

# Getting research into policy for Cotrimoxazole prophylaxis for HIV related infection: a comparative policy analysis in Malawi, Uganda, and Zambia

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## Background

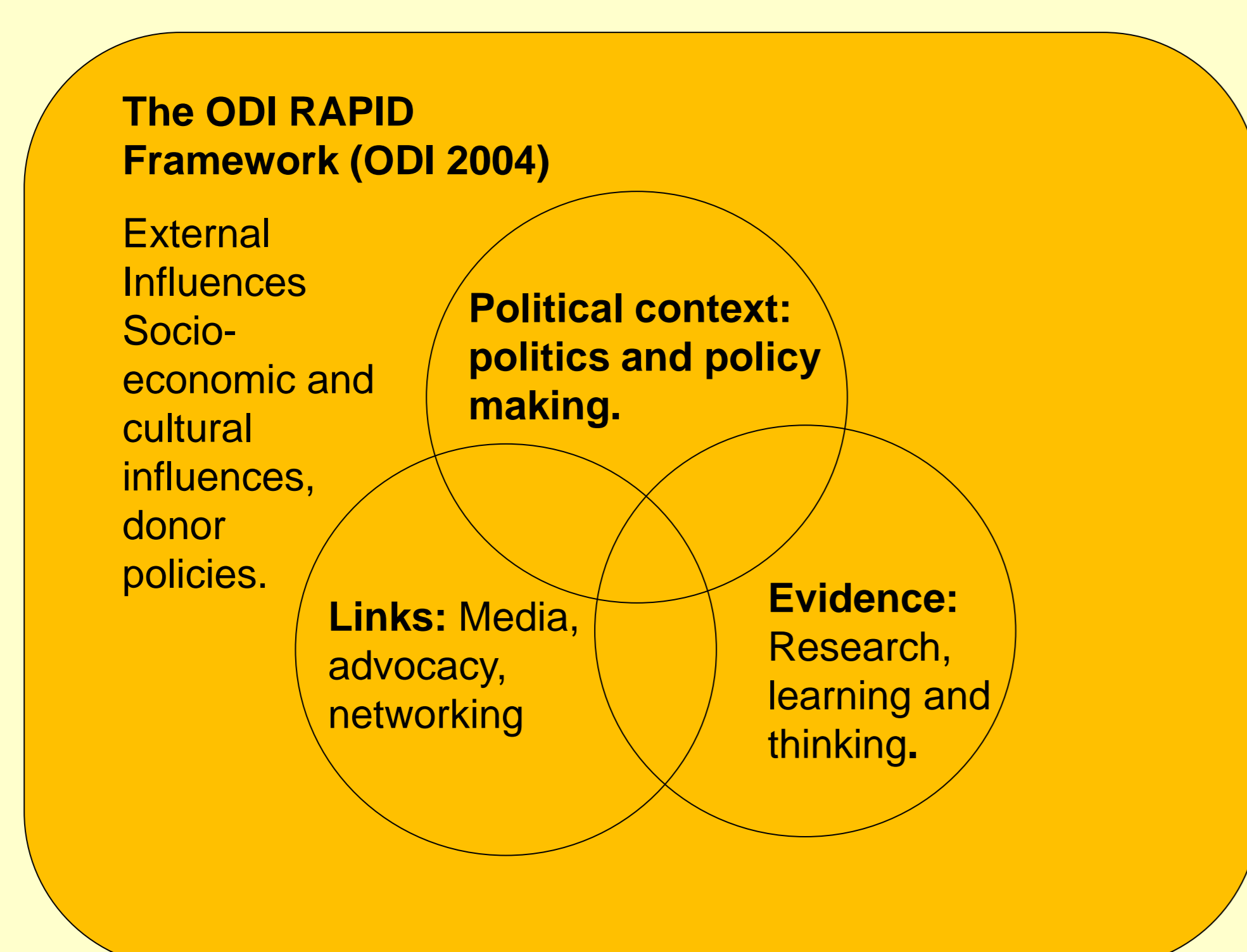
- Cotrimoxazole prophylaxis (CPT) prevents opportunistic infections, saves lives, and is cost-effective.
- 3 medical journals have questioned why CPT has not been rapidly scaled up across Africa, expressing frustration that it is not more widely available.
- Policy analysis approaches are regularly used to understand local processes and structures to explain the take up of evidence into policy.

## Aim:

- To understand the variation in timing and policy content in the development of CPT national policy processes for CPT across Malawi, Uganda and Zambia, with a particular focus on the ways in which national context impacts on health policy making.

## Study methods:

- Comparative policy analysis of research to policy processes in Malawi, Uganda and Zambia.
- Case study approach using the Overseas Development Institute's RAPID research framework.
- Published and unpublished documentation supplemented by interviews with 47 key informants across all three countries.



**Malawi cohort study.** HTC and CPT for HIV positive TB patients is well accepted and associated with good treatment outcome (Chimzizi et al).

**Malawi descriptive study.** It is feasible to routinely implement VCT and CTX for TB patients (Chimzizi et al)

**Malawi observational study** CPT reduces mortality in HIV positive TB patients in area of high bacterial resistance (Mwaungulu et al)

**Uganda observational study.** CPT reduces mortality and morbidity among HIV infected adults in area of high resistance to CTX (Mermin et al)

**Zambia RCT** CPT reduces mortality and morbidity among HIV infected children in area of high resistance to CTX (Chintu et al)

**Malawi RCT.** No significant differences in terms of efficacy between two different doses of CPT in HIV positive TB patients (Boeree et al).

**Malawi observational study** showing Incidence of Trimethoprim-Sulfamethoxazole-Preventable Infections in Malawian Adults Living With HIV (van Oosterhout et al)

**Uganda observational study.** CPT reduces mortality and morbidity among HIV infected adults in area of high resistance to CTX (Watera et al)

## CPT key research and policy timeline

**Cote d'Ivoire RCTs** CPT effective in HIV-1 infected adults in area of low resistance to cotrimoxazole (CTX) (Anglaret et al 1999, Wiktor et al 1999).

**Malawi observational study.** CPT is feasible, safe and reduces mortality among HIV positive TB patients in area of high resistance to CTX (Zacharia et al).

**Zambia RCT** CPT reduces mortality and morbidity among HIV infected children in area of high resistance to CTX (Chintu et al)

**Malawi observational study** showing Incidence of Trimethoprim-Sulfamethoxazole-Preventable Infections in Malawian Adults Living With HIV (van Oosterhout et al)

**Uganda observational study.** CPT reduces mortality and morbidity among HIV infected adults in area of high resistance to CTX (Watera et al)

1999

2000

2001

2002

2003

2004

2005

2006

2007

**WHO, UNAIDS provisional recommendations that CPT be scaled up across Africa.** Malawi, Uganda and Zambia reject scale-up.

**Malawi policy to provide CPT for HIV+ tuberculosis (TB) patients is agreed.**

**Malawi policy to provide CPT for HIV+ tuberculosis patients is published.**

**ANECCA statement advocates use of CPT in infants and children.**

**WHO/UNAIDS/ UNICEF joint statement advocates use of CPT for all HIV exposed and HIV infected children.**

**Malawi policy to provide CPT for all eligible HIV + patients is agreed and published.**

**Ugandan policy to provide CPT for all HIV + patients is agreed and published.**

**Zambian policy to provide CPT for all eligible HIV + patients is agreed**

**WHO guidelines recommend CPT among children, adolescents and adults in resource limited settings.**

**Zambian policy to provide CPT for all eligible HIV + is published.**

## Discussion

- A favourable **policy context** is central to the adoption of research into policy. Even if a sound evidence base upon which policy can be constructed is in existence, an unfavourable national context makes it difficult for policy to develop.
  - Government structures and focus, donor interest and involvement, healthcare infrastructure and other clinical uses of cotrimoxazole shaped the development of CPT Policy in the three countries.
- The **evidence base** is an important aspect of a policy development process, but that it does not in itself drive policy- while poor evidence may stall a policy process, even when strong clinical research evidence is available to policy makers, it does not necessarily lead to policy change.
  - In our three countries, the only country to conduct a randomized clinical trial took the longest amount of time to create national policy on CPT. Policy makers in Malawi and Uganda valued the local evidence on the feasibility of an intervention (as in Malawi 2002 and 2005 and Uganda 2005) as well as its clinical efficacy.
- Policy entrepreneurs** are central in driving policy processes, and can emerge from different types of healthcare institutions (NGOs, government or donor agencies).
  - In each of the three countries, the policy entrepreneurs held senior positions in well funded organisations concerned with both policy making and implementation. In Malawi when the research evidence was contested (2002) a powerful, well positioned policy entrepreneur, supported by policy champions played a particularly important role in driving policy forward.