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Our Issues, Our Drugs, Our Patients

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Alternatives Models to Directly Observed Therapy for Rifampicin – Resistant Tuberculosis: Counseling components from a Self-Administered Treatment pilot in Khayelitsha, South Africa

Abstract 232

Leigh Snyman
Directly observed therapy (DOT)

“National Department of Health recommendation for RR-TB treatment administration”

- Patient travels to clinic daily
- Treatment is taken under the watchful eye of a nurse
Clinic based DOT

- DOT may impede adherence
  - Daily clinic visits can disrupt daily activities of life
  - Busy clinics may lead to waiting periods
- DOT is resource intensive

Is there an alternative to DOT after the intensive phase?
Self-Administration of Treatment (SAT)

- Implemented within the ‘TB/HIV Integrated Adherence Framework’
- Multi disciplinary team approach
- Eligibility dependent on inclusion Criteria
  - Intensive phase complete
  - Clinically stable
  - Culture Negative
  - Supportive home environment
  - Fairly good adherence
Objective and benefits of SAT

• To improve adherence to treatment by eliminating all the barriers posed by DOT
• Benefits
  • Patient can return to activities of daily living
  • Improved quality of life
  • Self empowerment / ownership of treatment
  • Decongest clinics
Self Administered Treatment (SAT) Intervention

Completion of the injectable phase of DR-TB treatment (flagged by clinic staff)

Local Community Care Worker (CCW) assigned to patient to conduct home visit, confirm address, assess social situation, and identify potential challenges to SAT adherence

Standardized DR-TB counseling session

Case presented in a weekly Multi-Disciplinary Team (MDT) meeting in the local clinic

Not approved for SAT: Referred for enhanced adherence support

Approved for SAT: Offered a weekly or monthly supply of DR-TB medication for daily SAT

SAT adherence counseling session: Review treatment and discuss adherence issues

Weekly home visits conducted by the CCW: Identify any new adherence issues and continue to provide structured support

Patient is encouraged to identify a treatment partner

Monthly clinical follow-up: Patient is assessed monthly at the clinic until treatment is completed

Self-Administered Treatment (SAT) Intervention
Results

Interim Outcomes for patients enrolled onto SAT since 2012
Conclusions

- Alternatives to DOT after the intensive phase are urgently needed in high burden settings
- Interim SAT outcomes indicate that the majority of patients enrolled have either been successfully treated or are still on treatment
- SAT after intensive phase is a feasible method to promote patient autonomy and relieving pressure on clinics
Recommendation

SAT should be implemented in settings with capacity and technical guidance to provide structured patient support and adapted to fit within the local context.
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