Evaluation of Global Fund's Investment in the Tuberculosis Program in GEORGIA

DEBRIEF PRESENTATION

TBILISI, 28 JUNE 2019

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To Recap: Objectives

Overall

- To assess the effectiveness and impact of Global Fund investments in Focused Countries, and the extent to which these investments have helped countries prepare for a sustained response to the three diseases over time

Specific

- To evaluate the extent to which and how, the Global Fund grants have helped enable countries to achieve a) the goals and objectives described in their national disease strategic plans and overall health sector strategy, and b) the goals and objectives agreed in the grant agreements;
- To assess the extent to which service delivery systems (health facility and community) deliver quality services;
- To assess the extent to which country data systems generate, report and use quality data; and
- To assess the extent to which Global Fund investments have helped countries prepare financially and programmatically for a sustained response to the three diseases.

Overall Plan: To support countries to use the findings from the evaluations to help inform investment decisions and efforts to improve the quality, efficiency and sustainability of the response to the three diseases.

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To Recap: Field-Based Tuberculosis evaluation

- Evaluation Priorities
  - HIV/TB co-infection management
  - Treatment outcomes
  - Laboratories: genotyping & its implications (e.g. for the national database)
  - Issues related to health system reforms, universal health coverage
    - Ability to incentivize health care provider
    - Progress in the provider payment mechanism
    - Integration of TB in the primary care health system
  - Review of national TB surveillance system
- Desk reviews of materials provided by Global Fund Country Team and from literature review were carried out prior to field visit
- During this field visit:
  - Results of the desk review have been verified
  - Additional data collected according to gaps & priorities
- Detailed results and recommendations will be provided in evaluation report to the Global Fund

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GEORGIA TB evaluation

Methods:

- Interviews were carried out with a wide range of stakeholders including with Global Fund Primary Recipients and Sub-Recipients, and others:
  - MoH: Deputy Minister, Regulatory Authority, Head of Policy Department, Chief TB specialist; Curatio Foundation; Pharmacy at NCTLD, NRL, WHO, Tanadgoma, Patient union
- Visits to service provision sites: interview HCW and patients, visit lab, pharmacy; observe consultations; observe TB related registers
- Focus Group Discussions with (former) TB patients and NGOs involved in TB care
- Geographical Scope
  - Batumi, Gori, Ksani, Tbilisi, Zugdidi

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In-country

- Many thanks to all in the country who helped us with the evaluation

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Positive Outcomes objective 1

- Objective 1: evaluate the extent to which and how, Global Fund grants have helped to achieve a) the goals and objectives described in their disease and health strategy, and b) the goals and objectives agreed in the grant agreements
  - Costed updated National Strategic Plan 2019-2022 in place
  - Well functioning PSM system with no stock outs of TB medicines and commodities
  - NGO/CBO involved in TB care
  - KAP study showing increased knowledge

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Note: these are ***preliminary*** findings

Positive Outcomes objective 2

- Objective 2: assess the extent to which service delivery systems (health facility and community) deliver quality services
  - Recent updates in guidelines (2019)
    - Expansion of testing and treatment LTBI in contacts
    - Expansion of ACF
  - Good coverage of HIV testing in TB patients
  - Well functioning NRL -> SNRL Borstel (Dec 2018) did not include recommendations due to good functioning of laboratory
  - Broaden scope of TB specialists into pulmonology and TB specialist

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Note: these are ***preliminary*** findings

Positive Outcomes objective 2

- Objective 2: assess the extent to which service delivery systems (health facility and community) deliver quality services
  - Involvement of GPs in TB care
  - Improved treatment outcomes
  - Several treatment options available to patients: DOT at HF, in community, VOT – patient can choose
  - Short all oral and long all oral regimens for MDR-TB
  - Focus on ambulatory care instead of hospitalization with case management and adherence consultant
  - Peer support through community based organizations such as Tanadgoma

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Positive Outcomes objective 3

- Objective 3: assess the extent to which country data systems generate, report and use quality data
  - Electronic TB tailored data system
  - Paper based recording -> electronic at regional level
  - Registers (journals) well kept at facilities
  - Cross checks: no inconsistencies

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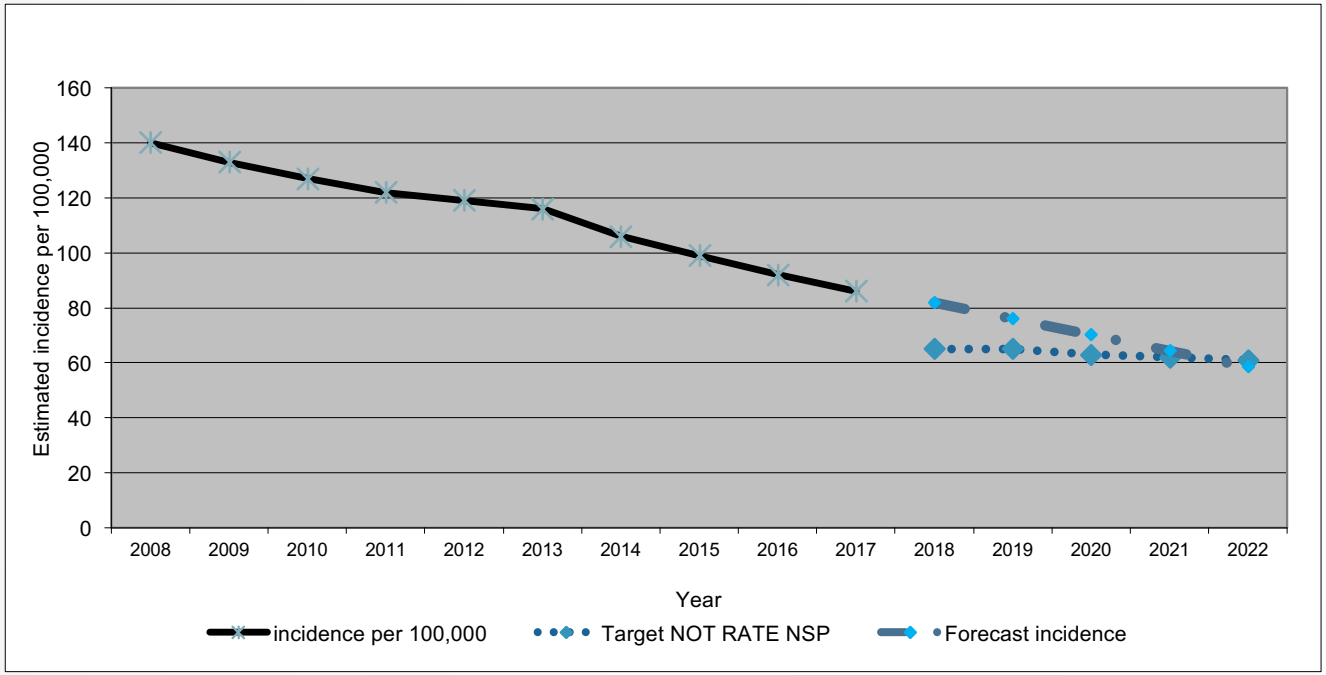
Positive Outcomes - achieving NSP target



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Evaluation priorities

- HIV/TB co-infection management
  - in TB program: functioning well
  - in HIV program:
    - Functioning difficult to assess due to lack of monitoring; e.g. impossible to assess coverage of PT in PLHIV
    - PLHIV with symptoms: referred to TB doctors for further assessment -> potentially exposed to infectious TB patients

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Evaluation priorities

- Treatment outcomes
  - Improving
  - Moving from hospital based to outpatient treatment
  - Much efforts going into support during treatment:
    - Case management, peer support, incentives for patients, incentives for providers (RBF study)
    - Different treatment options: DOT at HF, in community, VOT
  - Difficult to assess which intervention is most effective
  - CM hardly based on needs
  - Still health system based approach, mostly ‘one size fits all’

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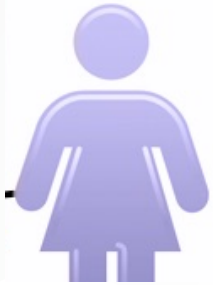
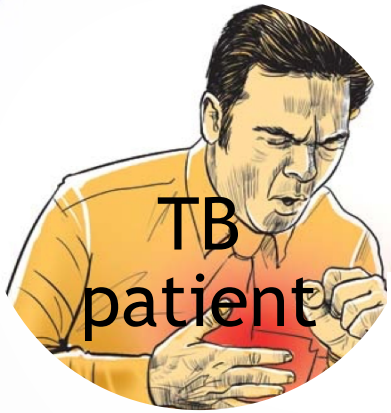
Evaluation priorities - treatment outcome



Epidemiologist

DOT nurse

Case manager



TB patient

Doctor

Peer support

Adherence consultant

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Evaluation priorities

- Laboratories: genome sequencing
  - Lab network including sputum transportation working well
  - Assessment for possibility of genome sequencing (March 2019) including recommendations
  - TB electronic database not modifiable at all, sequencing data can not be captured in system
  - No link between Lab and TB information systems

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Evaluation priorities

- Issues related to health system reforms, universal health coverage
  - Incentivizing health care providers part of RCT, started this month (June 2019)
  - Integration of TB in the PHC system ongoing
    - GP training, including direct access to Xpert
    - Incentivizing GPs and rural nurses included in RCT
  - Analysis of costs at HF done by Curatio -> discussion with stakeholders end of June 2019 -> policy decisions should influence budget for 2020

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Evaluation priorities

- Review of national TB surveillance system
  - HF level: paper-based, data entry at regional level
  - Several registers (journals): contact, suspect, TB, lab
  - Cross checking registers: no inconsistencies, registers well kept
  - Little analysis at HF or regional level
  - Analysis at national level possible but cumbersome: e.g. effect of individual interventions challenging
  - TB database not adaptable
  - Process much work, not supporting analysis

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Areas for concern

- Strategic: unclear where funding for transition plan comes from
- (MDR-)TB diagnosis and treatment very centralised in Tbilisi -> capacities in regions not optimally used
- Patients receive advise to remain in hospital standard for 2 months (DS-TB) even if smear negative
- DR-TB indefinite period in hospital
- (Auto) Stigma remains an issue including in HCW
- Under-diagnosis/treatment: delay in diagnosis, low numbers in children, refusal to initiate treatment

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Note: these are ***preliminary*** findings

Areas for Improvement

- Objective 1: evaluate the extent to which and how, Global Fund grants have helped to achieve a) the goals and objectives described in their disease and health strategy, and b) the goals and objectives agreed in the grant agreements
  - Planning and financing of implementation transition plan
  - TB network extensive: how to deal with that in the situation of reducing incidence, an aging work force, a shift from in-patient to out-patient treatment – should it lead to reduced workforce?
  - (Potential) patients experience stigma and discrimination

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Areas for Improvement

- Objective 2: assess the extent to which service delivery systems (health facility and community) deliver quality services
  - Incentives for patients only if conditions met -> opposite effect?
  - Incentives for RBF (study): based on group of patients -> opposite effect?
  - Treatment outcomes – although improved – still unsatisfactory (WHO data, 2016 cohort DS, 2015 DR):
    - New and relapse: LTFU 9%, death 4%
    - Retreatment: LTFU 28%, death 8%
    - HIV/TB: LTFU 25%, death 11%
    - MDR-TB: LTFU 25%, death 6%

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Areas for Improvement

- Objective 3: assess the extent to which country data systems generate, report and use quality data
  - Database not adaptable in-country
  - Several systems in place – no/little communication
  - Pathway of care analysis for preventive and ACF activities challenging
  - Data entry at regional level, not at service provision level

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Areas for Improvement

Integrated screening mobile team	2018 - since August	2019 until 21 June	Total
Attendees screened for TB	3,326	3,789	7,115
Pos TB screen & referred	388	353	741
% screened pos for TB	12%	9%	10%
1/3 of referred did attend TB clinic			247
TB diagnosed			2
TB diagnosed per 100,000 people screened			28
assuming TB if all had attended TB clinic			6
TB per 100,000 people screened			84

Integrated screening modality	TB	TB screen +ve	TB screen +ve %
Mobile team	3,112	289	9%
Facility	19,007	144	1%
Rural doctors	14,690	15	0%
Total	36,809	448	1%

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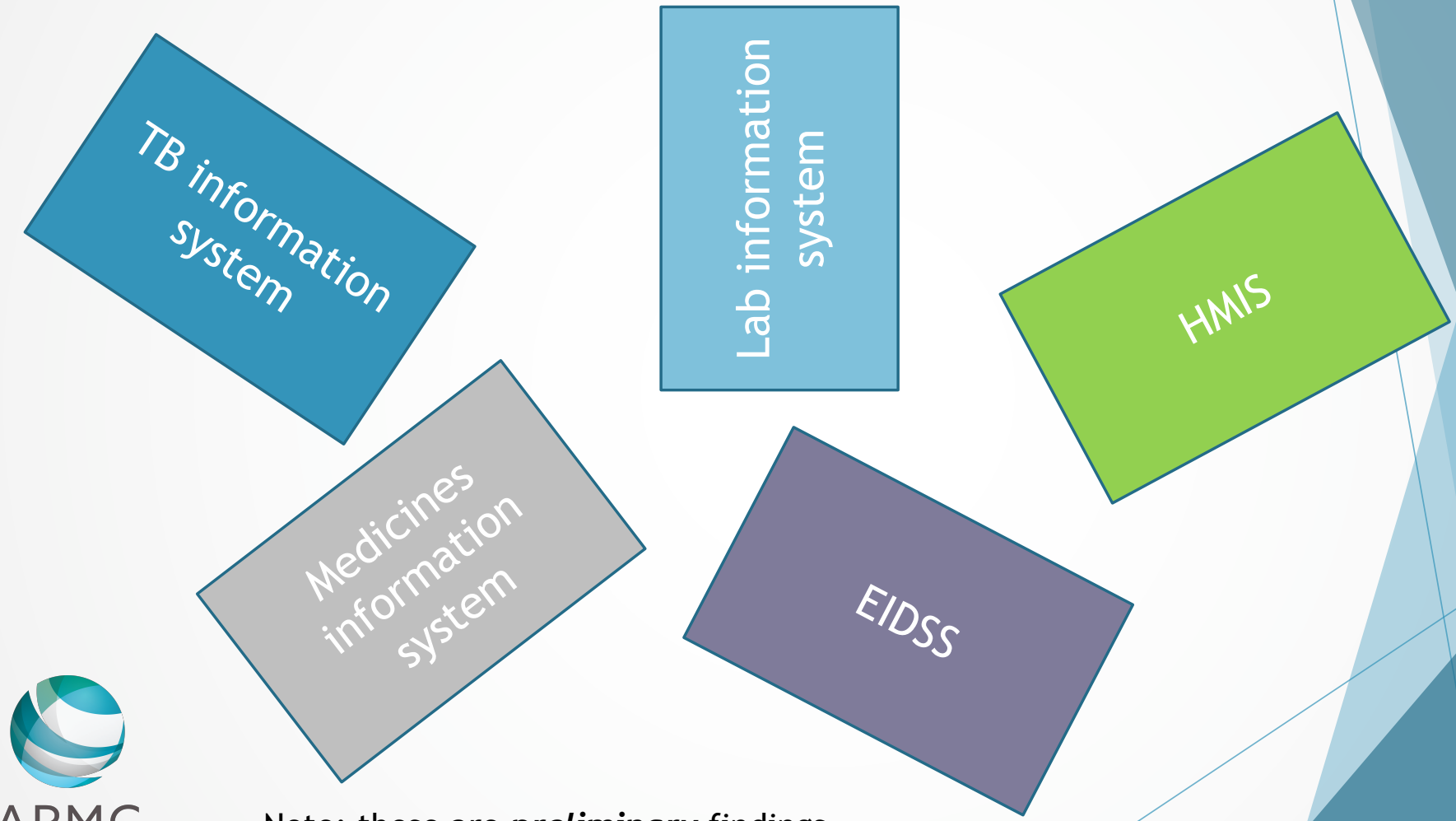
Areas for Improvement - information system



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Note: these are ***preliminary*** findings

Recommendation

- **Develop a long-term plan (10 years) to prepare for continued reduced incidence**
  - Guiding principles for TB care
  - HR needs
  - Continue integration of TB services into general (pulmonary) health services
  - Continue efforts to reduce hospitalization unless clinically needed
  - Adequate financing for all actors (hospital, out patient care, GPs, lab, NGOs)
  - Ensure continued functioning of core functions now funded by GF such as PSM, M&E, coordination
  - Taking into account the recommendations of the transition plan

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Note: these are ***preliminary*** findings

Recommendation

- **Assess need electronic system and develop system or use an existing system (e.g. DHIS2)**
  - What is purpose of system: surveillance, medicines management, patient management, combination
  - Align systems where useful and possible
  - Ensure system is adaptable for the country
  - Linkage with HMIS for core TB indicators needed at MoH
  - Data entry at service level
  - Allow pathway of care indicators* assessment with disaggregation (gender, age, KP)

* see next slide

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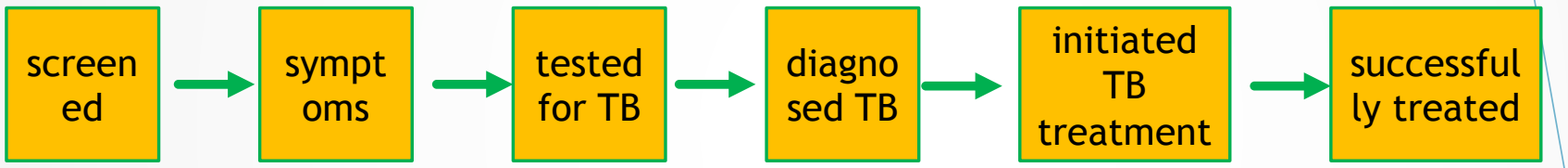
Note: these are ***preliminary*** findings

Pathway of care indicators



Note: these are ***preliminary*** findings

Recommendation

- **Further develop patient-centered care model and monitor closely treatment outcomes per modality (HF, community, VOT)**
  - Talk to patients and patients' organizations -> find out what would help them
  - Make incentives to patients unconditional
  - Speed up process of incentive payment to patients (otherwise no incentive)
  - Monitor treatment outcome per modality used and adapt if necessary
  - Provide case management based on needs assessment
  - Offer peer support (group) standard to all patients
  - Be more relaxed with patients regarding DOT and hospitalization
  - Decentralize DR-TB diagnosis and treatment initiation and monitoring further to regions

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Recommendation

- **Monitor closely all recently initiated interventions, use finding for learning and adapt when necessary**
  - lTBI diagnosis and treatment in children, uptake and outcomes of LTBI treatment in adults
  - Peer support
  - RBF (if continued after study)
  - Patient incentives for treatment adherence

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Recommendation

- **Minor:**
  - Monitor TB/HIV integration in HIV program (HIV evaluation should pay attention to this aspect)
  - Reconsider expansion Xpert capacity (38->54) – already under utilized
  - Diagnosis: assess possible under diagnosis and take appropriate action

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Note: these are ***preliminary*** findings

Thank you!

On behalf of the evaluation team

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