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Swaziland’s Experience with the Multi-Method Adherence Assessment Tool (MMAT) on TB Patients

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Objectives

• Share experiences in documenting and monitoring adherence levels among TB DOTS patients in the community
Background TB Profile in Swaziland

• Incidence rate at the end of 2011 was at 1,287/100,000 population.
• 7.7% of new cases will develop drug-resistant (DR) TB as per DR-TB surveillance report of 2010 in Swaziland.
• TB re-treatment cases among registered cases was 1,149/9,180 (13%), thus risk of DR-TB strains continues to be high among TB cases notified.
• The goal for the National Tuberculosis Control Program (NCTP) is to reduce TB mortality and improve the standard of living.
• Approaches to improve adherence include the DOTS program—a most effective method of treating patients on TB.
Problem Statement

• High re-treatment rate (13%) in TB patients due to poor adherence among susceptible cases
• Lack or inadequate systems for monitoring adherence in patients on TB treatment
Activities Identified

• With technical assistance from SPS, revised the Multi-Method Adherence Assessment Tool (MMAT) developed in South Africa for the HIV program to Swaziland TB context
• Piloted the MMAT
• Trained treatment supporters and adherence officers on the tool
• Conducted monthly data collection and analysis
Process Implementation (1)

Stepped wedge approach was used

• Piloted the MMAT
  – Patient and treatment supporter interviewed in May 2012 covering 14 clinics in 3 out of 4 regions
• Tool was further refined after this pilot
• Trained treatment supporters and adherence officers
  – A total of 109 participants were trained on the tool
Process Implementation (2)

• Oriented participants on implementation procedure for MMAT
  – Self-reporting
  – Visual analogue scale
  – Pill identification test
  – Pill count

• Printed and disseminated the tool
Process Implementation (3)

• Adherence officers and treatment supporters collect adherence data from patients on a monthly basis using the MMAT

• Filled forms are forwarded to the nurses for submission to the Regional Health Office and TB regional co-ordinators submit the MMAT to the NTCP
  – Reports are submitted monthly before the 7th of the following month

• Reports are analyzed at national level by the TB program pharmacist with the M&E team

• Findings are shared with TB program, Ministry of Health, partners (MSF, URC), and health care workers involved in TB care
Outcome from Implementation of MMAT

• Adherence levels calculated for the following cases
  – June: 102 cases (4 MDR TB patients)
  – July: 100 cases (5 MDR TB patients)
  – August: 109 cases (11 MDR TB patients)
  – September: 93 cases (7 MDR TB patients)

• Target adherence for NTCP = ≥90%
Outcome from Implementation of MMAT (2)

Adherence scores for TB patients (national averages)

- % Adherence all reported cases
- % Adherence MDR TB cases reported

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Lessons Learned

• Strengths
  • Strong collaboration between the NTCP and partners in promoting and improving patient adherence
  • Community has been involved in monitoring adherence
  • The NTCP is able to identify patients with low adherence scores in time and make targeted follow ups through the regional TB co-ordinators and adherence officers

• Gaps
  • Challenge with timely submission of reports
  • Supportive supervision visits still to be done
  • Poor literacy in the community
Opportunities

• Involvement of Nurses for supportive supervision and adherence monitoring
• Targeted interventions and follow-up for patients with low adherence scores
• Comments section to be added to the tool and used to inform decision making, e.g., nutritional support
Conclusion

Better adherence means a reduction in re-emergence of TB disease and amplified resistance, hence reduction in drug-resistant cases in the population.
Acknowledgements

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• Patients
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