Integrating TB and HIV care services – Malawi Experiences

Planning workshop to accelerate the implementation of HIV/TB collaborative activities in selected African countries.

Addis Ababa, Ethiopia

13-14 November 2008
Brief introduction of the country

- Landlocked, south of Sahara
- Population: 13,600,000, of which 50% under 15 years of age (NSO, 2006).
- Surface Area: 118,484 sq. km
- GDP: US$170/capita
- Rural Population: 84.3%
- Literacy Rate: 58%
- TB Cure rate =79% (TSR – 81%)
- TB Death rate = 13%
- HIV prevalence Rate =12% (15-49 age group)
- TB/HIV co-infection rate appro. 70%
Epidemiological situation of HIV

- The estimated national adult (15-49) HIV prevalence at 12.0% (MOH, 2007).
- Total new HIV infections estimated at 85,000 in 2007.
- Expected to increase to over 90,000 by 2012.
- Estimated number of patients ever started on ARVs is 184,405 (61% female),
  - 66% alive,
  - 11% dead,
  - 11% lost to follow-up,
  - 12% transferred out,
- 13%(23,662) started ART because of TB.
Epidemiological situation of TB

ABSOLUTE NUMBERS

CASE CATEGORIES

S+VE S-VE EPS S+REL

2003 2004 2005 2006 2007
Epidemiological situation of HIV and TB

TB cases per annum

Adult HIV prevalence

Notified TB cases
Adult HIV-seroprevalence
Epidemiological situation of HIV and TB
Key interventions to face both epidemics

- Malawi started implementing joint TB/HIV services in 1999 through WHO-coordinated ProTEST project.
- Aimed at increasing the uptake of HTC, with a focus on TB patients.
- Key activities proposed in the plan included
  - Provision of routine HIV Testing and Counselling (HTC) to TB clients,
  - Provision of ART to HIV-positive TB clients,
  - Provision of CPT to HIV-positive TB clients.
- From 2005, activities have been according to Action Plans of each programme.
<table>
<thead>
<tr>
<th>YEAR</th>
<th>TB PATIENTS</th>
<th>TB PTS TESTED FOR HIV</th>
<th>PTS TESTED +VE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>27,531</td>
<td>2,130 (8%)</td>
<td>1,630 (77%)</td>
</tr>
<tr>
<td>2003</td>
<td>28,234</td>
<td>3,983 (14%)</td>
<td>2,734 (69%)</td>
</tr>
<tr>
<td>2004</td>
<td>27,000</td>
<td>6,681 (25%)</td>
<td>4,804 (72%)</td>
</tr>
<tr>
<td>2005</td>
<td>27,610</td>
<td>12,243 (44%)</td>
<td>8,447 (69%)</td>
</tr>
<tr>
<td>2006</td>
<td>27,015</td>
<td>17,253 (64%)</td>
<td>12,064 (70%)</td>
</tr>
<tr>
<td>2007</td>
<td>25,966</td>
<td>22,512 (87%)</td>
<td>15,835 (70%)</td>
</tr>
</tbody>
</table>
Figure 3: Uptake of CPT by HIV positive TB patients
Key interventions

• The TB/HIV collaboration sub-committee has been revived (2007).
• Meetings are being held on quarterly basis.
• A new TB/HIV strategic plan (2008-2011) has been developed.
• It responds to the call for renewed and accelerated efforts in the fight against TB/HIV.
• The specific objectives of the TB/HIV strategic plan are to:
  – Provide a framework for planning, organizing, implementing, monitoring and evaluating delivery of joint TB and HIV and AIDS interventions.
  – Promote the provision of TB and HIV and AIDS prevention, care and support services as an integral part of a comprehensive package of care for TB/HIV co-infected persons.
  – Provide a platform for advocacy to control the TB/HIV epidemic; and
  – Enhance intersectoral collaboration and partnerships for joint TB and HIV and AIDS control.
Main challenges

- The two programmes are not there yet in terms working together – lower level.
- Limited availability of ART services leading to low uptake among TB patients.
- District TB Officer (DTO) cadre not suitable to be trained as ART providers.
- Not all DTOs and ART providers trained as counselors.
Main challenges

- Shortage of trained Human Resource
- Stock outs of screening reagents in the facilities esp. HIV reagents.
- Inadequate integrated facilities where both TB and HIV patients are seen under one roof
- Collaborative activities not yet visible below the national level
Opportunities

• Expertise is available (Different partners)
• We can learn a lot from Bwaila Hospital and The Light House
• Strategic plan now in place
• Structures in place at all levels but not well utilized, e.g. Zones, District Assemblies
• So many HIV/AIDS oriented organizations across the country
Way forward

- Print and disseminate the HIV/TB Strategic plan and implement it
- Source funds from discrete partners (CDC for example)
- Plan on how to implement the 3Is initiative especially IPT (within the plan)
- Train more DTOs and ART providers in HTC and TB screening respectively
- Co-location of the services-advantage of trained staff
- Approach the HIV/AIDS oriented organizations to include TB messages and activities in their day to day work esp. at community level
Acknowledgements

• The Collaborative working group members
• Respective programmes
• Individual organizations involved
• Prof A Harries
Thank you for your attention