



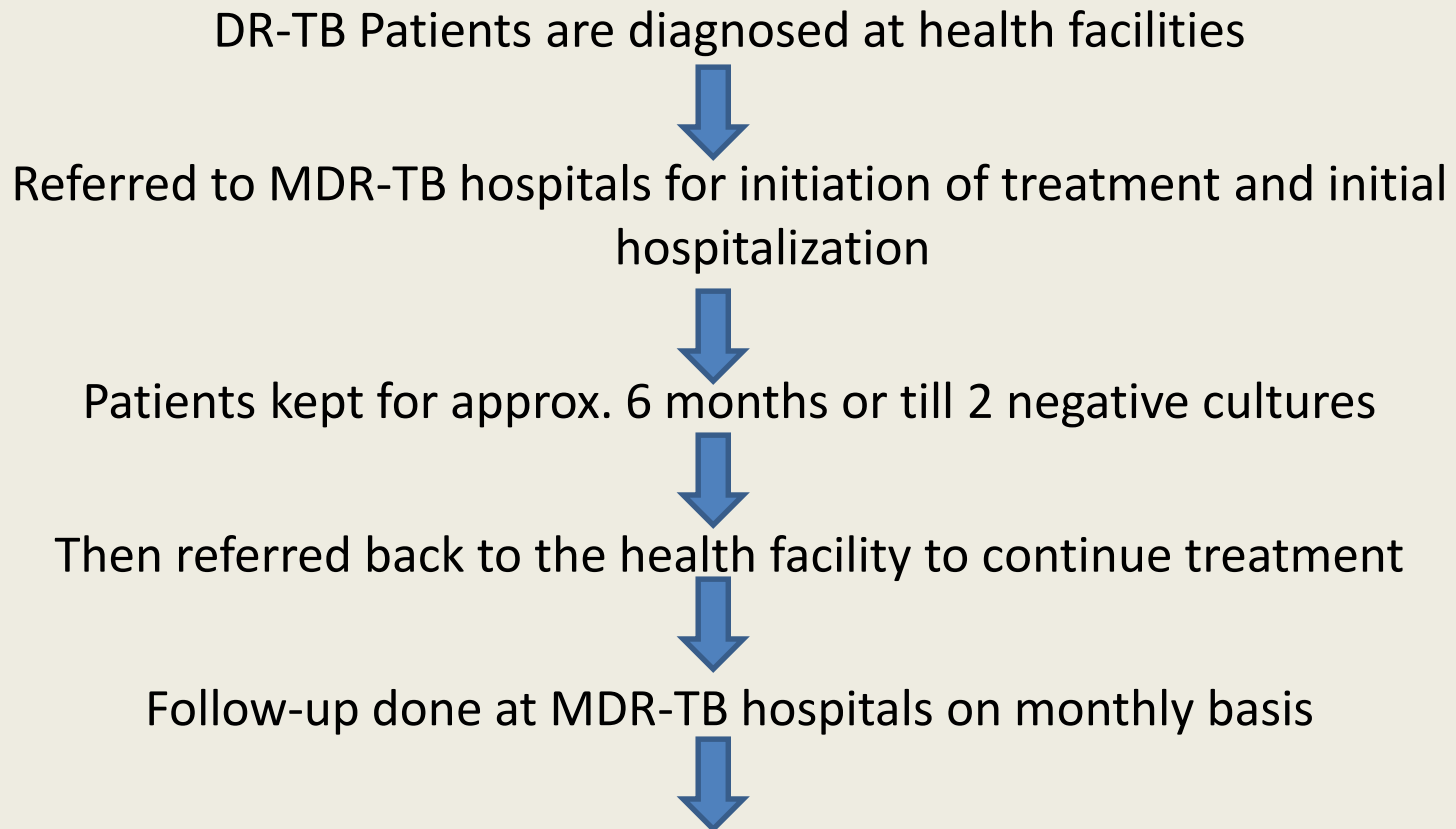
# Strategic plan for decentralised DR-TB care Ethekwini district

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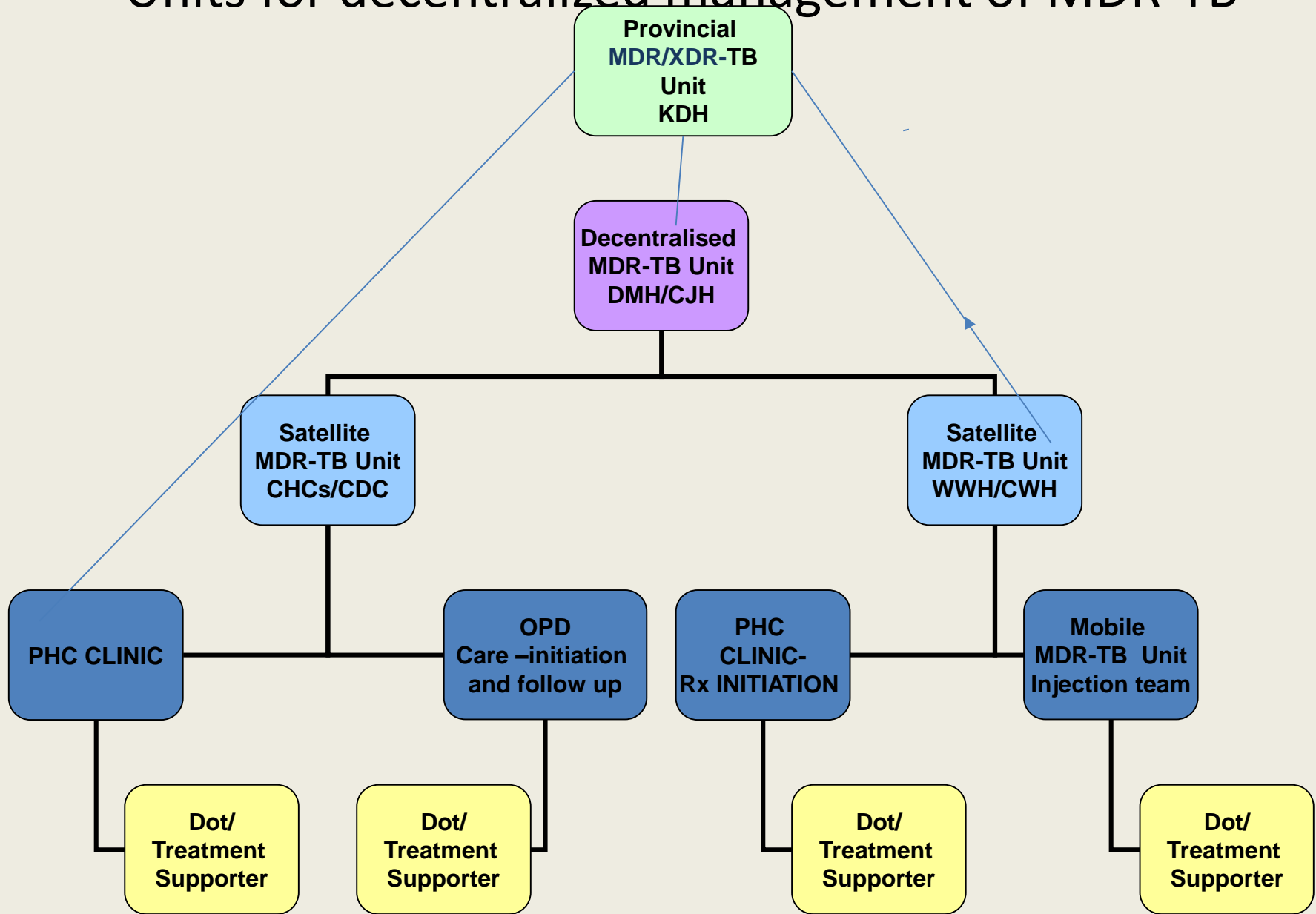
# Flow of MDR-TB management in the PAST



# Issues

- ▣ 25% diagnosed cases are not started on treatment
- ▣ 1-4 months waiting period for admission
- ▣ Long distance of transportation
- ▣ Lack of capacity and safety in transport systems
- ▣ Negative social and economic impact with long stay
- ▣ Increased Risk of transmission in hospital
- ▣ Non-uniformity in previous outpatient care
- ▣ Refusal for admission and demand for early discharge
- ▣ Poor outcome of DR-TB cases in general

# Units for decentralized management of MDR-TB



# MDR TB Programme

- **Center of Excellence – KGV**
  - Complicated MDR TB / Surgery / XDR TB / Paediatrics
  - Local Area cases ? define
- **Decentralized MDR TB unit (DMH/CJH)**
  - TRANSFERS from KDH
  - Initiates treatment of direct admissions from local area ?where
  - Consider OP care for initiation and follow up
  - Develop community MDRTB care
  - Treatment outcomes / programme performance
  - MDRTB budget
- **Satellite MDR TB centers ( 5CHCs /select hospitals/CDC)**
- **Phoenix/Tongaat / Inanda/ Kwa Mashu/KDC/CDC/CWH/WWH**
- **Manage chronic MDRTB care of patients discharged from KDH**
- **?Start treatment**
  
- **All hospitals –access to start MDRTB treatment while awaiting booking at KDH (will admit all inpatients from other hospitals)**
  
- **PHCs**  
**?Initiate treatment and follow up**
  - TB Clinic / TB DOTS Office = TB Focal Point
  - PN in charge with ENs, ENAs - Supported by TB doctor
  - Coordinates TB tracer / mobile injection teams
  - Coordinates TB / MDR TB in catchment clinics
  - Coordinates MDR TB lab results / patient referral / Pre admission MDR counselling

# MDR TB Unit - Selection criteria for community care

- Decision taken by multi-disciplinary team
- Ambulant
- Low grade transmission - preferably smear negative
- Stable accommodation - i.e. not roaming
- Nutritional support - adequate food supply at home or food supplements from dietician
- Treatment support - household member or DOTS
- Patient / family education - side effects & infection control
- Feasible plan for administering injections
  - Injection team making household visits 5 days / week
  - patient returning to clinic 5 days / week
- Contact Mother hospital / PHC – advise of discharge date / treatment plan

# MOTHER HOSP / PHC – TB Focal Point

- **Attach patient to injection team / coordinate with clinic**
- **Attach patient to treatment supporter**
- **Make sure patient has enough treatment**
- **Monitor adherence**
- **Monitor side effects**
- **Coordinate monthly return visits & Transport to monthly clinic**

# Household visits by injection team (TBHIV Community Outreach Teams)

- 5 days per week (including holiday seasons)
- Administer injectable drug
- DOT of morning dose
- Assess side-effects using check-list, weekly submission to Doctors at MDR TB Unit
- Check infection control practice in the home
- Reinforce significance of adherence and side effect monitoring
- Ask household members of signs and symptoms of TB
- Recommend VCT

*Evening dose (and morning dose on weekends) is monitored by household member or DOT supporter*

*Teams should do PHC package (if possible) for duration of time visiting home*



Logistics and Leadership

Diagnosis and Treatment

Transparency of the national tuberculosis programme's  
budget would ensure accountability

**“We’ve got no money, so we’ve got to think”**

Rutherford

# Logistics and Leadership

- A large national survey to determine risk factors associated with default in TB treatment, noted that unfavourable perception of healthcare workers' attitude by patients carried a 12-fold higher risk of default
- 'Manpower is the ultimate manifestation of national commitment'
  - British historian Michael Howard during the Cold War

# Logistics and Leadership

- Systems, like politics, are local
  - Managers need to be aware of the issues faced by on-the-ground healthcare workers and ensure their continued ‘buy-in’ to systems changes.
- Ideas are easy
  - Sustained implementation in highly stressed resource-constrained health programmes is remarkably difficult.
- The impact of a new system on current workload should be kept to a minimum
  - Should make the lives of healthcare workers easier rather than more difficult.

# Logistics and Leadership

- There are health care workers motivated by more than self-interest
  - Willing to work as a part of a well functioning tuberculosis service
  - If the environment were conducive and a rational and carefully designed programme existed.
- Media campaigns using sophisticated and audience-appropriate advertising with celebrity endorsement.
- Healthcare workers involved in all levels of the programme should pass an accreditation examination every three to five years.

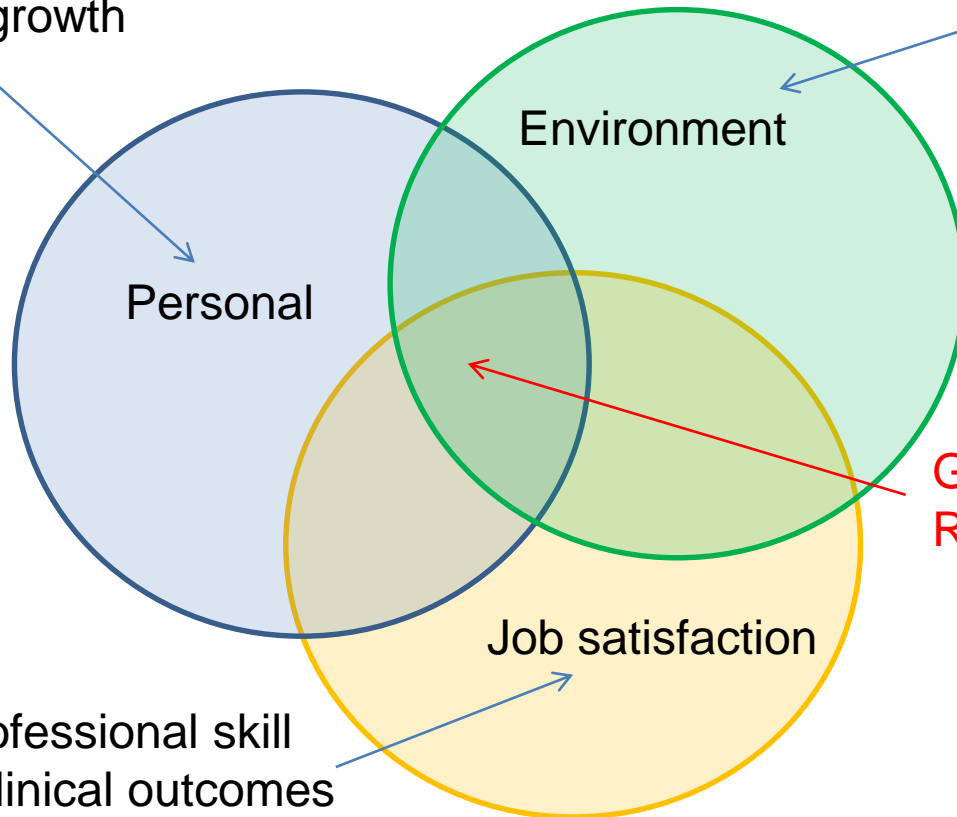
# Logistics and Leadership

- Personnel involved in the TB programme should be easily recognizable by specific badges
- Frontline healthcare workers who are routinely exposed to tuberculosis
  - OSD to compensate for specialized knowledge and infection risks
  - Supported by a sound infection control procedures, regular testing for HIV infection and isoniazid prophylaxis
- Line management structures need to be transparent, accountable and empowered to support effective local solutions

# What do healthcare workers want?

Regular salary  
Recognition / Autonomy  
Professional growth

Safe  
Well equipped  
Interactive  
Efficient  
Predictable



Personal

Environment

Job satisfaction

Good patient care  
Retention of skilled doctors

Exercising professional skill  
Satisfactory clinical outcomes

# Diagnosis

Shrewd use of robust information technology, such as that used widely in the private sector, including financial institutions and retailers, could be helpful in managing large numbers of specimens

Unique patient identifier



Ensuring rapid and accurate diagnosis

and

Effective and uninterrupted treatment

Idealism is fostered by hope

Realism is fostered by experience

Scepticism is fostered by uncertainty

Cynicism is fostered by disappointment

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