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19.02.2019. Nr.2019/02/01

Minister of Health Ilze Vinkele,
Ministry of Health of the Republic of Latvia
Brīvības street 72, Riga, LV 1011, Latvia

Minister of Health and Labour Riina Sikkut
Ministry of Social Affairs
Suur-Ameerika 1, 10122 Tallinn, Estonia

Minister of Health Aurelijus Veryga
Ministry of Health of The Republic of Lithuania
Vilniaus str. 33, LT-01506 Vilnius, Lithuania

Third Baltic Symposium "**STRENGTHENING THE PEOPLE-CENTRED MODEL OF TUBERCULOSIS CARES FOR BETTER DIAGNOSIS AND TREATMENT OUTCOMES**"
November 23-24, 2018, Riga, Latvia

AGREEMENT OF COOPERATION BETWEEN ESTONIA, LATVIA, AND LITHUANIA

Dear Mr. /Mrs. Minister,

The Third Baltic Symposium on Tuberculosis Control was held on 23-24 November 2018. Seventy-nine people from Estonia, Latvia, Lithuania as well as from Germany, Switzerland, and The Netherlands were participants of this symposium, including representatives of the Ministries of Health from all three Baltic States. The program of the symposium is enclosed for your information. The symposium was very productive and efficient with active participation of representatives from the countries.

One of the main outcomes of the symposium is "Agreement of Cooperation Between Estonia, Latvia, and Lithuania" (further - "Agreement") developed jointly by members of the board of the symposium from all three Baltic countries. It focuses upon on roles and responsibilities of State organizations to fulfil this Agreement, proposed Baltic Region priority areas, and specific priority areas for each Baltic State. The Agreement is enclosed to this letter.

We kindly ask You to take necessary actions for the implementation of activities proposed in the Agreement.

Flashback from 3rd Baltic Symposium on "Strengthening the people-centered model of TB care for better diagnosis and treatment outcomes", 23-24 of November, 2018, Riga
https://www.youtube.com/watch?time_continue=5&v=1zgCkE2F9Hs
For any additional questions, you are welcome to contact head of WHO Collaborating Centre for Research and Training in Management of Multidrug Resistant Tuberculosis, Latvia,
Liga Kuksa, e-mail: liga.kuksa@aslimnica.lv, office phone: +371 67048246.

Sincerely Yours,
Members of the board of the symposium:

Manfred Danilovits
TB consultant, Tartu University hospital,
Estonia
02.03.2019
DATE

Richard Zaleskis
Chair of the Latvian Society against TB,
Latvia
02.03.2019
DATE

Liga Kuksa
Head of WHO Collaborating Centre for Research and Training in Management of Multidrug Resistant Tuberculosis,
Latvia
02.03.2019
DATE

Skaidrius Miliauskas
Lithuanian society of Pulmonology and allergy,
Lithuania
01 MAR 2019
DATE

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Tartu University Hospital

KAUNO KLINIKOS

janssen

Third Baltic Symposium

"STRENGTHENING THE PEOPLE-CENTRED MODEL OF TUBERCULOSIS CARES FOR BETTER DIAGNOSIS AND TREATMENT OUTCOMES"

November 23-24, 2018

Riga, Latvia

AGREEMENT OF COOPERATION BETWEEN ESTONIA, LATVIA, AND LITHUANIA

Background:

During last ten years the substantial decline of tuberculosis (TB) and drug resistant (DR)-TB notification and mortality rates observed in all three Baltic countries. According to the WHO Global TB Report (2017) Estonia and Latvia, have been excluded from the list of countries with high DR-TB burden. However, there are still serious challenges for TB control in the three Baltic countries. As per ECDC/WHO Europe Tuberculosis Surveillance and monitoring report 2018, all three Baltic States are still among the 18 high priority countries for TB control. In addition, Latvia and Lithuania are among six EU/EEA countries with highest TB notification rates, DR-TB and TB/HIV co-infection continues to be a significant problem in the three Baltic States.

Over the last 10 years, TB epidemiological situation in Estonia has been continuously improved: in 2017, TB notification rate reached the level of 12.6 cases per 100 000 population, equivalent to 175 cases (Data of Estonia TB registry). Despite the declining incidence of TB, it should be noted that Estonia has one of the highest prevalence rates of DR-TB (17.8% among new TB cases).

Since 2000, TB incidence in Latvia has dropped to 27.8 per 100 000 in 2017. Notification DR-TB rates are also steadily decreasing reaching 7.3% among new TB cases in 2017. Despite these achievements among EU/EEA countries Latvia has one of the highest TB incidence and TB/HIV coinfection rates, as well as one of the highest proportion of XDR-TB among MDR-TB cases.

Although the number of TB cases in Lithuania has been decreasing since 1998, the TB notification rate is the highest among the Baltic countries – 44.5 cases per 100 000 population in 2017. In addition, in 2017, 110 new DR-TB cases were notified. The prevalence of DR-TB in Lithuania is one of the highest in the World. In 2017, the proportion of M/XDR-TB cases among new TB cases was 12.5%.

During the last decade several crucial innovations have become available for the diagnosis and treatment of TB and DR-TB: rapid molecular tests, new drugs bedaquiline, delamanid, pretomanid, shorter treatment regimens among others.

Curing TB entails adhering to a multidrug regimen for ⩾6 months. The public health consequences of nonadherence to TB treatment led to directly observed treatment (DOT) becoming the universal standard of care. While DOT is a best practice model for TB treatment, it is labor intensive and can itself be a barrier to effective therapy because of authoritarian treatment supervisions, inconvenience for patients etc. Daily visits to the DOT facility can be seen as a lack of trust enhancing patients' stigmatization and discrimination.

Countries and partner organizations via different study consortia are exploring options for the most efficient use of innovations in diagnosis and treatment of DR-TB. There are multiple examples available throughout the world on DOT alternatives using patient friendly treatment adherence technologies.

This Agreement of Cooperation (AoC) compiles suggestions raised during the symposium for further adaptation (partially or as a whole document) by each country, organizations and/or regional training centers to meet their specific needs and to better describe their activities.

Roles and Responsibilities of State Organizations to fulfill this Agreement

There is a vital need for the cooperation between three Baltic countries to support each other, to exchanges of experience and to establish common approach to TB control in Baltics.

1. State Organization will provide mutual technical assistance via email, SKYPE conference. Topics for discussion: common treatment strategies in the region, TB prevention patients and society education; partnerships for personnel, program evaluation, among others.

2. State Organization will provide exchange of experience on site visits for medical personnel, facilitate webinar base training on actual topics, supports the research.

Proposed Baltic region priority areas

1. Advocate for patient triage approach for selection of appropriate treatment regimen (short or individualized);
2. Collaboration with Edinburgh University on adherence research project;
3. Collaboration with GDF for drug procurement of **new drugs and change procurement strategies** using cost estimates and analysis;
4. Develop the ToRs for the WHO Collaborating Centre in Latvia on the knowledge management in the Region, apply web-based methods (eg. webinars).

Country specific priority areas

Estonia:

LTBI and contacts management:

- To define the criteria for treatment of LTBI;
- To define exact risk groups for LTBI;
- To find the common understanding among infectious diseases doctors, other specialists and pulmonologists for managing of LTBI;
- Set up the rules for contact tracing (according to the local legislation);
- To create the surveillance system for close contacts with M/XDR-TB patients.

Diagnosis:

- Implement DST for BDQ, DLM Clofazimine;
- To ensure better access to early diagnosis among vulnerable groups.

Treatment:

- To address ongoing spread of M/XDR-TB strains, high proportion of advanced cases and high mortality rate among DR-TB patients;
- Implement country specific modified short MDR regimens.

Patients support:

- To improve adherence/compliance to TB and ARV treatment;
- To analyze the possibilities using Video Observed Therapy (VOT);
- More attention needs to be paid to TB risk groups;
- To improve the awareness of people taking care of TB patients (social workers etc.);
- Over boarder exchange of data about infection cases of TB to ensure continuity of treatment.

Latvia:

LTBI and contacts management:

- Provide updates for other specialists, on LTBJ including risk groups (nephrologists, dermatologists, gastroenterologists, and other);
- Consider other LTBI treatment options including, individual approach for the treatment of LTBI in MDR-TB contacts.

Diagnostics:

- Start Gene-Xpert testing for stool samples (childhood TB);
- Implement whole genome sequencing equipment (collaboration with other Baltic states);

- Use BACTEC as the follow up culture method for short course MDR-TB treatment;
- Implement drug concentration level measurement (Adherence study, PK/PD studies especially in HIV, diabetes);
- Implement DST for BDQ, DLM Clofazimine).

Treatment:

- Implement short MDR-TB regimens. Selection of triage regimens and adoption of GDI protocol for short MDR-TB regimen;
- Adapt WHO guidelines regimen steps for Baltic states;
- Drug forecasting;
- Revise of drug safety monitoring protocol;
- Update of drug dosage - national guidelines.

Patient support:

- Identify and prioritize the target groups for community per family, society;
- Involve patients in TB activities and in the treatment process;
- Use individual approach in case management, implement new digital tools in ambulatory case management;
- Keep the data and analyze for TB patients on treatment, monitor ART efficacy;
- Participate in the Regional activities - Edinburgh University research project on adherence;
- Cooperation with HIF (drug procurement policy);
- Over boarder exchange of data about infection cases of TB (warning system, sustainability of treatment in frame of EU?);
- Consider the screening policy for migrants.

Lithuania:

LTBI and contacts management:

- Advocate for the LTBI treatment compensated by the state, to define the risk groups for LTBI and criteria for treatment of LTBI;
- To find common understanding among infectious diseases doctors and pulmonologist for managing of LTBI;
- Set up the rules for contact tracing (according to local legislation);
- To create surveillance system for close contacts with M/XDR TB patients;
- Define risk group patients (biological therapy, cancer treatment, HIV, etc.;
- Include in examination: anamnesis, chest X-Ray, QuantiFERON – compensated by the state - if positive, preventive LTBI treatment (H+R), 3 months – compensated by the state;

- Referrals from Public Health to family doctors: Chest X-ray, Mantoux test, QuantiFERON – after two months (not compensated from the state);
- Pulmonologist`s consultation if one of those three is positive. Decision for LTBI treatment by pulmonologist.

Diagnosis:

- In the page 4: Rapid molecular test for all patients, if RIF resistant – MTBDRsl2 testing, is crucial to end saying fully in required amount compensated by the state.

Treatment:

- Continuous procurement of the first- and second-line drugs, including all new anti-TB drugs approved by international society in the required amount;
- Legal acts reform;
- Removing obstacles for clinicians for the treatment of DR- TB;
- Additional problems: continuing the state sponsored program;
- Changing the attitude of politicians, health care providers and society." Using patient *friendly treatment adherence technologies "*

This Agreement is dully signed by representatives of organizing committee of Third Baltic Symposium "STRENGTHENING THE PEOPLE-CENTRED MODEL OF TUBERCULOSIS CARES FOR BETTER DIAGNOSIS AND TREATMENT OUTCOMES", November 23-24, 2018 Riga, Latvia.

Members of the board of the symposium:

Manfred Danilovits

TB consultant, Tartu University hospital,

Estonia

21.02.2019

DATE

Richard Zaleskis

Chair of the Latvian Society against TB,

Latvia

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KAUNO KLINIKOS
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Liga Kuksa

Head of WHO Collaborating Centre for Research and Training in Management of Multidrug Resistant Tuberculosis,

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Skaidrius Miliauskas

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