

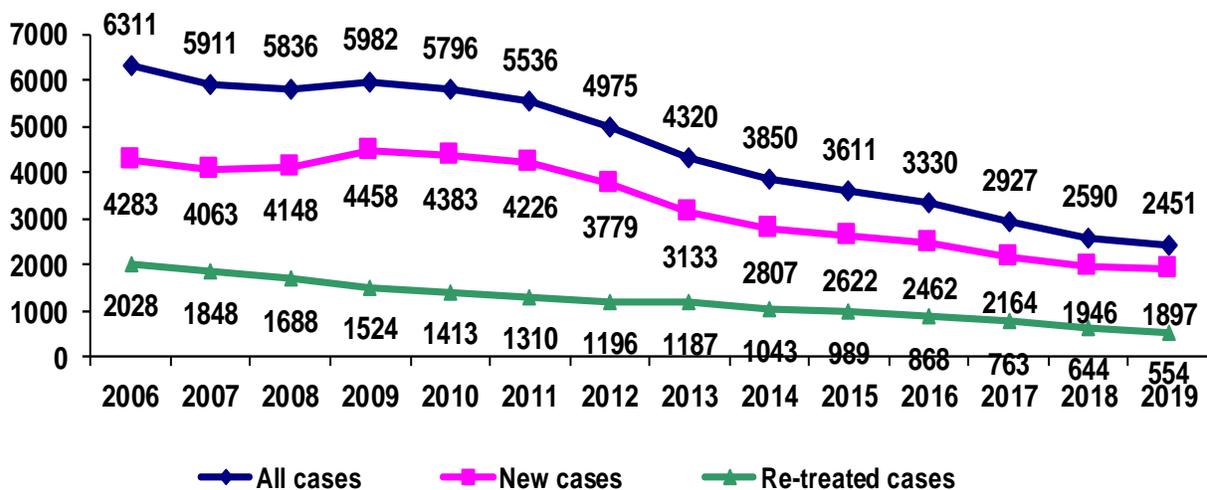


# Tuberculosis

## TB Epidemic Status

Georgia has achieved a remarkable progress in its fight against Tuberculosis. During the last several years TB case notification has been decreasing on average by 9% annually. Sustainable surveillance system assures us that this trend reflects a genuine reduction in TB incidence. According to the National TB Program notifications data, a total of 2451 TB cases (all forms) were registered in 2019 (including, in penitentiary sector) 2169 of which were incident TB cases, making all case notification rate of 66 cases per 100,000 population.

Picture 1. TB case notification in absolute numbers in 2006-2019



The prevalence of drug resistance remains stable. During 2019, the estimated proportion of multidrug-resistant TB (MDR-TB) was 12% in new cases and 32% in previously treated cases, compared 12% and 30% in 2018 and 11.3% and 30% in 2017, respectively. HIV prevalence among TB patients remains low; during the last five years, it varied between 1-3.1% among TB cases, all forms, tested for HIV.

COVID-19 pandemic has had negative impact on screening activities and TB case detection, including M/XDR forms. Preliminary data of 2020 point at about 30% decrease in TB case notification.

The outcomes of the 2018 cohort showed stable treatment outcomes in drug resistant cases: 64% in RR/MDR-TB and 60% in XDR-TB cases. This is significant achievement reached predominantly due to programmatic use of new and repurposed TB drugs.

Significant share of multi-drug resistant (MDR) TB and decreasing but still high loss-to-follow up rate are the key challenges for the National TB Program and for effective TB control in the country.

### ***National efforts towards reaching End TB Strategy goals***

Georgia elaborated and started implementation of a national strategy to stop the spread of TB and to reduce the burden of MDR-TB and especially of extensively drug resistant (XDR) TB. The strategy covers a comprehensive spectrum of interventions including **updating TB management guidelines** and offering individual **treatment adherence support package**.

The country demonstrated high-level commitment and implements interventions aimed to meet all three requirements of End-TB strategy.

**Requirement 1:** *Expanding the scope and reach of interventions with a focus on high-impact, integrated and patient-centered approaches.*

- With Global Fund support Georgia has established **universal access to TB care** leading to improved case detection and treatment success rates.
- About US\$ 250,000 from GF grant flexibilities were mobilized to mitigate the impact COVID-19 pandemic on TB programs and initiate urgent improvements in health and community systems.



- The country introduced modern diagnostic methods approved by the WHO: culture on solid and liquid media, GeneXpert MTB/RIF systems for rapid diagnosis of TB and MDR-TB. Introduction of genome sequencing has been initiated.
  - FAST (find actively, separate, and treat) strategy was successfully piloted and rolled out to promote early detection and prevent disease transmission in general healthcare facilities. Since 2018 750 TB patients, including 105 drug-resistant cases were detected using this approach.
- Georgia was one of the first countries to ensure programmatic use of the new and repurposed TB drugs in line with the active Pharmacovigilance and active Drug Safety Monitoring and Management (aDSM) Framework under leadership of the National Center for Tuberculosis and Lung Diseases (NCTLD).
  - An innovative Project ECHO was introduced at the level of the Central MDR-TB Consilium at the NCTLD that allows to improve patient care in rural and underserved areas and strengthen healthcare workforce capacity through telemonitoring and distance learning programs.
  - Diverse approaches are used to strengthen PHC provider engagement in TB control countrywide. Namely, family physicians and nurses, as well as border line specialists have been trained, and supportive supervision has been provided. Linkages were established between primary healthcare and specialized service providers.

**Requirement 2:** *Eliciting full benefits of health and development policies and systems through engaging a much wider set of collaborators across government, communities and the private sector.*

- National TB program in Georgia is a model for public-private collaboration, which enables universal access to TB care and leads to improved case detection and treatment success rates.

- National Strategic Plan for Tuberculosis Control in Georgia 2019-2022 including Transition Plan from donor support to domestic funding was developed through multilateral dialogue, including with civil society engagement and endorsed by the Country Coordination Mechanism.
- National Centre of Disease Control and Public Health as a Principal Recipient of Global Fund grants and implementer of the state TB program has established an integrated supply chain management approach to make use of global supply mechanisms through Global Drug Facility and to ensure efficient delivery of quality drugs and consumables.
- Within the frames of TB EECA project on strengthening health systems for TB control (TB-Rep), Georgia has established strong collaboration with international partners and local stakeholders to ensure TB program effectiveness and sustainability.

**Requirement 3:** Pursuing new scientific knowledge and innovations that can dramatically change TB prevention and care.

- Georgia has been part of multi-central research projects, specifically:
  - National Center for Tuberculosis and Lung Diseases (NCTLD) has been a site for multiple clinical trials: Stream Stage II, ZeNiX-TB, STAND, endTB and SimpliCiTB;
  - In 2014 NCTLD was selected as a site for Foundation of Innovative Diagnostics FIND. New technology and diagnostic test evaluation studies were carried through this partnership, including XPERT MTB/RIF Ultra Trial at the NCTLD Mycobacteriological Reference Laboratory.

- Innovative technologies and service delivery models have been developed and implemented within National TB Program, namely:

- Novel approach to speed up sputum transportation was introduced in 2013 allowing care providers to send sputum samples through the national postal service. This new scheme improved timeliness, levelled lab workload and decreased transportation cost almost 8 times.



- Mobile-based application was developed for Video Supported Therapy (VST). Patients take drugs at a convenient time and send the record to VST nurse. About 1180 patients were enrolled in VST during since 2018 and loss-to-follow up rate was extremely low. Several cases were reported of markedly improved adherence after transition to VST. Use of technology especially enhanced during COVID-19 pandemic and enabled treatment observation without patient visit to a healthcare facility.
- Mobile lab unit with digital Xray was set up to enable active case finding and to ensure access to services for people living in congregate

settings, “hot spots” and remote from care site areas.



- Building on the experience of the pilot in selected cities, community-based organizations Tanadgoma, New Vector, and Patient Union provided treatment adherence support to sensitive and MDR TB patients countrywide. The adherence support is delivered by a team composed of a social worker, psychologist and former TB patient.
- Civil-society engagement improved program coverage and outcomes for hard-to-reach groups: with GF support NGO “Centre of Bioethics Studies and Culture” in collaboration with Georgia Orthodox Church organizes screening for TB in Christian monasteries, nunneries and eparchies, as well as for Muslim communities.
- The country successfully piloted and rolled-out integrated HCV-HIV-TB screening approach to enable comprehensive care delivery at primary care level and to promote health.
- Zero TB project has been launched in Adjara region with the aim to create ‘island of elimination’ that will contribute to lowering rates of TB in the region and in Georgia overall. The project captures two directions: improved case detection and treatment outcomes through comprehensive TB case management. Mobile unit provides active case finding in selected congregate setting and hard-to-reach areas. The function of a TB case manager has been introduced in the country to eliminate or mitigate non-medical barriers to treatment adherence and ensure comprehensiveness of care.
- Results Based Financing model is under development. The intervention aims to improve quality of TB management at outpatient level and promote treatment success.



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