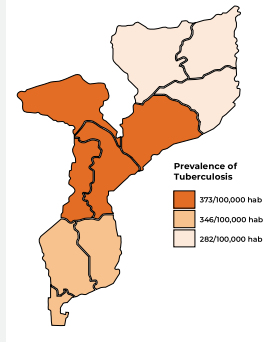


DOTS PLUS: A promising approach to increasing adherence to TB, DR-TB and HIV treatment in Mozambique

A. Abdula, H. Hallstrom, A. Mugunhe, A. Baptista, P. Nota, U. Jantar, P. Zindoga
ADPP, LTBR Mozambique, DPS-PNCT Zambezia, USAID, Mozambique

Country Context & Background

Project Description



Funder: USAID.

Partners of consortium: ADPP as lead, FHI360, ComuSanas, Kupulumussana, and Dimagi.

Timeline: October 1, 2019 to September 30, 2024.

Funding: USD 24 Million.

Location: 4 provinces, Mozambique.

Project Goal: To improve the national response to TB by providing high quality clinical and community TB services, based on patient-centred care, support the Ministry of Health/ National TB Program (NTP) in the implementation of the *National TB Strategic Plan (NSP) 2014-2018 and 2021-2030* to eliminate TB as a public health problem by 2035 in line with the End TB Strategy targets.

According to *WHO Global Tuberculosis (TB) Report (2023)*, Mozambique is extremely high burden for TB, drug-resistant TB (DR-TB) and HIV associated TB, where over 75% of estimated DR-TB cases remain undetected and one-third of people with DR-TB also live with HIV. Addressing barriers to (DR-) TB diagnosis and treatment adherence is a national priority for reducing morbidity and mortality. Since 2019, ADPP Mozambique, a local NGO, has implemented a holistic, client-centered approach through the enhanced Direct Observation Treatment Strategy (DOTS) PLUS model.

Description/ Intervention

DOTS Plus model comprises direct observation of (DR-)TB treatment plus psychosocial and financial support (for nutrition, transport, and other costs), and provision of pill boxes. DOTS PLUS support services include medication monitoring, regularly scheduled visits, drug home deliveries, client escort for clinic visits, contact investigation plus TPT for eligible contacts.

Key Approaches

1. Provide active case finding through strengthened community screening

- Screen for TB at community level, including TB contact screening
- Refer people with presumptive TB, from community to health facilities

2. Improve diagnostic network

- Expand the use of rapid molecular test as first means of diagnosis in line with national algorithms
- Collect and transport sputum samples from community to health facilities.
- Support external quality assurance (EQA) activities
- Provide capacity building

3. Provide technical assistance to NTP at national, provincial and district levels

- Participate in Technical Working Group (TWG) meetings
- Develop and revise policies, guidelines and Standard Operating Procedures (SOPs) on TB diagnosis operational and clinical management
- Train health care workers
- Conduct site supervision, on-the-job training and clinical mentoring
- Provide direct service delivery (DSD)
- Provide Technical Assistance (TA) on the implementation of new Anti-TB drug and regimens for Treatment and TPT
- Strengthen National TB Program capacity at provincial and district level on the appropriate clinical management of people with TB, including children
- Support National TB Program on MDRTB patients follow up until Tx completion
- Support anti-TB drugs management.

4. Provide patients psychosocial support

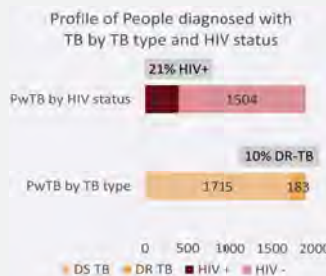
- Allocate one activist to support treatment follow up for each person with DR TB
- Provide regular medication and follow up exams
- Provide pill boxes to ensure adherence and correct dosages of drugs
- Offer transport subsidies to travel to health facilities for monthly controls
- Distribute food baskets to improve health and nutrition conditions
- Conduct TB screening for household contacts
- Initiate and conduct follow up of TPT for eligible contacts

Different interventions to support people with (DR-)TB at health facilities and in communities



Results & Lessons learned

- From May 2020 to September 2023, the project Diagnosed 85,904 people with TB and 743 people with DR-TB (contributing 53% of all new TB diagnoses and 39% of new DR-TB diagnoses in the 50 target districts);
- Screened 291,649 contacts of people with TB for TB and HIV resulting in an additional 1,898 people diagnosed with TB (1715 DS TB and 183 DR-TB) and 394 (23%) people with TB and concomitant HIV;
- Initiated 73,570 people on TPT and all people with concomitant HIV started on ART;
- Provided DOTS PLUS support to 1,219 people with DR-TB achieving 99% adherence to TB and ART (for those with concomitant HIV), 79% TB treatment success, 7% death, 4% not evaluated and 2% lost to follow up. These results compared positively to previous results of 52% treatment success and 21% of mortality;



Conclusions

TB treatment success increased 1.5-fold and mortality decreased 3-fold as a result of the people-to-people approach to providing DOT PLUS, which helped to remove barriers for people with TB, reduce stigma, and build their capacity to take control of the disease. The provision of wraparound care and community-based follow-up support improves DR-TB case finding and treatment success, HIV-TB integration, and TPT uptake, thereby reducing morbidity and mortality.