New Frontiers: Innovation and Access

SCR as tool to increase access

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TB Epidemiology in Afghanistan

- One of the 22 highest TB-burdened countries in the world
- Incidence rate of all TB cases: 189 per 100,000 population per year.
- >50% of TB disease burden amongst women
- RIF resistance among new cases 6.8% and retreatment cases 27% (NTP data)
Access to diagnosis and treatment of DR-TB in Afghanistan

- Diagnostic Facilities (68 GeneXpert) in 20 provinces
- Culture, LPA and DST only in Kabul National Reference Lab
- Construction of DR-TB wards in six regions
- DR TB treatment decentralized in 5 regions (Kabul, Kandahar, Balkh, Heart and Nangarhar)
- DR-TB treatment following the National TB Guideline (2016)
MSF programme Kandahar since 2016

**DS-TB care:**
- Support TB programme in Provincial TB Center
- Support TB OPD Clinic in Regional Hospital

**DR-TB care:**
- SCR for MDR-TB
- Individualized regimen with access to Bdq, DIm
- Ambulatory model of care:
  - DOT for the initial phase
  - Family based DOT and SAT for the continuation phase
- IPD care based on clinical requirements
- Comprehensive package of psychosocial and nutritional support
Xpert MTB + RIF R → Referred to MSF → Initial assessment → STR for MDR-TB starts → Conventional regimen NTP

Guideline:
- STR contraindicated

HAIN test result (14 days) NO FQ resistance:
- Continue STR for MDR-TB
- Switch to individualized regimen based on HAIN test

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- HAIN test result (14 days) NO FQ resistance
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Sample collection (ITM, Antwerp):
- HAIN 1st and 2nd line
- DST 1st and 2nd line

- Clinic based DOT 4-6 months
- Family based DOT/SAT 5 months

- Clinic based intensive phase
- Family based DOT/SAT continuation phase
PROGRAMME OUTCOMES (MSF)
99 total DR-TB patients enrolled October 2016- February 2019
20 (20%) did not start treatment
- 14% refused treatment (majority due to access)
- 6% died before starting treatment (early phase of the programme)
61% female
Median age 30 years
6 children age < 15 years
55% patients from Kandahar province
79 patients started on DR-TB treatment

Main reasons for individualised regimen:

- **Children**: 13% (6/47)
- **pre-XDR-TB or XDR-TB**: 43% (20/47)
- **Previously exposed** (return after LFU, from another programme): 9% (4/47)
- **Intolerance** (injectables) of STR or contraindication (pregnant women): 34% (16/47)
<table>
<thead>
<tr>
<th>Total number of patient started on treatment</th>
<th>N= 79</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients on Short Course Regimen (SCR)</td>
<td>32</td>
<td>41%</td>
</tr>
<tr>
<td>Still on treatment</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Patients with outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Lost to Follow Up (LFU)</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td>Failure</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Cured</td>
<td>19</td>
<td>76%</td>
</tr>
<tr>
<td>Treatment completed</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Treatment success rate</td>
<td>20</td>
<td>80%</td>
</tr>
</tbody>
</table>

| Patients on Individualized regimen       | 47   | 59%  |
| Still on treatment                       | 32   | 68%  |
| Patients with outcome                    |      |      |
| Death                                    | 8    |      |
| Lost to Follow Up (LFU)                  | 3    |      |
| Failure                                  | -    |      |
| Cured                                    | 1    |      |
| Treatment completed                      | 3    |      |
| Treatment success rate                   | 4    |      |
CHALLENGES AND LESSONS LEARNT

New Frontiers: Innovation And Access
8th TB Symposium – Ministry of Health of the Republic of Uzbekistan and Médecins Sans Frontières
Barriers to healthcare in Afghanistan

- Insecurity/violence
- Roadblocks/checkpoints
- Attacks on healthcare
- Poverty
- Challenges in functioning of PHC, especially in rural areas
Additional barriers: TB treatment and diagnosis in Kandahar Province

- Nomad communities
- Stigma
- Loss of income/family duties
- Cultural female practices constrain

- High prevalence FQ resistance
- TB disease of women and children
- Intolerance to SLIJ
- Patients coming from far away:
  - Refuse to start Treatment
  - Die when refuse to continue Treatment
  - Lost to Follow Up
LESSONS LEARNT

Treating DR-TB patients in unstable, challenging settings is possible

Decentralization of care necessary BUT not sufficient as ACCESS and RETENTION IN CARE remain challenging
INNOVATION AND CONCLUSION
MSF Pilot Proposal

- Based on WHO recommendations 2018
- In collaboration with the NTP, MoPH
- Under operational research conditions

WHAT?
- SCR
- Injectable free
- Tolerable, effective
- Low pill burden

WHO?
- SCR for all patients

HOW?
- Patient centered delivery models of care

OPPORTUNITY?
WHO treatment guidelines for multidrug- and rifampicin-resistant tuberculosis
2018 update
Questions

THANK YOU