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

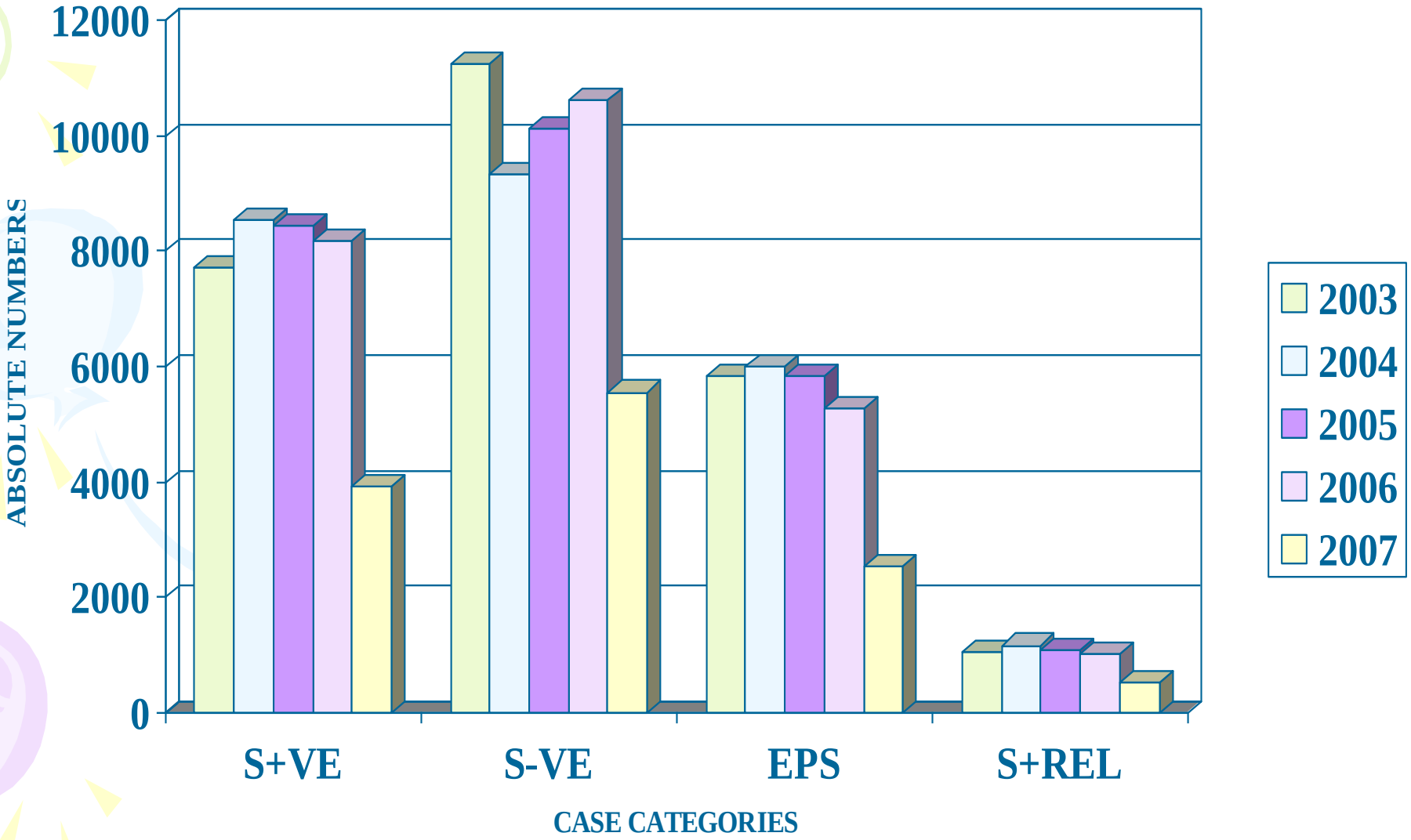
Brief introduction of the country

- 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%

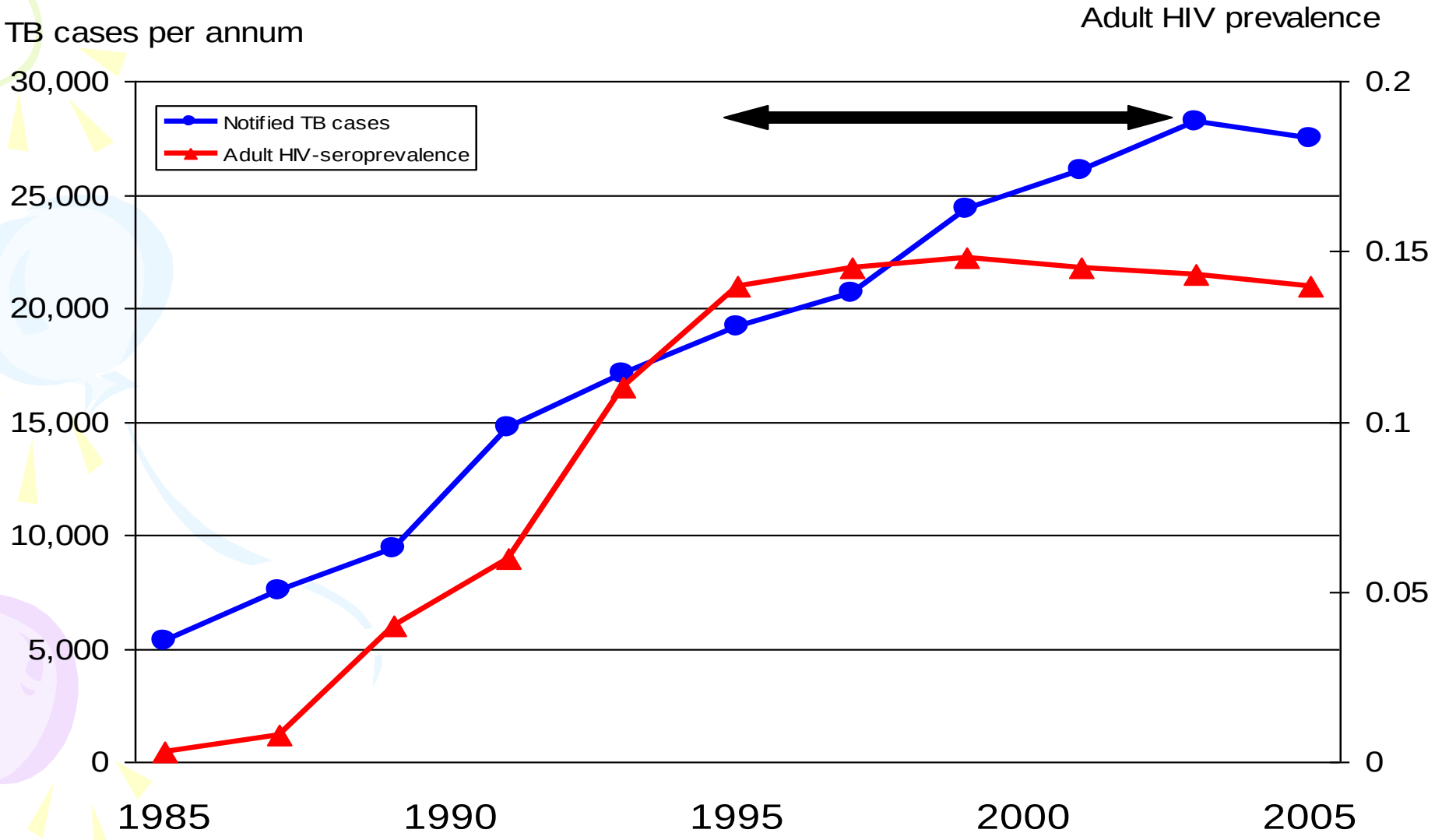
Epidemiological situation of HIV

- 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

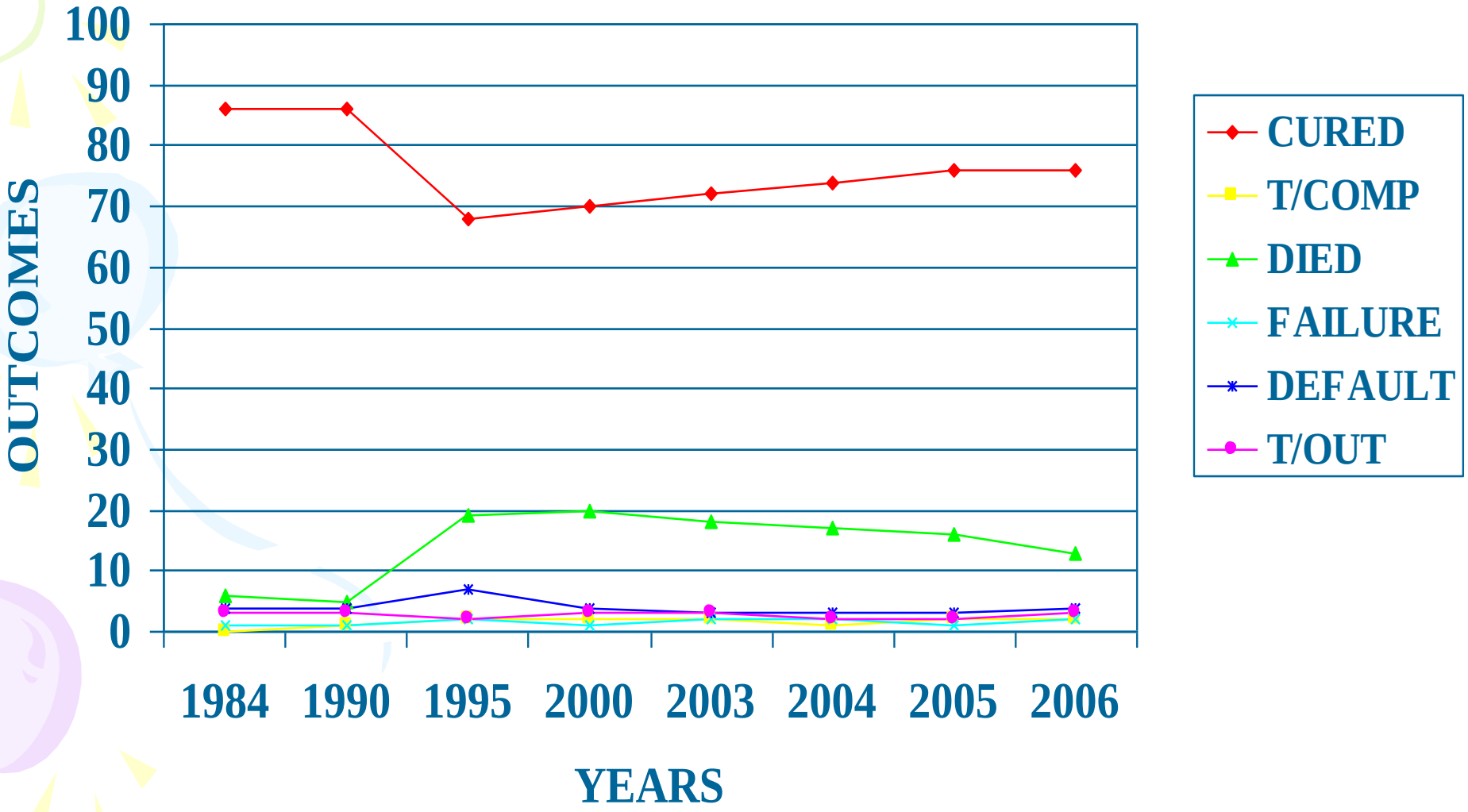
Epidemiological situation of TB



Epidemiological situation of HIV and TB



Epidemiological situation of HIV and TB



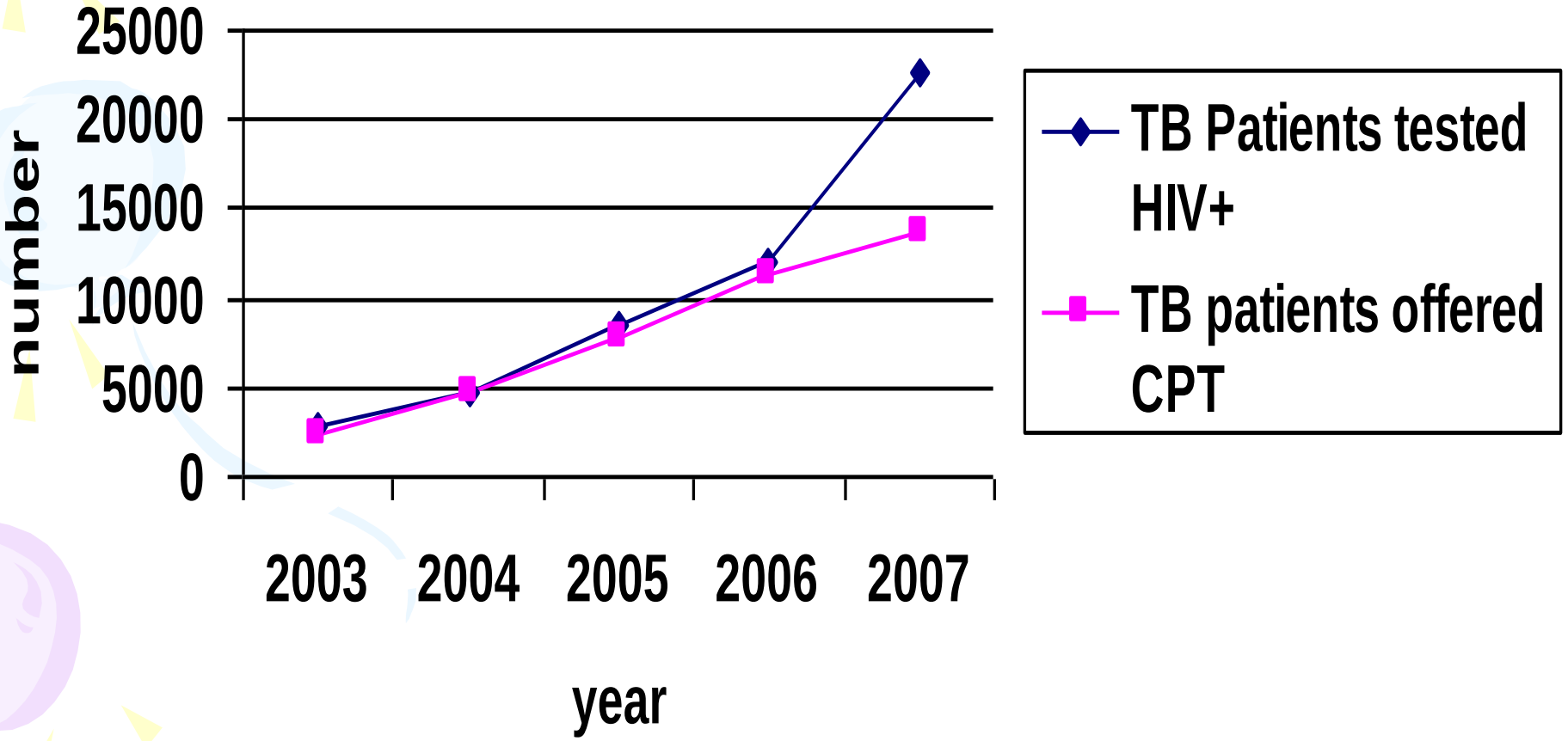
Key interventions to face both epidemics

- Malawi started implementing joint TB/HIV services in 1999 thrugh WHO-coordinated ProTEST project.
- Aimed at increasing the uptake of HTC, with a focus on TB patients.
- Lessons learned enabled Malawi to develop a three-year TB and HIV development plan (2003-2005).
- 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.

Prevalence of HIV In TB Pts: 2002 - 2007

YEAR	TB PATIENTS	TB PTS TESTED FOR HIV	PTS TESTED +VE
2002	27,531	2,130 (8%)	1,630 (77%)
2003	28,234	3,983 (14%)	2,734 (69%)
2004	27,000	6,681 (25%)	4,804 (72%)
2005	27,610	12,243 (44%)	8,447 (69%)
2006	27,015	17,253 (64%)	12,064 (70%)
2007	25,966	22,512 (87%)	15,835 (70%)

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