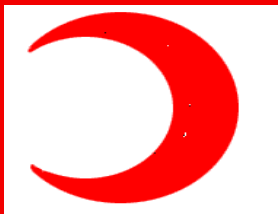


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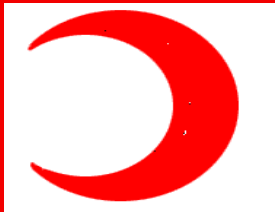
The Red Crescent Society of the Kyrgyz Republic



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The Red Crescent Society of Kyrgyzstan (RCSK) is a multi-profile organization operating in health, disaster management, and social care for vulnerable population. Currently, there are more than 20 different projects implemented by the RCSK and supported by different partners.

The RCSK has been implementing TB program since 2000. It was one of the first non-governmental organizations started its activities in the field of TB prevention. The Red Crescent is providing a supplementary role for the MoH and National TB Centre to ensure patronage of patients with TB and DR-TB with focus on people prone to interrupt or reject the treatment course.



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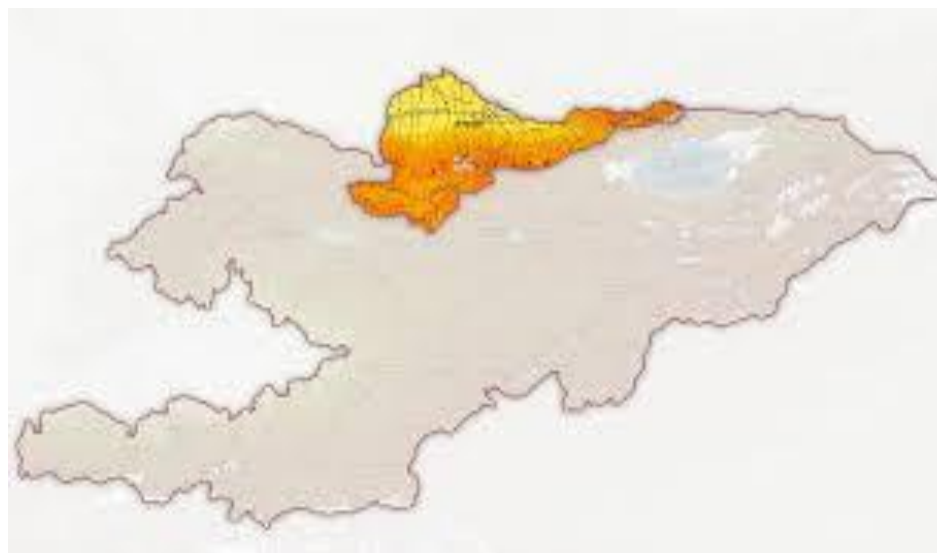
“Reinforcement of treatment adherence among people with drug-resistant TB in Kyrgyzstan”

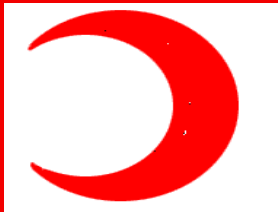
Funding organization: STOP TB Partnership/TB Reach

Project implementation period: From October 1, 2018 to March 31, 2020

Project implementation area:

1. Bishkek city
2. Chui region:
 - Alamedin district,
 - Sokuluk district,
 - Jayil district,
 - Issyk-Ata district,
 - Tokmok



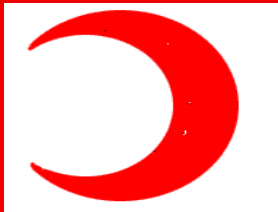


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The project will help to the Red Crescent to pilot a project to increase treatment adherence with using of combination of traditional and new methods (Electronic Dose Monitors, Video Observed Treatment, Public Helpers). Development of new technologies should be used widely to improve treatment adherence among beneficiaries prone to breach treatment course.

The project proposal suggests to pilot simultaneously 3 Project Models:

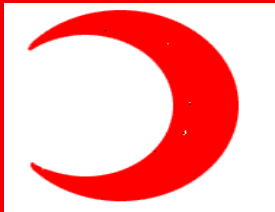
- “Traditional” model;
- Combination of “traditional” and usage of Electronic Dose Monitors. Public helpers (from among the inner circle) will be attached to this category of patients to enhance the control of treatment;
- Combination of “traditional” and usage of Video Observed Treatment;



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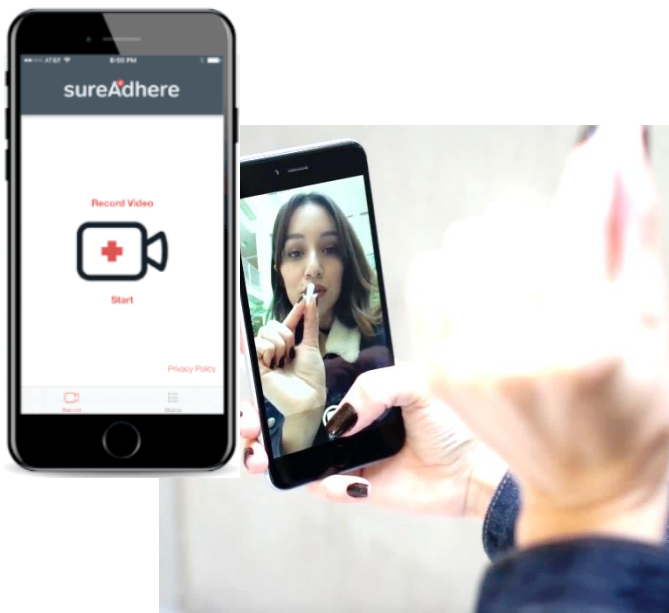
Adherence – how can a program support better adherence?

- Personalized counseling
- Targeted intervention with differential care (who to interact with, when?)
- Enable patients to own their treatment, and take medication in a personalized way outside of clinics
- Enable programs to see real-time adherence data and target their outreach based on patient adherence



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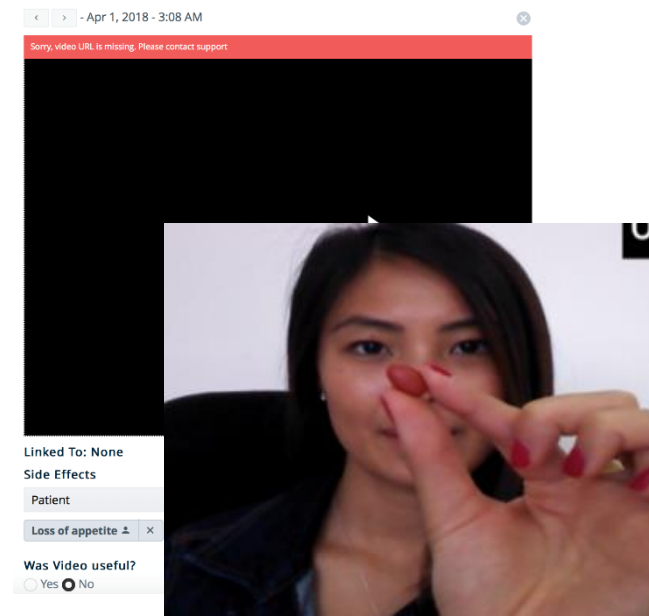
Video-Observed Treatment (VOT)



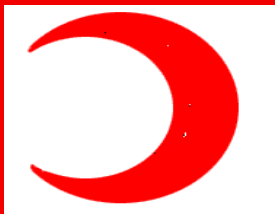
Patient records drug ingestion using a mobile phone or tablet



Video upload process is fully automated to prevent user error or tampering



Health care provider views videos and records compliance data through secure web interface

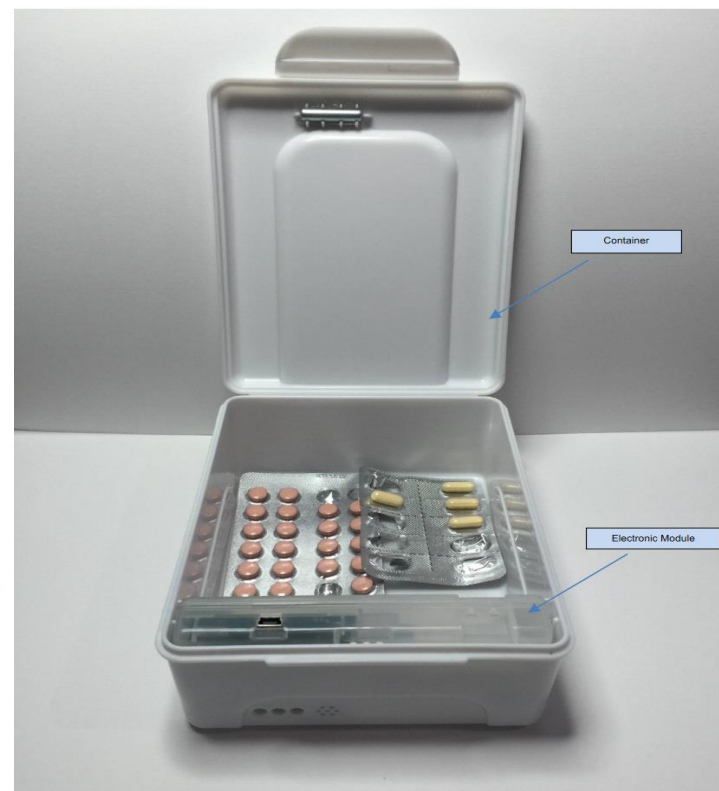


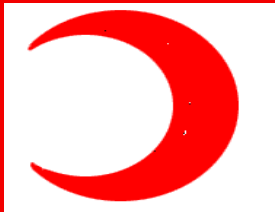
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evriMED devices for real-time data

The evriMED1000 dispenser consist
of two hardware components:

- the electronic module
- the medication container

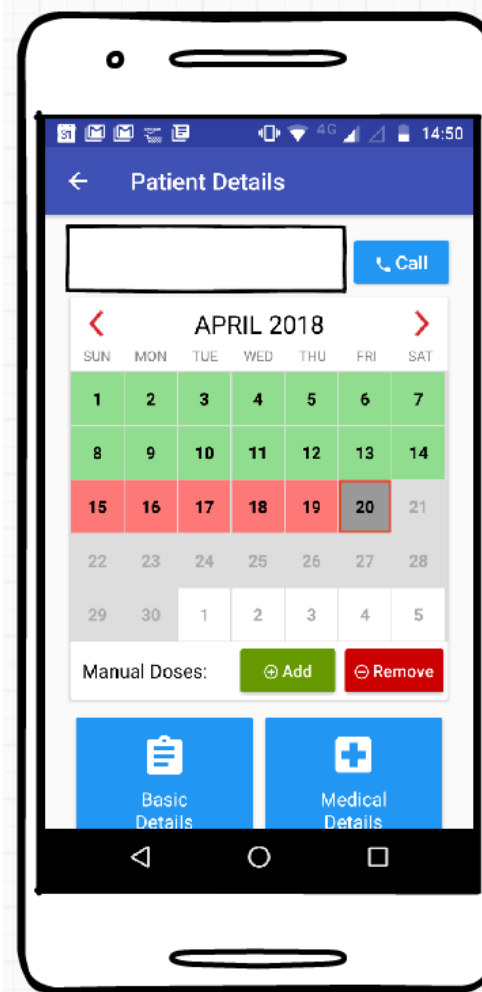
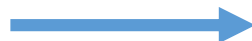




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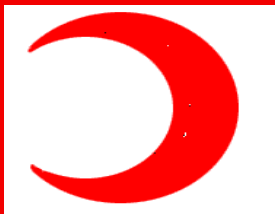


sureAdhere



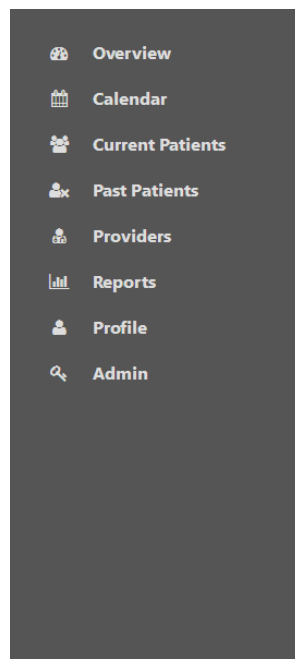
[0000] Please take pills





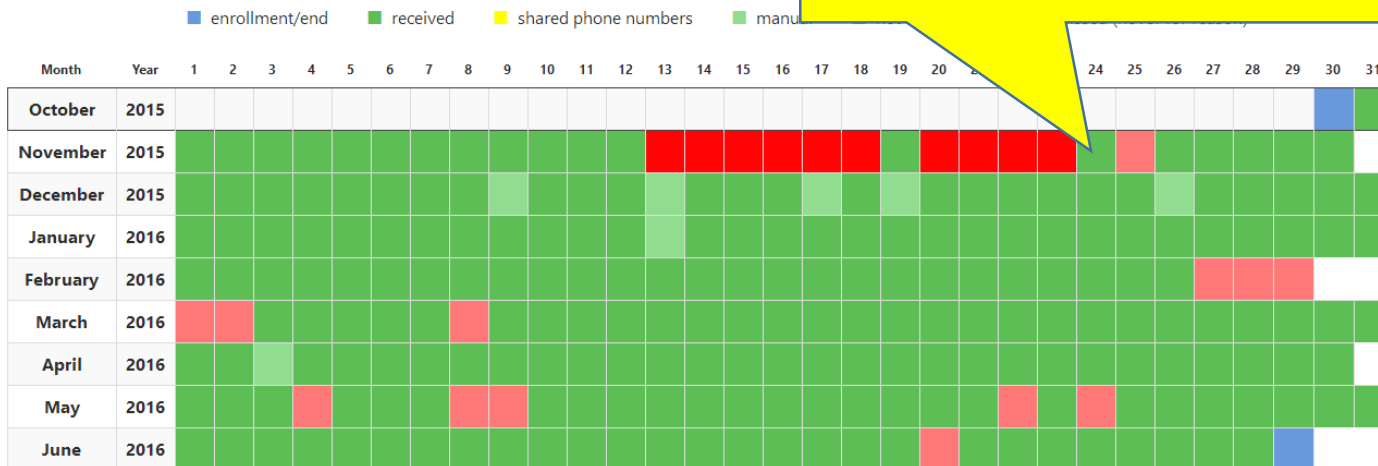
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Integrated approach for monitoring adherence using digital technology

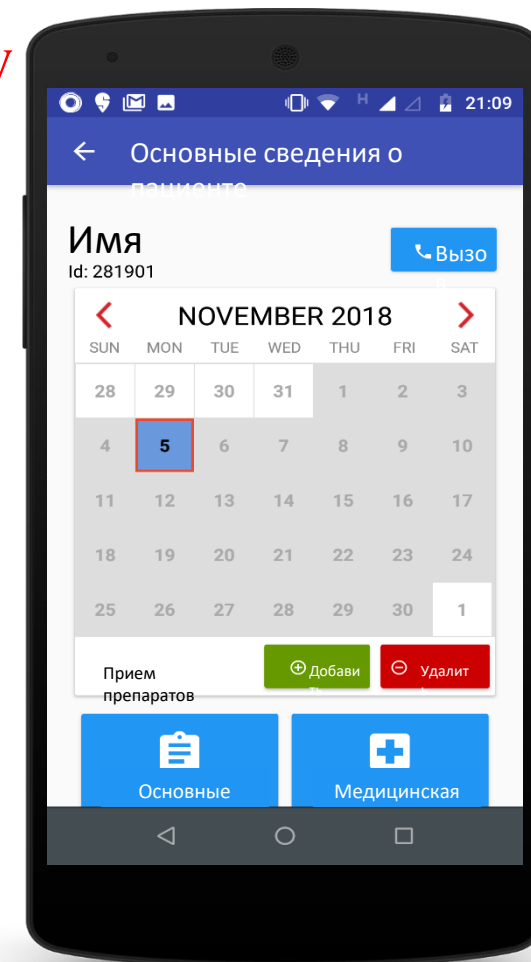


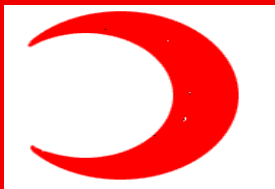
Treatment Outcome **CURED**
This patient is no longer on treatment. To put this patient back on treatment, please click on Reopen Case.

Adherence Details Providers Tags & Notes Medical Details Reopen Case Treat



Counseling brought
patient back on
treatment





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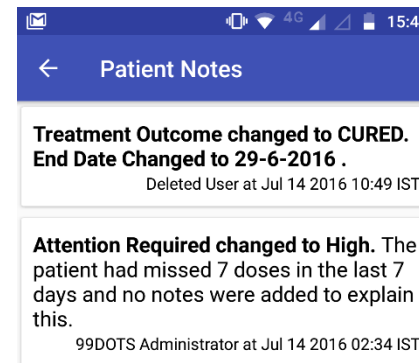
October 30:
Patient registered
on adherence
technology.



**[0000]
Please
take pills**

For 13 days, the patient
receives automated SMS
reminders and they have
perfect calling adherence.

Starting on November 13, the
patient stops interacting despite
the automated reminders. Their
local health care staff are alerted
by SMS and their adherence is
reflected in the dashboard as
missed doses as a high priority
case for follow up.

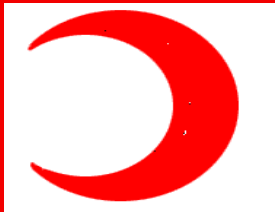


The health care staff reaches out to the patient
and found out the patient had some adverse
reactions to the medication, and therefore had
stopped taking medication. The staff
encouraged the patient on the importance of
adherence and made a note in the dashboard.

After the counseling,
the patient started
interacting again daily
and successfully
completed treatment
and was cured. Their
overall adherence
was 94%.



Patient adherence calendar

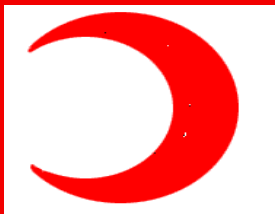


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Kyrgyzstan is the first country in Central Asia that simultaneously uses all three technologies to monitor the treatment of patients with tuberculosis:

1. Specialized program for video-controlled treatment - SureAdhere,
2. Electronic dose monitors - evriMED 1000
3. The program for monitoring the treatment of patients of the project - 99 DOTS





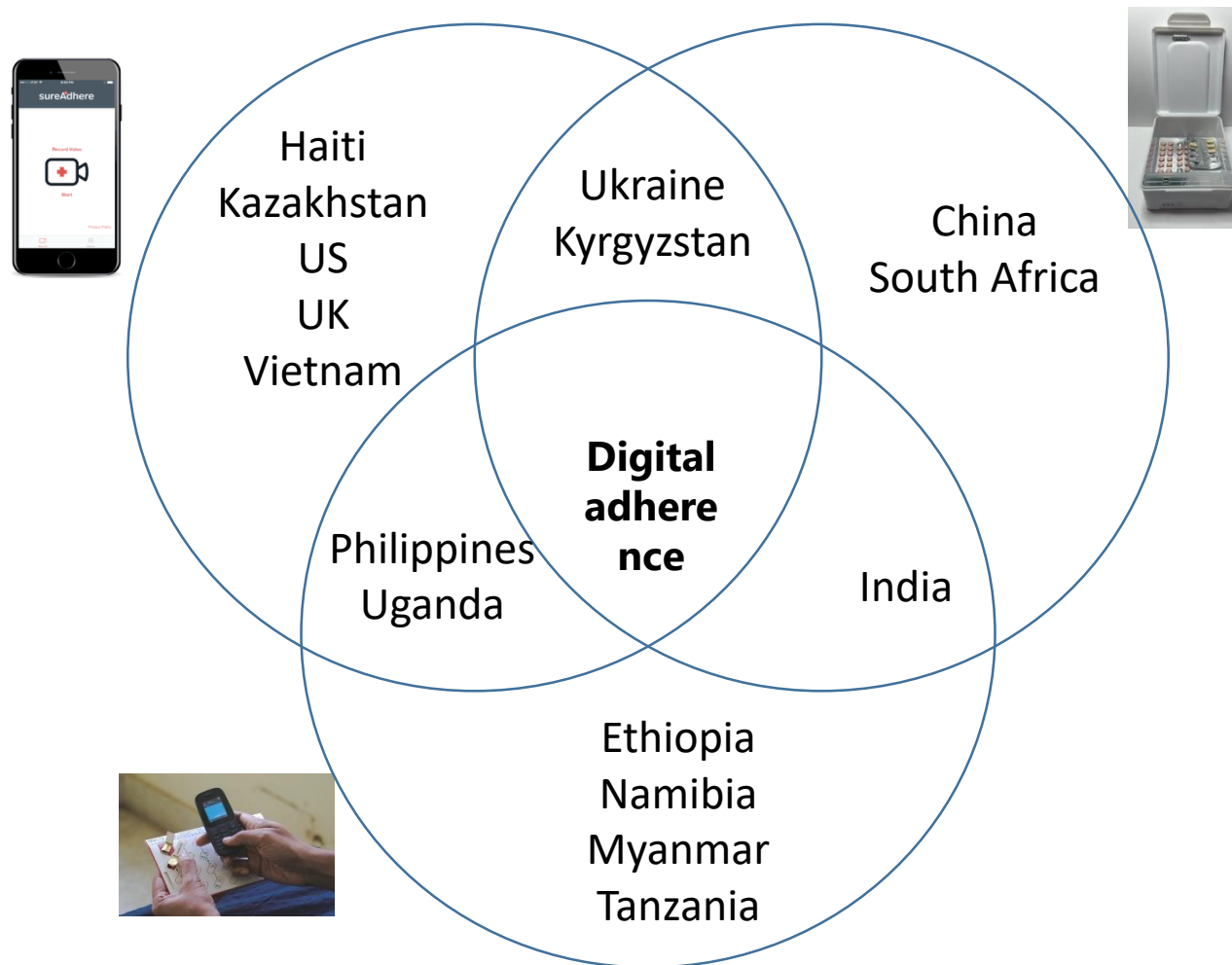
Кыргызстандын Кызыл Ай Коому Красный Полумесяц Кыргызстана Kyrgyzstan Red Crescent

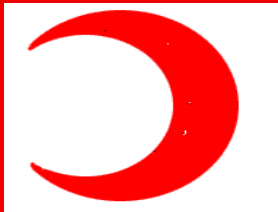
Current and future deployments:

3+ adherence monitors
16 countries
250,000 patients

Evidence and previous work in:

TB / LTBI
Hepatitis C
HIV
PrEP
Opioid addiction

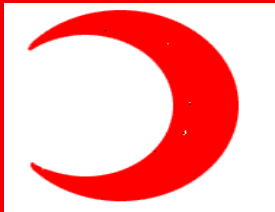




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The expected outcomes:

- Improved treatment adherence among RCSK beneficiaries with drug-resistant TB;
- Developing several combination models of traditional and innovative methods to increase treatment adherence in drug-resistant TB cases;
- Comparative analysis on different combinations (mentioned above) will be produced with following recommendations;

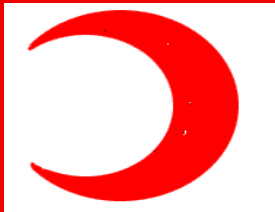


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In addition, the important components of the program are:

- 1) Informing the population about the disease tuberculosis.
- 2) Social support for TB patients of the project in the form of providing vouchers with a list of essential products and hygienic items.
- 3) Conducting Self Help Groups for TB patients.





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**THANK YOU FOR YOUR
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