

DEEP DIVE ANALYSIS ON THE ENGAGEMENT WITH LOCAL PARTNERS

Within its context, the MSF DRTB project has benefited from the collaboration with governmental organizations responsible for TB services at different levels (policy level and service delivery levels). If linkages or partnerships with these functional groups were not properly established, implementation of the project may be hindered. The evaluation looked carefully into how MSF has approached its partnership with the concerned organizations, including the engagement with NTP, Medical City, CRDC, TBMU, NRL, and Ibn Zuhr Hospital.

THE NATIONAL TB PROGRAM (NTP)

NTP is based on a semi-decentralized facilities system. It is composed of: (1) the central and tertiary level is the National Specialized Centre for TB at the Baghdad Medical City, (2) the secondary level of TB care is the Chest and Respiratory Diseases Clinic (CRDC), and (3) the primary level of TB care is carried out at TB management units (TBMU) that covers smaller geographic areas and their primary health care centers. MOH provides NTP with part of its cost (mainly staff salary); and the national program relies entirely on IOM support for drugs and for lab reagents and equipment. One of the main challenges, from MSF's coordination perspective, that faced the project is the fact that there was no direct communication between the NTP and peripheral facilities which can be a challenge for mobilizing resources.

NATIONAL SPECIALIZED CENTRE - MEDICAL CITY IN BAGHDAD

The central and tertiary level is the National Specialized Centre for Chest and Respiratory Diseases at the Baghdad Medical City. Initially the name of the institution was National TB Center, later was changed to "Chest Diseases". It hosts the NTP managerial offices, with an outpatient clinic with highly qualified TB physicians. This is also where all DRTB patient diagnosed at the peripheries will be registered and start treatment continue their follow up. There are DSTB physicians who follow the complicated/unusual cases that need individualized treatments and special follow up, they also initiate uncomplicated DSTB treatments and then refer them to the correspondent TBMU. All DRTB drugs used to be only dispensed in this Centre. Up to end of 2019, all the DRTB treatments in Iraq are being initiated in this center. The National Center used to diagnose, start treatment, follow-up and provide drugs to all the DRTB from all over Iraq, not only from Baghdad. There was only one DRTB specialized physician in the Centre by the time when the MSF project started.

CHEST AND RESPIRATORY CLINICS (CRDC)

The second level of TB care is the CRDC. There is one clinic at each governorate and there are two in Baghdad (one in Karkh and one in Rusafa areas). This is a general respiratory diseases clinic that is able to diagnose and manage different infectious and non-infectious pathologies. Normally the TB treatment can be initiated here and after the patient is referred to the correspondent TBMU. Complicated DSTB cases and those who need individualized treatment due to comorbidities or adverse reactions are managed at this level. All DRTB patients are referred to the Medical City. DSTB drugs are dispensed here in special occasions when separate drugs are needed, fixed dose combinations are provided upon treatment initiation. There is a general lab inside the Clinic which performs basic tests. Programmatically the TBMUs depend on the CRDC, not the National TB Center. This also have an impact when they

ask for supplies (Drugs, GeneXpert cartridges, etc.) to the NTP. The request flow starts from TBMU then to CRDC then to NTP; and the provision is on the opposite direction. This vertical and inflexible system leads to shortages of items at CRDC and TBMU level even when there is availability at NTP level. MSF has worked closely with the management and staff in the staff of the clinic.

TB MANAGEMENT UNIT (TBMU)

The primary level of TB care is carried out at TB management units (TBMU) that cover smaller geographic areas and their primary health care centres. Most of DSTB treatments are initiated at TBMU level and the follow up of the patients is carried on here at month 2; month 5 and after completion of treatment to assess treatment outcome. DSTB drugs are provided in the TBMU upon initiation and at the follow up visits. After treatment initiation the patients are referred according to their home address to a primary care centre (PHCC). TB drugs are dispensed on a weekly basis upon TBMU prescription. There is no lab for diagnosis of follow up at this level. This unit usually has multiple DSTB physicians that do follow up of complicated/unusual cases of DSTB than need individualized treatments and special follow up, they also can initiate uncomplicated DSTB treatments and then refer them to the correspondent TBMU. Sadr City has 20 PHCCs, and Rusafa Area has nine TBMU. Sadr City TBMU is located next to the CRDC, which is a facility has a small bacteriologic lab, where a patient can be diagnosed by GeneXpert (MSF supports with cartridges) and it also performs sputum smear for diagnosis and follow up. The distinction between the CDRC and TBMU in the project area in Sadr City is not clear. However, MSF has been supporting the Sadr City TBMU in an effective manner.

NATIONAL REFERENCE TB LAB (NRL)

NRL Is the referral center for samples from all Iraq. At the NRL lab a patient can be diagnosed by sputum smear, GeneXpert and culture and is the referral place to perform DST First and Second line, MGIT and LPA First and Second line. This is the place where DRTB patients will have their sputum and cultures done. The lab is performing DST for first line drugs and occasionally for second line drugs when is specially asked by the DRTB physician. There is MGIT and LPA on place, but they experienced shortage of the materials regularly. MSF has provided a significant and appreciated level of support to the NRL. MOH and NTP partners recognized the excellent relationship between MSF staff and the NRL.

IBN ZUHR HOSPITAL

Ibn Zuhr hospital is a 200-bed capacity hospital in Baghdad health sector. This is a specialized hospital for infectious diseases focused on HIV and chest infections. An DRTB ward with a 48 beds capacity was opened in this hospital end of 2016. The hospital has a smear, GeneXpert, hematology and biochemistry, and radiology capacity. When a patient suspected of DRTB or GeneXpert DRTB positive is seen here, a sputum sample is referred to Medical City NRL to perform DST. A referral letter is written by the Hospital Manager to Dr Hussain to ask for the DRTB correspondent treatment and the drugs are provided by the Medical City TB center on a monthly (this according to the patient situation) basis. MFS engaged with the hospital management at early stage of the project as it was considered suitable as study site to support the operational research.