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

<table>
<thead>
<tr>
<th></th>
<th>NC</th>
<th>REL</th>
<th>FAIL</th>
<th>TAI</th>
<th>OTHER</th>
<th>TOTAL</th>
<th>Default before RX</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>49</td>
<td>18</td>
<td>67</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

## Smear Negative Pulmonary Tuberculosis

<table>
<thead>
<tr>
<th></th>
<th>NC</th>
<th>REL</th>
<th>FAIL</th>
<th>TAI</th>
<th>OTHER</th>
<th>TOTAL</th>
<th>DEFAULTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>25</td>
<td>13</td>
<td>38</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
## Case finding for regular TB in Ankhazia, 2010

### Extra Pulmonary Tuberculosis

<table>
<thead>
<tr>
<th></th>
<th>NC: New Cases</th>
<th>REL: Relapse</th>
<th>FAIL: Failure</th>
<th>TAI: Treatment after interruption or Return after default</th>
<th>TOTAL</th>
<th>DEFAULTER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>13</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Definitions
- **NC**: New Cases
- **REL**: Relapse
- **FAIL**: Failure
- **TAI**: Treatment after interruption or Return after default

### Total
- M: 129
- F: 40
- T: 169
- Other: 2
- Tot: 3
## Distribution by age

<table>
<thead>
<tr>
<th>Age group</th>
<th>&lt; 15 years</th>
<th>&gt; 15 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smear Positive Pulmonary cases</strong></td>
<td>0</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td><strong>Smear Negative Pulmonary cases</strong></td>
<td>2</td>
<td>51</td>
<td>53</td>
</tr>
<tr>
<td><strong>Extra Pulmonary cases</strong></td>
<td>1</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3</td>
<td>169</td>
<td>172</td>
</tr>
</tbody>
</table>
The overall success rate (cure and treatment completed) for all patients enrolled in 2009 and with declared outcome is 48.5%.

cured out come 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

<table>
<thead>
<tr>
<th>Cases with DST Results (H+R)</th>
<th>New Cases</th>
<th>MDR</th>
<th>any H resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nº</td>
<td>Nº</td>
<td>%</td>
<td>Nº</td>
</tr>
<tr>
<td>896</td>
<td>62</td>
<td>6.9%</td>
<td>200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previously Treated Cases</th>
<th>Nº</th>
<th>%</th>
<th>Nº</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>783</td>
<td>122</td>
<td>15.6%</td>
<td>221</td>
<td>28.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All Cases</th>
<th>Nº</th>
<th>%</th>
<th>Nº</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1679</td>
<td>184</td>
<td>10.95%</td>
<td>421</td>
<td>25.1%</td>
</tr>
</tbody>
</table>
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%.
As 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 overall 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% overall.
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 commitment
- New organogram by Minister of Health
- Functional NTP
- Significant budget increase for new HR
- Budget for communication and IT.
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