

Treatment delivery and adherence (The Peruvian experience)

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Running the list in 1996

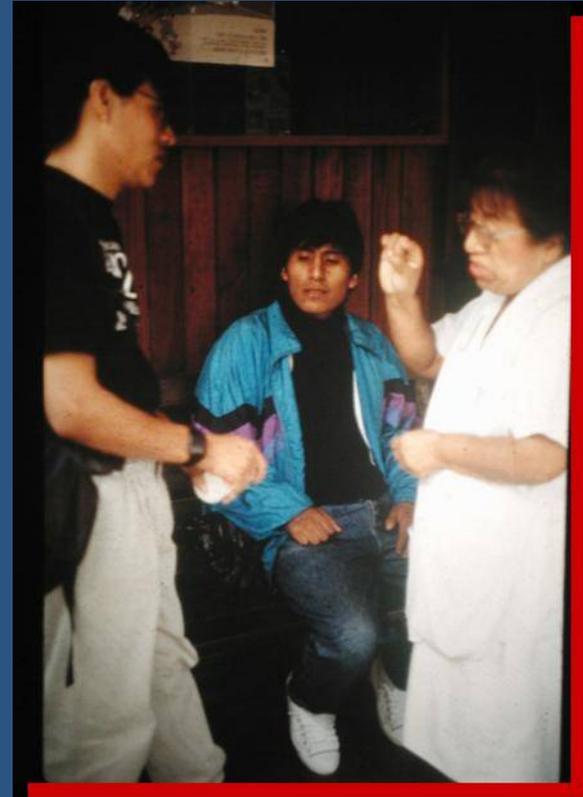
- ❑ Support from international community
- ❑ DST for 1st & 2nd line drugs
- ❑ Treatment with full patient support throughout
- ❑ Management of drugs and supplies
- ❑ Data recording system
- ✅ Estimated cost per patient in USD = 250K



Running the list in 1996

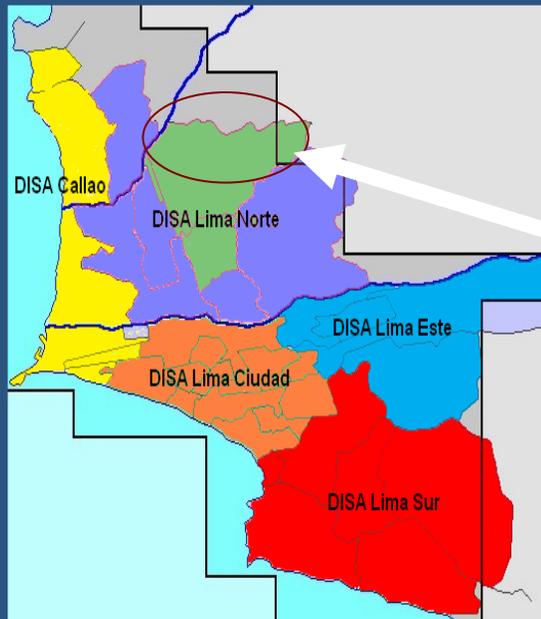
But we had:

- ✓ Very good DOTS Program
- ✓ Nationwide lab network
- ✓ Very well trained TB Control staff
- ✓ Integrated TB services in the primary health care system
- ✓ Strong health information system at the district level



Expanding the Community-Based DOTS-Plus Model

Year 1996: Carabayllo (Northern Lima)



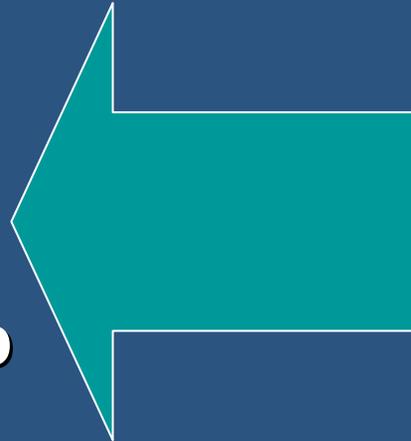
Promoters = 10

Patients = 14

Expanding the Community-Based DOTS-Plus Model

Year 2005: 12 Regions

- Piura
- Lambayeque
- La Libertad
- Ancash
- Lima y Callao
- Junín
- Ica
- Arequipa



Promoters = 700

Patients = 4,359

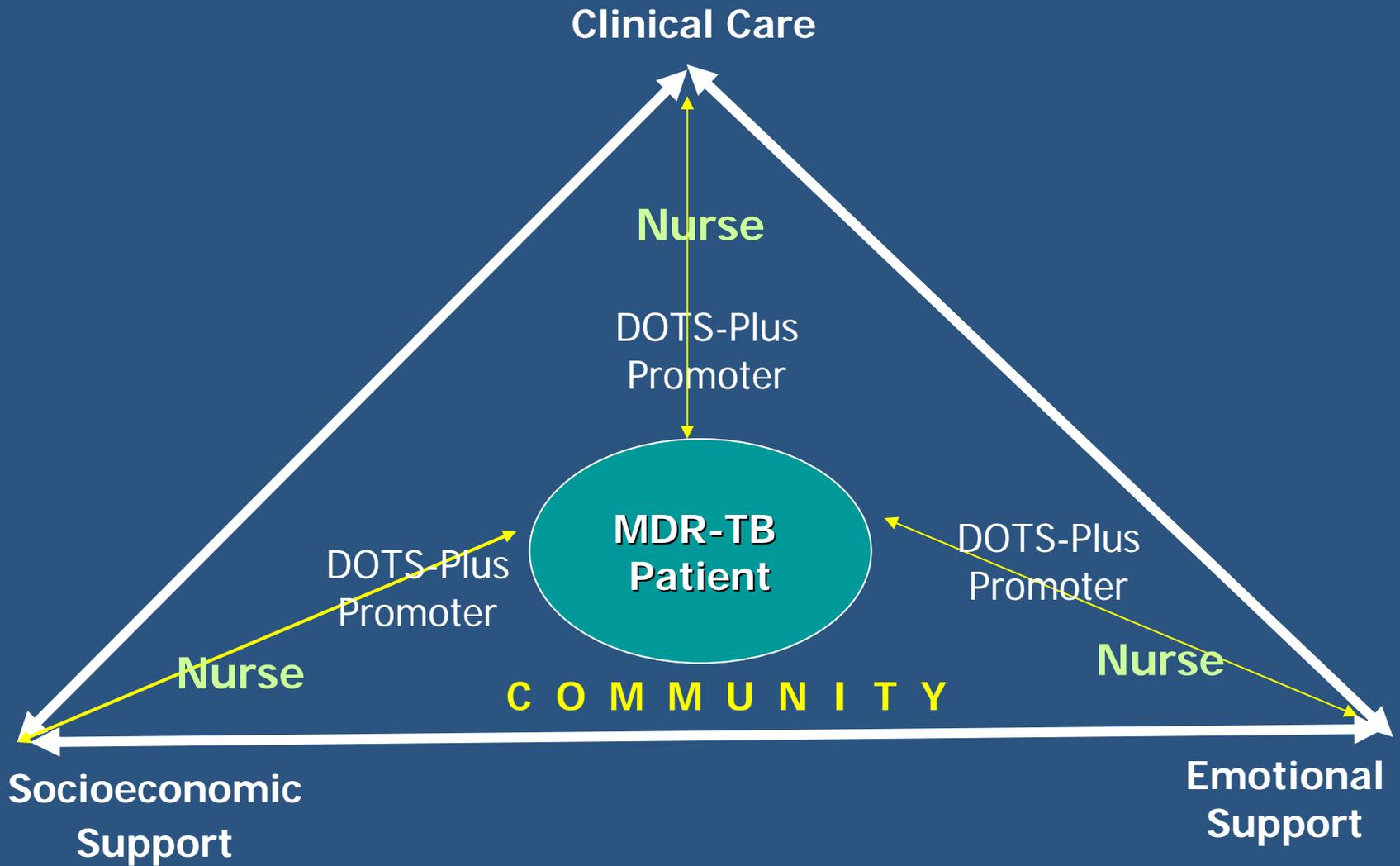
Running the list in 2006

- ✓ Support from International community
- ✓ DST for 1st & 2nd line drugs
- ✓ Treatment with full patient support throughout
- ✓ Management of drugs and supplies
- ✓ Data recording system
- ✓ Estimated cost per patient (2500 – 4000 USD)



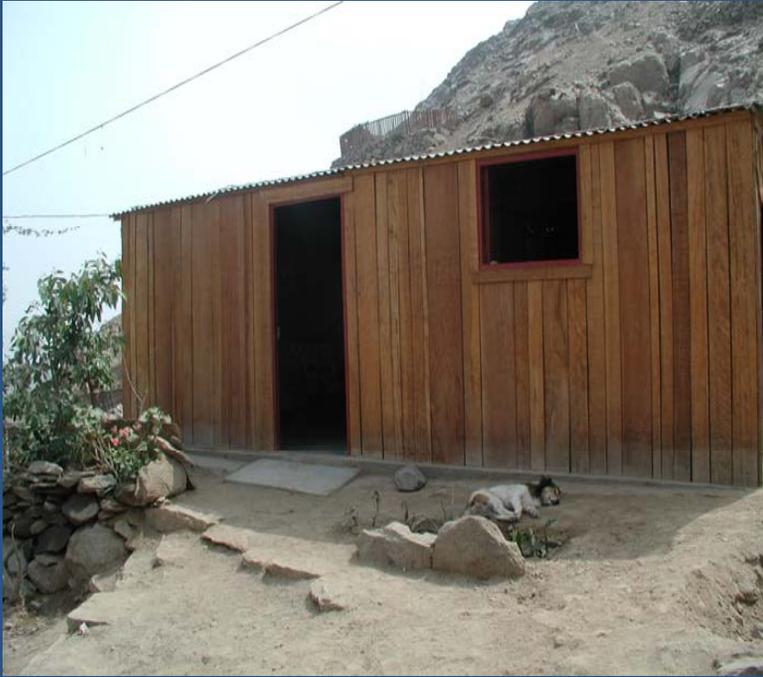
Model of nursing care

- The success of this MDR TB treatment programme can be attributed in large measure to the unique community orientation of the nursing team.
- Community nursing takes an integrated approach in which the nurses are responsible for treating not only the patient, but also the ambient factors that affect health, such as family and community



Situations related to MDR TB treatment that required emotional support

- Treatment enrolment
- Guilt
- Stigma
- Adherence
- Side effects
- **Socio-economic difficulties**
- Special situations (domestic violence, HIV positive, elderly, pregnant women, children, patients from provinces, etc)
- Treatment failure and end of life
- Completion of treatment and cure
- Emotional support for other members of the medical team



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Forms of emotional support provided by community nurses

■ Informal

- Counsel / advice for patients and family
- Gesture of support, caring and trust such as an embrace; the formation of a friendship / alliance with the patient
- Participation in special events for patients and families (birthday and holidays)

■ Formal

- Routine visit to patient's homes.
- Organize therapy groups to share and confront together the challenges poses by MDR-TB. Serve as cotherapists with mental health professionals.
- Coordinate and participate in recreational activities and symbolic celebration for patients
- Evaluate and monitor psychiatric symptoms (side effects of treatment); triage and determine the need for psychiatric attention.

The Health Promoter for DOTS-Plus

- Knows his community well
- Lives near the patient
- Previous experience in community work
- Receives training in MDR-TB
- Recruited by SES and/or by MINSA
- Contributes to MDR-TB control within his community
- Becomes member of the DOTS-Plus team for his community.





“I felt badly when I couldn’t help a patient get over the disease. It wasn’t my fault, but if I saw that the patient wasn’t getting better or wanted to abandon and I blamed myself for not helping him or her. I felt helpless. It was very difficult for me.”

Health promoter

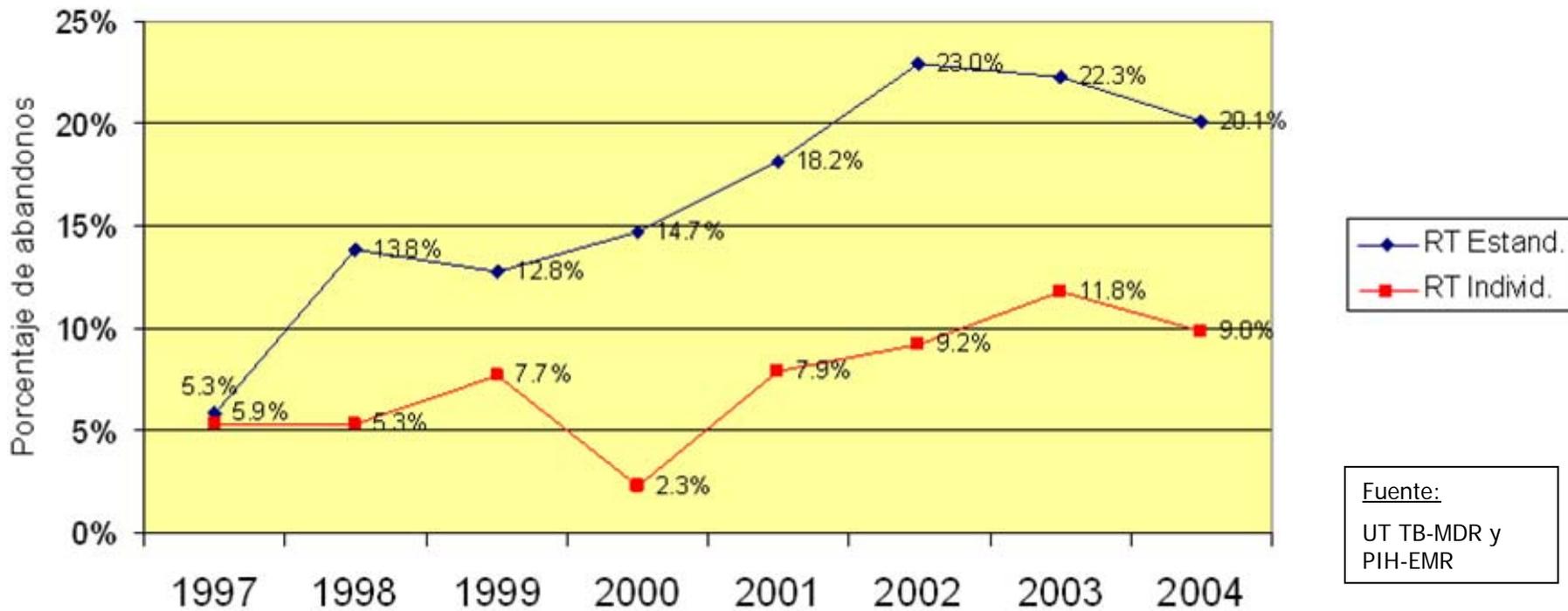
Working with Health Promoters: Potential Benefits...

Improvement in:

- TB/MDR-TB contact tracing
- Patient-centered care
 - Communication
 - Detection and management of social and clinical factors hindering patient recovery (comprehensive approach)
- Adherence to treatment (↓ abandonment)

% of Abandonment to STR and ITR in MDR-TB patients from MINSA , 1997-2004

Abandonos al tx para TB MDR: Retratamientos Estandarizados e Individualizados desde 1997 al 2004



Our satisfaction and will to keep supporting our community are motivated by the joy we experience when we see our patient recovered, together with his family , sharing a smile and hope, and re-inserting into society...

DOTS-PLUS HEALTH PROMOTER



Muchas gracias!