New Frontiers: Innovation and Access
Experiences from Video Observed Treatment
in Kara-Suu district
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MoH/MSF Kara-Suu Ambulatory, Innovative DR-TB project
February 28th - March 1st 2019
Outline of the presentation

• Kara-Suu district’s TB profile;

• Overview of healthcare service in Kara-Suu;

• Criteria for Video Observed Therapy (VOT);

• Basic information about VOT of the programme;

• Survey results of patients and HCWs;

• Lessons and recommendations from the experience on VOT.
Kara-Suu district’s TB profile

- Population of Kyrgyz Republic: 6mln*
- Population of Kara-Suu: 394 700*
- 372 cases notified in 2017 (94/100 000 pop.)**
- RR TB: among new cases - 18.9%, previously treated cases - 18.2% ***

TB care provision in Kara-Suu district

- Ambulatory care of patients with TB/DR TB is at 103 PHC settings (27 FGPs and 76 FMPs);

- Hospital level:
  - Kara-Suu TB hospital;
  - Kara-Suu territorial hospital
Criteria for VOT

• Adherence rate of DOT> 80%;
• 18- 65y.o;
• Clinically and psychosocially stable cases;
• Treatment regimen without injectable;
• Patients’ literacy on his/her treatment;
• Access to internet, gadgets etc.;
• Patient has difficulty in daily access to facility (adverse event, work, migration, study, distance);
• Informed consent.

• Standard Operational Procedure by MoH/KR, 2018
• Standard Operational Procedure by MSF CH-Osh Office, 2017
# Characteristics of patients on VOT

<table>
<thead>
<tr>
<th>Total</th>
<th>22</th>
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<tbody>
<tr>
<td>Age, mean</td>
<td>33 (18-77y.o.)</td>
</tr>
<tr>
<td>New cases</td>
<td>8</td>
</tr>
<tr>
<td>Previously treated cases</td>
<td>14</td>
</tr>
<tr>
<td>Time from Tx start to VOT start, months, mean</td>
<td>9 (2-18)</td>
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<tr>
<td><strong>DST profile</strong></td>
<td></td>
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<tr>
<td>PDR</td>
<td>7</td>
</tr>
<tr>
<td>MDR (including preXDR)</td>
<td>13 (2)</td>
</tr>
<tr>
<td>XDR</td>
<td>2</td>
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Reasons for enrolment to VOT - total 22 cases in 2017-2018

- Adverse events (mainly nausea and dizziness), which had been worsened by weather condition or during transport use, were one of the main barriers in daily DOT;

- Patients, who work cannot take their drugs during working hours, or they cannot come to PHC for their treatment during day-time. Two patients left the region to work.
Average adherence rate of DR TB patients before and after enrolling to VOT (excluding 4 cases)

- 5 cases were close to stop their treatment due to dizziness/nausea;
- 9 cases related to study, work and migration stayed adherent to the treatment;
- 4 cases benefited from VOT by solving distance issue between home and PHC.
Outcomes of DR TB patients on VOT

- Cured/Complete: 11
- Failure: 1
- Still on treatment: 8
- Excluded: 2
### Survey results of patients and HCWs

(19 patients and 11 nurses)

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<thead>
<tr>
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<th>Patients</th>
<th>HCWs</th>
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<tr>
<td>Preferred VOT rather than DOT</td>
<td>16 (84%)</td>
<td>11 (100%)</td>
</tr>
<tr>
<td>Feeling uncomfortable being seen by others at PHC <em>(Nurses observed!)</em></td>
<td>12 (63%)</td>
<td>9 (82%)</td>
</tr>
<tr>
<td>VOT is easy to conduct</td>
<td>15 (79%)</td>
<td>10 (91%)</td>
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<tr>
<td>Trust for VOT</td>
<td>18 (95%)</td>
<td>11 (100%)</td>
</tr>
<tr>
<td>VOT recommended for others</td>
<td>17 (89%)</td>
<td>11 (100%)</td>
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</tbody>
</table>
Survey results of patients and HCWs

• **Patients’ opinion on VOT:**
  
  • **Advantages:** flexible, convenient, no transport issue, less time required.
  
  • **Disadvantages:** rarely poor connection (16%), risk of breaking confidentiality (11%).

• **HCWs’ opinion on VOT:**
  
  • **Advantages:** flexible, convenient, less transport issue for patients, less time required.
  
  • **Disadvantages:** rarely poor connection (20%), risk of breaking confidentiality (20%).
Lessons learned

• VOT is flexible, convenient, feasible for both sides (patients and HCWs);

• VOT decreases stigma;

• VOT can bring more comfort to a patient, including a patient with side effects;

• VDOT contributes to less treatment interruption.
Recommendation/Conclusion

• National Health Programmes should implement the VOT widely, considering its feasibility and as one of the patient-oriented approaches;
• Specific platform should be implemented to avoid the risk of breaking confidentiality;
• VOT can be recommended for patients at any ages, who are able to use gadgets;
• Further experience and analysis on VOT is needed for TB treatment, to develop of its role.
Thanks for your attention!!!