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

5th TB Symposium – Eastern Europe and Central Asia
Ministry of Labour, Health and Social Affairs of Georgia and Médecins Sans Frontières

22-23 March, 2016, Tbilisi, Georgia

TB Epidemiological Situation in Georgia

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TB Epidemiology in Georgia

- TB prevalence: 103 cases per 100,000
- TB incidence: 75 cases per 100,000
- Case detection rate (all forms) 75%*
- Treatment success rate - 80% (2013)
- Treatment success rate for M/XDR-TB – 46% (2012)
- HIV Prevalence among TB Cases – 2.2% (2014)

Sources: NTP Database, *WHO Global TB Report 2015
Number of TB Cases in Georgia

*2015 preliminary results

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Drug Resistance Surveillance
(DRS – Drug Resistance Survey conducted between July 2005 and June 2006)
MDR-TB prevalence, pulmonary cases

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Cases enrolled in 2\textsuperscript{nd} line treatment
(absolute numbers)

*2015 preliminary results

\begin{figure}
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\includegraphics[width=\textwidth]{cases_enrolled}
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Pre-XDR and XDR TB Cases

Laboratory confirmed Pre-XDR Cases – 134 (2014)
Laboratory confirmed XDR Cases – 54 (2014)

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MDR TB Treatment – Current Approach

– Inpatient treatment (on average 3 months)
– Directly Observed Therapy (DOT)
– TB Nurse/TB doctor at PHC (everyday DOT for M/XDR TB)
– Full geographical access in Regions of Georgia
– Patient support activities (state/GFATM/MSF)
Poor Geographical Access in Tbilisi

• Population - 1,12 million

• TB cases - 35% (out-patient treatment)
M/XDR-TB Treatment outcomes 2012 cohort

- Success: 46%
- Lost to follow-up: 32%
- Died: 6%
- Failure: 3%
- Not evaluated: 3%

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XDR-TB Treatment outcomes 2012 cohort

- **Success**: 28%
- **Lost to follow-up**: 21%
- **Died**: 16%
- **Failure**: 9%
- **Not evaluated**: 26%

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New Opportunities to Tackle M/XDR TB

• Oct 2015 – Georgia First country to receive BDQ through USAID donation program

• Delamanid available through GDF
TB Treatment – Planned Approach

– DOT at the PHC (option 1)
– VOT - Video Observed Therapy (option 2)
– MMAP - Model of Mobile Ambulatory Program (option 3)

Photos: outreach/screening vans for HIV program

....explore other options
Objective 3. To enable supportive environment and systems for effective TB control

*Advocacy, communication, social mobilization (ACSM) and civil society engagement for TB control*

- Strengthening the TB ACSM activities
- Implementation of patient-centered approaches through fostering the local NGOs’ involvement in TB care
- Improving access to TB prevention, diagnosis and treatment for hard-to-reach groups at high risk

Innovative approaches in TB treatment adherence support
Thank you! მადლობა!