Moldova Case Study

Summary

Civil society organizations have made breakthroughs in finding and supporting people with tuberculosis (TB) in Moldova, a country with very high rates of multidrug-resistant TB. Initiatives like peer counseling, video-supported treatment through an app called "I Like VST," and plans for community-led monitoring are helping improve adherence, save time and money for patients, and give them more control over their care. Although they face hurdles like data protection laws, civil society and community-based approaches are showing that engagement with those most affected can make TB treatment more effective, affordable, and patient-centered. The collaborative model between organizations, communities, and government services is transforming the TB response in Moldova.

Community engagement and innovations to support tuberculosis treatment in the Republic of Moldova

Civil society organizations (CSOs), most of which are community-based, with an increasing share of community-led organizations, have made important contributions to finding missing people with tuberculosis (TB) in Moldova, a country with a very high per capita rate of multidrug-resistant TB.[1]

In 2021, thanks to an increase in funding from the Global Fund, CSOs have surpassed the national targets for both case finding and providing adherence support. According to data from the national TB program, more than 12% of all people with TB were found with the help of CSOs, who reached out to communities with the least access to health services.[2]

CSO activities, such as a questionnaire-based screening for symptoms, and help in navigating the health system, are effective and efficient: The numbers of people that needed to be screened in order to find one person with TB were as low as 23 among homeless people, 15 among people living with HIV and 78 among migrants. The respective number for the general population is more than 1,350.[3] In other words, targeted screening of high-risk populations by CSOs identifies missing people with TB using fewer resources.

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[1] World Health Organization. (2022). Global Tuberculosis Report 2021. https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022

[2] Retrospective study to explore the engagement of civil society organizations active in the field of tuberculosis in the Republic of Moldova. PAS Center, 2022.

[3] WHO TB country, regional and global profiles, https://worldhealthorg.shinyapps.io/tb_profiles/

NGO service model characteristics
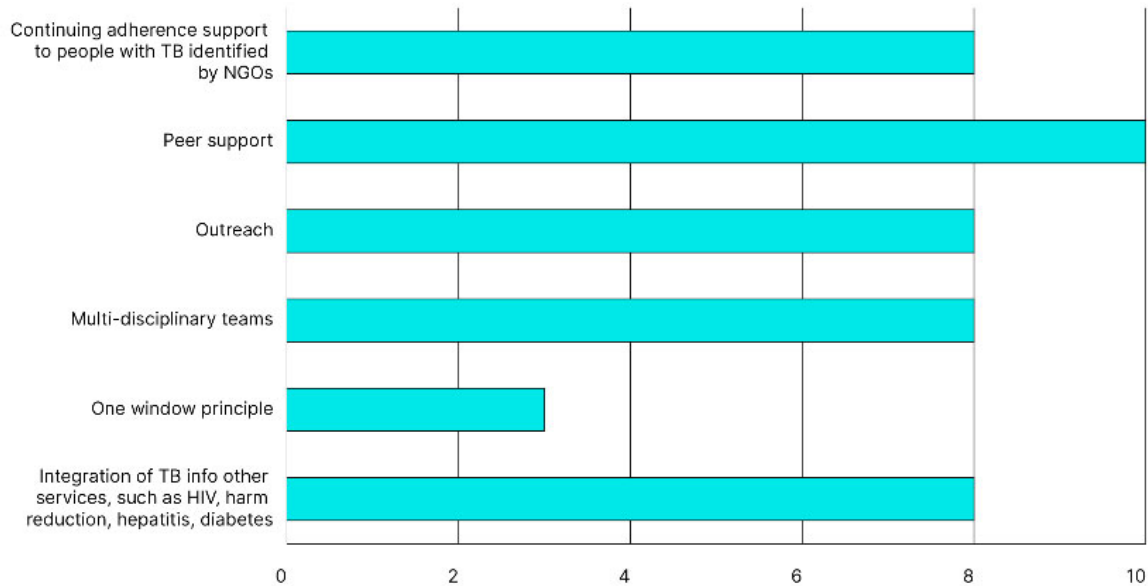

The current models of CSO service provision highlight:

1) Continuity of services from case finding to treatment support and, where needed, rehabilitation and reintegration of clients.

2) Collaboration with the governmental health providers.

3) Human rights awareness and protection.

An assessment of CSOs' contribution to the TB response[4] showed other important characteristics of the CSO service models. Commonalities between the models included wide use of peer support, provision of psychological/motivational support and peer-to-peer counseling.

Another community-based response, which has the potential to be used by the communities even beyond its original purpose, is video-supported treatment (VST). To ensure treatment support, the CSOs initiated and largely implemented VST, where people with TB use mobile devices and a secure "I Like VST" mobile app. The app helps users capture videos of themselves taking their TB treatment, which are then shared with a healthcare provider. VST clients can also use the app to reach out to healthcare providers in case of an adverse TB drug reaction or other health problems.

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[4] Retrospective study to explore the engagement of civil society organizations active in the field of Tuberculosis in the Republic of Moldova. PAS Center, 2022.

"I Like VST" offers useful information about TB, including experiences of peers, and shows the location of the nearest TB clinic.
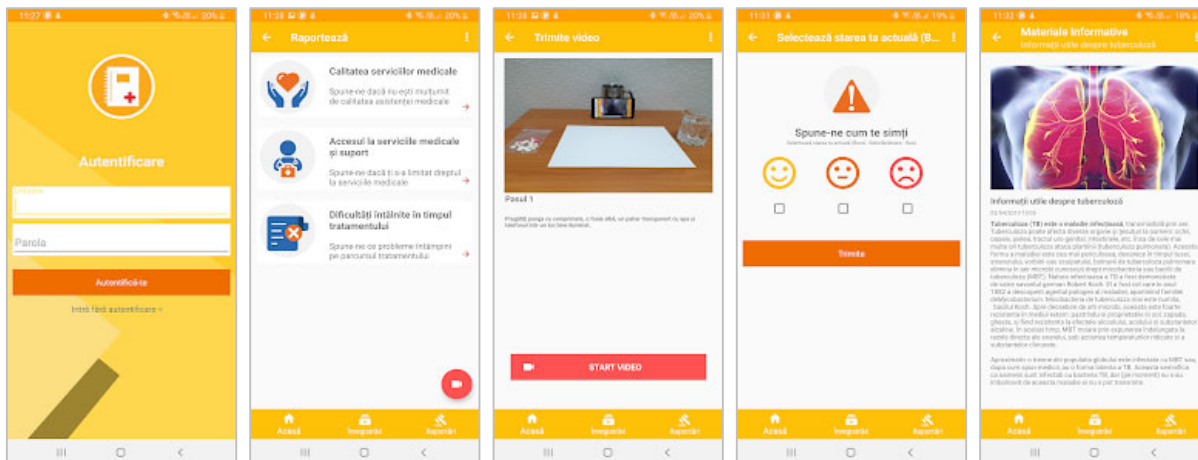
A VST pilot started in 2016. It showed that VST improved treatment adherence by four days within each two-week period. VST decreased out-of-pocket payments by 504 Moldovan lei (around US$30). During the course of their treatment, people with TB who used VST saved time, comparable to one-and-a-half working weeks, and were more satisfied with their treatment.[5] Clients were also able to report any treatment side-effects via the app: One client mentioned: "*I liked the function 'your condition after taking the pills', … the fact that you can indicate the symptoms that bother you and someone will see them … thanks to this it was psychologically easier.*"[6]

However, personal data protection clearances slowed down VST implementation and it wasn't until the COVID-19 pandemic that VST had its breakthrough. It is now backed up by the Ministry of Health guideline for VST implementation. National CSOs have supported the training, logistics and technical support of VST and keep administering the system, whereas its data belongs to the health sector. Eligible people with TB have the possibility to take home up to a one-month supply of anti-TB medication, and take this as prescribed, with the help of VST.

Plans for the near future include adding an aspect of community-led monitoring (CLM) to "I Like VST" so that the clients can report incidents such as TB-related stigma and discrimination. To align with the CLM principle of independence, the plan is to use a separate data flow and storage. CLM will be overseen by the Civil Society Platform, which is also supported by the Global Fund.

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[5] Ravenscroft L, Kettle S, Persian R, Ruda S, Severin L, Doltu S, et al. Video observed therapy (VOT) and medication adherence for TB patients: RCT in Moldova. European Respiratory Journal. 2020 Jan 1.

[6] Acceptability and feasibility of digital technology "I LIKE VST" for increasing adherence to tuberculosis treatment in the Republic of Moldova Study report, 2021