New Frontiers: Innovation and Access
Ambulatory model of care of DR-TB in Zhytomir Oblast: sharing experience from MSF Pilot Project
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Introduction

Zhytomyr is a region situated in the north of Ukraine with a total area of around 29,832 km² and a population of 1.2M with 58.5% living in urban area.
MSF in Zhytomyr

• MSF and Zhytomyr TB dispensary started working together in May 2018.
• The project currently offers –
  – Short course treatment using the WHO recommended regimen. (Offered till Dec 2018)
    • Till Dec 2018 we have 62 patients on SCR.
  – BDQ and DLM as part of ITR for patients who need it.
    • Till Dec Jan 2019 we have 42 50 patients on BDQ &/or DLM.
Pillars of MSF support to Zhytomyr

• Quality Diagnostics

1. Currently the dispensary has a mycobacteriology Lab which offers smear, GeneXpert, culture and DST.

2. MSF is in the process of supporting the dispensary to build a new BSL3 lab capable of also conducting LPA 1st and 2nd line along with the above mentioned tests.

3. For hematology and biochemistry, MSF has provided Erba and Sysmex machines to the lab.
Pillars of MSF support to Zhytomyr

• Access to BDQ, DLM and repurposed drugs.
• Co-morbidities management – HIV; HCV; HBV and diabetes.
• Support for management of alcohol use disorder.
• Adverse event management.
Pillars of MSF support to Zhytomyr

• Psychosocial support
  – Pre-treatment counselling by trained counsellors
  – Post-treatment initiation support by a nurse and social-worker while in hospital.
  – Psychologist and psychiatrist available to support patients with depression, anxiety and other psychological co-morbidities.
  – Group sessions
Pillars of MSF support to Zhytomyr

• Early ambulatory care
  – An important component of patient-centred TB care.
  – Bringing care closer to patients and communities
  – Opportunity address risk factors and social determinants associated with TB
  – Decentralizing care and redirecting resources from hospital-based care to ambulatory-based services may enable health services to reduce costs, expand capacity and provide high-quality patient-centered care
Ambulatory TB care in Ukraine

- Ambulatory care as early as 2 months post TB treatment initiation is recommended, however this is not implemented widely or systematically.
- In Zhytomyr, majority of patients stay in-hospital for an average of 6-8 months before discharge.
- Hopefully, change is in the horizon.
Ambulatory TB care in Ukraine

• Shifting focus of care to ambulatory requires a strengthening ambulatory points.
• Ambulatory care is provided by –
  – TB cabinet
  – Family doctor/ambulatory points
  – FAP
  – NGO
Ambulatory points assessment

• From June to Dec 2018, we assessed 14 TB cabinets, 8 ambulatory points, 1 sanatorium and 12 FAPs in Zhytomyr oblast.
AMBULATORY POINTS

- HR
- Drugs
- Co-morbidities
- Psychosocial
- Health Systems
- Infection control

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AMBULATORY POINTS

Number

- At least 1 nurse at all facilities
- At least 1 Doctor in 13/14 cabinets

HR

- Staff backup
- Training
  - Staff unaware of protocols
  - Very few training opportunities

Drugs

Co-morbidities

Psychosocial

Services

Health Systems

Infection control

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Drugs go from ZTD to Cabinets to FAPS/Ambulatories

Transport of drugs – vehicle/fuel

Storage acceptable

Other/Ancillary

No ancillary medicines

AMBULATORY POINTS

TB Drugs

HR

Services

Health Systems

Infection control

Psychosocial

Co-morbidities

Drugs

Other/Ancillary

No ancillary medicines

Transport of drugs – vehicle/fuel

Storage acceptable

Other/Ancillary

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Gaps in services for TB patients observed

Patients may have to travel to Zhytomyr

HIV

Diabetes; AUD and psychiatric – not consistent

Other

AMBULATORY POINTS

HR

Services

Health Systems

Infection control

Psychosocial
Ambulatory Points

- HR
- Services
- Health Systems
- Infection control
- Drugs
- Co-morbidities
- Psychosocial

Psychological support: Generally by NGOs
Social support

Opportunity cost
Transport
Stigma

Impediment with taking treatment at nearby facility

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AMBULATORY POINTS

- HR
- Services
- Health Systems
- Drugs
- Co-morbidities
- Psychosocial

Infection control

Availability of respirators

Ventilation (especially during winter)
AMBULATORY POINTS

HR

Services

Health Systems

Infection control

FAPs closing

Family doctor system

Drugs

Co-morbidities

Psychosocial

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Weekend dispensing (6 of 35)

Drinking water

Services

DOT

Follow-up

Lab – Basic tests available at TB cabinets attached to polyclinics

ECG at 5/14 TB cabinets

Audiometry not available

AMBULATORY POINTS

HR

Drugs

Co-morbidities

Psychosocial

Health systems

Infection control

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Conclusion of the ambulatory points analysis

- Ambulatory points need to be strengthened, with funds, infrastructure, HR and trainings to ensure effective ambulatory care is available.
Plans for future

• Operational research to propose a new model of care to improve RR/MDR-TB care in the Ukraine.

• The specific goal of this project is to describe the effectiveness, safety, tolerability and feasibility of an all-oral 9 to 12 month regimen containing new TB drugs for the treatment of RR/MDR-TB in Zhytomyr, Ukraine.
THANK YOU