Treatment access by TB/HIV co-infected patients: Case of Malawi

Chilipaine Banda T., Nhlema Simwaka B., Chimzizi R., Makwiza Namakhoma I.
Background 1

• One of the first countries in Africa to implement the WHO “DOTS” TB treatment strategy.
• Annually, Malawi notifies about 27,000 new TB cases.
• Over 70% of TB patients are HIV positive also (Kwanjana et al, 2001)
Background 2

• High HIV sero-prevalence rate among TB patients
  – One of the highest case fatality rate
  – In 2003, of the 7,716 notified smear positive TB patients, 18% died before completion of treatment (WHO, 2005).
Background 3

• The collaborative TB/HIV activities were
  – To enable more TB patients to have access to HIV testing and counselling.
  – Be offered ART if found HIV positive (MoH, 2002b).
  – To conduct TB screening among HIV-positive patients
  – Be referred to the TB clinic to initiate TB treatment.

• According to ART guidelines, all TB patients who are HIV positive qualify to be on ART.
Objective of the study

• Assess the extent to which TB/HIV collaborative activities has enhanced access and adherence to ART by patients co-infected with TB and HIV
Methods 1

• Study sites: Lilongwe district at Likuni hospital and Kawale health centre.

• National routine ART data registers for 2006 were used.
  – We assessed the proportion of TB patients enrolled on ART against the total number ART Patients ever started on ART.
Methods 2

• Qualitative design using
  – 13 individual in-depth interviews with TB patients on ART
  – 4 Focus Group Discussions with TB patients not on ART.
  • This method was used to understand barriers TB patients face in accessing and adhering to ART.
Methods 3

• 8 in-depth interviews with guardians of patients both on ART and TB treatment.
• 6 interviews with health care workers providing TB and ART services.
• 2 interviews with Key informants from the Ministry of Health.
Results 1

• By end of 2006:
  – 81,821 patients were ever started on ART
  – Of these, 13,308 were started because of TB (16%).
  – This includes TB patients who completed treatment and those currently on treatment.
  – At the moment, the number of TB patients both on ART and TB is not known with precision.
  – Estimated that 50% of ART patients from TB clinic are also on TB treatment.
Results 2- Access and Adherence

1. Access

- Patients have challenges to access both drugs due to:
  - Different structural arrangements of the two programmes.
    - The TB and ART programmes are parallel vertical programmes with limited integration in the service delivery.
  - Treatment offer for TB is decentralized while for ART, it is centralized.
2. Adherence

- Patient’s challenges to adhere to both drugs due to:
  
  * **Pill burden** - The ART fixed daily dose of two tablets, twice in a day and the use of “DOTS” TB treatment with a minimum of 2 tablets and a maximum of 5 tablets in a day means that a TB/HIV patient has to be taking 4 to 7 tablets in a day.

  * **Increased toxicity** — The use of ART and TB drugs together causes side effects in some cases.
Results 3: Patient’s perspective

1. Costs (Direct or indirect) as a major challenge to adhere to both drugs.
   - Direct Costs in terms of: Transport and food costs
   - Indirect costs in terms of: Opportunity cost of waiting

➢ Food and Transport costs
   - Patients reported that they incur more costs in visiting the hospital on two separate days.
One male TB patient on ART had this to say:

- *I come to collect ARVs and TB medication on different days. This is not good for me because I incur more transport expenses.*
TB/HIV collaborative activities would work better if ….

- Integration of ART and TB services.
- Reduction of socio-economic burden of illness on patients and their households
  - Mixing TB active patients with HIV positive patients without TB, poses a challenge.
  - Creates more risk particularly in an era of MDR and XDR.
TB/HIV Collaborative activities would work better if....

- TB registers incorporated HIV/AIDS parameters.
  - This will give the proportion of TB patients who are both on ART and TB treatment for monitoring.
END

THANK YOU FOR LISTENING!

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