

Expanding access to rapid diagnosis of TB and MDR-TB in Moldova by Xpert MTB/RIF, with special emphasis on high risk groups

◆ **Tuberculosis (TB)** is an important public health challenge in the Republic of Moldova. The burden of multi drug-resistant TB (MDR-TB) in the country is one of the highest in the world. In recent years, MDR prevalence has been between 24–26% in new cases and over 60% in previously treated cases. Moldova has an extensive diagnostic network of TB laboratories. Never the less, the Tuberculosis (TB) is an important public health challenge in the Republic of Moldova. The burden of multi drug-resistant TB (MDR-TB) in the country is one of the highest in the world. In recent years, MDR prevalence has been between 24–26% in new cases and over 60% in previously treated cases. Moldova has an extensive diagnostic network of TB laboratories. Never the less, the National Tuberculosis Program (NTP) was concerned with frequent instances of service delays along the patient pathway, leading to late and incomplete diagnosis, incorrect treatment and, by extension, furthering the spread of drug resistance. In order to facilitate early diagnosis of TB and MDR-TB, the country applied to TB REACH for funding, which was granted for 2012–2015. Center for Health Policies and Studies (PAS Center) continues to implement the project as part of Wave 4 funding.

The main interventions were the introduction and the scale-up of Xpert® MTB/RIF (Xpert) at the project sites through training, monitoring and supervision. In total, 30 Xpert machines were supplied and placed at peripheral TB units in the civilian sector, at reference TB laboratories, in clinical departments responsible for clinical follow-up of people living with HIV, and at TB units in the penitentiary sector in 19 out of 35 administrative territories, including the frozen-conflict region of Transnistria. The overall evaluation population was 2.61 million (64% of the total country population).

The implementation of Xpert in Moldova followed the WHO recommendations—Xpert was used as an initial diagnostic test for TB. Moldova was among the first countries in the world to roll out this novel technology to the peripheral service level where the diagnosis of TB is established, requiring no specimen transportation for Xpert testing. This point-of-care setting is critical to the success of the project and it lays out the groundwork for the replacement of conventional microscopy with Xpert as the primary diagnostic tool for TB at peripheral TB units in Moldova.

Moldova

Center for Health Policies and Studies (PAS Center)
National Tuberculosis Program (NTP)



The results have shown a 28.4% increase in bacteriological confirmation in 2012 compared to baseline 2011, a 35.7% increase in 2013 compared to 2012, and a 51.2% increase in 2014 compared to 2013. Thus, 1374 additional cases have been found through Xpert testing from 2012–2014. The above data are indicative of the high effectiveness of the new technology in terms of bacteriological confirmation of pulmonary TB.

The openness to and commitment of the NTP to the innovations aimed at improving access to and quality of TB care has catalyzed the rapid scale-up process. Intensive training and retraining of TB specialists and lab staff, along with the close and regular supportive supervision of the project implementation that accompanied the rollout of technology at all project sites has helped to ensure a smooth rollout. Professional technical support on Xpert installation, as well as on-site training, maintenance and repairs have also aided in this process. In conclusion, the implementation of Xpert is considered as a trigger for changes in the TB care delivery system, characterized by decentralization and implementation of patient-centered approaches.



Stop TB Partnership



TB REACH

FINDING AND TREATING
PEOPLE WITH TB
IN THE WORLD'S POOREST
COMMUNITIES



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More than nine and a half million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to these people by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to identify people who have TB, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

TB REACH has supported a total of 142 projects in 46 countries. To date, 33 million people have been screened for TB in project areas, of which, 1.7 million have received TB treatment, accounting for 856,000 lives saved. Some projects have seen increases in TB notifications of more than 100%.

Our partners are providing evidence for new case finding approaches and are working with community and policy leaders as well as donors such as The Global Fund to integrate those approaches into national strategies that improve TB case detection.

TB REACH was launched in 2010 thanks to a CAD\$ 120 million grant from Global Affairs Canada.

TB REACH acts as a pathfinder, providing fast track funding for innovative projects, monitoring effectiveness and leveraging funding for scale up.

Stop TB Partnership

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