



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.

Results 2 cont..

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.

Quotes 1

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!

Acknowledgements to :

- **The Liverpool tropical school of medicine and international Health**
- **The 5th European Congress on Tropical Medicine and International health- TB/HIV session**