

## The Study of Barriers and Facilitators to Adherence to Treatment among Drug Resistant Tuberculosis Patients in Georgia to Inform Policy Decision

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**Background:** Poor adherence to treatment remains a significant problem that prevents effective control of Tuberculosis epidemic. The trend over the past several years shows that one-third of Drug Resistant-TB (DR-TB) patients interrupt treatment in Georgia. A new study investigated factors that enhance or hinder treatment adherence among DR-TB patients in Georgia.

**Methods:** The qualitative study was implemented in 2016. Data were generated from indepth interviews and focus group discussions with 60 DR-TB patients, doctors, nurses and TB field specialists after attaining informed consent forms. TB patients represented the following subgroups: successfully treated, lost to follow-up and those with difficulties to strictly follow treatment regimen. The data was analyzed in NVivo. Study conceptual framework looked at structural, personal, social and health system factors.

Results: Health system factors such as free treatment, effective program management and supportive medical personnel encourages patients to complete treatment. On the other hand, pill burden and difficulties of DOT regimen, influence of side-effects negatively affect adherence to treatment. Other health system barriers are lack of financial motivation among medical personnel to improve performance, poor access to specialist services due to fragmented TB and general health services, lack of mental health services to manage mental health problems related to drug adverse events. The study revealed some social and economic factors that prevent patients from completing the treatment, such as unfavorable employment legislation with TB treatment regimen, lack of support from family and friends, stigma and lack of peer involvement in supporting patients through the treatment.







Conclusion: Factors studied are closely interlinked and self-reinforcing. Therefore, a multisector vision and approach needs to be applied to resolve the problems. The findings and recommendations were communicated to the policy-makers. The study served as an evidence for policy decision to pilot results-based-financing among TB specialists in Georgia.

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