SPOTLIGHT
IMPLEMENTATION OF THE FAST STRATEGY TO STRENGTHEN TB INFECTION CONTROL: A MEETING OF KEY STAKEHOLDERS IN VIETNAM

Background

FAST represents a strategy for reducing TB and MDR-TB (multidrug-resistant tuberculosis) transmission, while providing quality care to those with TB. Finding and treating patients with TB and MDR-TB helps to reduce TB transmission to healthcare workers and other patients who are susceptible to contracting TB. This strategy is built around the notion that prompt diagnosis and effective treatment is by far the most important activity for preventing the spread of TB.

In 2011, a core package of infection control practices was designed to be implemented at health facilities in select countries with a high burden of TB and MDR-TB. With USAID TB CARE II support, a core team of global stakeholders consisting of experts in TB and infection control developed this programmatic strategy with the main components that are captured by the acronym F-A-S-T, which stands for “Find cases Actively, Separate safely, and Treat effectively.”

TB CARE II has implemented the FAST strategy in Bangladesh, Malawi, and Vietnam. Over the course of the TB CARE II project, important lessons have been learned about practical approaches to implementing FAST in different types of programmatic settings.

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FAST Meeting
In efforts to share lessons learned to date and to promote key stakeholders to become FAST champions, TB CARE II organized a meeting on the Implementation of the FAST Strategy to Strengthen TB Infection Control in Vietnam from September 27-30, 2016. Participants included high-level representatives from ministries of health and National TB Control Programs (NTPs), CDC Vietnam, Partners In Health, USAID, WHO, and TB CARE implementing partners. This event included visits to an implementation site of the FAST strategy in Vietnam and a potential implementation site for the scaling up of FAST.

The meeting objectives included:
- Discuss the FAST implementation experience to identify critical success factors and barriers at systemic, programmatic, and facility levels.
- Describe resources, processes, and procedures needed for a successful FAST strategy rollout.
- Review implications for improving access to timely treatment and reducing nosocomial TB transmission in healthcare settings and communities.
- Review opportunities for integrating the FAST strategy into the overall infection control framework and identify specific actions toward sustainability of FAST interventions in various settings.

Discussions on the branding and scaling up of FAST in Vietnam and other high TB-burdened countries, as well as on how to overcome implementation challenges and measure the impact of FAST, were also led throughout the meeting. This meeting provided an opportunity for those involved in the development and implementation of the FAST strategy in Vietnam to share their successes, challenges, and experiences with key stakeholders in Vietnam and around the world who have the potential to become FAST champions and initiate FAST implementation in other TB-burdened areas. Overall, the meeting was successful in motivating key stakeholders to scale up FAST in other areas. The meeting concluded with the need to further explore ideas of promoting the FAST strategy as a brand and how to better measure of the quality TB services.

Meeting Introductions
The meeting began with a speech from the Director of the National Lung Hospital and NTP in Vietnam. The Director stated that “scaling up FAST to other areas of Vietnam is crucial and innovative approaches like FAST are key to the advancement in the fight against TB.” He highlighted the success of the project and shared impressive data showing the results of the implementation. Next, the USAID Vietnam Health Officer addressed the participants and stated that “USAID Vietnam is very happy to be a part of this meeting and to celebrate the success of the FAST implementation in Vietnam.” He highlighted the actions of TB CARE II as an integral part of the Vietnamese national efforts to fight TB. Lastly, a medical officer for WHO Global TB recognized the impressive results and the commendable efforts of the FAST implementation team in Vietnam. He emphasized that this activity is an example of sustainable development and that innovations like FAST are greatly needed. He then gave a presentation about the ongoing preparations of new WHO TB Infection Control Guidelines for 2017.
Steps for FAST implementation
1. Development of FAST implementation protocol in collaboration with the NTP and hospital personnel.
2. Development of the core package and adaptation of materials.
3. Introduction and training of FAST at the sites.
5. Development of data collection tools.
6. Rollout and monitoring of FAST implementation.
7. Documentation of process and outcomes.
8. Progress review meetings.

FAST in Vietnam
Details of a step-by-step process of the FAST implementation model were presented to the meeting participants. Covered topics included: the screening system, staff training, laboratory testing protocol, and the patient monitoring system. The hospital software developed with TB case management greatly facilitated daily and easily monitoring of FAST indicators and was identified as a good practice for sustainable strategy implementation. The challenges encountered during the implementation and how they were overcome were also discussed.

Challenges
- Shortages of skilled staff
- Task shifting and training needs
- Xpert module failure and supply-chain management issues
- Reporting need and extra workload
- TB lab services and lab test request forms were changed and affected the logbooks and reports
- Costs and concern for economic impact

Solutions
- The strong leadership and commitment of the hospital directors and staff
- Developed feasible FAST implementation protocols based on pre-implementation assessment with the hospital personnel
- Routinely reviewed indicators for improvement
- Developed data recording and monitoring tools facilitating daily and easily monitoring
- Practical training and technical assistance
- Integrated FAST activities into the hospital daily activities with existing staff
- Contributed to goals of the NTP and hospitals

The critical success of the FAST strategy implementation changed the mentality of both hospital directors and staff at both implementation sites. This improved the long established diagnosis and treatment procedures and practices and closely monitored times to diagnosis and treatment initiation with increasing numbers of patients screened and presumptive TB cases identified could shorten infectious periods. At the Nam Dinh implementation site, the average diagnosis to treatment initiation time was reduced from 36.5 days in 2014 to 3.3 days in 2016 (from the time that the specimen was sent to treatment initiation) and 43.6 days in 2014 to 7.5 days in 2016 from the (time of the patient’s visit to treatment initiation). At the Quang Nam implementation site, the delay in diagnosis to treatment initiation was reduced from 10.6 days in 2014 before the FAST implementation to 5 days in 2016 (from the time the specimen was sent to treatment initiation) and 10.7 days in 2014 to 6.7 days in 2016 (from the time of the patient’s visit to treatment initiation) (see graphs on page 4). The FAST strategy was conceived as highly appropriate method for infection control of TB that contributed to the hospital goals including staff capacity strengthening, improved service quality and patients’ satisfaction.

Number of Patients Screened and Presumptive TB Cases Identified from May 2014 to September 2016

<table>
<thead>
<tr>
<th>Quarterly Reporting Periods</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>1.500</td>
<td>3.000</td>
<td>7.000</td>
</tr>
<tr>
<td>J.</td>
<td>3.000</td>
<td>4.500</td>
<td>6.500</td>
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<tr>
<td>O.</td>
<td>2.500</td>
<td>3.500</td>
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<tr>
<td>J.</td>
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<td>A.</td>
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<td>J.</td>
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<td>7.000</td>
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No. of patients screened | No. of presumptive TB cases
The NTP played a leading role in gradually and sustainably expanding FAST implementation to other facilities of the NTP network. The NTP developed a proposal on the FAST strategy for scaling-up plan and guidelines for the adaptation of FAST to healthcare facilities in the NTP network.

### Action Points for Moving Forward

At the meeting conclusion, participants discussed how to move forward in scaling up FAST. A list of action points was identified to expand and integrate FAST into other countries, and to make FAST part of global policies and guidelines for TB infection control:

- Introduce FAST into other high TB-burdened areas to increase the evidence that demonstrates the success and diversity of FAST. Potential countries are: Georgia, Myanmar, South Africa, Swaziland, and the Philippines.
- Further refine the list of FAST indicators that can be used in the new areas of implementation to better show the impact of FAST. This would include indicators for each letter of the FAST acronym.
- Develop a package of FAST implementation tools that can be used by healthcare administrators as a step-by-step guide to implement FAST in any global healthcare setting.
- Work with the GUV experts to better develop guidelines on how to integrate GUV into FAST.
- Publish the current data that reflects the success of FAST implementation.
- Further promote and disseminate FAST data and results through regional and global meetings, as well as in workshops.
- Promote ownership and leadership of the NTP in scaling up FAST strategy implementation.
- Provide WHO with an evidence-based action package for FAST to support its efforts to integrate this strategy into the global IPC strategy.

A total of 89 participants from 10 countries attended the meeting, including from Cambodia, Georgia, Indonesia, Myanmar, the Philippines, South Africa, Swaziland, the United States, and Vietnam.