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Assessing Tuberculosis Management in private-for-profit health facilities in Malawi

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Background

- The WHO's End TB Strategy advocates for engaging all healthcare providers in TB care and prevention through PPM DOTS approaches.
- The Malawi National TB and Leprosy Elimination Program (NTLEP) had been engaging other care providers in TB care and prevention services for several years, however, the engagement lacked proper coordination.
- In 2018, with support from the Global Fund, a PPM secretariat was established to coordinate PPM activities in the country.

Background

- In 2019, PPM operational guidelines were revised.
- Despite the active engagement of other care providers in TB care and prevention, the country had not systematically assessed and determined TB management in private for-profit providers.
- We therefore assessed TB management in private for-profit health facilities in Malawi.

Objectives of the study

Main Objective

- To assess TB management in private-for-profit health facilities in Malawi.

Specific objectives were to:

- establish the levels of TB screening/diagnosis
- assess practices and adherence to national TB guidelines and
- establish challenges faced by private-for-profit providers in TB management.

Methodology

- A cross-sectional descriptive study
- The study used a census approach, where all private-for-profit health facilities in collaboration with the NTLEP, and registered with relevant regulatory bodies, were included.
- The study was conducted between May and June 2023 in all 5 health zones across Malawi.

Inclusion and exclusion criteria

Inclusion criteria

- Private for-profit facilities collaborating with the NTLEP

Excluded

- Facilities not in coordination with NTLEP
- Facilities such as dental clinics, optician clinics, and clinics only offering reproductive health services do not engage with the NTLEP, hence were excluded from the study.
- Faith-based facilities, that are semi-private, were also excluded from the study.

Data collection instruments and data analysis

- Data was collected by 9 healthcare workers using a structured questionnaire
- Data collectors were trained for a day on how to use the validated questionnaire
- The data was entered into a questionnaire in an open data kit (ODK) application and analyzed using STATA.

Ethical approval

- The study was approved by the Malawi National Health Science Research Committee.
- Written informed consents were obtained from all the respondents.

Results

Results: Health facilities' characteristics

Facility Type	Northern Zone		Central East Zone		Central West Zone		South East Zone		South West Zone		Grand Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Private Owned	20	16	17	14	22	18	17	14	17	14	93	75
Faith-Based	0	0	2	2	4	3	6	5	4	3	16	13
Parastatal	1	1	3	2	1	1	1	1	2	2	8	6
Company Owned	4	3	1	1	0	0	1	1	1	1	7	6
Total	25	20	23	19	27	22	25	20	24	19	124	100

Results: Facilities visited

- Out of 129 planned PPM health facilities in 27 districts across Malawi, 124 (96.1%) were visited.
- Most of the facilities were privately owned by personnel, however, 25% were either faith-based profit-making, parastatal or company-based.

Results: Patients management

- Only 16.1% of facilities were able to make a diagnosis of TB and manage confirmed TB patients right at the PPM facilities.
- About 25% of the facilities could only make a TB diagnosis, and then refer confirmed TB patients for treatment initiation.
- About 59.7% of PPM facilities could only screen for TB and refer presumptive TB cases for further management.

Results: Availability and use of TB recording and reporting tools

- The standard presumptive TB registers were available in 90.3% (n=112) of the PPM health facilities.
- Although the registers were available in 112 PPM health facilities, only 91 facilities (81.2%) were using the registers.
- For the facilities that were not using the presumptive TB registers, the main reason was the time factor, as filling the presumptive registers was presumed to be time-consuming.

Results: Reporting of presumptive TB cases and confirmed TB patients

- Only 73.3% (n=82) were able to report the presumptive TB cases to health authorities.
- The main reasons for not reporting were that they were too busy to report or were not aware that they were supposed to report presumptive TB cases to the health authorities.
- All the 20 TB registration sites were reporting confirmed TB patients to the health authorities.

Results: Availability of TB diagnostic services

- Microscopy services were available in only 26.6% of the PPM sites (n=33); xpert MTB/Rif platforms were available in only 6.4% of the sites (n=7) and x-ray services were available in 8.8% of the sites (n=10).

Results: Workload

- In 2022, the number of presumptive TB cases registered in the PPM sites visited during the study was 5700. This was a 2.6% contribution to the total presumptive TB cases registered in all facilities in Malawi.
- HIV test was ascertained in 89% (n=5081) of the presumptive TB cases from the PPM sites.
- In the same year, 359 TB patients were notified in PPM sites visited; this was a 2.0% contribution to the national TB notifications.

Results: Workload

- The HIV ascertainment among notified TB patients from the PPM sites was 89.3% (n=321); which was significantly lower than the national average of 99%.
- The TB treatment success rate among TB patients notified in PPM sites for the 2021 cohort was 85.7%, as compared to the 90.8% national average in the same year.

Conclusion and recommendations

- The study has shown that there are major gaps in TB care and management in PPM sites in Malawi; and these gaps range from TB case detection, management, and reporting and recording.
- The availability of the PPM secretariat at the national level is an opportunity to strengthen PPM-DOTs in the country.
- The NTLEP needs to do a re-mapping of the existing PPM sites.

Conclusion and recommendations

- NTLEP should actively involve the district health offices in all PPM-DOTS activities so that the districts take a leading role in PPM initiatives.
- Capacity building of staff from the PPM sites in all aspects of TB care and management is paramount to sustain the PPM initiative.
- A more comprehensive study, that may include informal care providers may be important.

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