

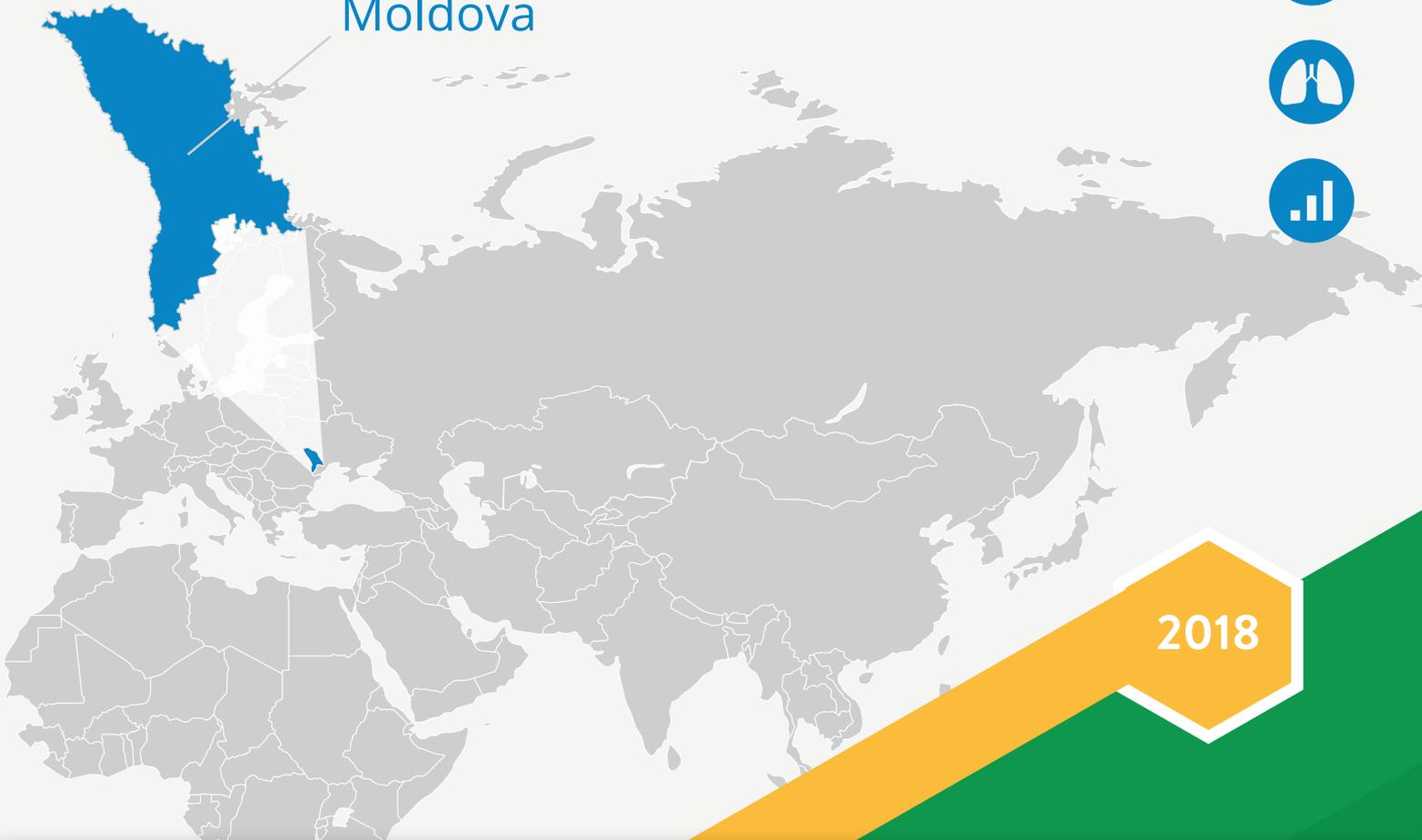


TB REP

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



Moldova



2018



TB-REP National Focal Point: Dr. Aliona Serbulenco, *State Secretary, Ministry of Health Labor and Social Protection*



Civil society partner: Moldova National Association of Tuberculosis Patients «SMIT»

Key indicators	Per 100,000	Treatment success rate	%
Incidence (incl. HIV+TB)	95	New and relapse cases (2016 cohort)	83
Incidence MDR/RR-TB	54	Previously treated cases, excluding relapse (2016)	44
Mortality (incl. HIV+TB)	7.5	MDR/RR-TB (2015 cohort)	49

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	70.2	69.5	67.4
Average length of hospital stay, new TB cases, days	67.3	66	64.8
Percentage of MDR-TB patients hospitalized	87.8	86.1	86.3
Average length of hospital stay, MDR-TB cases, days	188.7	172.3	147.2

Source: TB REP data collection

Implementation experience

A showcase for introducing people-centred model of care

Since 2000s, the Republic of Moldova has successfully implemented a series of policies and measures targeted at TB prevention and care and consistent engagement of primary care in early detection and directly observed treatment (DOT). At the beginning of the TB REP implementation in 2016, the country was one of the front-runners in implementing people-centered approaches. Moreover, with support of the Global Fund country grant implemented by the PAS Center since 2011 the country has introduced people-centered approaches at specialist outpatient district level through community centers and civil society organizations that provide patient support and enablers to increase treatment adherence.

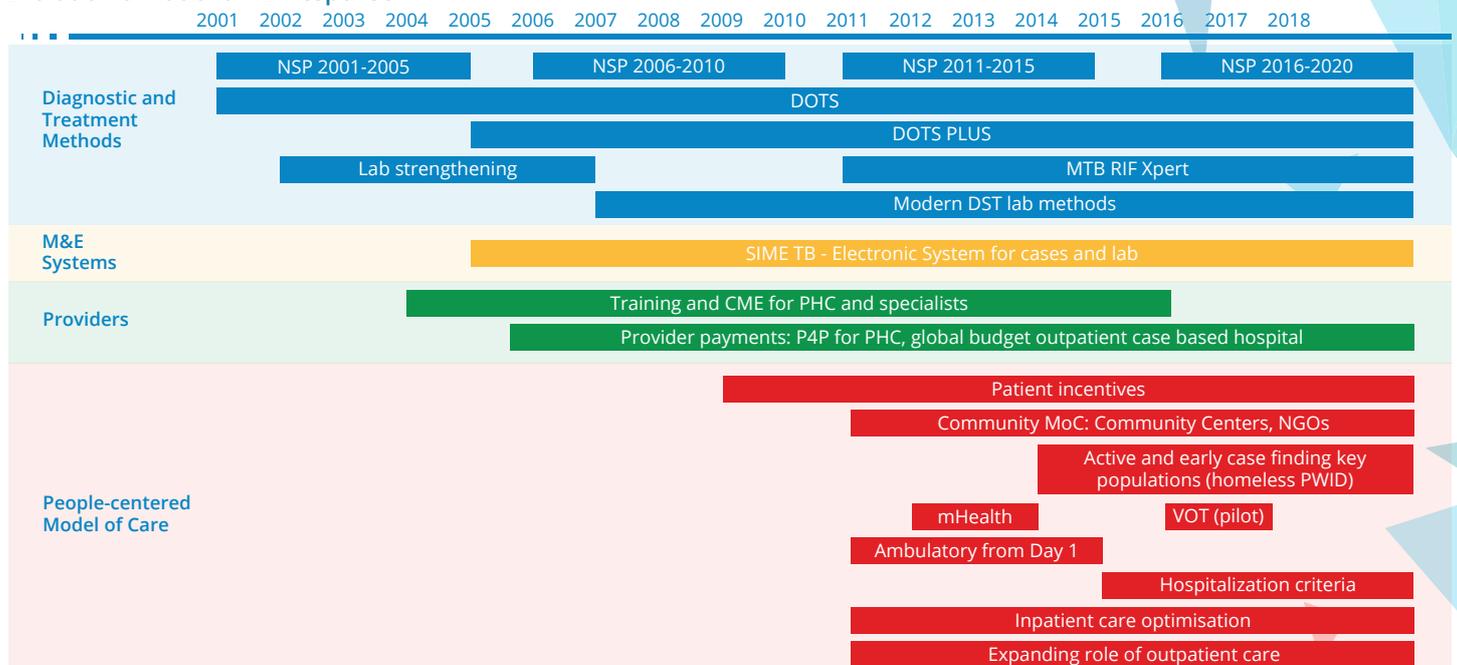
One of the new approaches consisted in setting up and scaling up of TB patient support centres (42 centres in 2017) as an integrated part of district outpatient clinics. This provided the opportunity to expand the TB team and to make supportive services (e.g. psychological and social support) more accessible for TB patients. Typically, the teams of centres have these members: a psychologist, a social worker, a DOT assistant coordinated by a TB doctor who is the district coordinator.

Starting with 2010 Republic of Moldova was also one of the few countries in the region to engage Civil Society Organizations (CSOs) as partners in TB response for advocacy, communication and social mobilization activities, increasing awareness and

involvement in communities and providing peer non-medical support. Additionally, a range of innovative approaches have been piloted in the country that included digital adherence technologies (mHealth, VOT), and outpatient treatment of MDR TB from day 1. On the diagnostic side, the country has modernized its scale-up and use of Xpert as point-of-care routine diagnostic for both TB and MDR TB, an approach that accelerated the feasibility of decentralized treatment initiation.

From a provider payment perspective, Moldova has implemented a purchaser provider split in 2004 with setting up the mandatory health insurance system managed by the National Health Insurance Fund and implemented a wide range of new provider payment arrangements. The general hospital network transitioned to case-based DRG system, while PHC was covered by capitation and P4P since 2005, 2 of the 5 indicators being TB related. To cover TB services, a mixed payment model for primary care consists in capitation and pay-for-performance indicators for early detection and treatment success, a blend of global budget and case payment at specialist level. At hospital level a blend of per-bed day and global budget for hospital care incentivised long hospital stays and high rates of admission. National health insurance company (CNAM) covers patient support in form of food vouchers and travel reimbursement for all patients with sensitive TB and increasingly for those with MDR TB (gradual transitioning from Global Fund).

Evolution of national TB Response



Roadmap to modernize the TB services in the Republic of Moldova

The Republic of Moldova is one of the first countries to have developed and adopted a roadmap on implementing a people-centred model of TB care aligned to the blueprint. This will support implementation of key changes in the system, promoting the model with appropriate financial and human resource arrangements and building strong ambulatory services

to address TB. The roadmap on implementing a people-centred model of care for TB was signed into a Ministry of Health Order on 14 April 2017, thanks to concerted efforts of national stakeholders and leadership of National Focal Point and the National TB Program.

The roadmap lists actions and instruments for:

- Development of people-centered model of care (PCMC);
- Optimisation of the hospital sector of the phisio-pulmonology service;
- Reducing hospital admission rate and length of stay;
- Increasing and strengthening the role of outpatient specialized, primary care and community settings;
- Early detection of TB and case management of TB/MDR-TB;
- Ensuring psychosocial support services in ambulatory and community settings;
- Adjusting financial mechanisms of people-centred TB services;
- Planning of human resources involved in TB care;
- Improving governance and coordination of NTP;
- Implementation of interventions synergic to other national health programmes.



Key progress in introducing new model of care

As a result of introducing people centered care range of services available for people with TB has significantly improved and was decentralized at community level.

Sustained political commitment translated into increased funding allocation to outpatient services and patient incentives from CNAM in parallel with a gradual reduction of excess bed capacity to improvement of clinical outcomes.



	Before	After
TB national budget	93,1 mln MDL (2011)	145,1 mln MDL (2017)
Amount for outpatient care + patient enablers	2,5 mln MDL (2011)	42 mln MDL (2017)
Number of beds	1705 (2007)	650 (2018)
DS TB success rate	62% (2011)	80% (2016)
RR TB success rate	54% (2011 cohort)	66% (2016 new case cohort)

Source: NTP data 2018

The current National TB Reform Policy Agenda

While a lot of progress has been made in introducing PCMC and there is a high level political commitment at the level of MOHLSP under the strong leadership of the TB REP National Focal Point Dr Aliona Serbulenco, the policy agenda has not been fully implemented, requiring political commitment at higher levels to provide further support, as well as sufficient level of funding to maintain the new model of care in conditions of gradual take-over from Global Fund-supported programs by the national authorities. To this effect, a series of advocacy visits and technical assistance through both TB-REP and country grants provided all evidence needed for ensuring sustainability of programs. Additionally, the TB REP team provided support to organize a Parliament Hearing in collaboration with the National TB Caucus in March 2018. The Parliament Resolution has reinforced the high level political commitment and laid out specific plans to support implementation of the Roadmap. A key focus of the NTP for this year and moving further is stronger case finding strategies and outreach to communities and finding ways to ensure sustainable financing for active case finding in the country, as well to conduct costing exercise for TB services at all levels of care in the introduction of VOT context of gradual take-over of GF-supported parts of the TB response.

Hosting TB REP intercountry exchange in May 2018

Representatives from the ministries of health, national tuberculosis (TB) programmes, and health insurance funds from Azerbaijan, Kazakhstan and Tajikistan visited their counterparts in the Republic of Moldova to exchange experiences and ideas on the organization of health systems and the financial reforms associated with improving TB services, with the aim of making TB prevention and care more people-centred. One of the objectives of this initiative was to share the experience of the Republic of Moldova in implementing policy measures to establish a people-centred model of TB prevention and care. The exchange visit, organized by the PAS Centre, Ministry of Health, Labour and Social protection and in cooperation WHO on May 2018, included field visits to hospitals, family doctors and an outreach team who provide services to homeless people in Chisinau. This presented the opportunity for participants to meet with people who deal with the disease every day. Discussions focused on identifying practical measures, applicable in countries of the region, to provide better results in the prevention and treatment of TB.



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 session – September 2015, Tallinn; September 2016, Copenhagen; September 2017 Budapest, September 2018 Rome, Italy
- ◆ CSO Regional meeting, September 2016, Kiev;
- ◆ WHO Barcelona Course on HSS for improved TB prevention and care: 12 participants in 2016 - 2018;
- ◆ Hosted 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;
- ◆ Inter-country exchange visit to Kazakhstan, April 2018;
- ◆ Hosted inter-country exchange visit for Azerbaijan, Kazakhstan and Tajikistan, May 2018;
- ◆ Hosted inter-country CSO exchange visit for 11 countries, August 2018;



Country technical missions and national events

- ◆ High-level advocacy mission, April 2017;
- ◆ Technical mission to pilot human resource forecasting tool and assessment of health workforce for tuberculosis prevention, diagnosis, treatment and support, May 2017;
- ◆ Technical mission to support roadmap implementation and provide technical solutions related to health financing mechanisms, August 2017;
- ◆ CSO monitoring visit, July 2017;
- ◆ Mission for TA technical assistance to the NTP in planning and staffing the TB personnel for TB inpatient/outpatient sector in the Republic of Moldova, May 2017;
- ◆ Technical mission to support roadmap implementation and provide technical solutions related to health financing mechanisms, August 2017;
- ◆ Public Hearing at the Parliament of Moldova on global mobilization and tuberculosis commitment, with participation of WHO Europe/EECA Global TB Caucus – March 2018;
- ◆ Technical assistance to pilot regulatory framework assessment tool, August 2018;

Sustainable financing models for TB control in the Republic of Moldova – preliminary observations

AUGUST
CHISINAU, MOLDOVA

Health workforce for tuberculosis treatment and support in the Republic of Moldova

Assessment report

Small grant SMIT Together in Response to the TB Epidemic

- ◆ Work with local district authorities and communities to enhance the visibility of PCC and increase decision-maker commitment to the necessary transition changes;
- ◆ Strengthening advocacy and partnership ability in the national TB CSO Platform;
- ◆ Ensures that patient perspectives are addressed in the country reforms roadmap through the national TB REP Working Group – two reports for use in advocacy: “The Impact of TB in-patient treatment on the Social Life of Patients” and “An Assessment of Patient Satisfaction with all TB-related Services”;
- ◆ Documented and published TB patients’ stories, in order to sensitize the general population, decrease stigma and discrimination, thus promoting PCMC.

