Overview of partnership building to establish community based MDR TB programs in high burden settings

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Lille, France
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Dr. Refiloe Matji
The bad news....

- MDR TB is increasing
- Countries do not have sufficient beds to admit all patients
- Patients are on waiting lists for admission to hospital
- Mortality is extremely high
- Patients refuse to be admitted for long periods
- Hospitals are becoming like prisons
- No new drugs widely available
- New diagnostics not widely available
Dire TB warning to SA

South Africa must declare emergency, says World Health Organisation

Super resistant TB rife in KZN

A KwaZulu Natal study has revealed a super strain of tuberculosis — XDR TB — that is resistant to all first and second line drugs and has a high death rate. South Africa does not have any drugs to treat people with XDR TB.

Earlier this year, it was reported that a deadly new strain of multi-drug resistant (MDR) TB had been picked up by a patient at a Church of Scotland Hospital at Tugela Ferry in KZN.

In the area, about 80 patients have been treated for TB. Of these, 10 patients were MDR positive and 20 have died. Of the remaining cases, about 50 have been admitted to the hospital and of these, 20 had multi-drug resistant TB.

Doctors at King George V Hospital have been treating patients with second line drugs.

Tugela Ferry unites to fight double disease crisis

Tugela Ferry patient unites to fight double disease crisis

Outbreak of killer TB at Tugela Ferry

Kerry Cullinan

There has been an outbreak of a multi-drug resistant (MDR) strain of tuberculosis in the Tugela Ferry area of KwaZulu-Natal.

About 80 patients from the area have been referred to King George V Hospital in Durban, the province's only facility dealing with MDR TB, but their chances of recovery are not good.
KILLER TB HITS GAUTENG
Woman who left hospital could be spreading disease to unsuspecting people

THE SUNDAY INDEPENDENT

Killer TB tightens fatal grip

Prospect of an epidemic sets medics trembling

Government’s ‘hands tied’ in preventing spread of TB

NITANTA SINGH

Though it is working the government can do to stop the spread of tuberculosis from branch to branch. It is not an ‘easy task’ to prevent its spread.

He said the biggest threat to fighting the disease was poverty and poor access to health facilities.

Lesego Mokgoro, the DIF, was ignored by the MEC when he asked her to explain what steps the provincial department was taking to ensure the well-being of health workers.

They are the frontline and are in direct contact. What of their safety from becoming physically ill?
KZN's town of death
Moldova

Balti’s TB hospital suffers from a lack of resources and consistently operates 10-20% above their capacity of 200 patients. In 1999 the old TB hospital in Balti was closed as the government looked to make budget cuts….

The new hospital is smaller, has fewer resources and faces daily struggles to meet the needs of the city’s TB patients.
Woman in Jail for Not Complying with TB Treatment

NORTH CAROLINA: Salisbury Post, September 21, 2011

A TB patient was arrested recently in Salisbury, North Carolina, for violating a state law requiring an individual with a communicable disease to report for treatment. The law gives the local health director authority to investigate communicable diseases or conditions of a person infected, exposed, or suspected of being infected or exposed.
The good news...

- Various models of delivery of care for newly diagnosed MDR TB patients were tested in different countries.
- Different partners globally started testing different models of care at community levels.
- Drugs became available through donors (e.g., GLC, Pharmaceutical companies, etc.).
- New diagnostics.
- CB MDR TB decreases the risk of nosocomial infections.
- It is a flexible model that can fit into the schedule of the patient.
Key considerations for MDR TB

Management of MDR TB is complex:

• Duration of treatment is significantly longer

• Management of patients requires a multi-disciplinary team including doctors, nurses, social workers, counselors, community, family members etc.

• Patients need psychological support
Key considerations (2)

• Disease is infectious; presents a danger to family members, other patients and healthcare workers

• Diagnostic facilities are crucial for the diagnosis and monitoring response to treatment (culture and DST)

• Prevention (strengthening DOTS) is critical
Major barriers to MDR TB care

Lack of:

- Diagnostic capacity for TB and MDR TB
- Facilities to care for very sick patients
- Infection control (facilities and community)
- Availability of Second-line drugs to construct effective regimens
- A mechanism to deliver MDR TB care
- Trained human resources
- Implementation knowledge

Extreme poverty
Why do we need partnerships?

- International Donors
- Regional Partners
- Countries
- Health care facilities
- Communities
Different levels of partnership

International Partners/Agencies

- Donors
  - WHO
  - GFATM
  - UNAIDS

- Activities
  - Guidelines/policies
  - Funding
  - Technical support

Countries

Regional Partners

- Donors
  - WHO
- Regional initiatives
  - e.g. SADC

- Activities
  - Supranational Labs
  - Cross border issues

Country level

- NTP
- Health Care facilities
  - (hospitals/clinics)
- Communities

Activities
- Diagnosis
- Drugs
- Follow up
- DOT teams
Developing a planning tool for community MDR TB implementation

WHO recommends that MDR TB patients should be treated using mainly ambulatory care rather than models of care based principally on hospitalization.
Summary

• Successful CB-MDR TB models currently exist in Peru, Lesotho, Russia, Pakistan, South Africa
• A need to expand COE regionally and within countries
• There are models that are cost-effective, high impact, and replicable for scaling up MDR TB responses
• Need to provide flexible models for coordinating care between multiple stakeholders
The presentations today

• Establishing CB-MDR TB programs in Lesotho: Dr Hind Satti (PIH)
• Good practices in CB-MDR TB and TB/HIV programs in Swaziland: Dr Samson Haumba (URC)
• Public-Private mix and CB-MDR TB programs: Dr Francoise Louis (URC)
• Building effective referral systems between clinic and community-care programs: Dr Claudio Marra (URC)
• Community-based models in Peru and other countries: Dr Michael Rich (PIH)
Thank You