

Estonia – an example of best practice

The Estonian Government began to systematically prioritize outpatient TB care in 1998. With technical support from the Finnish Lung and Health Association, it piloted the new approach in three districts before staging a countrywide roll-out in 2001. The per-patient cost to the state budget for ambulatory TB care is €10 per day, while inpatient care is €90 per day.

The Estonian model includes the following key features.

- Pulmonologists and PHC physicians receive extensive training in outpatient implementation of DOT.
- The number of hospital beds allocated for TB patients has been greatly reduced, and hospitals that treat TB patients on an inpatient basis for longer than 60 days are reimbursed 50% less for the additional days.
- All TB treatment is free of charge for all patients, including those who are uninsured. Patients visiting PHC facilities for DOT are reimbursed for transportation costs and receive food packages and motivational vouchers.
- TB patients who are unwilling or unable to visit PHC clinics for DOT can receive it from a nurse or a trained supporter through home visits.
- The designated district TB specialist in each district is responsible for ensuring the quality of the DOT programme.

Reference

1. Tuberculosis in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2014.

About the Regional Collaborating Committee on Tuberculosis Control and Care

The WHO Regional Office for Europe established the Regional Collaborating Committee on Tuberculosis Control and Care (RCC–TB) through a consultative process involving civil society organizations, technical partners and donors. The mission of RCC–TB is to achieve universal access to evidence-based TB and M/XDR–TB prevention, diagnosis, treatment and care across the Region. Key objectives are to strengthen involvement and foster collaboration between national and international partners in TB and M/XDR–TB prevention, control and care. Its aims are to raise awareness about TB, advocate for resource mobilization and catalyse exchange of best practice. The Regional Office’s programme for TB and MDR–TB serves as secretariat for the RCC–TB and an RCC–TB steering group oversees and governs key activities. For more information, please contact tuberculosis@euro.who.int.

Ambulatory TB care

A key to achieving better tuberculosis outcomes in the WHO European Region

What is ambulatory care?

Ambulatory care refers to the treatment and care of patients outside of hospitals. In the context of tuberculosis (TB) and multidrug and extensively drug-resistant TB (M/XDR–TB), it should be seen as part of a comprehensive continuum of care. While directly observed treatment (DOT) remains a cornerstone of TB care, effective ambulatory care models should embody a holistic patient-centred approach to supporting treatment adherence in the context of each patient’s individual needs, taking into account social and economic vulnerabilities.

Why is ambulatory care preferable?

TB patients in many WHO European Region Member States with high levels of TB are routinely treated in hospital for long periods. This is often unnecessary – **outpatient (ambulatory) TB treatment is as suitable**, or more suitable, in most cases. From a public health perspective, **inpatient treatment is not an effective means of preventing the further spread of TB**, because most transmission occurs before diagnosis and hospitalization. The risk of someone with TB infecting other people drops significantly after the first two to 14 days of effective treatment. In addition, inpatient TB treatment in hospitals with poor airborne infection control measures can contribute to further spread.

Hospitalizing people who do not need this level of care wastes precious financial and human resources and may have negative consequences for patients' and families' working and social lives.

What needs to change?

TB treatment must be integrated into primary health care (PHC) in countries with PHC systems that have the capacity to assume this role, with policy-makers and health care providers focusing on PHC and community-level services as central components of national TB programmes. In countries where large-scale PHC management of TB treatment is not yet feasible, an appropriate interim measure is for health authorities to develop and apply clear and strict hospitalization and discharge criteria for patients referred to specialized TB services.

In conjunction with these efforts, referral systems must be strengthened, financial resources redirected and health services expanded and tailored to meet patient needs. Education campaigns are needed to help health care providers and communities understand why ambulatory care is preferable to hospital care for TB patients. Civil society and community organizations should be engaged in all aspects of these activities, since their support can greatly speed progress.

What will be the benefits of shifting more TB treatment from hospitals to ambulatory care settings?

From a public health standpoint, the most obvious benefits of ambulatory TB care are effectiveness and cost-effectiveness. Hospitalizing fewer TB patients may also reduce nosocomial airborne transmission of TB in hospitals.

The benefits of shifting to an ambulatory care model go well beyond this, however. Ambulatory care entails bringing the entire continuum of care closer to patients and communities. In the course of preparing to play a larger role in TB treatment, PHC clinics can and should expand their capacity to address other aspects of TB, such as prevention, detection, infection control, community education, social support and outreach to individuals and populations at high risk. Well functioning TB programmes located in PHC settings promote better management of co-pathologies. PHC providers also have opportunities to address risk factors, social determinants and other health issues often associated with TB.

TB in the WHO European Region: a snapshot¹

- An estimated 350 000 new TB cases and 35 000 TB deaths occurred in the European Region in 2012.
- More than 75 000 people in the Region are thought to develop multidrug-resistant TB (MDR-TB), which is much more difficult and costly to treat, each year.
- Fifteen of the world's 27 countries with the highest burden of MDR-TB are in the WHO European Region.

The policy context

The 2007 Berlin Declaration on Tuberculosis committed Member States of the WHO European Region to adopting all components of the Stop TB Strategy. The Roadmap to prevent and combat drug-resistant tuberculosis was published in 2011 to further guide key aspects of the European response. Unfortunately, progress since then has been disappointing.

Ambulatory care is one of the missed opportunities that should receive greater attention. It is synergistic with the "Health 2020" European health policy framework, with its emphasis on people-centred health systems that more effectively organize services around patients' needs. Since many of those who are at high risk for TB belong to socially marginalized populations, prioritizing ambulatory TB care also speaks to the need to address social determinants of health inequities, which is a key element of the "Health 2020" vision.

National, provincial and local public health officials must change health sector and general public mind sets on the suitability of ambulatory TB services. This can only be accomplished with a strong policy infrastructure: the transition to the WHO post-2015 global TB strategy presents an opportune time to revitalize the policy response to TB in the Region, beginning with ambulatory care.

POLICY-MAKERS NEED TO:

1. set time-bound targets for the decentralization of TB services to PHC level;
2. direct TB funding to patient-centred PHC programmes that are suitably prepared to manage TB services; and
3. make well funded and well functioning DOT the centerpiece of TB services.