

Health workers perception of the shorter regimen in MDR-TB treatment. Qualitative evidence from Ethiopia

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ABSTRACT

BACKGROUND: Ethiopia has recently adopted the 9-month MDR-TB treatment regimen within its national TB control programme. The aim of this study is to identify and understand country specific gaps between policy and practice. We also identify concerns relating to the shorter regimen (compared to the standard regimen), from a health worker, patient, and health system perspective. Understanding these issues will be useful for programmes implementing shorter TB regimens.

METHODS: Health workers managing patients enrolled into the randomised clinical trial were selected from St. Peters and AHRI hospitals, Addis Ababa, Ethiopia. A snowball sampling technique was used to recruit key informants from each staff category (clinicians and nurses) along the clinical treatment pathway. In-depth interviews were conducted with 14 health workers using a semi-structured interview guide. Thematic data analysis was performed using Atlas.ti software.

RESULTS: Health workers perceived the benefits of the shorter treatment for patients to include returning to work sooner, fewer side effects, reduced pill-burden and fewer health facility visits. The low pill-burden, mild side effects and the shorter duration of the regimen were perceived to reduce patients' psychological distress and increase their adherence to treatment. There were benefits for staff from workload reduction and reduced patient exposure while the health system benefited from resource savings.

CONCLUSION: Most respondents considered the advantages of the shorter regimen to outweigh the disadvantages. Health workers' satisfaction was high due to the decrease in workload, resulting from the shorter nature of the regimen, fewer side effects and better patient compliance. Building strong collaboration between the local government and partners was identified as key to ensuring affordability and sustainability of the new regimen. Ongoing training to strengthen the staff capacity in managing the regimen will be required.