PEOPLE-CENTRED TB PREVENTION AND CARE IN EASTERN EUROPE AND CENTRAL ASIA

By: Regina Winter, Ihor Perehinets, Masoud Dara, Martin van den Boom, Stela Bivol and Hans Kluge

Summary: The importance of health system strengthening for improved TB prevention and care is highlighted in The United Nations Sustainable Development Goal 3, which includes targets to move towards universal health coverage and to end the TB epidemic. The TB-REP project actively supports eleven countries from Eastern Europe and Central Asia and is implemented by WHO Regional Office for Europe and other partners from 2016 until the end of 2018. One of the key objectives of the Project is to support countries to develop and adapt key policies on a people-centred model of TB service delivery, appropriate mechanisms for TB services, as well as financing and human resources for TB programmes planning. The project countries are taking different approaches in implementing the people-centred TB model of care and adopting health policies depending on their overall health systems readiness and broader health system transformation agenda.

Keywords: Multidrug-resistant Tuberculosis, People-centred Care, TB Prevention, TB-REP

Introduction

Universal health coverage (UHC) is high on the political agenda in many countries and is vital for achieving better health and well-being for people of all ages. UHC can provide disease prevention, health promotion and treatment for both communicable and non-communicable diseases. Related to the former, tuberculosis (TB) remains a public health concern in the WHO European Region as health systems face the challenge of multidrug-resistant TB (MDR-TB). MDR-TB rates in the WHO European Region are over twice as high as those in other WHO regions for both new cases and previously treated patients. Of the 30 countries considered to have a high burden of MDR-TB globally, nine are in the WHO European Region, mostly in Eastern European and Central Asian countries (EECA). According to the WHO Global
TB report, every day, around 900 people fall ill with TB and 65 people die of it across the Region (2017).

Presently, the treatment practices for TB are characterised by a high level of hospitalisation, high average length of stay and outdated models of TB care. Moving towards models of care that can treat MDR-TB strains requires mechanisms that support multidisciplinary models of care; acceptance of people-centred practices with strong primary health care (PHC) systems and services; cooperation between different care providers; enhanced clinical skills and high levels of staff motivation; involvement of communities and civil society, as well as national policies towards people-centredness – all the elements that EECA health systems are struggling with.

The WHO Regional Office for Europe actively promotes and supports a comprehensive multicomponent approach to strengthening health systems that aims to bring significant improvements to TB prevention and care outcomes. The critical element of national health system transformation to improve performance is political commitment to design and implement robust policies on people-centredness. A key effort to promote this approach and respond to the regional challenges described above is the TB Regional Eastern Europe and Central Asia Project (TB-REP) on Strengthening Health Systems for Effective TB and DR-TB prevention and care (see Box 1).

People-centred model of TB care

People-centred health systems are defined as a design of core health system functions (governance, health financing, service delivery, human resources for health) that prioritise the needs of individuals, their families and communities, both as participants and beneficiaries for high quality comprehensive and coordinated services delivered in an equitable manner and involving people as partners in decision-making. WHO has encouraged outpatient treatment since 1999 and has recommended ambulatory treatment of MDR-TB since 2011. According to the WHO policy documents, in particular the WHO End TB Strategy, the first pillar underpins the “integrated, patient-centred TB care and prevention” and focuses on early detection, treatment and prevention for all TB patients, including children, and aims to ensure that all TB patients not only have equal, unhindered access to affordable services, but also engage in their care. This is also stipulated by the Roadmap to implement the Tuberculosis Action Plan for the WHO European Region 2016–2020.

To operationalise the concept of people-centredness for the particular model of TB care, a working group has developed a blueprint of policy options. Released in 2017, this document provides a vision for a people-centred model of TB care and presents a design of this model, which focuses on meeting the health needs and expectations of people throughout the life-course with a strong PHC system and community. This model requires the preventive, ambulatory, community and home care sectors to enhance their capacity to plan, implement and monitor integrated models of care to address TB. Further, hospitals need to be reconsidered as one of many links, not the only one, in a health service delivery network, where patients move seamlessly between different settings based on their needs.

Taking into consideration health financing, it is important to develop and implement payment mechanisms which do not have inbuilt incentives to provide unnecessary services such as hospitalisation but rather contain incentives to motivate health professionals in PHC to provide the services.

Policy response

In order to understand how the project countries are adopting key policies, on a people-centred TB model of care a special survey was conducted in a two-step process. As a first step, the WHO Regional Office for Europe, jointly with the PAS Centre developed a questionnaire, which was sent to the TB REP focal points† for data collection. This questionnaire was developed based on the Global Fund achievements, based on agreed indicators and milestones. (see Figure 1)

Box 1: The TB REP project

TB Regional Eastern Europe and Central Asia Project (TB-REP) on Strengthening Health Systems for Effective TB and DR-TB prevention and care is financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria and is implemented by the Center for Health Policies and Studies (PAS Centre, Moldova), as the principal recipient, and the WHO Regional Office for Europe, as the technical lead agency, in collaboration with partners, over three years from 2016 to 2018. The project has been deployed in 11 EECA countries – Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

The overall goal of TB-REP is to reduce the burden of TB and halt the spread of drug resistance by increasing political commitment and translating evidence into the implementation of a people-centred model of TB care. The expected outcomes are:

- For countries to adopt key policies on people-centred TB service delivery, TB care financing and human resources for TB programmes
- Use hospital care rationally, based on clearly defined and adopted admission and discharge criteria
- Have roadmaps for countries to incorporate people-centred policies for sustainable and effective TB prevention and care.

The Global Fund performance framework helps to follow up countries’ achievements, based on agreed indicators and milestones. (see Figure 1)

† The TB REP focal point is a high-level government representative, who was appointed to oversee and support the implementation of this project in the country with the engagement of relevant ministries and other relevant stakeholders.
monitoring and evaluation framework. In the second step, national documents, regulations and policies were analysed and supported by desk research, and in some cases TB REP focal points were interviewed.

The survey and desk research revealed that some of the countries, such as Armenia, Kazakhstan, Kyrgyzstan, Moldova and Uzbekistan have introduced people-centred TB national policies and have included three health system functions strengthening in their national policies.

According to 2016 base line data, the number of countries, which have adopted key policies on health system strengthening and TB was relatively low at around 45%. The repeat survey in 2018, showed that more than 73% of the countries introduced key policies on people-centred TB prevention and care in 2017, which shows an increase of almost 30% compared to the baseline (see Table 1).

EECA countries have had different opportunities and approaches to introducing elements of the people-centred model of TB care, which depend on their health systems’ maturity or ongoing health systems transformation. For example, Armenia started by changing the financing of TB hospitals in 2014 and introduced fixed and variable budgets at the hospital level to achieve better performance of TB services.

Later in 2016, Armenia introduced a National Strategy for TB control for 2016–2020. As emphasised in the Strategy, “the goal is to prevent the spread of tuberculosis in the Republic of Armenia and reduce the number of patients with drug-resistant tuberculosis (…) through coordinated screenings carried out in primary health care organisations among people having been in contact with tuberculosis patients and in high risk groups”. Here, the discourse clearly underlines the importance of PHC and provision of TB services within PHC. This strategic approach is supported by the updated hospitalisation and discharge criteria in Armenia’s national guidelines on TB control.

In 2018, Armenia took one step further to broaden the transformation of TB services when the Ministry of Health initiated a reform to optimise the network of TB services providers. The key areas of this phase target strengthening the regulation of inpatient and outpatient TB services and improving the financial mechanisms for outpatient TB services. The main objectives are to strengthen ambulatory care and carry out the outpatient TB services through existing TB units of regional polyclinics.

Belarus provides another example. In 2017, it initiated further steps toward implementing a people-centred model of TB care through pilot project in the region (oblast) of Brest, focusing mainly on the reorganisation and optimisation of TB services at oblast level and reforming financing mechanisms for TB care. A regional budget was introduced which helped to solve the problem of financial and administrative fragmentation. As a result, the number of TB beds in hospitals was reduced by 33% by 1 January 2018, while money was kept in the TB service to incentivise staff to provide people-centred care.

Figure 1: Overview of quantitative indicators 2015 versus target 2018

Source: TB-REP data
Note: This data was provided in January and is only partial.
Kyrgyzstan has also initiated a pilot and introduced financing mechanisms for the successful completion of TB treatment for PHC workers in Chui oblast in 2017. Here, it is important to mention that Kyrgyzstan showed high level policy coordination between the Ministry of Health, National TB Programme and the Government. Several strategic documents addressing TB prevention and care with a health systems approach have been developed over the past few years. Payments have been initiated of $USD 175 for treatment of sensitive TB and $USD 350 for MDR TB cases; 10% of this goes to the family doctor and 75% goes to the nurse of the family doctor. According to the preliminary evaluation, the treatment success rate of TB patients is 100%, based on provision of TB services close to the patients in PHC and at home, therefore making it more people-centred.

A fourth example from the WHO survey, Republic of Moldova, introduced policies after 2016, in particular a roadmap on implementing a people-centred model of care for TB in 2017. The roadmap describes the interventions on the people-centred model of TB prevention and care, namely restructuring the hospital sector of the physio-pulmonology service in line with objectives to reduce hospital admissions and length of stay, and increasing and strengthening the role of outpatient specialised, primary care and community settings for the early detection of TB and case management of TB/MDR-TB. Provider payment arrangements are now undergoing review and mixed payment models are being used for all levels of care – hospital and outpatient care, as well as providing patient support. Furthermore, some policies regulate the salaries of medical professionals working for public institutions contracting with the National Health Insurance system for early detection of TB cases. Strategic purchasing of TB services is ensured by the National Health Insurance Company, which applies the criteria for contracting health facilities based on performance indicators.

Lessons learned and the way forward

Improvements are being made

Based on the survey, only a few project countries did not introduce formal policies on the people-centred model of TB care in 2017, but they are continuing to strengthen TB services and are also taking steps to improve their model of TB care to make them more ambulatory based. For example, Azerbaijan is currently working on a new ministerial order with the aim of improving prevention, early diagnosis and treatment, as well as strengthening the regulatory and methodological framework governing TB control. The order will include the package of services provided by TB units, departments, dispensaries, and hospitals as well as TB care models, based on a service mapping exercise by settings, facilities and type of services. Furthermore, the requirements for outpatient and inpatient treatment, as well as hospitalisation and discharge criteria, will be described.

Action plans and other supporting documentation aid progress

The survey analysis and interviews clearly showed that in some countries policymakers should consider strengthening policy responses to TB, and in some others enhance existing policies by developing supporting documents such as roadmaps, action plans and concept notes. The development of roadmaps, action plans and concept notes with clear steps, interventions and possible initiation of pilot projects could be seen as one of the next steps to help countries on their way to sustainable changes in their TB models of care.
Clarifying governance structures is key

Some country examples show that the strengthening of all health systems functions are highlighted in national policy documents, but at the same time they do not clarify the governance structure and accountability framework by defining the leading agency, the role of each actor in TB care activities with their responsibilities, or set respective accountability mechanisms to assure the implementation of a people-centred model of care.

Purchasing practices need to be reassessed

Furthermore, some national policies do not align health worker resources and financing of TB services, which are crucial components in every health system reform. The survey highlighted that the transition from hospital-based TB care to ambulatory treatment is proving difficult, given the current financing of TB services. The lack of a split between purchasers and service providers, as well as strategic procurement, make it difficult to implement people-centred TB care.

The people-centred TB care model is adaptable to country-specific needs

As part of the TB-REP, high-level missions were conducted to the project countries to advocate for the effective engagement of governments and their commitment to changes in the national health system that would strengthen TB services. Together with the national working groups on TB, established in line with the TB-REP project, it was possible to define an appropriate TB care model, adapted to the national country context and health system challenges, and supported by the TB-REP technical missions. Furthermore, civil society organizations in the TB-REP countries supported this and other TB-REP actions through a bottom-up approach supporting national efforts.

References


Bulgaria: Health system review

By: A Dimova, M Rohova, S Koeva et al

Copenhagen: World Health Organization, 2018 (on behalf of the Observatory)

Number of pages: 256; ISSN: 1817-6127


Despite marked and notable progress in some health indicators such as infant mortality, Bulgaria lags behind EU averages. This derives from unsteady improvement patterns and a steeper increase in, for example, life expectancy in other countries, therefore, Bulgaria records a relatively low-level life expectancy. This situation is further exacerbated by large socioeconomic and regional health inequities.

Poor health status is also partly related to the under-performance of the Bulgarian health system, which is demonstrated by high levels of amenable mortality. While the share of gross domestic product spent on health expenditure has increased (up to 8.2% in 2015), the Bulgarian social health insurance system provides an insufficient degree of financial protection. Out-of-pocket spending represents nearly half of health spending (47.7% in 2015), which is three times higher than the EU average. Accessibility and quality of care is also threatened by imbalances in the allocation of resources. Health professionals are concentrated in urban areas and still too many interventions are performed in hospital settings.

A lot of these problems have been acknowledged in various reform initiatives and particularly in the 2015 National Health Strategy; however, only a few have been successfully implemented. A political vision and broad consensus among all stakeholders is needed to end the standstill.