

VCT uptake among TB patients: breaking down the barriers and exploring new approaches

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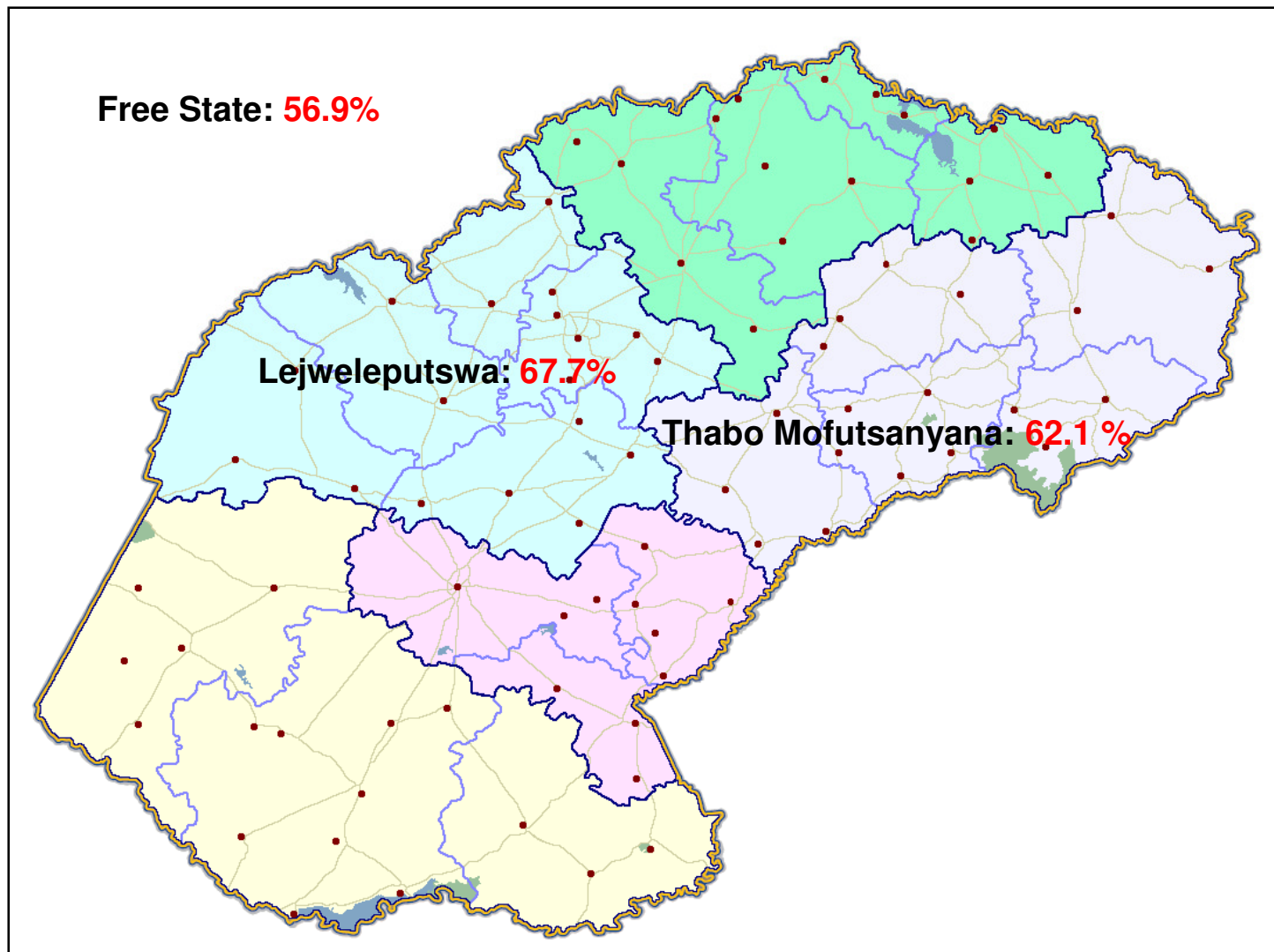


Problem statement

- SA – highest absolute number of PLWHA in the world
- SA – 2nd highest TB incidence in the world
- MSP Logframe: Output 1: Strengthen HIV&AIDS prevention; Output 2 – Increased access to appropriate packages of treatment, care and support
- NSP calls for 100% provider-initiated HIV counselling and testing for TB patients
- Our R&D question: *How to increase VCT uptake among TB patients in the Free State?*



Extent of non-uptake of VCT by TB patients





Methodology/key activities

September 2007 to March 2008, cross-sectional data gathering:

- Individual interviews with 81 facility managers and nursing and medical staff working in TB, HIV&AIDS and VCT programmes at mobile and fixed clinics and district and regional hospitals
- Group interviews with 35 lay counsellors and 52 DOT supporters
- Individual interviews with 13 subdistrict, district, and provincial and national TB, HIV&AIDS and VCT programme managers
- Individual (exit) interviews with 600 patients attending PHC facility TB services

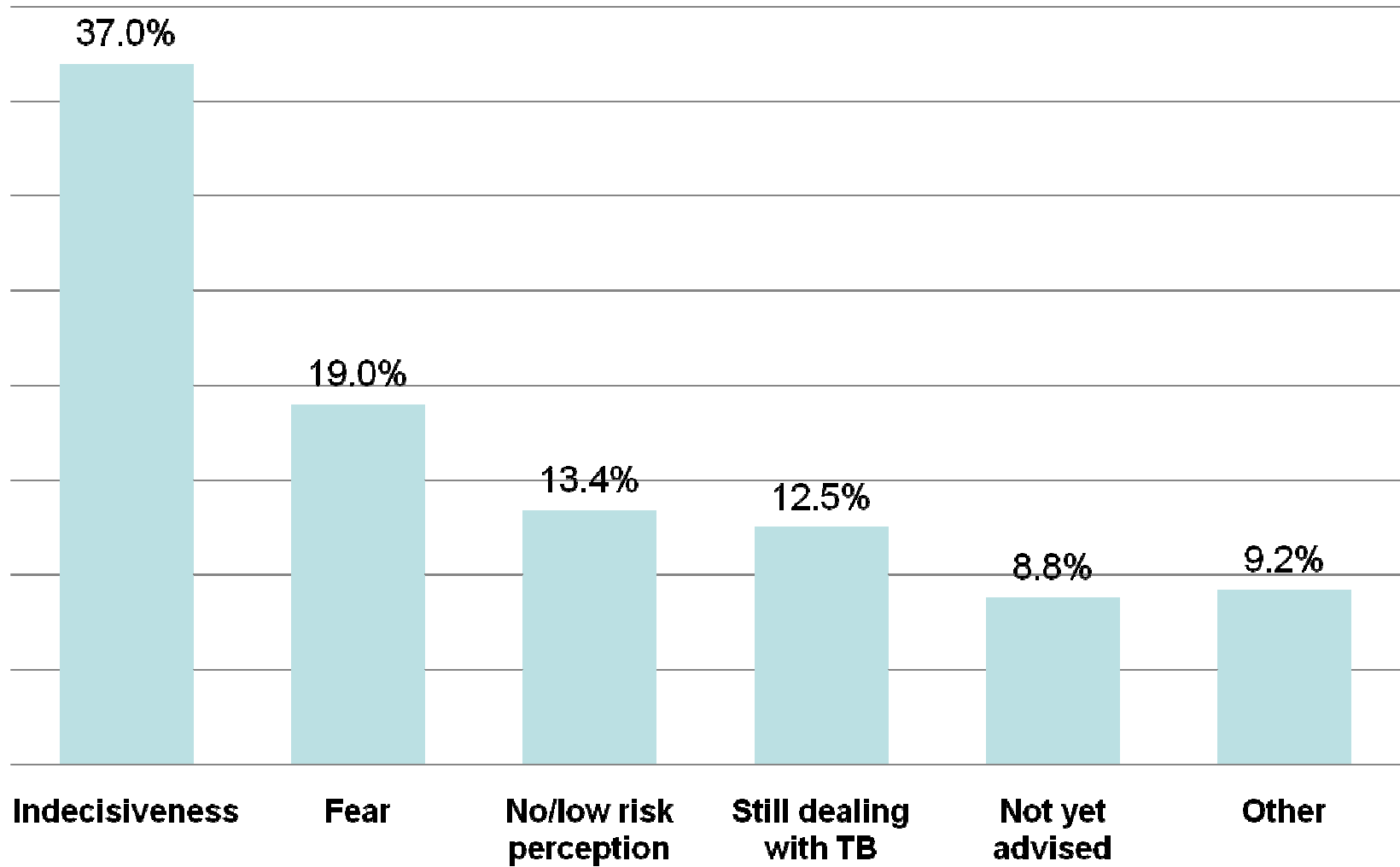


Outputs/Results: Providers' views

- **Professional health workers:**
Barriers: Lack of staff, lack of space, long waiting times, stigma, lack of trust in lay counsellors
Facilitators: Providing health education, encouragement of patients, re-offering, availability of ART
- **Lay health care workers:**
Barriers: Fear of HIV positivity, TB-HIV dual infection, stigma, death
Facilitators: Health workers engage patients about fears, emphasize prognostic benefits of early diagnosis
- **Health care managers:**
Barriers: Fear of stigmatization, human resource constraints
Facilitators: Patient-centred approach, health education, task shifting and clarification of roles, integration



Outputs/Results: Patients' reasons for non-uptake



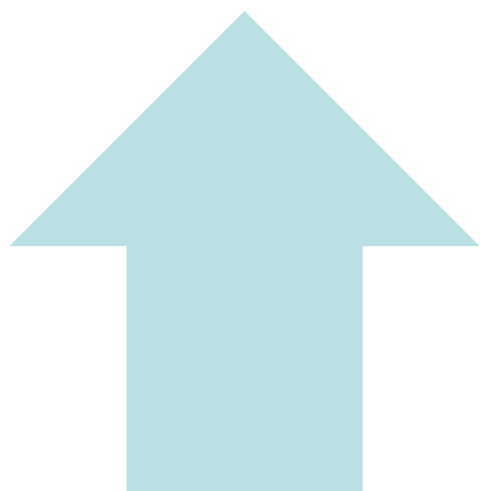


Outputs/Results: Factors increasing likelihood of uptake of VCT by TB patients

- Re-treatment = x 1.8
- Female = x 1.9
- Unemployed = x 2.6
- Knowing someone with HIV x 3.0
- Received TB-HIV information= x 3.9



Implementation challenges



Factors facilitating PITC uptake

- TB-HIV IEC
- Motivation + support
- Not stigmatising/discriminating



Barriers deterring VCT uptake

- Indecisiveness
- No/low risk perception
- Burden of dealing with TB
- HIV test not advised



Lessons learned/project surprises

- Single solutions to increase uptake of VCT among TB patients are unlikely
- Multifaceted intervention addressing health systems and patient-related barriers necessary
- Involve practitioners, managers, domain experts in development of intervention



Sustainability/replicability

- Part II of the project = development, implementation and testing of intervention
- Quasi experiment to evaluate impact of intervention in Thabo Mofutsanyana with Lejweleputswa as control
- If significant increase in HIV testing among TB patients, wider implementation in the province and further afield



Recommendations (1)

