25th National Congress
Integrating Primary Care – creating a more connected health and care system.

Welcome to the

SOUTH AFRICAN ACADEMY OF FAMILY PHYSICIANS

25th Annual Practitioners Conference

Implementing active surveillance for TB

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Social value

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- TB – leading cause for morbidity and mortality, estimated incidence >500/100000 popln[1]
- Burden in SA worsened by HIV, SDHs, NCDs[1]
- Research mainly driving innovations in therapy, patient adherence, with improved diagnostics and treatment regimens
- Cost implications of a programmatic approach to the TB problem, limited resources in CBS, etc.

1. WHO. 2022. Global TB report

Scientific value

- SA health system - quadruple burden of disease each managed with programmatic interventions
- Rationale is that early diagnosis likely to reduce morbidity, mortality and ultimately costs to the SA economy
- Active surveillance for TB policy adopted by the NDoH.
- However, essential to inform process of implementation
  - Adoption of policy; Acceptability; Coverage; Feasibility of implementation
  - Severe resource constraints

Conceptual framework

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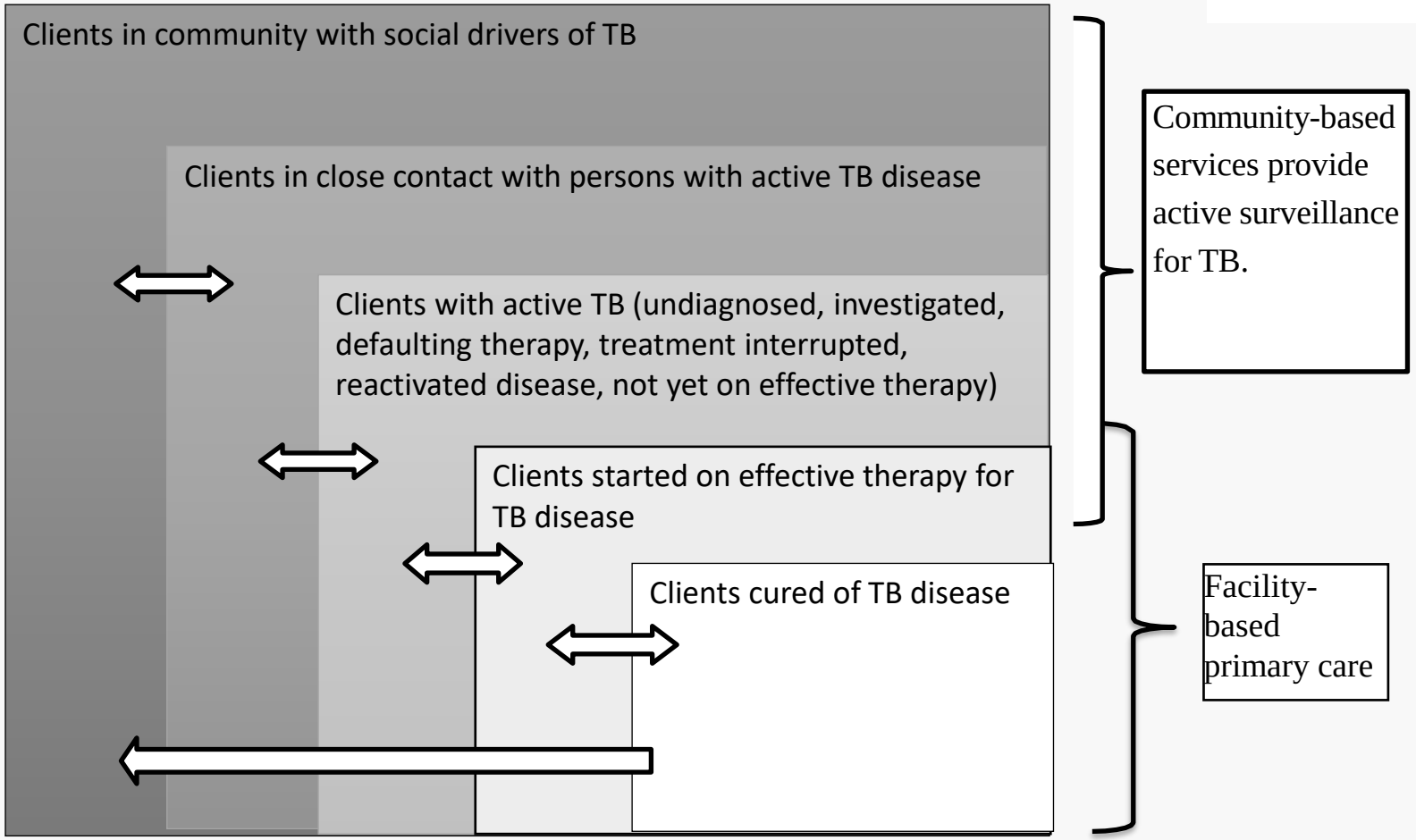

Objectives

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- Explored views of managers of the TB program in EC (Province and District)
- Explored experience of HCWs and users of services in places where CB – TB surveillance services
- Described views of HCWs on enablers and barriers to TB surveillance in the EC
- Evaluated how to improve active surveillance for TB as part of the community-based services in NMBHD

Methods

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Study 1 - Semi-structured interviews of managers of the TB program at Provincial and district level on implementation of active surveillance for TB in the Eastern Cape

Study 2 - Semi-structured interviews of healthcare workers and users of the services in places where active surveillance for TB has been implemented in South Africa

Study 3 - A descriptive survey of nurses in the TB programme at primary health care facilities in one rural and one urban district on the enablers and barriers of active surveillance for TB in the Eastern Cape

Study 4 - A quality improvement cycle - Implementing active surveillance for TB in an existing ward-based primary health care outreach team

Implementing active surveillance for TB: views of managers of the TB program

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- Qualitative study – Ten semi- structured interviews
- Findings – Inadequate resources to fully implement community-based screening; focus more on screening within facilities; need for better coordination of activities with other stakeholders; still largely seen as a program intervention and not part of the CBS even though community level screening is provided by the CHW teams
- Active surveillance was an ideal they aspired to but felt unable to achieve because of resource constraints.

Ajudua FI, Mash RJ. Implementing active surveillance for TB—The views of managers in a resource limited setting, South Africa. PLoS One. 2020;15(5 October).

Implementing active surveillance for TB: views of HCWs in sites where active surveillance for TB is implemented

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- Qualitative study – semi-structured interviews across four sites with established community-based services using the COPC approach to care
- Aimed to explore factors influencing active surveillance for TB at these sites
- CHWs were central to the successes at each site. Factors identified were all interlinked and revolved around building capacity of CHWs, provision of supportive structures within the PHC system, acceptability within the community, intersectoral collaboration, community engagement, monitoring and evaluation processes

Ajudua FI, Mash RJ. Implementing active surveillance for tuberculosis : The experiences of healthcare workers at four sites in two provinces in South Africa. South African Family Practice. 2022;64(1):1–11.

Implementing active surveillance for TB: views of HCWs on enablers and barriers in the EC

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- Descriptive survey of TB room nurses across two districts
- Community based TB screening implemented to varied degrees but limited
- Effective supervision essential for the adaptive capacity of CHWs
- Limitations in the rural district due to limited access, in the urban district due to security challenges
- Community engagement essential for achieving goals of implementing active surveillance for TB

Implementing active surveillance for TB: Evaluating the how of improving implementation in a WBOT

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- A QIP
- Selecting team – facility manager and subdistrict coordinator unwilling to be part of the team. Team members had defined role
- Targets set based on capacity within the team
- Only four out of thirteen targets set were achieved
- CHWs lacked opportunity though motivated and capable
- Failed attempt to introduce m-Health technology in the team

Conclusion

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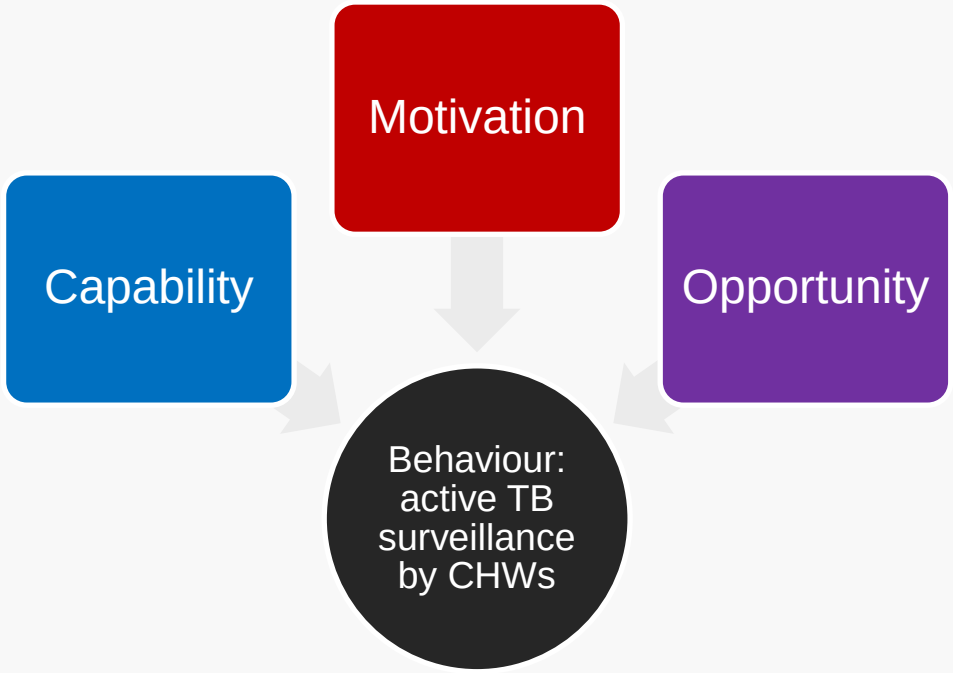

Adapted from: Michie S, van Stralen MM, West R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science. 2011 Apr 23;6(1).

Conclusion

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Geographic delineation
The community served by the PHC facility and CHW team was clearly defined

Composition of the team
The team was incomplete in terms of CHWs and a dedicated OTL

Scope of practice
Active TB surveillance was included in the espoused scope of practice

Training of the CHW team
There was insufficient ongoing experiential training and support from the OTL and facility-based staff

Information system
Both the paper-based and m-Health systems failed to record TB surveillance

Teamwork
There was little teamwork between the facility and community-based members of the team

Stakeholder engagement
Little to no engagement with relevant stakeholders e.g. social services

Partnership with NGOs
Poor coordination and focus of resources on surveillance

Community engagement
Little to no engagement with community leaders and structures

System preparation
No commitment to the COPC approach from managers and focus on facilities / practice population

Adapted from: Mash R, Goliath C, Mahomed H, Reid S, Hellenberg D, Perez G. A framework for implementation of community-orientated primary care in the Metro Health Services, Cape Town, South Africa. Afr J Prim Health Care Fam Med. 2020;12(1):1–5.

Implications

- Poor understanding of the COPC approach among managers
- Effective leadership essential for adaptive capacity in the WBPHCOT
- Acceptability of COPC essential for resource allocation by managers
- Data analysis in CBS limited with implications for designing focused interventions
- Multisectoral collaboration necessary for successful implementation (intra and inter)

Recommendations

- Paradigm shift
- Team composition
- Information system
- Partnerships
- Multisectoral collaboration
- Community engagement
- MDTs
- Training