

Adherence Monitoring through Video-observed therapy in MDR-TB treatment: Experience from the Philippines

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Adherence monitoring as a crucial factor to ending TB

- Clinic-based DOT was the sole adherence monitoring in PH MDR-TB program until 2019
- Non-adherence risks development of resistance to new and repurposed drugs

Adoption of Patient-Centered Care	
Performance target	Key activities
% of patients on home- and community-based care Baseline: no data 2020: 75%/80% (DR-TB and DS-TB) 2021: 80%/95% 2022: 85%/100% 2023: 90%/100%	<ul style="list-style-type: none"> • Implement patient-centered TB care package • Adoption of home- and community-based treatment • Establish patient support groups and pool of treatment supporters • Development and implementation of reporting system on patient experience, including patient hotline • Interventions to assess and improve quality of care and treatment (e.g. mortality review, continuous quality improvement) • Roll out shorter all-oral regimens • Implement novel tools (new all-oral treatment regimens, new anti-TB drugs, adherence tools)



Feasibility of VOT among patients with MDR-TB

Table 2 Comparative cumulative adherence data of patients with treatment outcome while on VOT and those who were removed from VOT disaggregated by sex ($n = 110$)

Doses while enrolled in VOT (number of patient with recorded doses)	Completed treatment with VOT ($n = 67$)*			Stopped VOT prior to outcome ($n = 43$)		
	Female ($n = 24$) n (%)	Male ($n = 43$) n (%)	Total ($n = 67$) n (%)	Female ($n = 15$) n (%)	Male ($n = 28$) n (%)	Total ($n = 43$) n (%)
≤50%	0 (0.0)	1 (2.3)	1 (1.5)*	3 (20.0)	6 (21.4)	9 (20.9)
>50%	24 (100)	42 (97.7)	66 (98.5)	12 (80.0)	22 (78.6)	34 (79.1)
>80%	22(91.6)	42 (97.7)	64 (95.5)	8 (53.3)	13 (46.4)	21 (48.8)
>90%	21(87.5)	38 (88.4)	59 (88.1)	5 (33.3)	10 (35.7)	15 (34.9)
>95%	16(66.7)	35 (81.4)	51 (76.1)	3 (20.0)	6 (21.4)	9 (20.9)
100%	4(16.7)	13 (30.2)	17 (25.4)	0 (0.0)	0 (0.0)	0 (0.0)

* This male patient died during the first quarter of his treatment.
VOT = video-observed therapy.

Acceptability: $110/308=35.7\%$

TSR: 88.1% in VOT vs 75% in DOT

HCW and Patients' perception on VOT

Figure 2: Patients perception regarding VOT, Likert Scale (N=81)

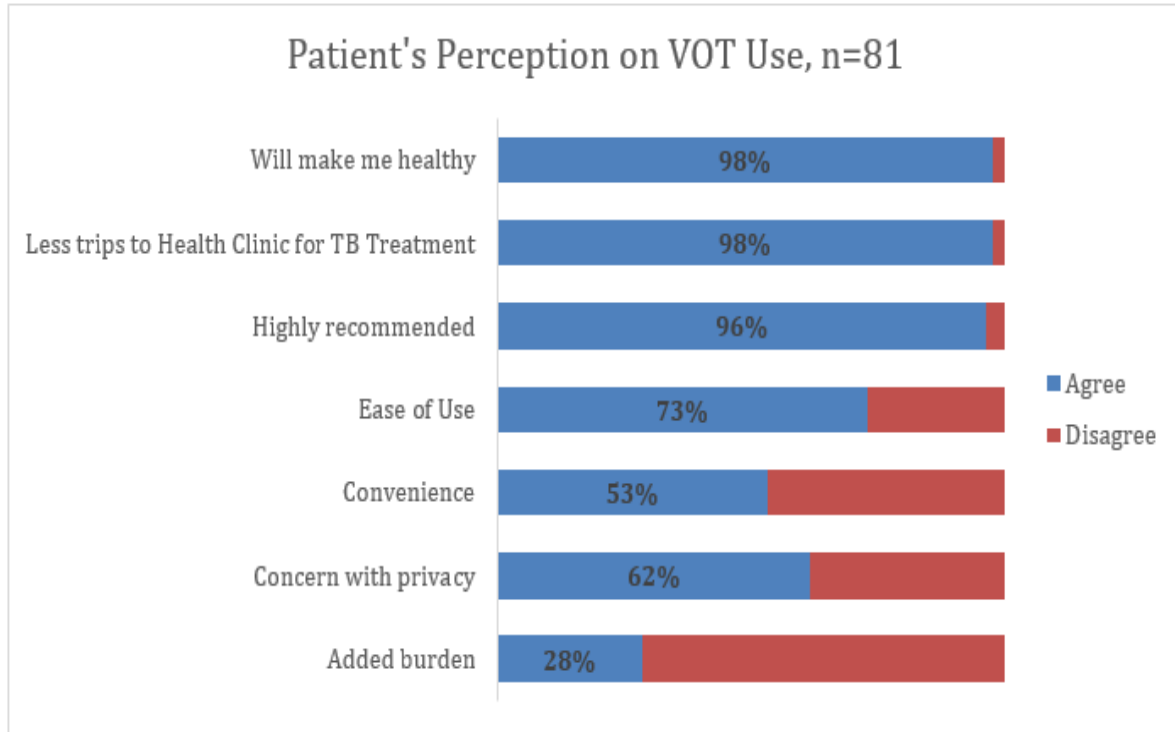
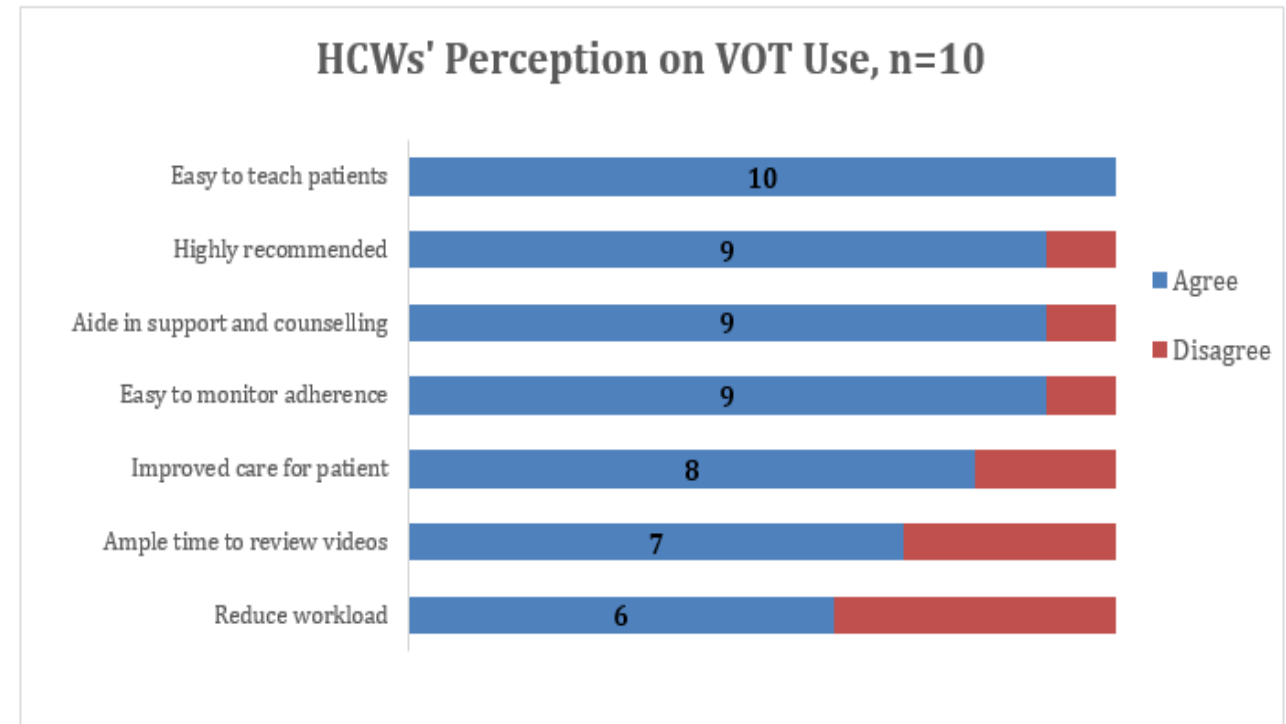


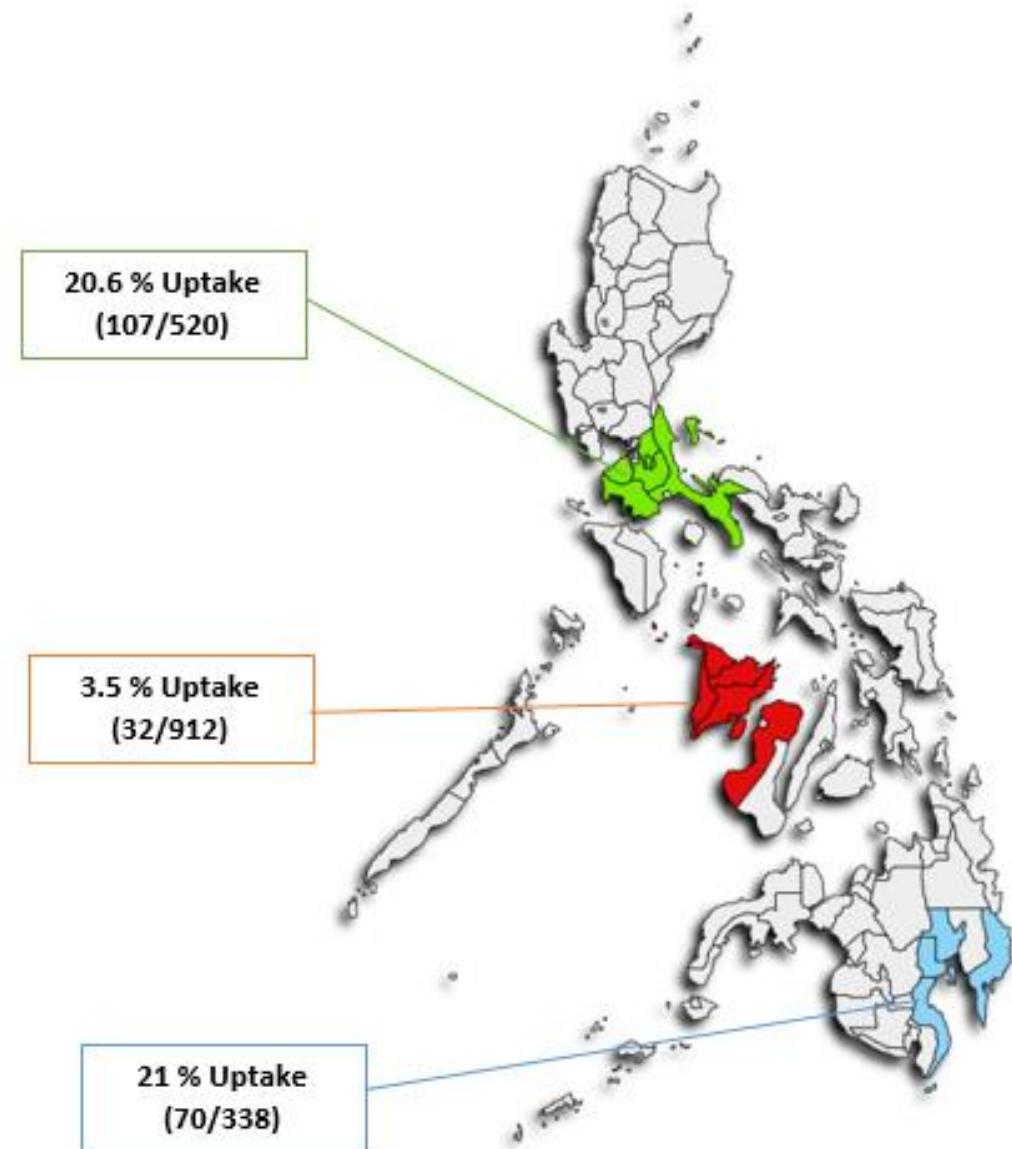
Figure 3: Healthcare Workers perception regarding VOT, Likert scale (n=10)



Most patients and HCW reported positive experiences with VOT

Scaling up VOT in the country

- Implementation of VOT in the program from Dec 2020-Aug 2022 had an uptake of 209/1558 (13.4%)
- 3 out of 8 regions (17 treatment centers) accepted VOT
- In 2022, UNOPS grant for VOT roll-out targeted 19,000 VOT enrollment but the uptake was very low



VOT is mainly utilized in clinical trial setting

- Self-administered therapy has been the preferred treatment monitoring even after the Covid-19 pandemic
- We plan to conduct a usability study of VOT this year



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 16, 2020

DEPARTMENT MEMORANDUM

No. 2020- 0128

TO: BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM) MINISTER OF HEALTH AND ALL DIRECTORS OF THE DEPARTMENT OF HEALTH CENTERS FOR HEALTH DEVELOPMENT (CHD)

SUBJECT: Ensuring Continuous TB Services During Community Quarantine

Due to the recent outbreak of COVID-19 and the proclamation of Code Red Sub Level 2, several areas have been and may be put on community quarantine. This is to prevent exposure from the virus and possible transmission of the disease. To ensure safety of both the facility staff, presumptive TB, and TB patients, who are at high risk of infection, we would like to advise every healthcare facility rendering TB services to implement the following guidelines to wit:

1. TB nurses shall allow all enrolled TB patients to take home one (1) month supply of anti-TB medications for community and home based DOT and follow-up with patient via phone every 1 to 2 weeks to ensure compliance.

2. TB nurses shall implement community based care treatment by engaging treatment supporters as stipulated in the NTP Manual of Procedures and Department Memorandum 2017-0250, and to implement Digital Adherence Technologies such as 99DOTS or video DOT, as may be available and necessary.

Adoption of VOT in the Program

- VOT was proven to be feasible and acceptable in our setting
- Non-supervised treatment (self-administered treatment) during the pandemic caused a set-back to the implementation of VOT
- Impact of SAT on emergence of resistance to second-line drugs has to be evaluated
- Introduction of shorter regimen is imperative so programs can use their limited resources to administer treatment under high quality DOT and assure full administration of all drugs and doses