

# Vietnam-Promising Specialized and Friendly Patient-Centred Care

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# Content

- Introduction about Vietnam's Programmatic Management of Drug resistant Tuberculosis (PMDT) and drug resistant tuberculosis (TB) situation
- Patient centred approach:
  - The approach recommended by the WHO
  - Policy and activities implemented in Vietnam
- Result and recommendation



# Vietnam

- ❑ Surface 330.000 km<sup>2</sup>
- ❑ Border: China, Laos, Cambodia
- ❑ Provinces: 63
- ❑ Districts: 683
- ❑ Communes: 11,042
- ❑ Pop.: 92 milion



# Situation of Drug-resistant TB in Viet Nam

	<b>DRS 3 (06-07)</b>	<b>DRS 4 (11-12)</b>
<b>MDR rate among new TB patients</b>	2.7 % (2.0-3.6%)	<b>4.0 % (2.5 - 5.4%)</b>
<b>MDR rate among retreated patients</b>	19% (14-25%)	<b>23.3% (16.7-29.9)</b>
<b>The number of MDR-TB patients among the number of new TB patients every year</b>	2000 (1500-2700)	3000
<b>The number of MDR-TB patients among the number of retreated patients every year</b>	1700 (1200-2200)	2100
<b>Total number of MDR-TB patients among total number of TB patients every year</b>	3700	5100
<b>XDR-TB/MDR-TB</b>		<b>5.6%</b>
<b>FQ res/MDR-TB</b>		<b>16.7%</b>

# The result of 4<sup>th</sup> DRS (2011)

- ▶ Result is similar to Western Pacific countries (WHO report 2012):
  - ▶ New: 4.8% (95% CI: 3.4 – 6.1)
  - ▶ Retreatment: 22% (95% CI: 18 – 26)
- ▶ Drug resistance has increased so NTP should continue to prioritise:
  - ▶ Scale-up and strengthen Programmatic Management of Drug resistant TB (PMDT)
  - ▶ Improve the detection and enrollment for treatment
  - ▶ Strengthen treatment management, especially when implement 6 month regimen with Rifampicine during entire treatment course to ensure that cured rate is high and the increase of Multi-Drug resistant TB (MDR-TB) is controlled



# Patient centred approach recommended by the WHO

- **Rational:**
  - Globally, only 50% of MDR-TB patients were successfully treated → 50% patients died, failure, lost to follow up or not assessed
  - Poor outcome relates to lack of adherence to treatment due to adverse drug reaction (ADR), inconvenience treatment service, stigma, other psychology-socio-economy (PSE) difficulties → need to address to improve adherence to treatment and treatment outcome
- **Recommendation**
  - Patient center approach: establishes collaboration between patient and provider with their rights and responsibilities to achieve treatment success with dignity.



# Patient centred approach - implemented in Vietnam

- **Policy to implement patient centered approach to :**
  - Increase the number of MDR-TB patients enrolled on treatment
  - Improve treatment outcome.
- **Activities under the policy**



# Patient centred approach implemented in Vietnam-activities

- Increase accessibility to treatment service:
  - Expansion of PMDT network: More treatment sites and satellite sites → patients not have to travel so far, willing to be enrolled and adhere to treatment
  - More suitable models of care to facilitate patient's adherence: hospital based care (at TB hospital or general hospital in province without TB hospital available), ambulatory clinic based care (DOT clinic at province, district or communal levels)

Year	2009	2010	2011	2012-2013	2014-2015	2016
PMDT provinces	1	6	20	35	45	<b>51</b>





# Patient centred approach implemented in Vietnam-activities

- Patient support system to increase adherence to treatment and reduce stigma:
  - Directly observed treatment (DOT) supporters:
    - Oil-slick training model is used for cost saving
    - Provide information to patients and family about TB treatment prior to and during treatment
    - Observation of drugs taken



# Patient centred approach implemented in Vietnam-activities

- Patient support system to increase adherence to treatment and reduce stigma:
  - Directly observed treatment (DOT) supporters:
    - Education of infection control (IC)
    - Recognition of ADR
    - Members involved : health staff, family member, cured MDR-TB patients



# Patient centred approach implemented in Vietnam-activities

- Patient support system to increase adherence to treatment and reduce stigma:
  - PSE supporters
    - Trained on communication skills and psychology of TB patients
    - Give consultation for any psychological difficulties challenged the patients to reduce stigma
    - Currently recruited PSE staff, to be involved by community volunteers in the future



# Patient centred approach implemented in Vietnam-activities

- Patient support system to increase adherence to treatment and reduce stigma:
  - Enable for food and travelling: Global Funds, local charity organization
  - Health insurance system

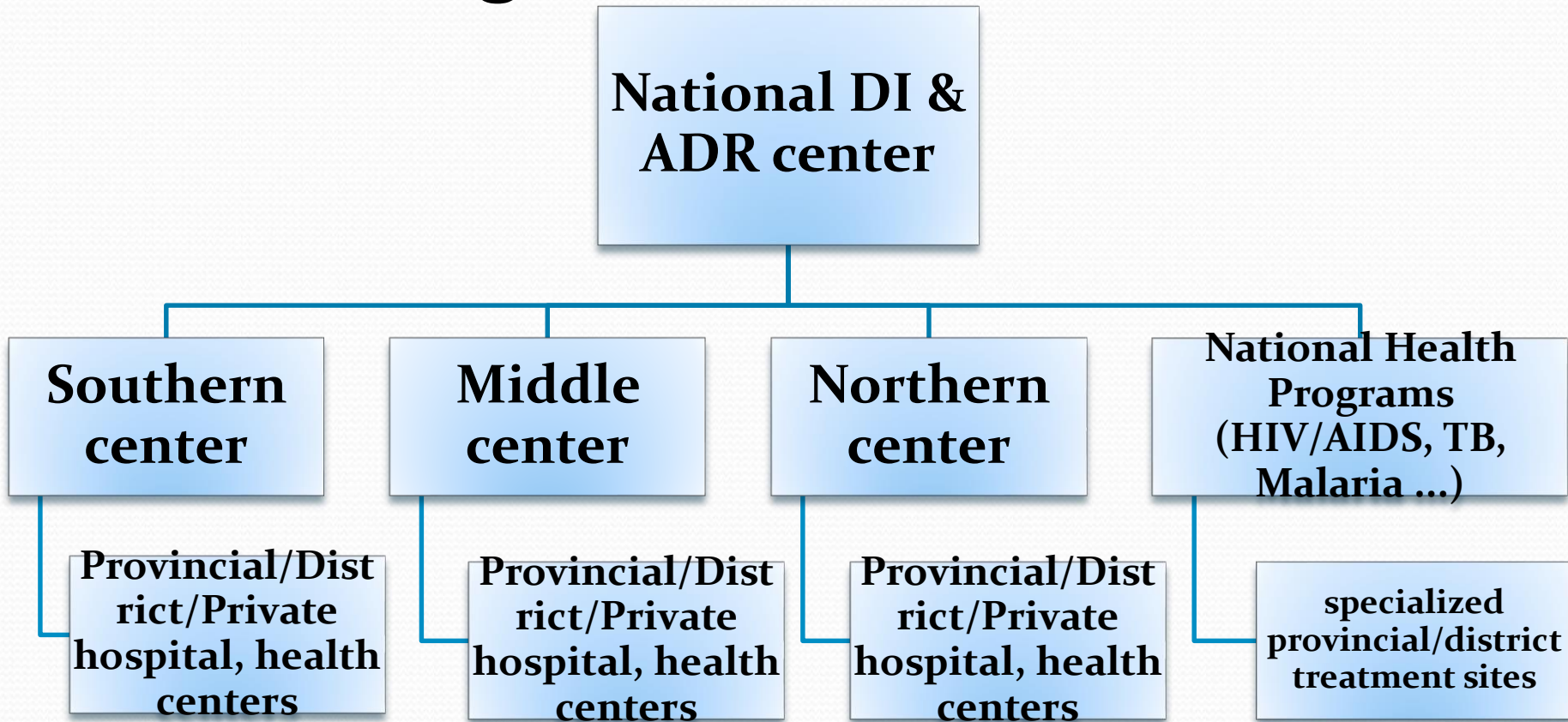


# Patient centred approach implemented in Vietnam-activities

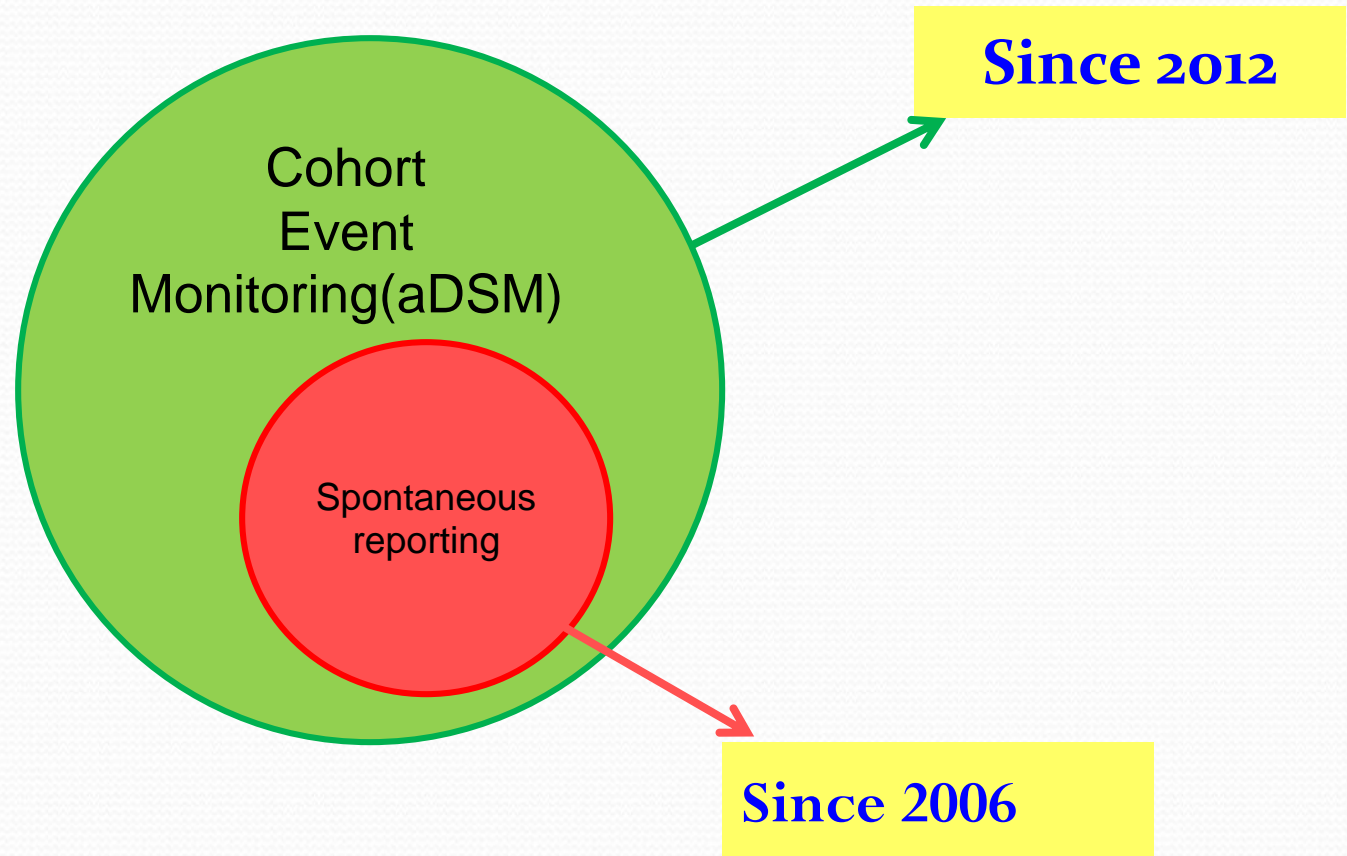
- Introduction of pharmacovigilance (PV) system to detect and treat adverse drug reaction to improve treatment outcome and reduce lost to follow-up
- Ancillary drugs for adverse reaction treatment



# Pharmacovigilance



# PV methods in NTP



# Patient centred approach implemented in Vietnam-activities

- Establish the collaboration between PMDT and non-PMDT service:
  - For referring MDR-TB presumptives from non PMDT-PMDT service to increase MDR-TB diagnosis
  - To provide quality of treatment service to MDR-TB patients (general hospital) by training, facility upgrade
  - Mechanism to refer patients between two sectors based on patient's need to ensure the continuation of treatment





# Patient centred approach implemented in Vietnam-activities

- Pilot a strategy (FAST) that contribute to shorten time from notification to treatment and ensure effective treatment:
  - **FAST is a strategy** consists of components: Finding TB and MDR TB cases Actively, Separating safely, **Treating effectively**
  - **Measuring times as important process indicators**
    - Time from cough detection to sputum collection
    - Time from sputum collection to lab
    - Time from lab to result
    - Time from result to notification
    - **Time from notification to treatment**
  - Adaptation to different settings ( criteria, protocol , Algorithm for diagnosis and treatment initiation, Monitoring, Recording/ reporting, Supervision and evaluation)



# Results

- The number of MDR-TB patients enrolled for treatment increased over the years

Enrollment	2009	2010	2011	2012	2013	2014	2015	Total
The number of enrolled patients	101	97	578	713	948	1532	2131	6100
% of enrollment	3%	3%	16%	19%	25%	30%	42%	



# Results

- The treatment success rate for MDR-TB in Vietnam has been stable at around 70%, which is higher than global level

Year	cured	Com.	Died	Failed	Loss to f.up	Not accessed	<b>Success</b>
2009	62%	11%	8%	7%	9%	3%	<b>73%</b>
2010	72%	6%	8%	7%	6%	0%	<b>78%</b>
2011	61%	11%	7%	7%	13%	1%	<b>72%</b>
2012	55%	15%	10%	6%	12%	3%	<b>70%</b>
2013	53%	16%	9%	7%	14%	1%	<b>69%</b>



# Conclusion and recommendation

- The increased number of patients enrolled for treatment and the favorable success rate achieved may reflect a promising Patient-Centred Care adopted by PMDT of Vietnam.
  - However:
    - So far a significant number of patients diagnosed but not enrolled for treatment (5-10%)
    - Unfavorable treatment outcome: died (7-8%), failure (7%), lost to follow up (7-10%, increase when expansion, higher among patient treated outside PMDT)
- Vietnam need to continue improve treatment enrollment and treatment outcome using patient centered care approach.





**THANK YOU**