coverage with active contact investigation, including investigation among children,
- ✓ developing and implementing mechanism with clearly defined role and responsibilities of TB, PHC and epidemiological services
- ✓ Ensure access to Tuberculin Skin Testing (TST) and/or Interferon-Gamma Release Assay (IGRA) to diagnose infection among children and ensure sustainable funding of LTBI screening procedures

# TB treatment : policy

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## DS TB National updates based on WHO recommendations

- ✓ No category II regimen
- ✓ Fixed-dose combination tablets
- ✓ Daily treatment for all patients
- ✓ ART for TB-HIV patients regardless CD4
- ✓ TB treatment then ART within 8 weeks
- ✓ HIV-positive patients with profound immunosuppression: ART within 2 weeks of initiating TB treatment

## DRTB National updates based on WHO recommendations

- ✓ Regimens for H -resistant TB
- ✓ Regimens for E and Z mono-resistant TB
- ✓ New grouping of medicines for MDRTB treatment
- ✓ New approaches of MDRTB regimens composition: **injectable free regimens**
- ✓ MDRTB **short regimens**: injectable free regimens with Bdq &/or Dlm
- ✓ Programmatic approaches of PV focused use of new drugs in adopted context



# Treatment implementation of new updates

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- ✓ Implementation of new approaches from September 2019
  - ✓ *MDRTB short regimens will be implemented under OR April – May 2020*
  - ✓ *no specific scientific structure in the NTP , human resources , capacity*
- ✓ Level of aDSM-SAE&AE of clinical significance
  - ✓ *enlarged PV package +AE of special interest*
  - ✓ *weaknesses PV implementation: skills , HR for support and coaching from central level*
  - ✓ *weaknesses in PV activates coordination with NTCC and PV unit in Drug agency*
- ✓ Cascade of trainings for about 100 doctors
  - ✓ *Continued need for coaching /implementation of distance training platform*
  - ✓ *trainings planned for the nurses and lab technicians*
- ✓ Paediatric formulations available and the new drugs used based on recommendations
  - ✓ *difficulties in case management : case finding , diagnostic limitations*

# Patient centred care

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Implementation of patient-centered model

- focusing on the treatment of all TB cases,
- including drug-resistant TB,
- in outpatient settings

3 models of patient centered care in policy

- ✓ HBC - monthly about 70 cases
- ✓ V-dot - handed over by MSF , difficulties of implementation
- ✓ Family based DOT - piloted by AUA, from pilot to programmatic management, need to be adopted in programmatic context

# TB Drug Management

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- Most of TB drugs are in ESSENTIAL MEDICINES list of RA
- All essential drugs are registries
  - Bedaquiline (Bdq) is also registered , but is not in the essential list.
  - Delamanid is not registered and is not in the essential list.
- *Currently, during implementation of the new approaches of DR-TB management, issues related to drug registration do not limit their use in the framework of the national program.*
- *Later in the transition period there may be restrictions on the procurement process, so the MoH has made inquiries about important drugs for TB care.*

## Procurement of TB drugs

- First line drugs by state budget since 2019 via international procurement platforms
- Second line transition from 2020 to cover needs for 2021 by proportion 70% GF and 30% state

**TB medicines management such as selection, inventory control, ordering, storage and distribution should be ensured**

We try to go forward

