

# Overcoming challenges in TB care: from policy to practice

## Psycho-social support for patients with DR-TB in ambulatory settings

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МІНІСТЕРСТВО  
ОХОРОНИ  
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9<sup>th</sup> Regional TB Symposium  
Kyiv, Ukraine 5 – 6 March 2020



# Treatment of patients with DR-TB within the pilot project in Zhytomyr Region

- The project for DR-TB treatment started its activity in June 2018
- The organization «Doctors without borders» (MSF) works in partnership with Regional TB Dispensary of Zhytomyr Regional Council and PHC.

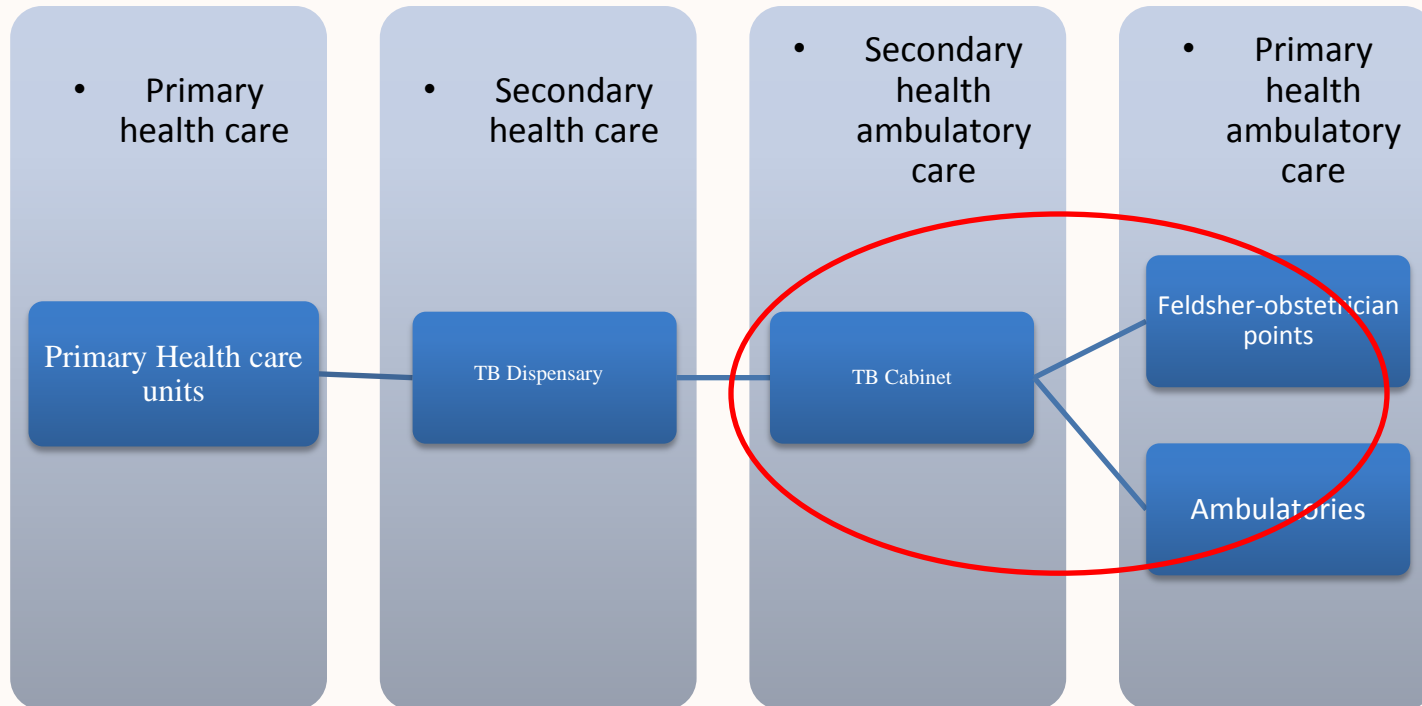


**Overcoming of barriers in TB treatment: from strategy to actions**

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## System of health care delivery for patients with TB in Ukraine



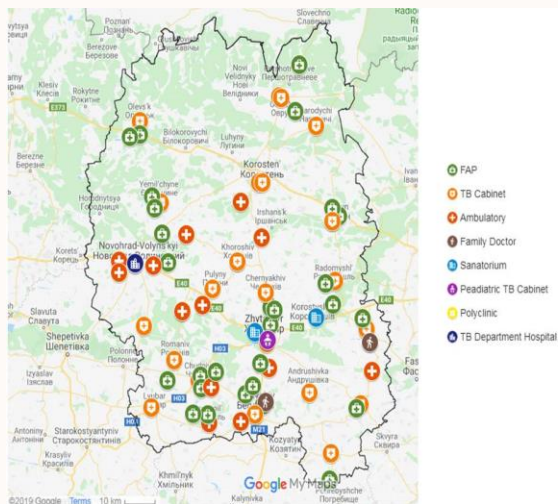
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# Assessment of ambulatory facilities conditions which provide ambulatory care in Zhytomyr Oblast

Within the period of time from June 2018 until September 2019, we assessed 68 facilities (28 FAPs, 24 TB cabinets, 13 ambulatory care units, 2 health care facilities which family doctors work in, 1 polyclinic).



## Assessing the preparedness of health facilities for ambulatory DR-TB care in Zhytomyr, Ukraine

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**Background:**

- Ukraine has a high burden of drug-resistant tuberculosis (DR-TB)
- Part of national health reform is moving it from inpatient care to ambulatory care
- Medicine Sans Frontières has supported early discharge for DR-TB patients in Zhytomyr Oblast since May 2018

**Method:**

- Design: retrospective analysis of routine cross-sectional programme data
- All ambulatory facilities to which DR-TB patients were discharged from the central TB clinic were assessed
- Facilities were assessed using standard questionnaire: one for TB units and one for health post level of ambulatory facilities
- Assessment included human resources, access to services, medicines supply, laboratory and diagnostic services and psychosocial support

**Results:**

**All facilities**

- We assessed 35 facilities between June and December 2018: 14 TB units, eight ambulatory posts, 12 health posts and one sanatorium
- There was no dedicated clinical officer or nurse at each facility, but training and backup was insufficient
- TB medicines were available, but patients had to buy their own ancillary medicines
- Public transport to the closest TB unit was available in 17/19 (89%) of the ambulatory facilities
- All facilities offered directly observed treatment, but only 6/13 (46%) provided services every day a week

**TB units**

- Most TB units were run by a specialist TB doctor
- All TB units had full-time staff patients, yet TB medicines were supplied at a separate facility
- Psychosocial services were inconsistent and, where present, were provided by external actors
- Basic laboratory services were available, but accessibility only in 1/14 (7%)

**Conclusions:**

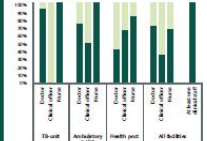
Ambulatory facilities in the study area had basic services available, but human resources capacity, infrastructure and integration of psychosocial services, coordinated care and ancillary treatment need strengthening to provide quality ambulatory care.



## In Zhytomyr Oblast, Ukraine, peripheral health facilities are not yet fully prepared to offer good quality, comprehensive care to ambulatory DR-TB patients

Medical consultation at a health post in Zhytomyr Oblast, Ukraine

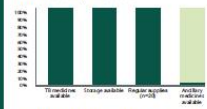
### Presence of clinical staff in ambulatory facilities



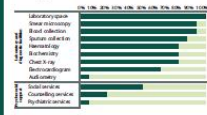
### Accessibility of services in ambulatory facilities



### Availability of TB-related medicines in ambulatory facilities



### Availability of laboratory, diagnostic and psychosocial services in TB units



- **Human resources**

There was at least one medical doctor, feldsher or nurse at each facility . Level of skill development and back-up of specialists was insufficient.

- **Access**

Public transport to the nearest TB cabinet was available in 17/19 (89%) of ambulatories. All the facilities offered DOT but only 6/33 (18%) of them provided 7 days a week services.

- **Psycho-social services**

Psycho-social services were inconsistent, and if available – it were performed by external actors.



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# Model of social-psychological support of patients

## Psychological (psychiatric) services:

- Psychopharmacotherapy
- Prescription of psychotropic agents
- Psychotherapy
- Psychological counselling
- Group counselling sessions for patients



## Types of social services delivery

### (monthly):

- Remuneration of medicines and additional examinations
- Food (hygienic) parcels
- Transport costs compensation
- Primary necessities

## Protocol of patients' counselling

### Counselling of patients on all treatment stages:

- In-patient counselling - 3 educational sessions before treatment initiation , weekly regular visits;
- Preparation to ambulatory treatment – 2 consultative sessions, assessment of social needs;
- Ambulatory - adherence to treatment sessions, monthly meetings, home visits.

#### Досвітні та консультаційні сесії

##### 1) Фаза контакту і госпіталізації

Пацієнту поставлено діагноз МР-ТБ або РР-ТБ на консилиумі у вівторок або п'ятницю

**1<sup>та</sup> візит (вівторок або п'ятниця після обіду), соціальний працівник (та медсестра):**

**Мета:** почати будувати відносини з пацієнтом і отримати його/її довіру, надати пацієнту основну базову інформацію про туберкульоз. Пацієнт знає як з нами зв'язатися.

**Зміст:** Знайомство з командою MSF з підтримки пацієнтів, інформація про діяльність, яку ми тут виконуємо, надання загального опису наступного консультаційного процесу та інформації про збір мокротиння, проведення психосоціальної оцінки і заповнення форми – початок виявлення ресурсів і перешкод стосовно дотримання режиму лікування, надання емоційної підтримки пацієнту. Першу інформацію про ТБ надано, що включає наступне: як передається ТБ, різні штами ТБ, яким чином можливо отримати резистентний ТБ, інфекційний контроль. Підведення підсумків та призначення зустрічі на наступний робочий день. Надання пацієнту робочих номерів телефонів медичної команди.

**Інструменти:** фліпчарт, інфо-карта медикаментів та форма проведення психосоціальної оцінки

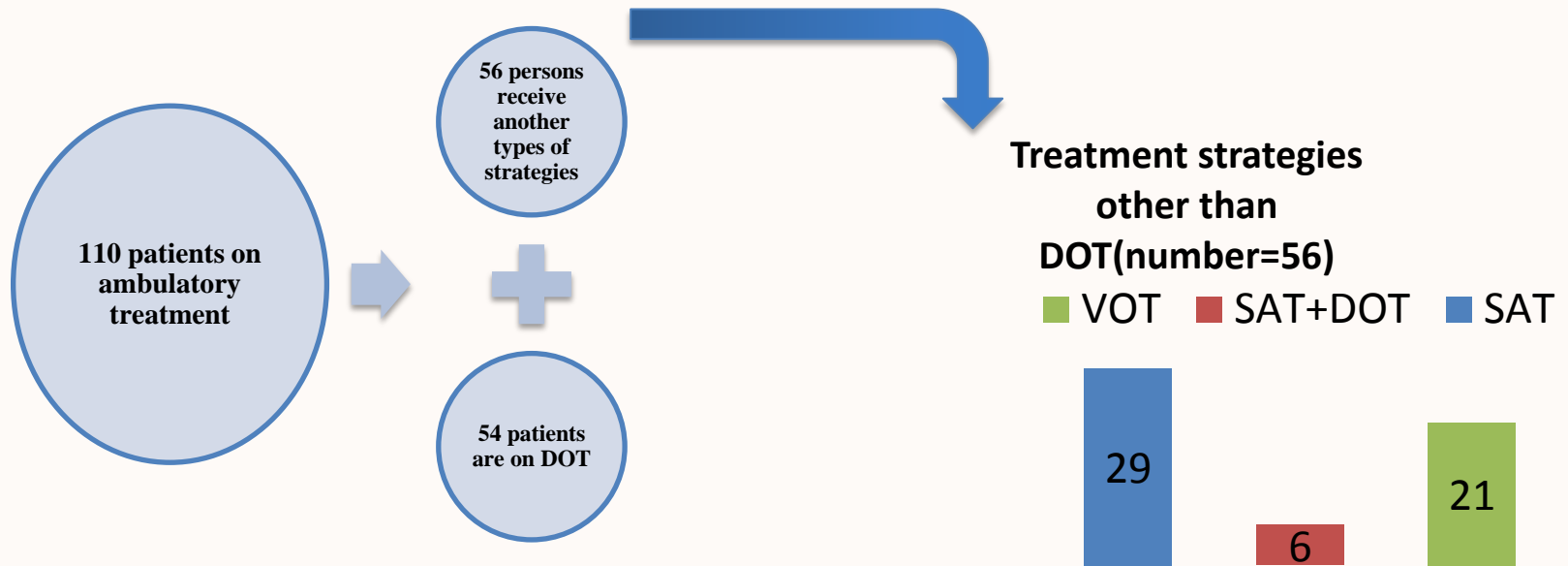
**2<sup>та</sup> візит (наступного робочого дня), медсестра (і соціальний працівник):**

**Мета:** збір 1<sup>ої</sup> зразка мокротиння та крові пацієнта.

Відповісти на «пекучі запитання» пацієнта, він/вона отримують інформацію про свій діагноз та лікування. Ми володіємо



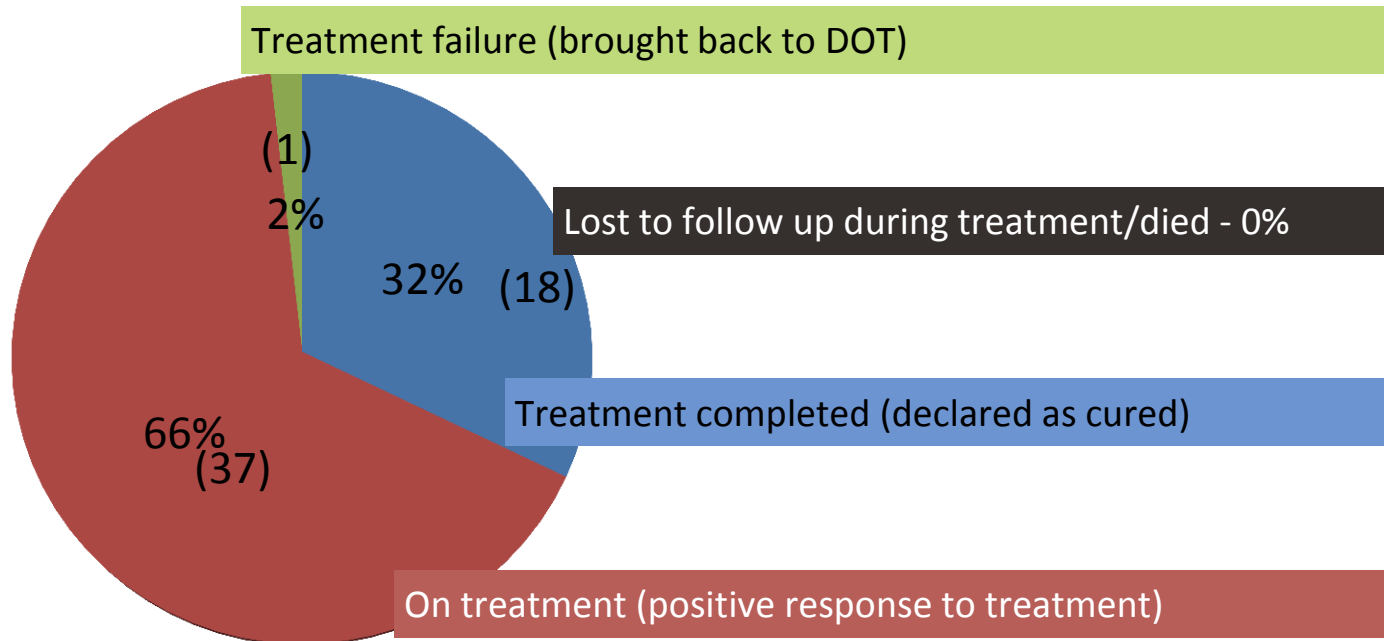
# Strategies of ambulatory treatment delivery for out-patients



*\*Data as of December 2019*



## Results obtained during implementation of additional treatment strategies (SAT, SAT+DOT,VOT).



# Conclusions:

- ❖ Psycho-social support is the key component in treatment of patients with TB for achievement of successful outcome!
- ❖ The strategy of treatment must meet the needs of patients as well as the capabilities of healthcare system:
  - ❖ There is an alternative to DOT strategy
  - ❖ The best strategy is the choice of the patient who is not left of attention.