



2015

INNOVATIVE STRATEGIES ADDRESSING THE CHRONIC CARE ISSUE IN AFRICA

Health Sciences Faculty,
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Research done ⁽¹⁾

- **Nutritional Education and Traditional Healers support ARVT adherence in Nampula, 2014 - 2015.**
- **Background and objectives:** ARVT scale up in Mozambique was followed by an under evaluated treatment abandon rate, supposedly due to food unmet needs and low access to health centers. This research will evaluate ARVT abandon motifs in Nampula Province to lower abandon rate and HIV's mortality.

Research done (2)

- **Nutritional Education and Traditional Healers support ARVT adherence in Nampula, 2014 - 2015.**
- **Methods:** participative research – action using qualitative and quantitative methods. Coorte study in 10 health centers of 10 Nampula Province Districts (compared by geographic situation, language and cultural characteristics); surveys and interviews (208 patients on ARVT, 86 patients who have abandoned treatment, 79 TH) and statistic documents consultation to evaluate ARVT non adherence. On the second phase we introduce nutrition improvements on ARVT patients’ diets, and with the Traditional Healers support, selected and trained on nutrition and ARVT adherence counseling, we organize and disseminate Adherence Groups.

Research done ⁽³⁾

- **TB treatment adherence, Marrere, 2014.**
- **Background:** tuberculosis, an infectious disease caused by a bacterium (*Mycobacterium tuberculosis*, Koch’s bacillus) representing one of the most important problems in Mozambique public health, aggravated by treatment low adherence, mainly in developing countries. Tuberculosis is a significant morbid-mortality cause in these countries and in particular in Nampula province, due to the high HIV prevalence, to a low level of population education about hygiene measures and to a general deficit of sanitation.

Research done (4)



- TB treatment adherence, Marrere, 2014.
- **Objectives:** evaluate patients in treatment for tuberculosis’s knowledge about adherence, at Marrere General Hospital, Nampula city periphery area, in Mozambique. Evaluate patients’ knowledge concerning the treatment adherence role, and educate patients about non-adherence consequences to assure treatment adherence and conclusion.
- **Methodology:** qualitative, descriptive, transverse research action. Target group: 28 patients with tuberculosis treatment in Marrere Hospital. Methods: consultation of TB treatment services registers, health staff, patients in TB treatment identification, interview, and health education.

Challenges encountered (1)

- Nutritional Education and Traditional Healers support ARVT adherence in Nampula, 2014 - 2015.

Target group	Challenges
Patients	<ul style="list-style-type: none"> High stigma feelings. Poor diet. Low economic status. Weak family support. Depression. Weak Portuguese speaking.
Traditional Healers	<ul style="list-style-type: none"> No school. Weak Portuguese speaking. Low economic status.
Health Staff	<ul style="list-style-type: none"> Fast position (Health Centers / Districts) rotation. High work load. Low economic status.



Challenges encountered (2)

- TB treatment adherence, Marrere, 2014.

Target group	Challenges
<p>Patients</p>	<p>Weak school. Weak Portuguese speaking Single. Distance to Health Center. Low knowledge about adherence advantages. Low knowledge about non adherence risks.</p>
<p>Health Staff</p>	<p>Weak drug management (stock out). No telephone credit to invite faulty patients. No staff to look for abandons. No transportation to look for abandons.</p>



Measures implemented (1)



- Nutritional Education and Traditional Healers support ARVT adherence in Nampula, 2014 - 2015.

Target group	Mesures implemented
Patients	<p>Nutritional education.</p> <p>Chronic diseases treatment adherence education.</p> <p>Adherence Groups organization.</p> <p>Commentary vegetables essay.</p>
Traditional Healers	<p>Nutritional education.</p> <p>Chronic diseases treatment adherence education.</p> <p>Adherence Groups management.</p>
Health Staff	<p>Adherence strategies education.</p>

Measures implemented (2)

- TB treatment adherence, Marrere, 2014.

Target group	Mesures implemented
Patients	<p>Discuss study results.</p> <p>Chronic diseases treatment adherence education.</p>
Health Staff	<p>Study results discussion.</p>



Suggested solutions (1)

- Nutritional Education and Traditional Healers support ARVT adherence in Nampula, 2014 - 2015.

Target groups	Suggested solution
Patients	<p>Own food production (eggs, peanuts, beans, fruits, vegetables).</p> <p>Adherence support groups.</p> <p>Community information / education.</p> 
Traditional Healers	<p>Simultaneous training / research with Health Staff.</p> <p>Health Center access facilitation.</p>
Health Staff	<p>Individual identification (few patients with identity cards).</p> <p>Monthly meetings with patients.</p> <p>Meeting TH every 3 months.</p> <p>Better data / files register and organization.</p>

Suggested solutions (2)

- TB treatment adherence, Marrere, 2014.

Target group	Suggested solutions
<p>Patients</p>	<p>Complete Information about adherence advantages and low adherence risks. Produce information pamphlets in Macua (local language) with drawings. Better drug management.</p>
<p>Health Staff</p> 	<p>Implement a weekly evaluation of patient files. Acquire transportation (motorcycle / car) to look for abandons living far from the HC. Train volunteers to do DTO with patients abandons living far from the HC. Better TB prevention (education, vaccination, test co-residents).</p>

Continuity ⁽¹⁾

- Nutritional Education and Traditional Healers support ARVT adherence in Nampula, 2014 - 2015.
- Health Staff: establish routine adherence evaluation; organize files and patient data.
- Patients: follow up of vegetables production.
- Traditional Healers: follow up of cross reference.



Continuity (2)

- TB treatment adherence, Marrere, 2014.
- Health Staff: better community information; establish routine adherence evaluation;
- Patients: follow up of adherence rates; disseminate TB information with the communities.



Health Systems organization (1)

- Nutritional Education and Traditional Healers support ARVT adherence in Nampula, 2014 - 2015.

Disseminate study results at District / Province / National Health System level.

Disseminate study results at Health Sciences Universities.

Produce information pamphlets.

“Decriminalize” AIDS.

Structure Traditional Healers references.



Health Systems organization (2)

- TB treatment adherence, Marrere, 2014.

Disseminate study results at District / Province / National Health System level.

Disseminate study results at Health Sciences Universities.

Produce information pamphlets.

Better drug management.

Fast TB culture results.



Patient-centeredness

- Change the “urgent” and mass intervention strategies to a person / family medicine approach.
- Consider cultural determinants, using the good traditional concepts and eliminating misconceptions.
- Health staff to remain in the same position to create a confidence and continuous relation with patients.
- Listen to patient difficulties and adapt treatment regimes and patient education about adherence.



Thank you very much

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