Introducing Directly Observed Therapy (DOT) to Strengthen TB Programming in Suriname: Challenges and Successes

Content

- HIV and TB epidemiology in Suriname
- Pre- DOT Program in Suriname
- Implementation of DOT
- Treatment outcomes before and after DOT
- Challenges of DOT implementation
- Successes of DOT implementation
- Conclusion

Suriname

- Population:534.189
- Ethnic groups: Creole, Hindustani, Javanese, Maroons, Chinese, Amer Indian, Mixed
- Language: Dutch
- GDP: 7,906 US per capita
- Life expectancy: ±70 years

Objectives

- To identify the challenges of DOT implementation in Suriname
- To understand the strategies applied in achieving success

HIV and TB epidemiology in Suriname

Incidence rates (per 100.000 pop.) of TB and TB/HIV cases, Suriname, 2005-2010

Year	Incidence rates	Total HIV+ cases	Percentage TB/HIV+ cases
2005	23 (117)	610	21% (23)
2006	25 (127)	740	22% (28)
2009	34 (177)	596	31% (32)
2010	40 (201)	521	34% (68)

Pre-DOTS Program in Suriname

The National Tuberculosis Program operated within many constraints:

- Rising TB cases
- Poor management of TB drug procurement
- Central care of TB patients
- Lack in motivation in personnel
- Logistical issues
- No TB health promotion
- Small budget for TB program

TB Patient care before DOT started

- Patient comes to the NTP: once a week in initial phase
  twice a month in follow up phase
- Patient are not supervised in swallowing the pills
- Patients don't come for medication: too far/ no money/ too sick
- Many defaulters

Continued Pre-DOTS Program in Suriname

The national authorities of Suriname took an important step towards addressing the impact of TB on the population.

- ✓ Submitted a proposal for the 9TH round of the Global Fund
- ✓ Contracted a TB consultant to provide technical assistance for the NTP
- ✓ Assessments by CAREC / Francis J. Curry TB Center through Chart/ PAHO/ KNCV

Why DOT?

- **DOT meets the needs of TB patient care:**

  Problems identified quickly and responded to, which leads to cure

- **Prevents acquired drug resistance:**

  no self selection of medication

- **Prevents defaults:**

  Decreased community transmission

- **Builds trust and relationship:**

  Between health providers and at –risk communities

- **Improves TB Program outcomes:**

  Communities are protected

Implementation of DOT

Plans and activities:

- Meetings held with stake holders to support the DOT implementation
- Training staff of: NTP, Regional Health Centre's , Medical Mission , Hospitals, Community, General Physicians, Lab personnel, Prison
- Supporters recruitment and training
- Opening of the DOT sites
- TB Health promotion
- Supervision of the DOT sites

Implementation of DOT
continued

Patient care

- Sputum collection at : DOT site, NTP, Chest Clinic and other facilities and send to the lab
- Initial evaluation of all patient are done by the long specialist
- Decisions made to treat patient at home or admit to the sanatoria, where DOT is started
- The supporters are being supervised by the NTP nurses
- Community DOT can be started without intervention from the sanatoria
- Admitted patients are monitored until discharged

Treatment outcome before DOT

Treatment Outcome data 2009 and 2010		
	2009	2010
Cured	97	116
Completed	8	7
Defaulted	19 (12%)	32 (16%)
Died with treatment	18	16
Died without treatment	2	15
Stop medical reason	7	6
Not treated	0	6
Transferred out	0	2
unknown	4	1
Total	155	201

Treatment outcome after Implementing DOT

Treatment outcome 2011
2011
81
11
9 (6.8%)
17
8
2
4
0
0
132

Challenges of DOT Implementation

Challenges of patient for NOT accepting DOT:

- work and too busy for a DOT supporter
- Afraid it will be told to others, confidentiality
- See TB as an illness for the poor
- Family issues →Lack of information about tuberculosis, denial of illness
- Patients from the interior→ changing the habit, when the person is a user of traditional therapy

Challenges of organizing DOT

- Recruitment of DOT supporters
- Keeping the recruited supporters
- PHC settings don't take TB as a priority
- Motivation of personnel, not interested in TB
- Sustainability of DOT after Global Found

Successes of implementing DOT

- Decentralization of care and Treatment of TB patient
- Health promotion of TB improved
- Less defaulters
- Supervision/Monitoring/ Evaluation
- Health workers are more interested (DOT sites)

What would have been done differently

- Wider campaign for volunteers as supporters
- Train family member as DOT supporters
- Community involvement

Conclusions

- Introduction of DOT in 2011
- Decentralization of TB care
- Less Defaulters
- Better management of TB drug procurement
- TB health Promotion
- Good logistics
- Feedback and cooperation of stake holders

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Thank you