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

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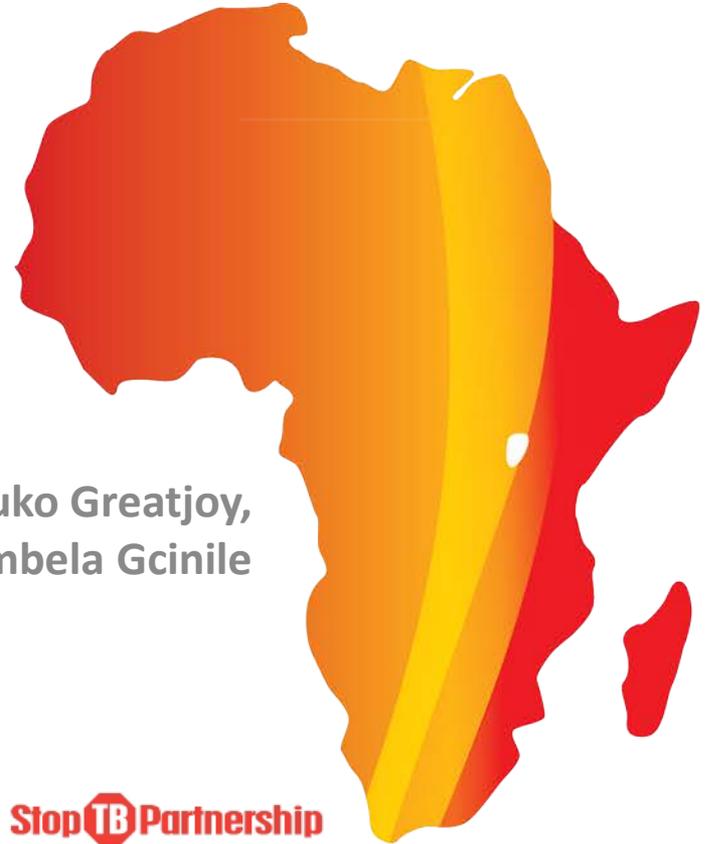
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Objectives

- 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)
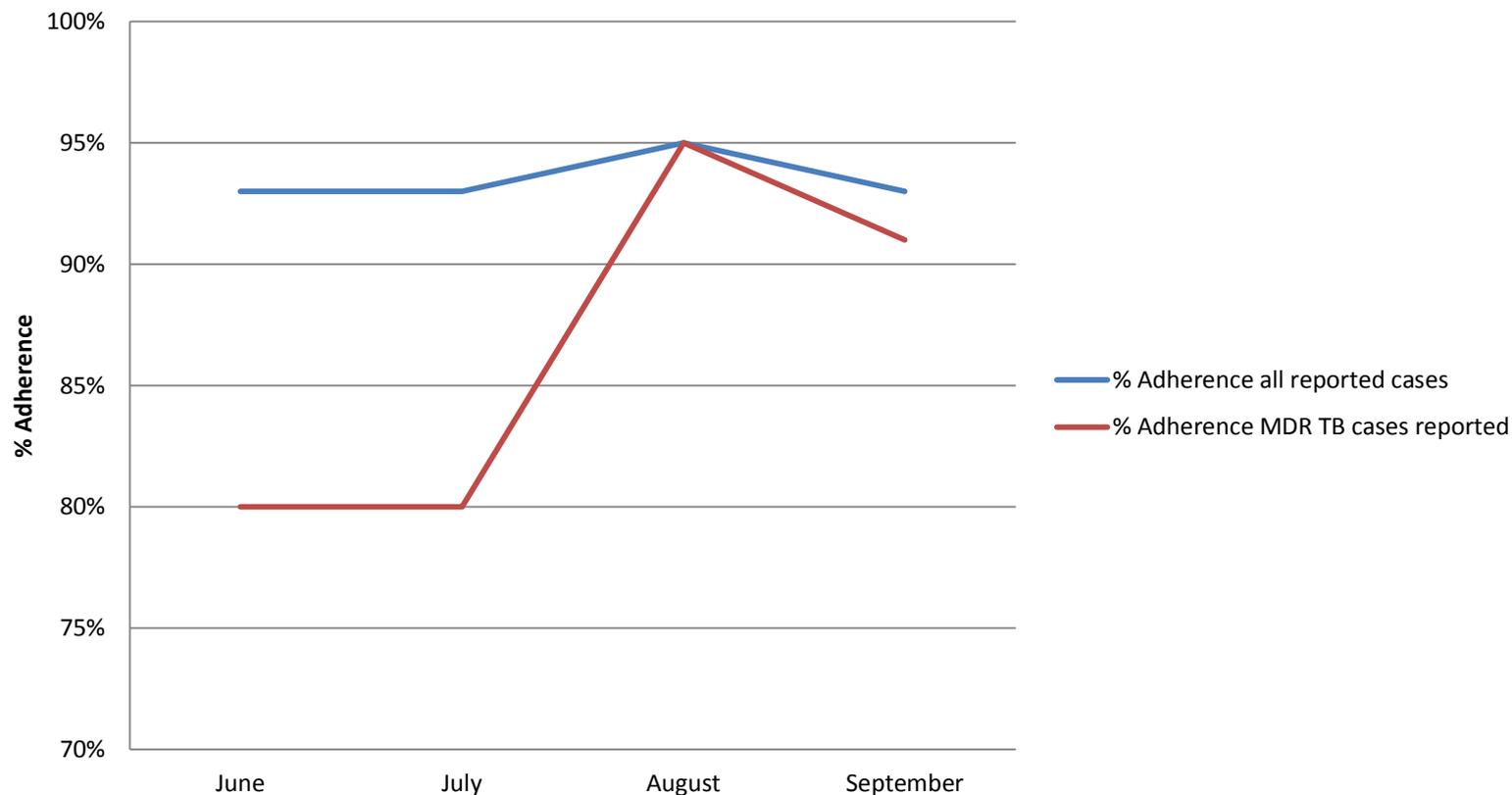 - September: 93 cases (7 MDR TB patientscases)
- Target adherence for NTCP = ≥90%

Outcome from Implementation of MMAT (2)

Adherence scores for TB patients (national averages)

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

- National Tuberculosis Control Program
- Nurses, Treatment supporters and adherence officers
- Patients
- SIAPS Swaziland