



TB REP

TB Regional EECA Project (TB-REP) on Strengthening Health Systems for Effective TB and DR-TB Control, funded by the Global Fund



Belarus



2018



TB-REP National Focal Point: Pinevich Dmitri, *First Deputy Minister of Health*



Civil society partner: Defeat Tuberculosis Together

Key indicators	Per 100,000	Treatment success rate	%
Incidence (incl. HIV+TB)	37	New and relapse cases (2016 cohort)	89
Incidence MDR/RR-TB	26	Previously treated cases, excluding relapse (2016)	77
Mortality (incl. HIV+TB)	1.42	MDR/RR-TB (2015 cohort)	64

Source: WHO TB country profiles <http://www.who.int/tb/country/data/profiles/en/>

Hospitalization indicators	2015	2016	2017
Percentage of new TB cases hospitalized	94.1	95	94.8
Average length of hospital stay, new TB cases, days	98	90	90
Percentage of MDR-TB patients hospitalized	85.1	80	84.4
Average length of hospital stay, MDR-TB cases, days	130	120	120

Source: TB REP data collection

Implementation experience

Since launch of the Project in 2016 Belarus has been transforming health system's functions, including changing the model of TB care and revising financial arrangements for levels of TB care. To achieve efficiency through the TB care model transformation, the Belarus embarked on a step-by-step process, by starting the planning process and establishing a country-specific way forward in 2016 and 2017, launching a pilot in Brest in January 2018 and using implementation experience, scaling up piloted approach to national level starting January 2019.

National working group

In September 2016 an intersectoral working group on development of regulatory documents for a new resource management mechanism for TB services was created by the TB-REP focal point in Belarus. The working group is part of the country coordinating mechanism for national HIV and TB programmes and was mandated to work on the expected national TB-REP deliverables. The group comprises of high-level members from the Ministry of Health, Ministry of Finance and Ministry of Economy, Ministry of Internal Affairs, civil society, WHO Country Office, National TB Programme from different regions.

National round table meeting

In May 2017, Belarus kicked off preparations for its 2018 pilot project on changing financing mechanisms for tuberculosis (TB) services with a round-table consultation in Minsk followed by study tours of key stake holders to Estonia and Armenia. At the round-table meeting on 16–17 May, representatives from 4 of the 6 oblasts (administrative regions) in Belarus shared their ideas on improving the provision of patient-oriented TB care and changing the country's model of financing TB services.

The Optima study conducted by the World Bank and the Global Fund in Belarus revealed that around 70% of the national budget for TB is spent on hospital services, and recommended shifting resources towards active case-finding and ambulatory care. The assessment also showed that optimizing the current budget allocation would help to decrease HIV-associated TB. Participants at the meeting discussed policy options related to legal regulation, budget optimization, funding service providers, regulation of out-of-pocket payments for ambulatory treatment, salaries for TB and primary health care workers, licensing of community-based organizations for the provision of nonmedical services, and human resources planning. Representatives of TB REP project presented the recently published the People-Centred Model of TB Care*.



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TB REP has been central to the changes that are ongoing in Belarus and has served as a catalyst for the overall PHC reform which was very much needed in the country. Belarus has retained the Semashko model to a large degree, but the country started to face challenges with insufficient financing to keep the system running. Therefore, some reforms were initiated, and the TB service reform was one of them. The National TB Center and the MoH participated in the design of the project and were satisfied with the way TB-REP had been functioning, especially in the Brest pilot. The Brest pilot started on January 1, 2018. The preparatory work – amendment of financial and other regulations, approval processes – was completed in 2017. The TB REP team, WHO regional and country offices were involved in the implementation and provided guidance to the National TB program as well as MoH.

Consulting group Curatio
TB REP Mid-term review Report

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Applying the bed forecasting tool

Belarus has been one of the first countries to use the bed forecasting tool developed by TB REP. Based on the application of the bed forecasting tool, a team of health planners have published an article which emphasized that the actual need in beds according to the applied bed forecasting tool is exceeded by actual number of beds by 4.6 times (for 2016 there were needed 79 beds versus existing 390 beds)*.

Brest Pilot

The Brest pilot model, supported by the TB REP Project, entails the consolidation of all TB services in the region in one vertically administered and managed system, with funds pooled at the regional level and savings, coming from the reduction in the bed numbers and other efficient activities, allocated to the ambulatory TB care, including potential PHC funding or contracting.

In 2017, the Belarus Ministry of Health proposed a pilot project on the reorganiza-

* Семенов А.В., Граньков В.И., Сачек М.М., Акулов В.В. (2017). Определение потребности во фтизиатрических койках на примере Могилевской области. Вопросы организации и информатизации здравоохранения № 4, 2017.



tion of TB services to improve people-centred care and the Brest region joined without hesitation. In the current model of TB care in Belarus, those suffering from TB are generally hospitalized, often unnecessarily. This strains family relationships and also places a financial burden on communities. With the new model of care, hospitalization is reduced, freeing funds and human resources for other, more effective forms of treatment. As part of this shift, two TB inpatient wards were closed on 1 January 2018, reducing the number of beds dedicated for the use of TB patients, by 33%, from 484 to 355. The highly skilled staff from these wards moved to the outpatient service and beds formerly reserved for TB treatment were repurposed to meet other medical needs. In order to create a sustainable system, it is important to help people understand the reasons and rationale behind the reform. The main challenge is changing attitudes towards TB treatment and patients' understanding of the importance of adherence with treatment requirements. "We often see the same old way of thinking in our communities," says Dr Krapivina. "But our patients are ready for changes, especially when it means reducing hospitalization." Since it began in 2018, the project in the Brest region has also led to redirections of patient flows. Future plans for expanding the project include an increase in the capacity of the day care units, designed for patients who come to the TB dispensary for outpatient services, and home treatment in order to bring TB care

closer to the patients. Work is already underway to ensure quality of care and minimize transport expenses for patients, which will be further crucial developments. As part of the activities specified in the roadmap used for the transition of TB services to people-centred care, integrating services such as narcological and psychiatric support, HIV treatment and others with TB services will be one way of giving patients access to a whole range of care in one place, making it more convenient for patients and health-care workers. Dr Krapivina is convinced that similar shifts in TB care would be welcomed in other regions of Belarus, since this type of reform is very much needed and a people-centred, outpatient model of care for TB services will bring many benefits to those suffering from TB, as well as to health systems.

"In a very short time, we analysed the situation to estimate the scale of the problem and set up goals to organize TB services so they are centred around people. Available regional financing has given us an opportunity to rationally use the released funds in the outpatient service and to scale up the outpatient model of care."

Dr Svetlana Krapivina
Head of the Brest regional TB dispensary

Key changes in the model of care in Brest	2017	2018
Inpatient care: number TB facilities	3	1
Outpatient care: Number of outpatient facilities	3 dispensary 18 TB offices	3 dispensary 3 day care departments 18 TB offices Home based VOT
Treatment of co-morbidities (HIV, alcohol, drug, hepatitis)	By separate specialists in different facilities	Brought closer to patient (dispensary, TB office, FAP), video DOT
Patient support and social follow up (Red Cross)	None	3 case-managers 120 volunteers
Provider payment	Per bed	Pooled funds (per case)
Flexibility in reorienting funds	None	Can be used for \$ incentive for staff, food packages patients, TB and drugs for side effects, better infrastructure

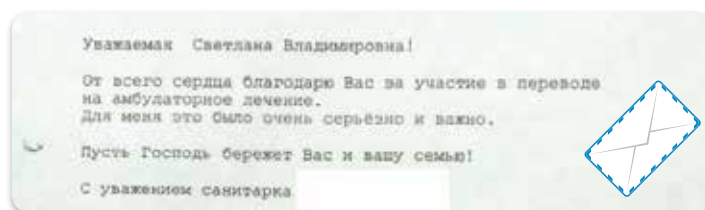
Indicators	2017	2018
Number of beds	484	355
Admitted patients (9 months)	643	363
Average length of stay (9 months)	156	96
Lost to follow up	10-12%	3%
RR TB success rate	59%	79%

National scale up

Based on Brest experience, on November 6, 2018 the MoH has signed into effect the order *On implementation of people-centred ambulatory-based model of care and improving financing the TB services in regions through clinic economic groups*. It foresees approval of guidelines for implementing the people-centered model of care (PCMC), implementation of the people-centered model of care starting with January 1, 2019 optimization and reorganization of all TB facilities with reallocation of available resources to outpatient level, ensuring full access to medicines and financial incentives to health workers who provide directly observed treatment and monitoring the implementation process with quarterly reporting.

"Belarus shows a great example of leadership of the MOH and the minister personally to introduce people centered, with strong ambulatory component, model of TB care starting with the pilot in Brest oblast and scaling up to the whole country. WHO EURO and TB REP project partners remain ready to further support our health partners in Belarus."

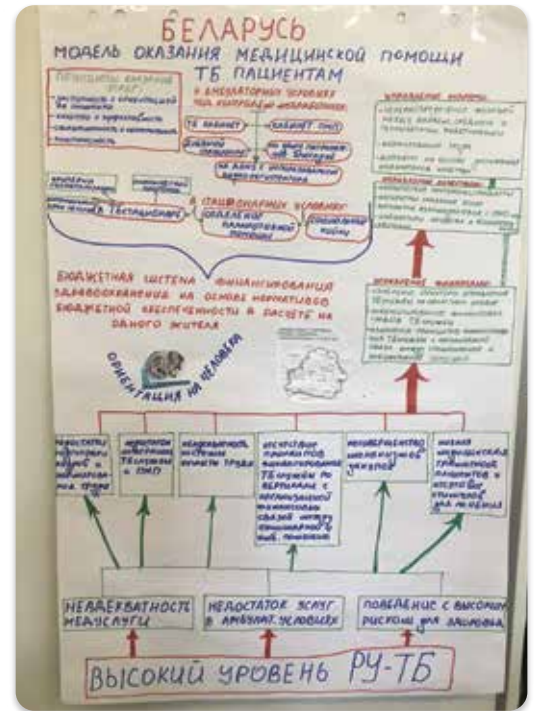
Hans Kluge
Director of the Division of Health Systems and Public Health,
WHO Regional



Inputs over project life

Participation to regional advocacy, learning and intercountry exchange events

- ◆ Intercountry high-level meeting on health system strengthening for enhanced TB prevention and care, April 2016, Copenhagen;
- ◆ TB-REP ministerial breakfast meetings at the WHO Regional Committee for Europe - September 2016, Copenhagen; September 2017 Budapest, September 2018 Rome;
- ◆ WHO Barcelona Course on HSS for improved TB prevention and care: 13 participants from Belarus in 2016 - 2018;
- ◆ A Belarus representative served as a member of the Scientific Working Group and contributed to blueprint development;
- ◆ Regional technical consultation on blueprint development, September 2016 Almaty;
- ◆ Regional technical consultation on roadmap and blueprint launch, July 2017, Chisinau;
- ◆ TB-REP Civil society involvement and update dialogue, March 2017, Copenhagen;
- ◆ Inter-country exchange visit to Armenia, December 2017;
- ◆ Regional advocacy civil society meeting, June 2018, Istanbul;
- ◆ Intercountry collaboration CSO, August 2018, Chisinau.



Throughout the course, the impact of financial aspects on TB treatment outcomes was kept in view. Presentations from countries highlighted that a comprehensive assessment is necessary to identify strengths and weaknesses of regional health care systems. We will take this into account in Belarus.

Irina Putkova

Deputy Head of the Main Finance Department for Social Sphere and Science, Ministry of Finance

Country technical missions

- ◆ High-level advocacy country missions July, November 2016;
- ◆ Technical missions to facilitate national policy dialogues, support roadmap development: May, July, November 2017;
- ◆ CSO monitoring visit, February 2017;
- ◆ Technical assistance to regulatory framework assessment to adapt legal framework conducive to the new model of TB care (2017-2018);
- ◆ Working meeting on design of Brest model, March 2018.

NGO Defeat Tuberculosis Together Ambulatory TB care – time for us, money for the state, health for all!



- ◆ Provided support to establishing the first national patients' group and developed a strategic plan for their own activities, strengthening capacity of the newly launched patients' group through skills training;
- ◆ Implementation of the innovative forum-theatres to decrease the stigma towards TB patients, in 3 oblast and analysis of changes in knowledge and attitudes between the persons who attended the forum-theatre;
- ◆ Support for inter-sectoral partnerships at country level, notably involving work with the governing Executive Committees of the 6 Oblasts and of Minsk City as they facilitate transition to ambulatory care.