

Ward Councillors' and Clinic Committee members' views on the utility of maps for TB treatment adherence



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INTRODUCTION

- The WHO acknowledges the use of a Geographic Information System (GIS) for mapping and spatial analysis of case-based TB notification data.
- GIS applications have great potential to support TB programming given that the Nelson Mandela Bay Health District (NMBHD) is a high-burden tuberculosis (TB) setting.
- TB incidence rate of 918/100 000 and a 12.1% loss-to-follow-up rate in 2013/14 (District Health Barometer 2013-14).
- The National Health Act (61 of 2003) legislated that Ward Councillors serve on Community Health Committees (CHCs), commonly known as "Clinic Committees" (National Health Act, 61 of 2003).
- GIS-based maps could serve as decision-support tools, e.g. where a GIS-database is already established.
- In this case, an innovative multi-faceted intervention to improve TB treatment adherence was tested during 2014 in NMBHD.

AIM OF THE STUDY

To elicit the views of some Ward Councillors and CHC members on the utility of maps developed from a Geographical Information System (GIS) database established for the TB treatment adherence intervention study at their intervention clinic.

METHODS

- Three maps depicting TB cases for the 2014 'intervention' and 2012 'controls', results of two-month sputum tests and total treatment adherence were presented to Ward Councillors and CHC members.
- **Individual In-depth Interviews (IDIs)** were held with Ward Councillors serving in the catchment area of one intervention clinic.
- A **Focus Group Discussion (FGD)** was convened with members of the CHC of one intervention clinic.
- Themes were identified through transcribed audio files

RESULTS

The limited number of TB cases mapped immediately raised questions regarding the perceived reluctance by patients to be part of the intervention study.

"...I find it difficult that there are no cases there...and I can tell you there is a lot of cases there." – Ward Councillor A

"There are some areas that are not dotted in any way. It gives me a bit of a concern." – Male FGD participant

"More people signed up from a particular ward, but it is still too few...because I know what I am talking about because there are more people (with TB)" – Ward Councillor B

"...(this is) too less for the area." – Female FGD participant

"I'd worry about my (name of area) and my (name of area) people, what went wrong there? Why don't they want to be part of it (the intervention study)?" – Ward Councillor A

The maps of TB cases provided useful insights into the TB treatment adherence intervention study.

"In my point of view there was great success in the period of two months in terms of what is set out of the map tells me" – Female FGD participant

"... a lot still has to be done if we go according to this map." – Male FGD participant

"...you can put extra hands on the person you see heading for being a defaulter." – Female FGD participant

"I think this map is a very good guide to where to look after defaulters...and motivate them to get to the clinics...and stand by them" – Ward Councillor B

"...there was a lot of success...it brings a difference set out like this." – Female FGD participant

"... this map...the schedule of the DOT supporters can a little bit be changed." – Female FGD participant

The maps have great potential and should be routine.

"This thing (the map) must be shown to the department" – Male FGD participant

"I know there are other Councillors who are also interested in these maps for the health..." – Ward Councillor B

"Every quarter you are supposed to have an overview..." – Ward Councillor A

"Every six months, I would like to see it ...(the map) is nice and clear and easy to explain...what I see here I do understand." – Ward Councillor B

"So a map like this one...will be very good for me for motivating (the people)...I think this is excellent work done." – Ward Councillor B

CONCLUSIONS

- Participants questioned the limited number of TB cases depicted, based on their local knowledge of TB.
- The maps proved useful and provided greater insights into the TB treatment adherence study in their Ward.
- Participants felt that maps should be produced routinely.

REFERENCES

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