

# DR TB Program – Georgia

Samegrelo-Zemo Svaneti Region

2006 Nov -2010 Sept

# Samegrelo – Zemo Svaneti Region



# Context

- In 2009 the *mid-year population of Georgia was 4410900.*
- Samegrelo & Zemo Svaneti Population 471000.

# DST survey

- NTP conducted countrywide drug resistance survey (DRS) between June 2005 and May 2006.
- 6.8 % and 27.4% MDR-TB was observed among never treated and previously treated patients.



# TB burden

Considering the DST survey, the prediction was to have around 30 new cases diagnosed in Samegrelo region each year.

## NTP

DOTS piloted in 1995 and became the national strategy in 1999

GLC approved the DRTB project in 2005

## Zugdidi TB hospital



Georgia, MDR-TB, 2004–2010  
 Ref WHO 2010 report for Europe

| <b>YEAR</b> | <b>NUMBER OF TB PATIENTS WHO HAVE RECEIVED DST</b> | <b>NUMBER OF MDR-TB CASES FOUND</b> | <b>EXPECTED NUMBER OF MDR-TB CASES TO BE Treated</b> |
|-------------|--|-------------------------------------|--|
| 2006        | 1884   | 266                                 | 0  |
| 2007        | 1923   | 269                                 | 155  |
| 2008        | 2409   | 481                                 | 280  |
| 2009        | 2372 (source NTP)                                  | 369 (source NTP)                    | 340  |
| 2010        |  |                                     | 270  |

# Type of Project

Decentralized model with strong links at local NTP due to strong commitment from NTP. The program is integrated in MoH health facilities.

## Delivery of Services

Network of one hospital in Zugdidi with a capacity of 30 beds and a network of 18 APs. (8 TB cabinets and 10 Primary Health care Units)..

## Diagnosis

Microscopy, XRay, Culture, Drug Susceptibility Test LJ & MGIT. At ITM, Antwerp.

Consilium of TB doctors for diagnosing & monitoring treatment.



## Cont .

- As an initiative for improving the access to therapy near to the patient's homes, MSF started to expand the network of DR TB services to more periphery by including the available PHC points into the DR TB network (currently 10 PHC) and one mobile team provided Home treatment.

# Project characteristics

- Treatment
  - Individualised treatment regimen based on DST
  - Psychosocial support
  - Adherence: identify patient needs, understand experience and focus on patient empowerment for responsibility towards treatment.
- Education and Trainings; Training on management of DR-TB
  - Education at community level
  - Capacity building
- HIV/AIDS
  - Access to HAART for HIV co-infected patients through the regional HIV centre.
  - Collaboration with Regional HIV centre for VCT

## Cont ,

- Lobbying for NGO, municipality and state support (pension, lump sum payment)
- Disability allowance for patients having chronic disease
- **Social support** – by setting a system of support based on vulnerable needs: food parcel, transportation allowance, training for vocation fitting patients physical condition and skills .



# Infection control

- TB hospital: sectorisation, ventilation, use of HFM.
- Homes: patients are discharged from hospital after getting 2 consecutive smear -. House rehabilitation to improve IC. Education given to families.
- APs: improvements carried out

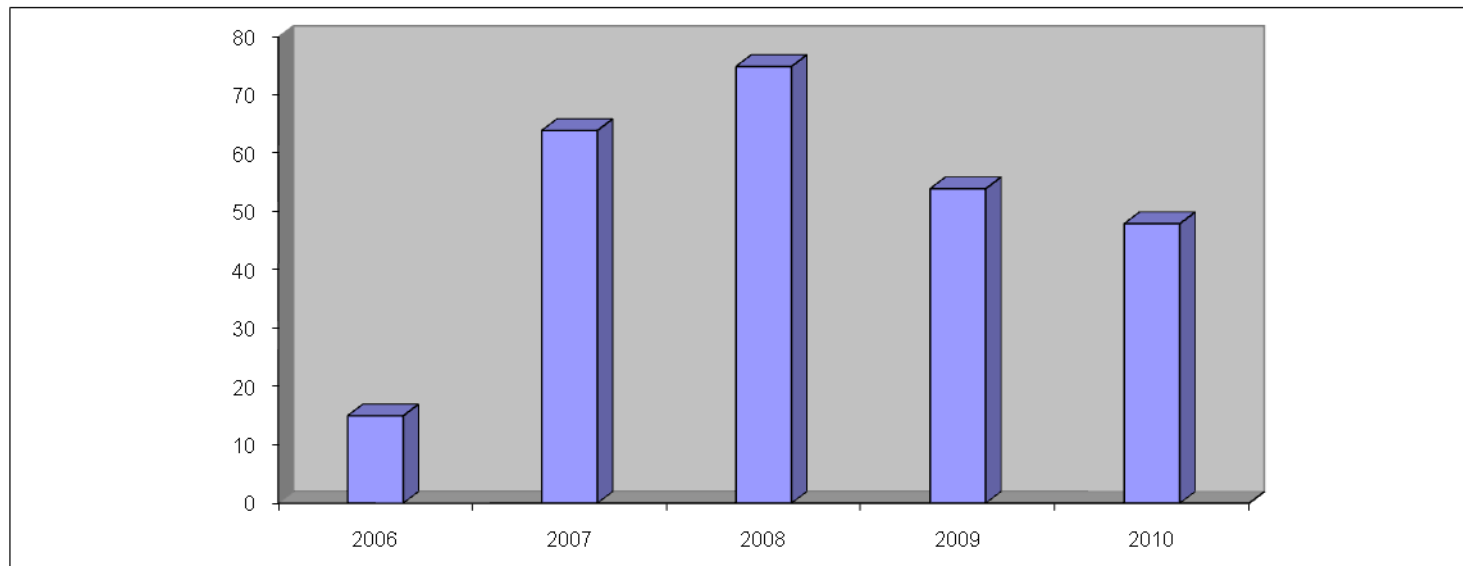



# Results

- Until November 2006 there was no MDR-TB treatment available. MSF piloted for the first time in Georgia but it was also a good opportunity for the NTP to gain experience.
- National guidelines were developed with the help of MSF and WHO in 2007.
- The ZDD TB hospital has become the training place for DRTB care and treatment

Enrolment ; October 2006 to September 2010  
*Number of DR-TB patients enrolled in the program/year*

- 256 patients have been enrolled in the DR-TB program.



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- The Zugdidi DR-TB program opened in June 2006 and included the first patient in November 2006. The program was integrated in MoH health facilities.
  - By the end of September 2010, 256 patients have been enrolled in the DR-TB program.



## **Sputum collection place, ZDD TB hospital**

The sputum collection place , built just in front of the hospital, seldom used by patients. One of the Lesson learned!!



# Cont, results

- On job training of MOH staff by MSF staff
- information sharing and Management capacity building.
- Strong collaboration and partnership: commitment by MoH to duplicate the MSF model, but being pragmatic and keeping their sights and goals on what they are able to Sustain, given MoH resources.

# Critical issues

- The acceptance of the psychosocial component to optimize DRTB outcome.
- Co-morbidities: inability to afford treatment unless insured.
- In patient based treatment: funding of TB hospital based on bed occupancy and only for patients taking TB treatment.

# Critical issues, cont

- No system for treatment failure patients and provision of palliative care, big concern from a public health point of view.
- Unresolved issues for homeless, critical care/support for the terminally ill DR-TB smear positive patients.
- No public awareness to minimize stigma and have early detection.



- Thank you for your Attention.

