

Second Africa TB Regional Conference on Management of TB Medicines

Africa TB Conference 2012, Zanzibar
December 5-7, 2012



USAID
FROM THE AMERICAN PEOPLE

SIAPS



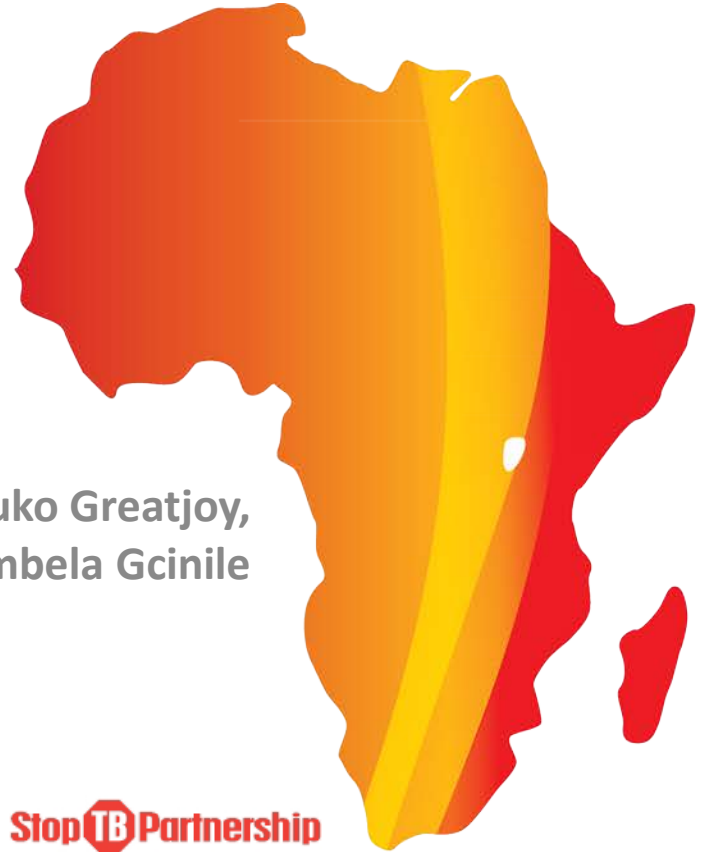
World Health
Organization

Stop TB Partnership



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

Gwebu Prudence, Mndzebele Philile, Mazibuko Greatjoy,
Matshotyana Kidwell, Mavimbela Gcinile



USAID
FROM THE AMERICAN PEOPLE

SIAPS



World Health
Organization

Stop TB Partnership



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.



USAID
FROM THE AMERICAN PEOPLE

SIAPS



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



USAID
FROM THE AMERICAN PEOPLE

SIAPS



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 = $\geq 90\%$



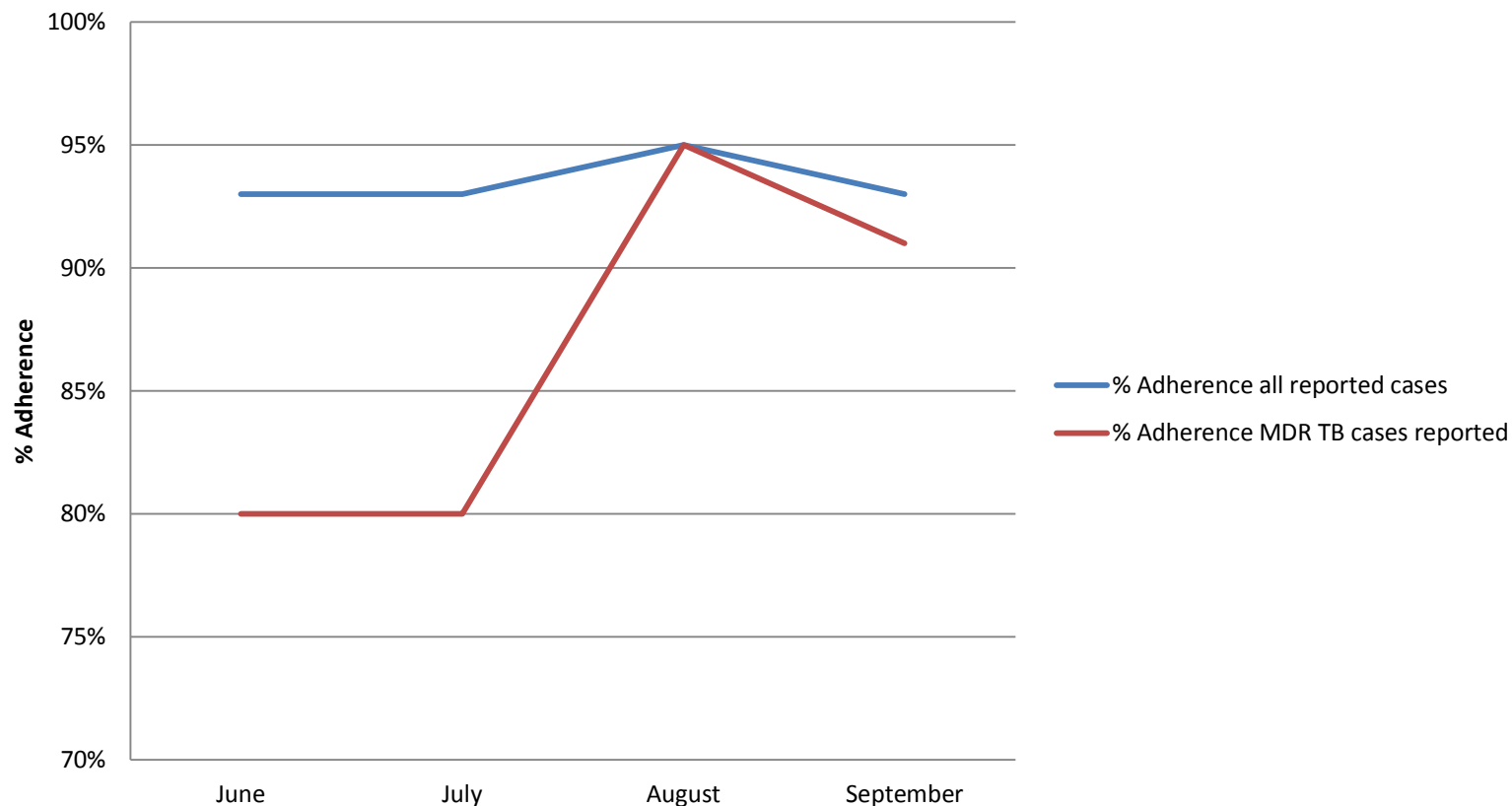
USAID
FROM THE AMERICAN PEOPLE

SIAPS



Outcome from Implementation of MMAT (2)

Adherence scores for TB patients (national averages)



USAID
FROM THE AMERICAN PEOPLE

SIAPS



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