TB REP

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

Kazakhstan

2018

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Civil society partner: «Kazakh union of people living with HIV»

Key indicators	Per 100,000	Treatment success rate	%
Incidence (incl. HIV+TB)	66	New and relapse cases (2016 cohort)	88
Incidence MDR/RR-TB	39	Previously treated cases, excluding relapse (2016)	80
Mortality (incl. HIV+TB)	1.09	MDR/RR-TB (2015 cohort)	78

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	92.7	85.3	79.8
Average length of hospital stay, new TB cases, days	82.8	76.4	76.4
Percentage of MDR-TB patients hospitalized	100	92.52	89.1
Average length of hospital stay, MDR-TB cases, days	118.4	116.4	129.4

Source: *TB REP data collection*

General context at the start of the project

At the time of project start in 2016, Kazakhstan was one of the countries who developed the national tuberculosis (TB) programme (NTP) well aligned to WHO post-2015 Global TB Strategy and was showing strong commitment in implementing that. Kazakhstan has already been registering significant progress in improving TB treatment outcomes, while its TB services were preserving the vertical nature similar to other countries in the region. Financial arrangements have historically been designed to encourage the delivery of services in hospital settings rather than providing incentives for professionals to manage patients across the entire continuum of care. To undergo the transition from excessive hospital-based, vertical system of TB service to more integrated outpatient oriented services with a strong focus on primary health care, the country required fundamental transformation of financing models and political will to shift the model of care.

From a health finance perspective, Kazakhstan was showing a strong commitment to provide national support to its TB response, and increased financial allocations from the state budget for TB diagnosis, treatment and social support – 90% of available NTP funding is provided from domestic sources. Moreover, the Global Fund country TB grant is significantly focused to support the TB reform and addressing TB in migrants, while other implemented programs with support from other donors, notably USAID and UNITAID, have spearheaded advancement in introducing new MDR TB regimens and providing overall support to acceleration of TB reform and reaching the end TB targets (the Stop TB Partnership).

The general health reform included a hospital sector reform, and the regional master plans to reorganize hospital care included TB hospitals as well. The plan of action to introduce outpatient-based TB treatment from day 1 envisaged a 40% bed reduction and a decrease in inpatient days by 60%, and 50% of patients starting TB treatment on an outpatient basis by 2019. Additionally, a large scale Primary Health Care (PHC) reform has been ongoing in the country in the past years that resulted in an increased level of funding up to 30% to primary care, introduction of mixed payment models.

Despite substantial improvements in the health system performance, one of the key challenges of TB control remains high prevalence of MDR-TB. In recent years, it has been stable at the level of 25.7% among new cases and 48.7% among previously treated cases. The persistence of MDR-TB poses a burden on health systems in general and primary health care in particular, since MDR-TB management is complex, lengthy and costly and requires cooperation between different care providers, enhanced clinical skills, motivation of PHC staff and, importantly, shifts towards ambulatory care, acceptance of patient-centered practices, and multidisciplinary models of care.

TB REP role in a large scale reforming context

In this reforming country context, the TB REP project has contributed with catalytic and synergic activities oriented primarily at introducing the concept people-centered model of TB care to key stakeholders during regional and national events, providing technical assistance at country level to offer health finance solutions in the process of scale-up of people-centered model of care (PCMC) and piloting regulatory framework assessment, as well as support to civil society in establishing the role of community groups in TB response and advocate for national support to non-state actors in providing patient support and community-based monitoring.
Also, due to its rapid pace of reform and adoption of PCMC, Kazakhstan hosted a few regional events as part of TB-REP project, including the technical consultation on development of the Blueprint and the intercountry exchange of the NTP managers from Moldova, Kyrgyzstan and Tajikistan to get familiar with the pathway taken by Kazakhstan in its reform and policy solutions.

Technical assistance in costing and designing provider payment options for TB services

In order to support MOH, NTP and national stakeholders in Kazakhstan, TB REP provided technical assistance in planning and designing a costing exercise for TB services, along the whole continuum of TB care, to inform TB provider payment reform. To achieve this goal, the following objectives were set for the mission:

- To review the current provider payment arrangements for TB services in Kazakhstan, in the context of transformation of the current settings of TB service delivery and overall health financing reform;
- To develop recommendations on the process and methodology to conduct costing for provider payment in TB services, both in outpatient and inpatient setting, based on the purpose, objectives and scope of the costing analysis. Identify availability of data, feasibility of data.

The mission took place in June 2018 in an urgent context related to the changes of TB overall funding as this function is redeployed in 2018 from the oblast to the central government level. Consolidation of funding to the central level is a positive development as it reduces fragmentation of funding, enables to tackle regional unjustified disparities and gives better position to support the care transition to the outpatient setting.

Historically there were wide variations in the levels of the TB funding depending on the oblast level priorities. Also, oblasts were free to select the payment mechanisms, some applied case based and some per diem payments. In 2018, the central government took over the TB budget, introduced case based payment (complex tariff) but adjusted the case rates to keep the historical budget. This resulted in big variations (three times difference) in cost of one TB case between regions.

The mission provided short-term options to the following aspects:

a) What would be the feasible contracting mechanism for TB care in the future?

b) What payment arrangements would be feasible for TB outpatient care?

c) What payment arrangement would suit for TB inpatient care?

d) What steps should be taken to understand the differences in the regional differences in historical complex tariffs and to move to unified tariffs across the country?

The recommendations of the mission were well received by the national stakeholders. They are currently in the phase of data collection as per advised forms.

Overall country progress in implementing people centered model of care

As part of the national TB reform agenda, the national partners have developed and approved a Country Roadmap on organizing medical care to TB patients is approved – Order of the MOH, April 2018. Areas addressed were the following:

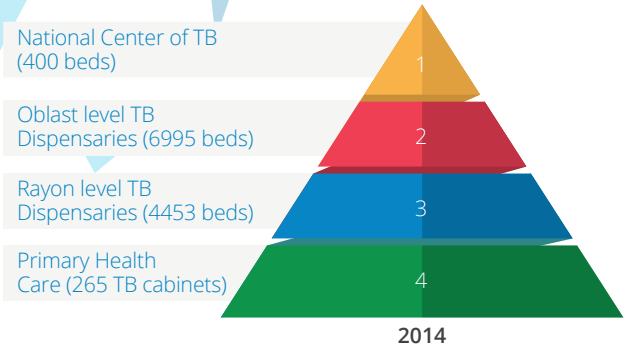
- Improvement of the regulatory framework;
- Improvement of the organization of the ambulatory and inpatient TB care (re-profiling TB beds, transfer of TB offices to PHC, expanding ambulatory care, including psycho-social support);
- Human resources training, including PHC doctors;
- Communication, awareness raising, education.

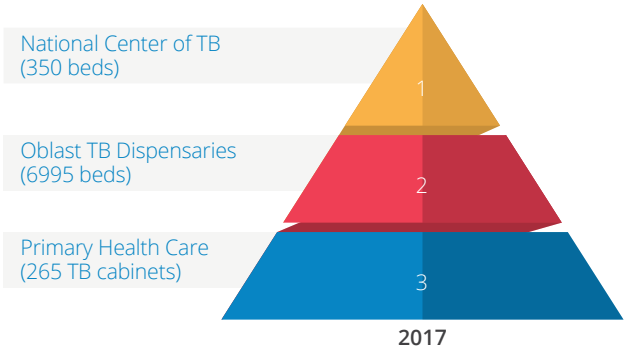
Changes to the model of care in Kazakhstan

TB care providers' network has been going through major reforms defined in Kazakhstan as vertical and horizontal integration. In general, the new TB care model is divided into three levels: PHC[1] , oblast level TB dispensary and National Scientific Center of Phthisiopulmonology (NSCP). This new model is still in the process of implementation in 2018.
As a part of vertical integration TB dispensaries in the oblast and rayon level have been merged to become one legal entity.

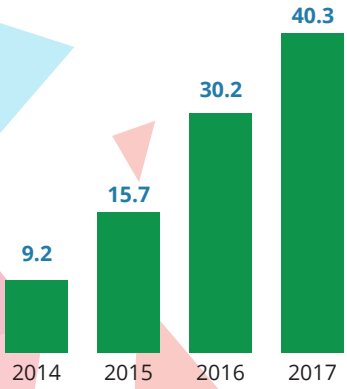
The total number of legal entities has been reduced from 96 in 2014 to 28 in 2018. This means that there could be more than one TB hospital in some of the oblasts due to geographical reasons. The vertical integration has been enabling to reduce the number of TB beds and closed small rayon level TB inpatient wards. As a result, the number of beds has been reduced from 11,848 in 2014 to 7,297 beds in 2017 and 7,181 in 2018.

TB model of care in 2014 and 2017





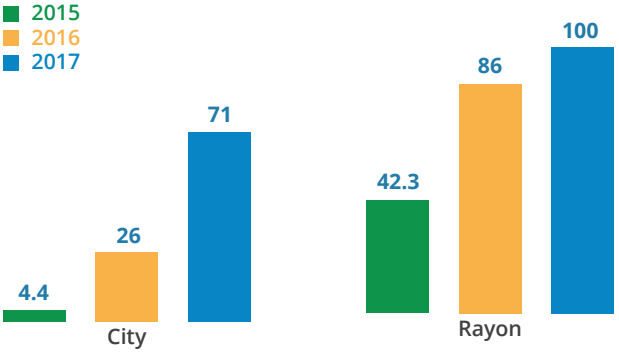
Share of outpatient TB care, 2014-2017 (new cases only)



Overall, the outpatient TB care has been increasing rapidly over the last few years. In 2017, 40% of all new TB cases had their full treatment cycle in outpatient setting compared to 9% in 2014.

Additionally, the country has increased allocations to patient social support with 2.2 times budget increase in 2017 compared to 2014, reaching 3.5% out of all national TB expenditures, but with significant variation of share out of total TB expenditures form 0.9% to 11.7% across regions. Also, the country has started to implement social contracting for CSOs for TB support in Aktobe, Atyray and Almaty regions.

Horizontal integration of TB outpatient care, 2015-2017



In parallel, there is ongoing horizontal integration of outpatient TB services. During the last year, the reform consists in integrating specialist outpatient TB care with PHC. PHC facilities have been responsible for TB prevention, screening case finding and DOT[2] and the ongoing reform is to integrate TB doctor under the PHC facility to allow better integration of outpatient TB care to the PHC level. Horizontal integration has been competed in rayons but still ongoing in cities. One of the reasons of slower uptake in the cities is the concern that TB dispensaries will lose the connection with TB doctors at the PHC level and this potentially worsens care coordination and treatment outcomes.

[1]There is no explicit distinction between PHC and other outpatient services in Kazakhstan and in this context PHC includes both, family and TB doctor's provided services.

[2]DOT is provided by TB nurses.

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 2016, Copenhagen; September 2017 Budapest, September 2018 Rome;
- WHO Barcelona Course on HSS for improved TB prevention and care: 7 participants in 2016 - 2018;
- Three representatives of Kazakhstan were members of the Scientific Working Group and contributed to blueprint development;
- Hosted the regional technical consultation on blueprint development, Almaty, September 2016;
- TB-REP Civil society involvement and update dialogue, Copenhagen, March 2017;
- Regional technical consultation on roadmap and blueprint launch, July 2017, Chisinau – 5 participants from Kazakhstan;
- Regional technical consultation with countries in Central Asia to accelerate roadmap development, September 2017, Bishkek;
- Hosted the inter-country exchange visit to Kazakhstan for NTP managers from Kyrgyzstan, Moldova, Tajikistan, April 2018;
- Regional Advocacy Civil Society Partner Meeting, Istanbul, June 2018;
- Participation in inter-country exchange visit for CSO form 11 countries, August 2018.

Country technical missions and national events

- CSO monitoring visit, September 2016;
- High level advocacy mission, April 2017 - jointly with Global Caucus;
- Technical mission on health financing, June 20-22, 2018, Astana;
- Piloting Regulatory Framework Assessment tool in Kazakhstan. Technical mission, November 2018 Almaty.

Small grant program

- Analytical work – assessment of alignment between the Comprehensive Plan for TB control in Kazakhstan 2014-2020 and the WHO Action Plan for TB in the European Region 2016-2020, especially with respect to strengthening community systems and analysis of barriers to access to high quality services;
- Promoting CSO work in support of the NTP;
- Developing Guideline for CSOs on social contracting and people-centered care for TB;
- Decreasing stigma among healthcare staff;
- Community-based monitoring of quality of care in Ust-Kamenogorsk, Temirtau, Pavlodar and Almaty.

The way forward

The next steps planned for 2019 are the following:

- Vertical integration - further merge of TB facilities into one legal entity per region;
- Horizontal integration - finalization of the integration of all TB outpatient facilities as part to primary care network;
- Staged transition of TB entities to performance-based payments for staff;
- Further discussion and decision-making on the most suitable provider payment mechanism for inpatient and outpatient facilities, based on additional data collection and national discussion of provided policy options.