



## Accelerating progress to end TB

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**TB**

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## Targeted interventions that improved favourable treatment outcomes for patients with multidrug-resistant tuberculosis. Case study of Malawi

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## Background and objectives

- Clinical management of multidrug-resistant or rifampicin-resistant tuberculosis (MDR/RR-TB) demands diverse skills from healthcare workers.
- Before 2018, capacity building in Malawi for MDR/RR-TB management relied primarily on conventional classroom-based training, resulting in significant limitations such as insufficient practical skill transfer and inconsistent support for clinical staff.
- In response, Malawi implemented a focused, site-level monthly mentorship in 2018 to enhance the competence of healthcare workers in handling MDR/RR-TB patients.
- This analysis aimed to assess the impact of the clinical mentorship on treatment outcomes.

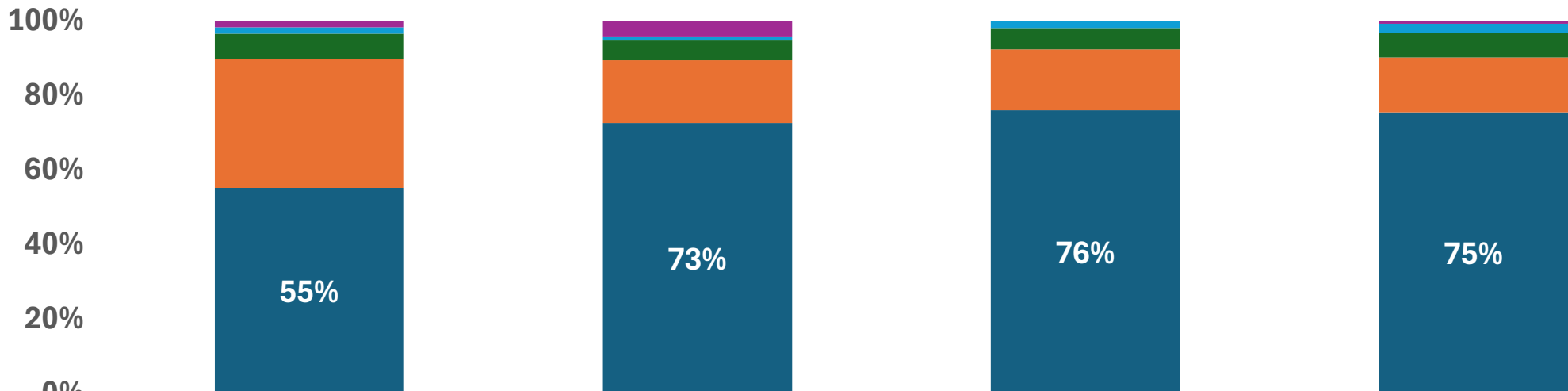
# Methodology

- From the year 2018 to 2020 in Malawi, monthly clinical assessments of MDR/RR-TB patients were conducted by district clinical staff and certified clinical mentors.
- The mentorship aimed to enhance competence of the healthcare workers in managing MDR/RR-TB patients, including active TB drug safety monitoring and management.
- Psychosocial and nutritional support were provided alongside MDR/RR-TB treatment. This analysis focused on treatment outcomes during the mentorship period, with pre-mentorship data serving as a control.

# Results

- Programmatic data analysis revealed advancements in treatment outcomes for 2018, 2019 and 2020 cohorts of patients undergoing MDR/RR-TB treatment, with a remarkable 73%, 76% and 75% treatment success rates respectively.
- In contrast, prior to mentorship as baseline the 2017 cohort had a lower treatment success rate of 55%.
- The 2020 cohort showed lower percentages in unfavourable outcomes, including 15% mortality, 7% lost to follow-up, 1% treatment failure, and 2% not evaluated.
- Conversely, the 2017 cohort unfavourable outcomes were 34% mortality, 7% lost to follow-up, 2% treatment failure, and 2% not evaluated.

# Treatment Outcome Performance MDR/RR TB Cases : 2017 -2020



	2017	2018	2019	2020
Failed	2	4	0	1
Not evaluated	2	1	2	2
Lost to follow up	7	5	6	7
Died	34	17	16	15
Successfully treated	55	73	76	75

■ Successfully treated   
 ■ Died   
 ■ Lost to follow up   
 ■ Not evaluated   
 ■ Failed

# Lessons learned

- Monthly clinical mentoring is crucial for managing MDR/RR-TB patients, leading to improved treatment outcomes in Malawi.
- Psychosocial and nutritional support significantly complemented clinical management.

# Recommendations

- Improving quality of MDR/RR-TB patients care and treatment outcomes would require implementing clinical and psychosocial mentorship programs for healthcare workers.
- The National Tuberculosis and Leprosy Elimination Program should advocate for resources to sustain monthly mentorship for DR-TB in Malawi.

# Acknowledgements

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