

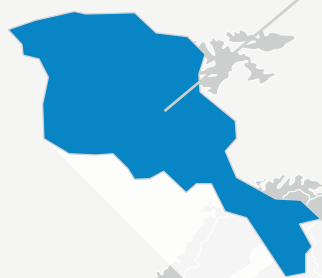


TB REP

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



Armenia



2018



TB REP National Focal Point: Lena Nanushyan, *Deputy Minister of Health*



Civil society partner: Positive People Armenian Network

Key indicators	Per 100,000	Treatment success rate	%
Incidence (incl. HIV+TB)	36	New and relapse cases (2016 cohort)	81
Incidence MDR/RR-TB	12	Previously treated cases, excluding relapse (2016)	71
Mortality (incl. HIV+TB)	1.74	MDR/RR-TB (2015 cohort)	42

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	80.6	69.5	63.8
Average length of hospital stay, new TB cases, days	42.2	47.5	44
Percentage of MDR-TB patients hospitalized	89.9	90.5	95.3
Average length of hospital stay, MDR-TB cases, days	53.5	50.2	41.7

Source: TB REP data collection

General context and key initiatives in TB area

Evolution of TB control in Armenia showed significant improvement and progresses prior to TB REP project: driven by strong and longstanding commitment of the Armenian Ministry of Health to reform TB prevention and care, and with support from a range of international partners, notably the Global Fund, USAID, WHO, MSF France and Armenian Red Cross, the country reduced TB incidence rate by two times and decreased its TB mortality rate by more than five times between 2007 and 2017. Armenian government embarked on reducing unnecessary hospital admissions and stays in 2014. Prior to 2013 TB infrastructure optimization reform, there were 72 outpatient and 9 inpatient TB care facilities in Armenia, of which 21 outpatient and 2 inpatient facilities were located in the capital city Yerevan. Majority of TB patients in Armenia were diagnosed at inpatient TB care facilities, and 95% of all TB patients received course of treatment inpatient, and 82% of public funding was allocated for hospital facilities. In 2014, new criteria for admission and discharge of patients with TB were implemented. Number of outpatient TB facilities in Yerevan reduced from 21 to 9, while their human resources and technical capabilities were further strengthened, all TB providers in Yerevan (i.e., doctors, nurses, lab technicians) were involved in training opportunities. A range of health finance reforms included

TB REP role in advancing TB reforms

TB REP activities were based on established positive changes and focused on supporting the Armenian Ministry of Health in further advancing model of TB care nationally, supporting health system transformation for the new SDG agenda of ending TB. Due to its advanced stage of TB reform, positive mind shift and early adoption of PCMC, Armenia hosted the first intercountry exchange visit as part of TB REP project for teams from

primary care and hospital financing. Armenia has had a performance-based financing (PBF) mechanism for primary care providers in place since 2010. In 2014, two additional indicators related to early detection of TB (one for adults and another for children) were added to the existing set of PBF indicators. New financing mechanisms for inpatient TB services were introduced in October, 2014. The first results of those reforms were evaluated in 2015, using a set of monitoring indicators developed with technical assistance from WHO regional office for Europe. Reforms resulted in a drop by a third of hospital TB cases and bed/days, an increase in the average cost per discharged patient by two thirds, while total funding of inpatient services increased only by 14%. This led to improved quality of care and higher satisfaction of both providers and patients, since TB facilities received additional resources to invest in improvement of both service delivery and working conditions for their staff, average monthly salaries increased by 20 – 25%. The implementation of new policies led to a significant drop in TB-related hospital admissions - from 7,000 in 2006 to 2,700 in 2016, a reduction of nearly 60% in 10 years, significant reduction of the length of stay in TB hospitals and costs associated with hospitalization without affecting the rates of successful treatment.

Health system response to TB: learning from the Armenian experience

An intercountry exchange focusing on health system organization to make TB prevention and care more people-centred and on financial reforms to TB services was conducted in Armenia on 18–19 December 2017. Organized by the Centre for Health Policies and Studies (PAS Centre) and WHO Regional Office for Europe and Country Office in cooperation with the Ministry of Health of Armenia, representatives from the ministries of health and finance, and the health insurance funds from Belarus, Kyrgyzstan and Moldova took part in the tour and explored Armenian experience. One of the objectives of this initiative was to share the experience of Armenia in implementing policy measures and related new financing mechanisms, to stimulate ideas and the exchange of good practices in TB prevention and care. Presentations were given on the TB care reforms that have already been carried out, their challenges and achievements. Participants also received presentations on current payment mechanisms, the roadmap for improving TB financing, the impact of the new financing mechanism on TB service quality and financial efficiency, as well as future steps to be taken towards establishment of an optimal model for TB services in Armenia. The experts visited TB hospitals and outpatient care providers, and met with officials from the Ministry of Health, the National Tuberculosis Control Centre, the State Health Agency and other national stakeholders and international organizations involved in TB services. Participants emphasized the importance of the opportunity for dialogue, interactive discussions and visits to TB facilities, as well as familiarizing themselves with the electronic software systems used in Armenia. Furthermore, they compared ongoing health system reforms, with a focus on TB prevention and care, in Belarus, Kyrgyzstan and Moldova, and

Belarus, Kyrgyzstan and Moldova, to get familiar with the pathway taken by Armenia in its reform and policy solutions. Anchored in technical expertise of the Armenian NTP and national stakeholders, TB REP engaged Armenian implementers as progressive agents of change and technical experts in other TB REP countries.

highlighted lessons learned from such reforms in Armenia. This initiative was the first TB REP country exchange visit, and it proved effective in sharing good practices in the region.



Adapting people-centered model of care to national context

Giving a high priority to the project, the Armenian government has appointed its deputy minister of health as the national focal point for TB-REP who formed a national working group. As a result, in 2018 a TB-REP technical assistance was requested by the National Focal Point, to further support and promote health system strengthening for TB prevention, treatment and care both at policy and technical level in Armenia by providing techni-

cal assistance to the MOH, including the national health insurance fund in developing a roadmap of implementation of people-centered model of care. The mission objectives were the following:

- ◆ Review the current Armenian model of TB care (TB service delivery in ambulatory and hospital care, including clinical pathway and guidelines) and propose options for re-profiling

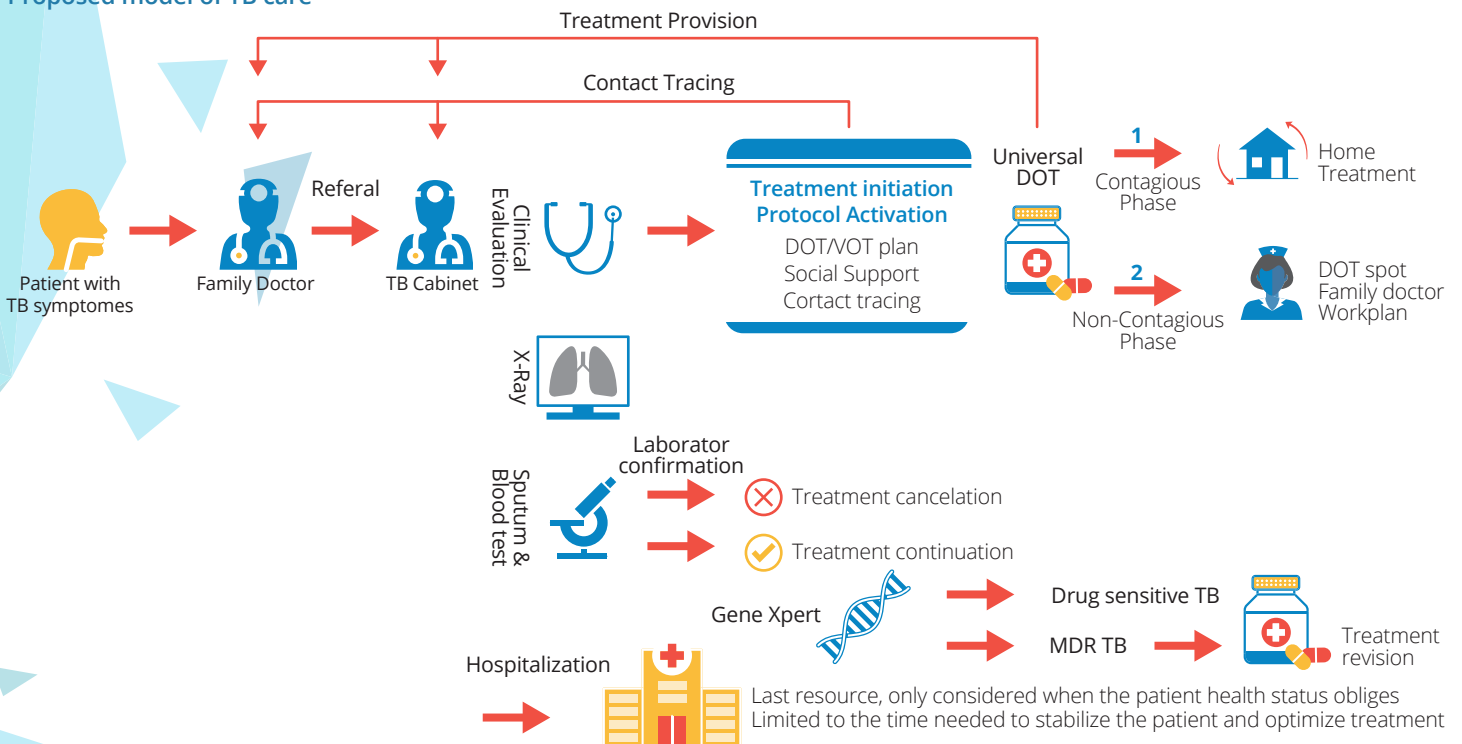
current settings of service delivery to correspond to the people-centred model of TB care

- ◆ Address policy coherence of the TB country roadmap to be developed in the broader context of the ongoing national health reform in Armenia.
- ◆ Review the current provider payment arrangements for TB services and propose options for aligning financial incentives and provider payment reforms for TB services covering both out-patient and in-patient settings within the context of broader provider payment reforms in the health system.
- ◆ Provide a brief summary of international evidence to inform decisions of the Ministry of Health and to other relevant national partners on shifting TB services to outpatient settings' based approaches and relevant provider payment mechanisms.
- ◆ Develop a 0 draft of country roadmap outlining the necessary steps for country adaptation of people-centered model

of TB care, which would include specific actions (at the level of activities and tasks) to be implemented in a short- and medium-term, with clear timeframe, inputs required, and tools for measuring and improving performance.

Key areas of technical advice included an optimization of the regulation of inpatient and outpatient TB service provision including the definition of horizontal and vertical functional responsibilities for levels of care and service provider groups and of clinical patient pathways. Besides, a structural reconfiguration of the TB service delivery system design was proposed and an improvement of outpatient financial mechanisms for TB care was fostered to incentivize the successful transition to a people-centred outpatient oriented model of TB care through both provider and patient incentives in a performance-based approach.

Proposed model of TB care



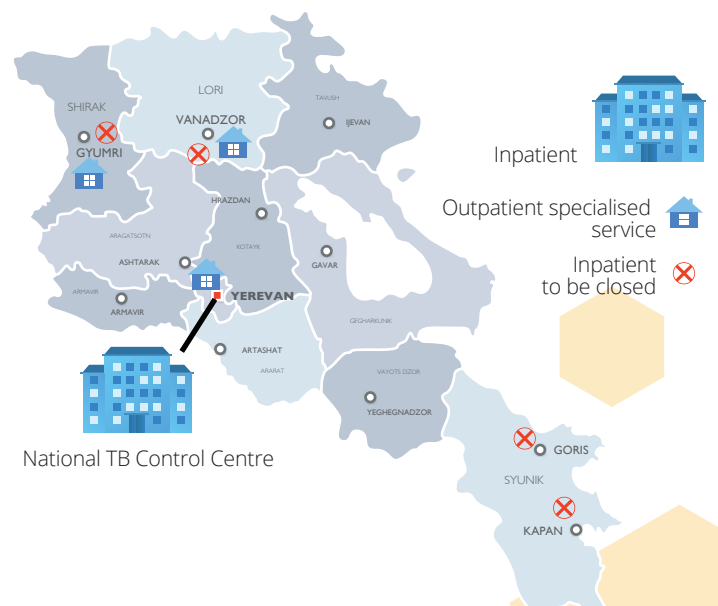
Source: TB REP Technical mission report to support development of PCMC and financing approaches for better TB care in Armenia

Following the visit, with TB REP support, a mapping of services was conducted by national working group that linked the TB services to settings, facilities and providers, as well as a TB patient pathway was developed. Additionally, a reform of TB services aimed at implementing people-centered model of care initiated by the MOH in 2017, with the key areas on regulation of provisions of inpatient and outpatient TB services and improvement of out-patient TB financial mechanisms have been supported.

The concept note on new model of TB prevention and care was drafted by the MOH in the context of Armenia's transition away from the Global Fund and assessed by the WHO Europe during a follow-up visit. The concept note acknowledges the need to further optimize TB service delivery. It aims to concentrate all inpatient TB care in the country in the National TB Control Centre; transform inpatient facilities into TB specialized outpatient service; enforce the revised TB hospitalization and discharge criteria; introduce financial incentives for outpatient doctors and nurses (take-over from the current Global Fund grant); introduce budget-funded financial incentives for patients; strengthen social support program through national funding.

The country roadmap, as a part of the TB services reform strategy, factoring in the recommendations provided by technical experts, is expected to be finalized and approved by the end of 2018.

Proposed hospital optimisation



Source: TB REP Technical mission report to support development of PCMC and financing approaches for better TB care in Armenia

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, Denmark; September 2017 Budapest, Hungary, September 2018 Rome;
- ◆ CSO Regional meeting, September 2016, Kiev;
- ◆ WHO Barcelona Course on HSS for improved TB prevention and care: 7 participants in 2016 - 2018;
- ◆ An Armenia representative of the NTP - member of the Scientific Working Group and contributed to blueprint development;
- ◆ Regional technical consultation on blueprint development, September 2016 Almaty;
- ◆ TB-REP Civil society involvement and update dialogue, March 2017, Copenhagen;
- ◆ Regional technical consultation on roadmap and blueprint launch, July 2017, Chisinau, Moldova - 3 participants from Armenia;
- ◆ Hosted the inter-country exchange visit to Armenia, December 2017;
- ◆ Team of three consultants from Armenia developed the regulatory framework assessment tool and piloted in Moldova and Kazakhstan and applied in Kyrgyzstan (2018);
- ◆ Team of consultants from Armenia provided technical assistance in Belarus (2017) and Turkmenistan (2018) in implementing the new model of care by providing developing for the roadmap in Brest and evaluating the outpatient model in Turkmenistan;
- ◆ Participation in Public speaking training for the civil society partners Regional Advocacy Civil Society Partner Meeting, Promoting Mechanisms of Socially Responsible Public Procurement and Implementing State-Funded Grants - Practical Issues, Istanbul, June 2018;
- ◆ Inter-country collaboration on NGOs involvement in TB control in Moldova for representatives of CSOs implementing small grants in TB-REP countries, Chisinau/Balti, August 2018;
- ◆ Workshop for TB-REP Civil Society Organization Partners "Working with NTPs and Healthcare Services", September 2018, Dushanbe.

Country technical missions and national events

- ◆ High-level advocacy mission, WHO Europe, March 2016;
- ◆ CSO monitoring visit, December 2016;
- ◆ Technical mission to support roadmap development and provide technical solutions related to model of care and health financing, September 2017;
- ◆ Follow-up technical mission in March 2018 – upon additional request from the MOH to review the concept note of the new model of TB services.

Small grant program

- ◆ Situation assessment of the degree people-centeredness (detailed interviews with patients regarding their experiences of TB care);
- ◆ Patient's perspectives on the bottlenecks in the patient pathway from diagnostics to treatment and needs assessment reports;
- ◆ Organization advocacy strategy for the immediate future, presented to the Country Coordinating Mechanism (CCM) and other national stakeholders in TB action;
- ◆ TB patients' network building and strengthening, development of community skills for monitoring the quality of TB care and availability of treatment, thereby empowering the TB community and strengthening CSOs working in the field;
- ◆ Information campaign with development of informational materials and video-spots to promote people-centered model of care and informing the population on TB to decrease stigma and discrimination at community level.

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We are currently undertaking proactive reforms of the health-care financing system in Armenia. At this course, I learned about innovative approaches and experiences of other countries. Importantly, I also learned that before initiating the process of reform, it is necessary to investigate the context of the entire health system, specify problems and priorities, carry out diagnostics of the problems to get to the root causes, and base the directions of the reform process on the solutions.
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Arsen Davtyan

Head of the Economic and Financial Flows Management Unit of Armenia's State Health Agency of the Ministry of Health

