

TB PROJECT



Abkhazia



1. The Context

- Ex soviet union, approximate population 200 000
- “Independent” after war with Georgia 1992/3
- Unrecognized state, political isolation (international sanctions)
- Economic instability
- Prison, vulnerable population in Gali region



2. The MSF History in Abkhazia



- 1993 post conflict emergency care
- 1997 TB care started.
- 2001 DR TB care
- 2006 handover of drug susceptible TB to MoH.
- 2010 MSF reinvests in drug susceptible TB
- June 2010 MAP- new strategic direction – 3 year handover.

Current situation: functioning of the project

- MSF provides:
 - medical supervision
 - health/patient education
 - social support
 - incentives to the MOH staff;
 - 66 MOH staff currently on incentive.
- Drugs First line drugs for NTP
 - regular TB patients supplied by NTP, Georgia, procured with GF funds.
 - The NTP, Georgia, supplies the drugs directly to MOH, Abkhazia and it goes to MOH pharmacy. MSF is not involved in this process

Case finding for regular TB in Abkhazia, 2010

Smear Positive Pulmonary Tuberculosis																
NC			REL		FAIL		TAI		OTHER		TOTAL			Default before RX		
M	F	T	M	F	M	F	M	F	M	F	M	F	T	NC	Other	Tot
49	18	67	3	0	3	0	8	0	17	1	80	19	99	2	1	3
Smear Negative Pulmonary Tuberculosis																
NC			REL		FAIL		TAI		OTHER		TOTAL			DEFAULTER		
M	F	T	M	F	M	F	M	F	M	F	M	F	T	NC	Other	Tot
25	13	38	2	1	0	0	1	0	10	1	38	15	53	0	0	0

Case finding for regular TB in Ankhazia, 2010

Extra Pulmonary Tuberculosis																
NC			REL		FAIL		TAI		OTHER		TOTAL			DEFAULTER		
M	F	T	M	F	M	F	M	F	M	F	M	F	T	NC	O t h e r	Tot
9	4	13	1	1	0	0	0	0	1	1	11	6	17	0	0	0
NC : New Cases REL : Relapse											TOTAL			TOTAL		
FAIL : Failure											M	F	T	M	F	T
TAI : Treatment after interruption or Return after default											129	40	169	2	1	3

Distribution by age

Age group	< 15years	> 15 years	Total
Smear Positive Pulmonary cases	0	102	102
Smear Negative Pulmonary cases	2	51	53
Extra Pulmonary cases	1	16	17
Total	3	169	172

Regular TB Treatment Outcomes (2009 cohort analysis)

- The overall success rate (cure and treatment completed) for all patients enrolled in 2009 and with declared outcome is **48.5%**.
- cured outcome for s+ ve patients is **4.3%** - very far off from the WHO target of 85% cure rate.
- The defaulter rate for 2009 cohort is **25.5%** and remains one of the biggest programmatic challenges in all the years MSF has been here.



Gulripsh TB Hospital, Abkhazia

DST pattern for Abkhazia, 1999-2010

New Cases				
Cases with DST Results (H+R)	MDR		any H resistance	
	No	%	No	%
896	62	6.9%	200	22.3%
Previously Treated Cases				
783	122	15.6%	221	28.2%
All Cases				
1679	184	10.95%	421	25.1%

DST results for Abkhazia 1999-2010

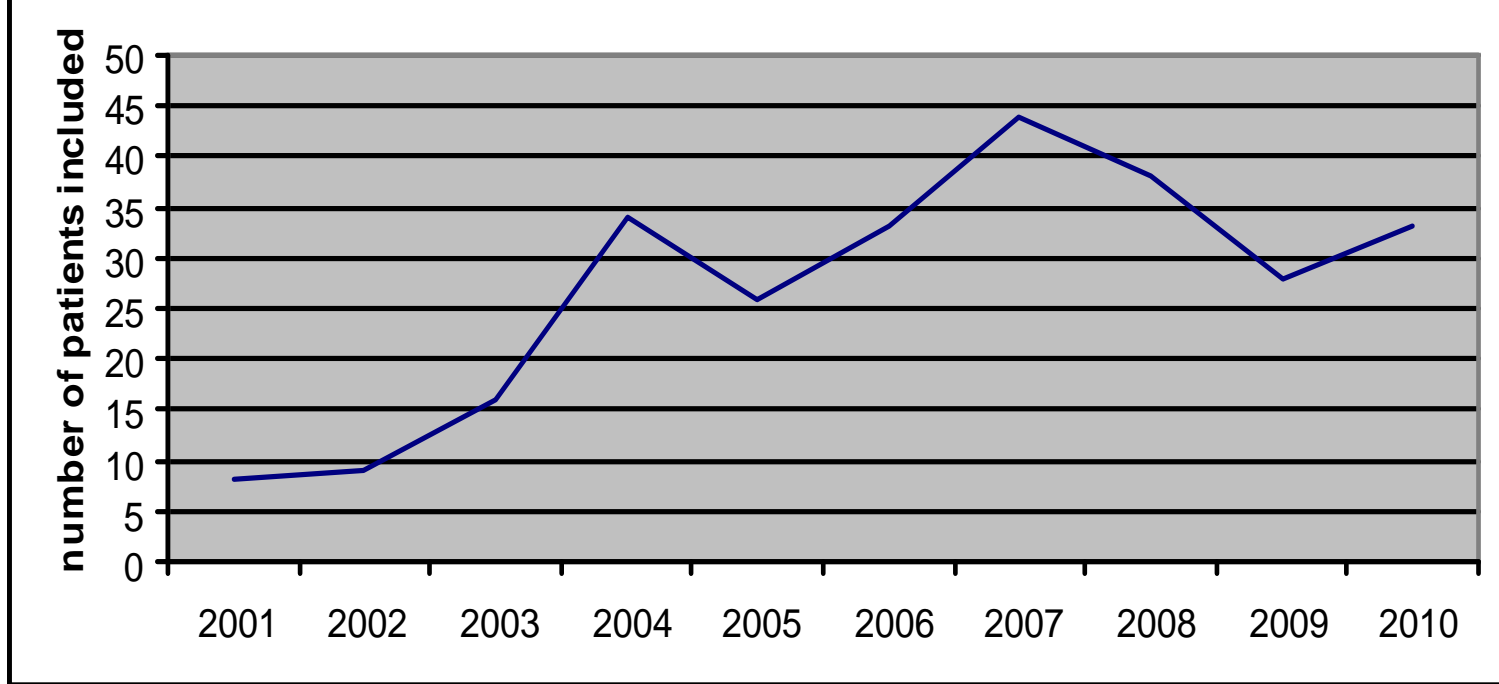
From the DST results as of Dec 2010, MDR *new* case

among all the DST results comprise 6.9% and 15.7 %

are among *previously treated* cases. Compared to world average:

Among all incident TB cases globally:

- 3.6% (95% confidence interval (CI): 3.0–4.4) are estimated to have MDR-TB.
- The proportion of MDR-TB among *new* TB cases reported globally ranges from 0% to 28.3%,
- The proportion of MDR-TB among *previously treated* TB cases reported globally ranges from 0% to 61.6%.



s of Jan- Dec 2010

47 patients registered (detected), 36 admitted or 74% (integrated)
 out of 47 patients 10 are still suspect by the end of 2010 awaiting DST
 results. . 4 patients died before integration

6 patients refused treatment for various reasons, one contact of
 XDR patient is to be treated with cat1

35 Patient still on treatment at the end of Dec 2010

8. DRTB: Infection control

- **measures of infection control in place but lack enforcement(patient movement)**



Outcome analysis for 2008 DRTB cohort.

Date of analysis 6th Jan 2011. For 38 patients integrated into the treatment.

- The over all success rate for MDR patients has been 18.18% with defaulter rate being 50%. Over all success rate for all DRTB patients has been 40.54% as compared to world average of 60% over all .

9. Specific Problems of TB care in Abkhazia

- Lack of support from
 - International institutions (WHO etc..)
 - Access to current medical literature
- No Formal NTP structure in place.
- No facilities for Culture and DST.
- No GLC visit since 2007.



10. Solutions: MOH , new strategy

- Political committment
- New organogram by Minister of Health
- Functional NTP
- Significant budget increase for new HR
- Budget for communication and IT.



MSF

- Will support capacity building, Programmatic and technical support for a successful handover in 2013 end;
- Culture /DST , till a feasible alternative is found before the handover.
- Diagnostic support- Genxpert.
- Medical supply. To help find the alternative/s
- TB Referent visits, for technical support(programmatic) .For 2 years+-

Thank you for your attention

d

