Improving the tuberculosis control using the Directly Observed Treatment programme in Limpopo Province, South Africa

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Introduction

- Tuberculosis (TB) is a major health problem globally and in South Africa (SA)
- In 2012, 8.5 million people fell ill with TB globally
- There were 1.3 million TB deaths in 2012 globally
- 450 000 people had new Drug Resistant (DR) TB cases in 2012 globally
- SA remains one of the 22 High Burden Countries
- SA number 6 with TB burden, after India, China, Indonesia, Bangladesh, Pakistan and Phillipines.
- SA has the highest TB incidence rate globally at 1000/100 000 (WHO 2013 Report)
- TB ranks as the second leading cause of death in SA, after the Human Immune Deficiency Virus (HIV) (Stats SA 2013)



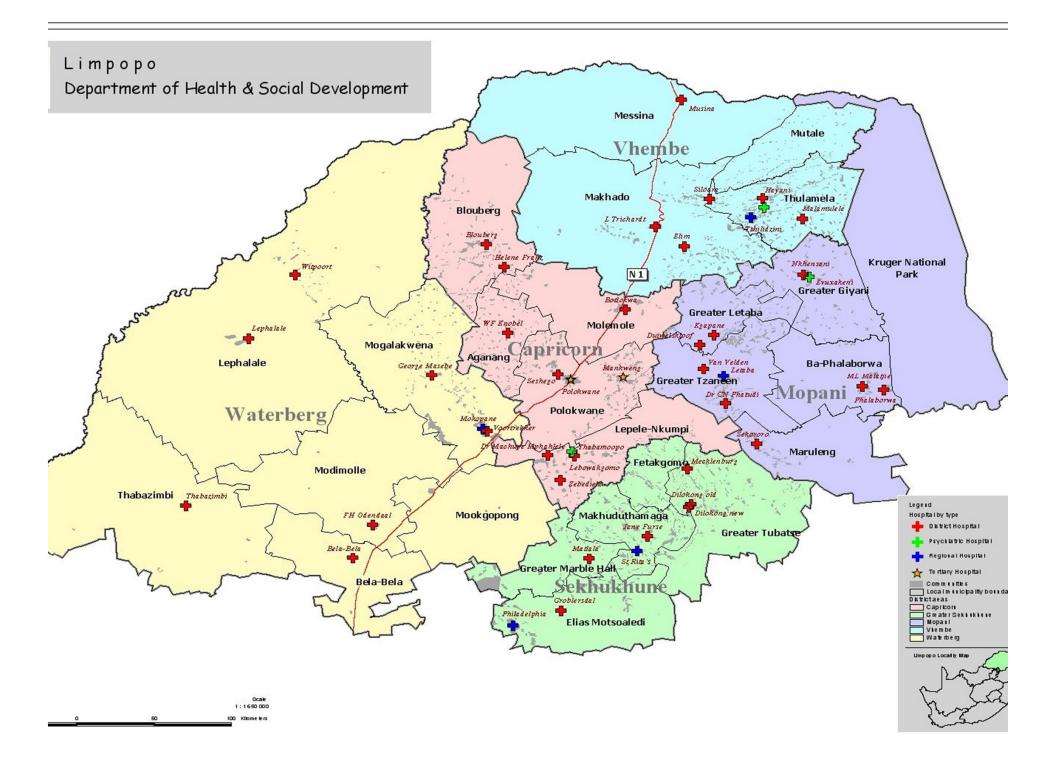
University of Venda (UNIVEN) Thohoyandou, Limpopo Province, South Africa

The University of Venda is a quality driven, financially sustainable, rural-based comprehensive university located in Thohoyandou in the Vhembe district of the Limpopo Province. It is centrally placed in the Sothern African region, in close proximity to Botswana, Mozambique and Zimbabwe.









Directly Observed Treatment

- Directly Observed Treatment, Short course (DOTS) is the cornerstone of TB control in developing countries
- Directly Observed Treatment (DOT) is a programme where patients are observed taking treatment by a trained health care worker or a volunteer.
- The main aim of DOT is to improve treatment adherence and completion of treatment.
- Both facility based and community based DOT is employed in Limpopo.
- A variety of DOT Supporters (DSs) include Health Care Workers (HCWs), Community Home Based Carers (CHBCs), friends, relatives, teachers and employers.
- and DSs are utilised to assist with treatment adherence for TB patients.
- DSs have a major role to play in TB Control
- DSs are however faced with challenges at times.



Burden of TB among selected High Burden countries

Country	Absolute number of TB cases	Cases per 100 000
INDIA	2,800, 000	230
CHINA	1,4000,000	99
INDONESIA	730,000	297
BANGLADESH	470,000	434
PAKISTAN	470,000	376
PHILLIPPINES	450,000	461
SOUTH AFRICA	450,000	1,000

Purpose of the study

• The purpose of the study was to examine the roles, responsibilities and challenges faced by DOT Supporters as they support and supervise TB patients with medication.



Methodology

- Study conducted in two districts of Limpopo Province, that is, Capricorn and Mopani.
- A qualitative design was employed
- Focus group discussions conducted with HCWs, that is, provincial, district and sub-district coordinators, and DOT Supporters in Mopani and Capricorn districts, Limpopo Province.
- Individual interviews conducted with patients
- Semi-structured interview guides used to collect data.
- All participants were asked to describe verbally the challenges experienced by DOT Supporters in the implementation of the DOT programme.
- The focus group discussions were audio-recorded, transcribed verbatim and later analysed.



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FINDINGS

MOTIVATION FOR DSs

What motivated you to be a DOT Supporter?

- Assisting communities formed the primary motivation.
- Previous experience with TB caring attitude developed (relative with TB)
- Having seen DSs at work
- Unemployment acted as a driving force witnessed some DSs employed as Lay counselors

What do you enjoy about the DOT programme?

- The teaching role gives meaningful contribution to TB
- Good service provision with positive results
- Personal feelings of achievement
- Community appreciation





Responsibilities of DSs

What are your responsibilities towards your patients and health care facilities?

- Tracing of defaulters, follow-up of patients
- Referral of suspects to clinics for screening, side effects and social assistance.
- Involvement of family members in the care of the patient- for support and encouragement
- Actual DOT supervision of treatment intake by patients
- Extended act of caring preparing food for patients, providing meals to patients



Challenges experienced by DSs

- Treatment interrupters and defaulters e.g. DSs worried about treatment defaulters, especially male patients who abuse alcohol
- High pill burden
- Stigma
- Use of traditional medication
- Infection from TB and MDR TB e.g safety during sputum collection
- Working as volunteers without stipend
- Registration process as NGOs frustrating
- Need for continuous in-service and updates
- Meetings with clinic staff positive
- Effects of social grant that acts as a deterrent to treatment completion.



Suggestions for improvement

What do you suggest should be done to improve the programme?

- Remuneration /stipends and incentives for DSs
- Institutionalisation of TB patients

Perseverance in spite of challenges.

- Commitments to the patients
- Employment prospects



Recommendations

- Remuneration / stipends and incentives to DSs
- DSs prioritised when job opportunities arise
- Assistance to register DOT groups as NGOs in order to access funding
- Regular meetings by HCWs with DSs
- Conduct DOT acknowledgement days
- HCWs to treat DSs with respect

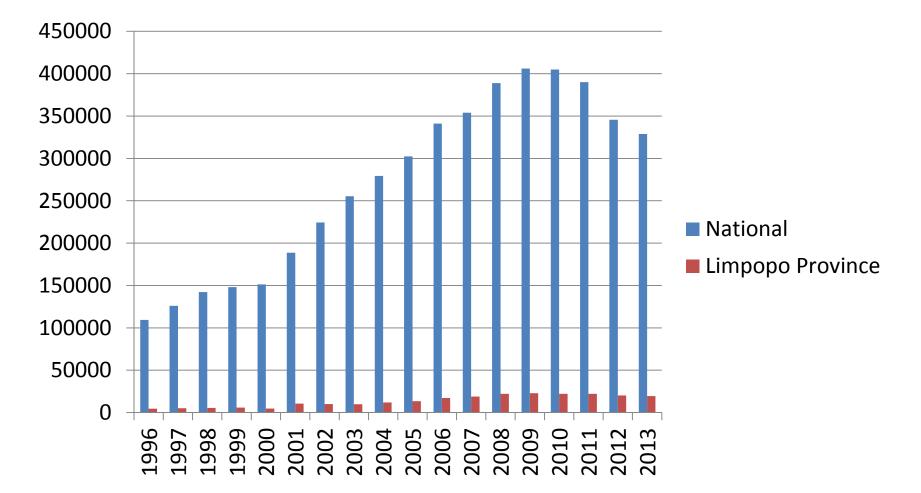


Summary

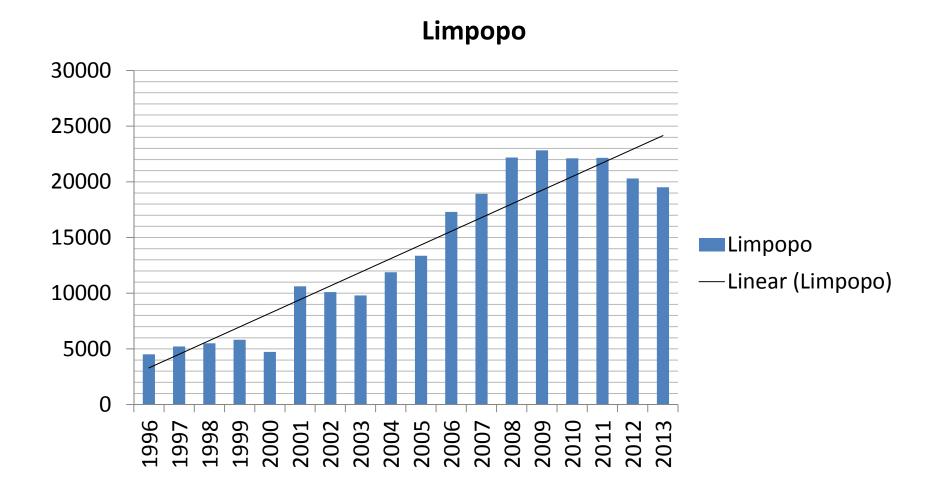
- Groups of provincial, district and sub -district coordinators also voiced out similar findings as for DSs.
- DSs are committed to rendering the service to their communities despite the challenges experienced.
- Department greatly acknowledge the contribution by DSs.



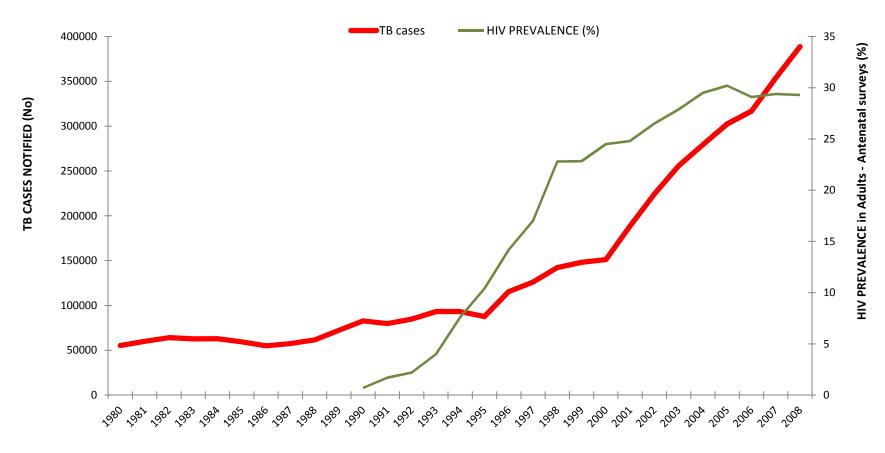
TB DATA: CASE FINDING: LIMPOPO Vs NATIONAL



TB DATA: Case finding



TB and HIV burden in SA

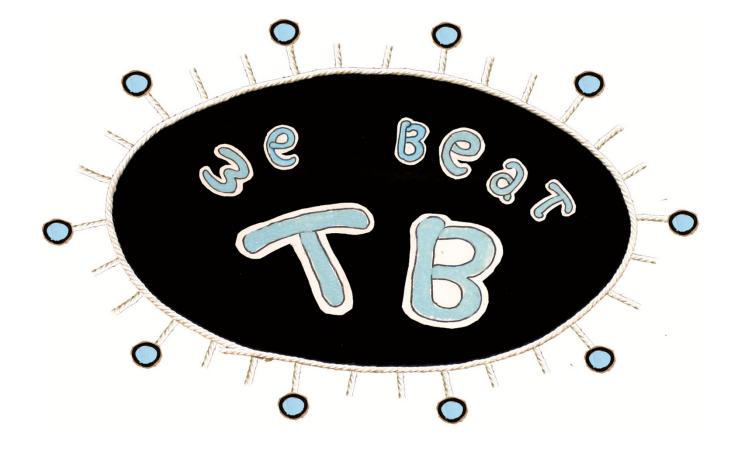


YEARS

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We can STOP TB



THANK YOU

