

Public Health in the News

MDR-TB treatment comes closer but not close enough

As many as about 60 percent of patients started on treatment for multidrug-resistant tuberculosis (MDR-TB) will not be cured. With odds already stacked against them, Eastern Cape MDR-TB patients face a long and costly journey for treatment.

MDR-TB is resistant to both of the most commonly used TB treatments and takes about two years to treat. Only about 60 percent of MDR-TB patients will be cured, according to 2010 figures cited by Director of the Department of Health's DR-TB, TB and HIV division Dr Norbert Ndjeka in 2014. With just 2,500 hospital beds available for MDR-TB patients, the Department of Health began decentralising treatment out of specialised hospitals and into health facilities closer to patients in 2011.



In 2014, only 63 health facilities could treat drug-resistant TB patients. As of June, more than 400 sites nationally were treating DR-TB patients. However Eastern Cape patients say that decentralisation has not bridged the distance or money between them and their treatment... According to the Treatment Action Campaign's OR Tambo District Coordinator Noloyiso Ntamehlo said the organisation's Lusikisiki branch is pressuring district health officials to move MDR-TB treatment into area clinics. ...In March, the South African Human Rights Commission held a hearing into the alleged death of emergency and planned patient transport in the Eastern Cape. The commission is anticipated to release its report in coming weeks.

Source: *Health-e News*, 09 September 2015

Context

According to a report released by Médecins Sans Frontières (MSF) ahead of World TB Day on March 24, treating patients with drug-resistant tuberculosis (TB) at clinics closer to their homes instead of in hospitals, which are often further away, is 42% cheaper as well as better for patients' quality of life.

Each year about 15 000 cases of drug-resistant TB (DR-TB) are diagnosed in South Africa; the highest number of cases in the world behind India. It requires a minimum of 20 months of treatment, which includes six months of daily injections and up to 20 tablets a day that can lead to serious side-effects like deafness.

Traditionally, DR-TB patients are treated in hospital for at least six months because the complex condition requires expertise not usually found in primary healthcare settings like clinics. But in 2007 Médecins Sans Frontières, working with the provincial health department, began a pilot project to decentralise DR-TB services in Khayelitsha, Cape Town. Since the beginning of the pilot project more than 90% of patients with DR-TB are started on treatment, according to the MSF report. "This is much higher than the rest of the country where fewer than 50% of DR-TB cases are actually initiated on treatment," said the co-ordinator of the Khayelitsha project, Lynne Wilkinson. "The most important thing is to get people started on treatment because that is when they stop being infectious and won't transmit DR-TB to people around them."

Resistance can develop when antibiotics are not taken correctly or TB treatments are stopped before the end of a drug course. But, according to the report, about half of the DR-TB cases in Khayelitsha are new TB cases, which means those people were directly infected with the drug-resistant strain. Treating DR-TB in hospital "removes a patient from their support base like family and friends as well as trusted health workers in local clinics who the patient may have a bond with," said Wilkinson. Patients are less likely to seek treatment if they don't want to be in hospital and those who have jobs lose valuable time away from work, she said. "They would rather sit in their communities remaining infectious," she added...

Source: *Mail & Guardian*, 24 March 2015

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CONTACT US: Tel: +27 (0)21 887 7161

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