

Stemming the Tide on DR-TB: Best Practices from GRATM in Eastern Europe and Central Asia

December 4–6, 2014

The Partners In Health (PIH)–Harvard Medical School (HMS) conference took place from December 4–6, 2014 in Dubai. This international conference was conducted under the partnership of PIH and Harvard Medical School Center for Global Health Delivery–Dubai and The Global Fund. The event was supported by the German BACKUP Initiative which is implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ). There were 76 participants from 14 countries of Eastern Europe and Central Asia. Other experts from Partners In Health, Harvard Medical School, The Global Fund, the World Health Organization, Interactive Research & Development, Médecins Sans Frontières, and U.S. Agency for International Development were present.

The aim was to foster discussion on how to best design, implement, and operate national programs to treat MDR-TB in collaboration with The Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM). The treatment of MDR-TB is a challenge task that extends over a period of two years. The medications are expensive and cause adverse reactions. The conference consisted of seven plenary sessions each followed by group discussion. Each session was dedicated to one key aspect of program management, as followed:

- Improving access to early diagnosis of DR-TB and active finding
- Challenges in treating patients with XDR-TB and new drugs,
- Strengthening adherence to treatment especially among vulnerable groups of patients and
- Increasing access to new opportunities to combat M/XDR-TB

Some of the plenary discussions were focused on availability of the new drugs and clinical trials such Bedaquiline—one of the newest drugs—which has been used in best practices for managing patients with extensively drug resistant TB. Another panel session was aimed toward the means of decreasing transmission of TB in congregate settings. Here the best example of Russia, a paper by Voronezh and Vladimir Oblasts of Russia, was presented with the implementation of the FAST Strategy, a focus where there was early diagnosis of TB and DR-TB, safe separation of patients and timely initiation of appropriate therapy.

Another panel session, “What is needed to improve early diagnosis of TB and DR-TB” from Moldova and Kazakhstan shared their experience on scaling up access to modern rapid molecular diagnosis of TB and DR-TB and the need for drug susceptibility testing to first and second line drugs. It was proposed that the postal service system could be a means of supporting the laboratory network.

GFATM project in Tomsk stressed issues of optimizing adherence to treatment and optimizing ambulatory treatment of TB and DR-TB and the experiences in Uzbekistan demonstrated the extension of treatment care through the primary health care, as well as similar trends of social support in Moldova. Kazakhstan showed a move to a more ambulatory model of care.

New innovative methods—like an electronic mHealth system for monitoring directly observed therapy—was presented by Interactive Research and Development.

A different panel, presented by a PIH presenter, discussed the impact of good TB program on reducing the burden of TB and DR-TB. They were able to demonstrate how optimizing access to adequate treatment for all diagnosed patients strengthen the continuum of treatment between services and sectors, especially at ambulatory levels.

The two goals achieved were:

1. How to improve institutional capacity of countries-participants to control TB and DR-TB by sharing best practices and unique attributed of successful TB control programs and
2. To initiate discussions among participants, NTPs and international donor and technical assistance agencies.

Attendees: 76

Countries: 14