OA-320-04 Introduction of out-patient care for DS-/MDR-TB patients in Tajikistan

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Background and challenges to implementation: Tajikistan is one of the 27 high burden MDR-TB countries with 108 new notified cases per 100 000 population. 10% of MDR-TB patients have XDR-TB. The number of (X) MDR-TB patients continues to rise. The majority of DS/ MDR-TB patients are poor. Loss-to-follow-up of TB treatment is common, with a principal reason to migrate for employment. Patients are hospitalized for long period of time. Therefore, NTP decided to introduce patients' centered out-patient care model and piloted it in nine districts.

Intervention or response: In 2013, TB CARE I project provided TA to NTP to facilitate a shift from in-patient to out-patient treatment in PHC facilities. Local governments developed implementation plans for psycho-social support (PSS) and provided quarterly social packages to DS-/MDR-TB patients. A patients' support team was established at the NTP to provide PSS. Clinical staff, community activists and religious leaders were trained on outpatient care protocol, communication skills, and stigma reduction. A supportive supervision system was introduced during implementation including on-the-job training. The DS-/MDR-TB data of 9 districts were recorded in the Central TB Register and analyzed.

Results and lessons learnt: The proportion of registered DS-TB patients in out-patient care increased from 20% (115 out of 579) in 2013 to 58% (311 out of 536) in 2014. The proportion of DS-TB in-/out-patients who received PSS increased from 24% (45 out of 184 eligible) in 2013 to 74% (120 out of 162 eligible) in 2014. The proportion of registered MDR-TB out-patients almost tripled from 21% (11 out of 52) in 2013 to 58% (38 out of 66) in 2014. The number of MDR-TB in-/out-patients, who received PSS increased from 15 in 2013 to 118 in 2014. In 2014, among all registered MDR-TB patients 98% (65) received PSS. In 2013, 57 MDR-TB patients have been enrolled on out-patient treatment. No patients were lost-to-follow-up since then. We learned that, since little local government funding is available, PSS focus should be on MDR-TB patients.

Conclusions and key recommendations: This approach gave positive results and contributed to the sustainability of out-patients care and better adherence to treatment. The coordination of PSS from local government, collaboration among medical workers from the PHC and TB facilities, community activists and religious leaders are main factors of success. It is recommended to apply this model elsewhere.

OA-321-04 Patients' perceptions of interventions to improve MDR-TB treatment completion in the Philippines

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Background: As part of an effort to improve treatment completion rates at programmatic management of drug-resistant tuberculosis (PMDT) treatment centers in the Philippines, a case-control study was conducted. One aim of this study was to describe patients' views on interventions that would affect adherence to treatment for multidrug-resistant (MDR) tuberculosis (TB).

Methods: In-depth interviews were conducted with patients who were lost to follow-up (cases) and patients who were continuing or had completed treatment (controls) between April and July of 2014 among patients with rifampicin-resistant TB who had initiated MDR TB treatment between July and December of 2012 at 15 PMDT treatment centers throughout the Philippines. Responses to open-ended questions were thematically analyzed.

Results: Interviews were conducted with 91 cases and 182 controls. Suggested interventions could be categorized as either approaches to improve adherence or approaches to remove barriers. The top three themes that emerged were: (1) the need for transportation assistance or improvements to the current transportation assistance program, (2) food assistance, and (3) difficulties patients encountered related to their anti-TB medications. These themes were identified by 63%, 60%, and 32% of participants (both cases and controls) respectively. Proposed improvements to the transportation assistance program included: providing funds to cover the full cost of transportation to and from treatment centers, providing funds for companions to accompany patients who are too weak to travel alone, and eliminating delays or interruptions in the National Tuberculosis Control Program-organized travel assistance program. Participants from both groups who advocated for food assistance suggested that it be provided at centers when patients receive treatment. Some noted food assistance would help lessen medication side effects and aid recovery. Participants from both groups who commented about medication difficulties expressed their hopes for medications with fewer side effects, medication that could achieve a cure in a shorter time, a smaller quantity of pills to ingest per dose, and treatment that would not inhibit activities of daily living.

Conclusions: Study findings point to the need for a more patient-centered approach within the PMDT strategy, specifically improvements in transportation assistance