



**Patients and TB: Improving treatment outcomes
through a patient centred approach and
access to new treatments**

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**Adapting new treatment delivery to patients needs:
Example from Armenia of decentralised delivery of
Imipenem**

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Imipenem

Indications:

- group 5 drug (WHO)
- Often used in XDR-TB treatment in patients without other options

Administration:

- Slow IV infusions – over 60 minutes
- Twice daily: 2 infusions 10-12 hours apart
- Requires long term IV access
 - Port-A-Cath chosen: requires trained nursing care and medical supervision

Challenges to decentralised delivery of imipenem

- IV route administration not routine practice in TB structures
- Unclear if IV treatment could be given at home
- MDRTB patients not hospitalised outside of central DRTB hospital
- No AP-TB structures open for the evening dose
- No expertise inside TB structures for Port-a-cath insertion
- No nursing expertise in maintaining port-a cath
- Patient initial reluctance to accept Imp and Port-a-cath
- Addition work load because second dose out of hours

Practical Solutions to Practical Problems

1. Political will:

=> MOH decrees endorsed involvement of Out patient /Non TB structures for the administration of Imp

2. Medical expertise:

⇒ External expert was recruited (by MSF) for PAC insertion

⇒ Training and supervision of nurses on PAC care

Practical Solutions to Practical Problems

3. Decentralisation:

⇒ Ambulatory TB points (TB cabinets):

⇒ Clean room with bed allocated at APs for morning dose administration

⇒ “Day” hospitals:

⇒ Infectious Disease hospitals (IDHs) able to administer Imp to DRTB patients(twice daily doses)

⇒ Home based care:

⇒ evening dose organized (MoH nurses with incentive or private nurses)

⇒ initiated by MSF continued by NTCC through GF funding.