



A COLLECTION OF SUCCESS STORIES

**Introduction and roll out of 3HP to treat
TB infections in five districts in Malawi:
First hand experiences from healthcare workers
and beneficiaries**

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About this Publication

This publication is produced by KNCV Tuberculosis Foundation (KNCV) with financial support from Unitaid through the IMPAACT4TB project. IMPAACT4TB is a four-year project funded by a grant from Unitaid and consists of the Aurum Institute, KNCV Tuberculosis Foundation, Clinton Health Access Initiative, the Stop TB Partnership, Treatment Action Group, and John Hopkins University and works across 12 countries. IMPAACT4TB stands for Increasing Market and Public Health Outcomes through Scaling up Affordable Access Models of Short-Course Preventive Treatment for TB.



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Congo

Kenia

Tanzania

MALAWI

Zambia

Mozambique

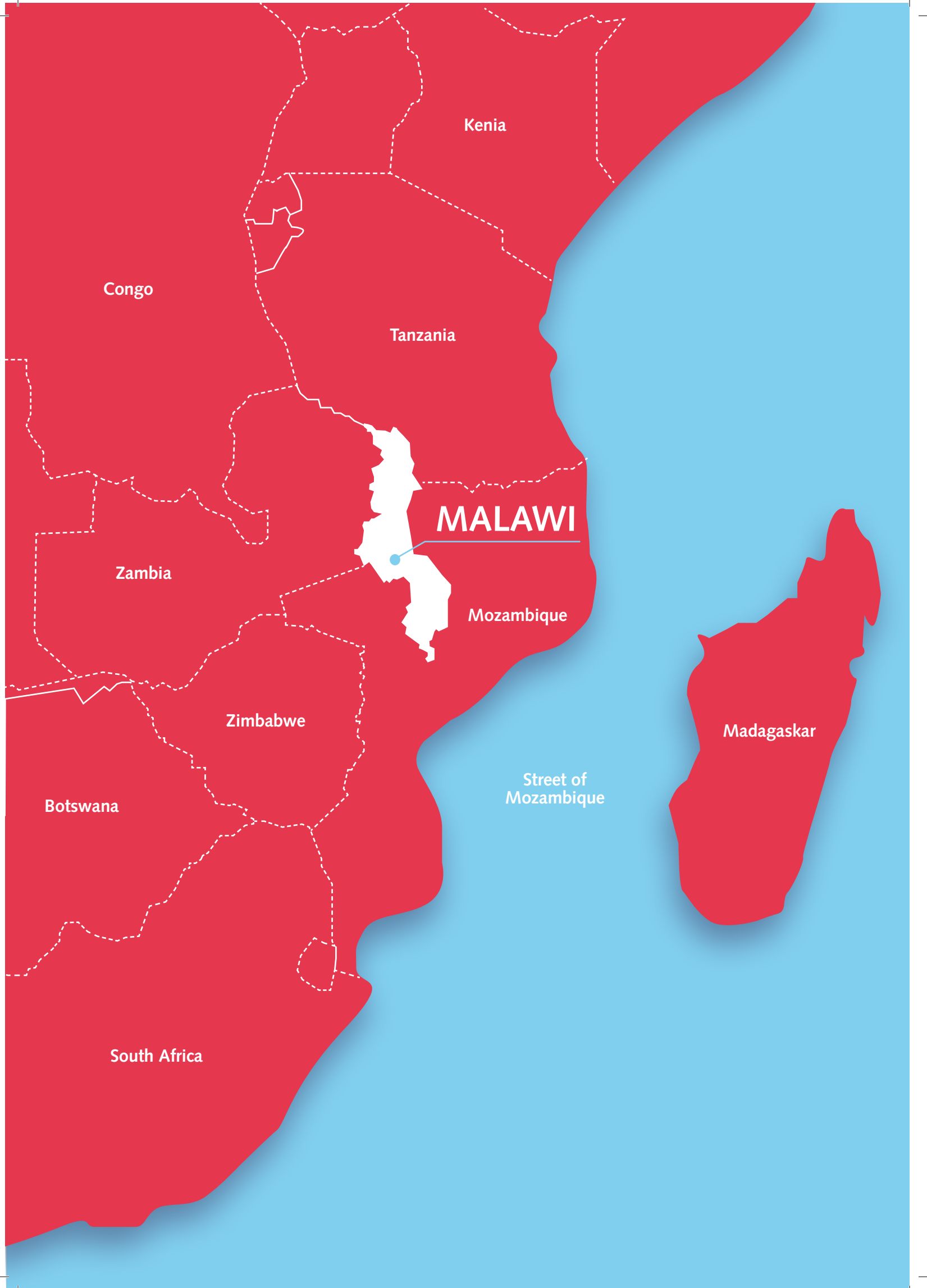
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South Africa



INTRODUCTION

Tuberculosis (TB) is caused by *Mycobacterium tuberculosis*. When an individual is infected with the TB bacteria, either:

1. The TB bacteria are suppressed by the individual's immune system, rendering the TB bacteria inactive and unable to grow. However, the TB bacteria remain in the individual's body. In this case the individual has an inactive TB infection (TBI).
2. The individual's immune system is not able to suppress the TB bacteria, in which case the TB bacteria actively multiply in the individual's body and the individual becomes sick. In this case the individual has active TB disease.

Active TB disease is contagious, whereas, TBI is not contagious.

Approximately 10% of people with TBI will, however, go on to develop active TB disease in their lifetime. Individuals with TBI are, therefore, a reservoir of potential future active TB disease within the population: this may lead to new TB outbreaks. People with a suppressed immune system due to underlying conditions such as HIV or diabetes, or because of advancing age have the greatest risk of developing active TB disease. To control TB, it is, therefore, important to identify persons who may have TBI and to treat them with TB preventive treatment (TPT) to stop TBI developing into, contagious, active TB disease in the future.

That is why during the UN General Assembly high-level meeting on tuberculosis in 2018, the UN General Assembly adopted the declaration that by 2022 at least 30 million people should have received TPT, including 4 million children under five years of age, 20 million other household contacts of people affected by TB, and 6 million people living with HIV (PLHIV).

KNCV has been an implementing partner of the Aurum Institute led, Unitaid funded, project called Increasing Market and Public Health outcomes through scaling up Affordable Access Models of short Course preventive Therapy for TB (IMPAACT4TB). Other partners in this consortium are the Clinton Health Access Initiative (CHAI), Johns Hopkins University (JHU), Treatment Action Group (TAG), and the World Health Organization (WHO).

The goal of IMPAACT4TB has been to scale-up short-course rifapentine-based TPT among high-risk groups: PLHIV and child contacts of persons with active TB disease and, thereby, to reduce TB incidence and deaths. Additionally, the project aimed to contribute to revising WHO TPT management guidelines based on evidence generated from this project.

The project was initially focused on 3HP, a short-course TPT regimen of isoniazid and rifapentine taken weekly for three months to treat TBI.

KNCV, in close collaboration with national TB and HIV programs and local stakeholders, has been supporting the introduction of 3HP in Malawi.

STORY 1

The acceptance of the new 3HP regimen turned out to be a huge success in the Mangochi-district

Robert Mponda is a 60-year-old retiree. Formerly a driver for the National Bank of Malawi, Mponda is a father of five and lives in the district of Mangochi, in Malawi's Southern region. Mangochi is one of Malawi's most populous districts and a target district for IMPAACT4TB's 3HP project. Mponda is receiving ART and has successfully completed his 3HP treatment.



Robert Mponda is a retiree.

Previously a driver for the National Bank of Malawi, Mponda successfully finished his 3HP treatment in September 2021.

Photo Moses Master

"Originally, I come from the area of the traditional authority Chimaliro, in the Thyolo district. I settled in Mangochi in 2005 when my former employer, the National Bank, posted me here for work. In 2021, I started feeling sick and thought I had malaria. My wife insisted that I go for a rapid malaria diagnostic test, however, I bought the malarial drug artemether-lumefantrine and I took that instead," Mponda recalls.

Mponda explains that his situation quickly worsened in July 2021:

"The situation was very bad, I could not even walk and collapsed. At this point, my wife convinced me to take an HIV test and I tested positive. At the same time as starting ART and after testing for, and ruling out, active TB, the healthcare workers at Mangochi district hospital immediately started me on the 3HP treatment. I was told the anti-TB drugs would protect me from developing active TB disease."

Mponda tells that he accepted the 3HP treatment after considering how effective the treatment is in preventing TB. Mponda aspires to live a healthier life and finds 3HP's shorter -three-month - duration made it easier for him to complete his treatment:

"I spent two weeks in the Mangochi district hospital because my health deteriorated. While there, I was told about the benefits of the 3HP treatment

and I didn't hesitate. I was told that I would be taking the drugs once a week for three months and realized it was good for me. I only experienced mild numbness in my feet after starting the treatment, but that went away in about three weeks," Mponda adds.

Mponda started on the 3HP treatment in July 2021 and successfully completed his treatment in September 2021. He encourages other men who are newly diagnosed HIV positive to immediately start the 3HP treatment. Mponda believes that this treatment is vital to stop TB from progressing to active TB disease and emphasizes that all eligible PLHIV deserve TPT.

Mponda also notes that the 3HP treatment drugs do not have significant side effects. Mponda thanks his wife for the support she has given him by feeding him good food such as peanuts, rice and other nutritious foods during his 3HP treatment. Before falling sick, Mponda weighed 90 kilograms. Due to the illness his weight fell to 65 kilograms, but he has now gained back his weight.

"I was very happy when healthcare workers told me that I had successfully completed 3HP treatment. The healthcare workers did a good job! I now farm again and I feel very strong." He adds: "If healthcare workers prescribe you drugs, don't hide or throw away the tablets—go and complete your treatment!"

STORY 2

Patient in the Mangochi district describes his good experience with the 3HP treatment and the lack of side effects

47-year-old businessman, Yasin Kajosolo, also had a good experience with his 3HP treatment. Kajosolo hails from Ntagaluka village in the area of traditional authority Chowe, also in the Mangochi district. He is married and has four children and sells blankets and mobile phone accessories in the market.



Yasin Kajosolo finished the 3HP short-course treatment and continues to operate his business in the Mangochi district.

Photo Moses Master

Kajosolo started his 3HP treatment in June 2021 after a positive HIV diagnosis. He was feeling unwell for over two months before his diagnosis. Kajosolo explains:

“I had just been enrolled in ART. The healthcare workers here at the [Mangochi district] hospital told me that the aim of the 3HP drugs were to prevent TB. At first when I took the TB drug, I felt like my heart would skip due to some heart palpitations, however, this disappeared in a few weeks. I finished my treatment in August.”

After successfully completing his 3HP treatment, healthcare workers advised Kajosolo to eat a balanced

diet and to continue the ART.

Kajosolo's brother had HIV and TB in 2017 and Kajosolo played a huge role in supporting his brother during his six-month isoniazid preventive treatment (IPT):

“I learned a lot from my brother's health condition and that made me realize that once I was diagnosed I needed to start HIV and the 3HP treatment as quickly as possible. When healthcare workers explained the 3HP regimen, I was concerned about the side effects and how well the drugs would work. I found, however, that the 3HP drugs were not too difficult to take and didn't make me feel too sick.”

STORY 3

The new 3HP treatment was also successfully introduced in the Mangochi district

train 113 healthcare providers on the roll out of the 3HP treatment in the Mangochi district to make sure they were well prepared to support the TPT implementation.



Mangochi district hospital

is one of the sites that has delivered a successful 3HP treatment program through the KNCV led IMPAACT4TB project in Malawi.

Photo Moses Master

An additional 74 healthcare providers in the Mangochi district have also received training through refresher courses supported by KNCV. The refresher course equipped the providers with the necessary knowledge and skills to support TPT implementation. These courses also addressed knowledge gaps observed among providers during supervision and review meetings in various health facilities.

In the period from October 2020 to June 2020, 2,963 new PLHIV received

the 3HP treatment and 1,367 new PLHIV received the six-month IPT in the Mangochi district.

Hope Kumwenda, TB Coordinator for Mangochi district, states that the rollout of the 3HP regimen has been a huge success in the district:

“We have seen huge numbers of PLHIV accepting the 3HP regimen due to its short duration and fewer side effects. The level of acceptance is very high. However, we must improve on contact tracing, which has been a challenge.”

STORY 4

Mulanje district excels in the roll out and provision of 3HP treatment in response to the HIV epidemic

Linda Kabotolo is a 27-year-old woman with two children who hails from traditional authority Mabuka in Matekenya village in the Mulanje district. Linda runs a hair dressing saloon but struggles financially due to lack of income. In 2022 Linda was diagnosed with early stage cervical cancer and subsequently tested positive for HIV. Healthcare workers at the Mulanje district hospital started Linda on the 3HP regimen. This is Linda's story:



Linda Kabotolo is a young lady from the mountainous district of Mulanje, in Malawi's southern region. Linda successfully completed her 3HP treatment and she hopes to grow her small-scale business.

Photo Moses Master

"In May 2022, I came to the Mulanje district hospital. The healthcare workers discovered a cyst in my stomach that was diagnosed as early stage cervical cancer. I was told that I would be fine (and I subsequently had successful radiation therapy). After some counseling, however, the health workers also administered an HIV test which was positive."

After her HIV diagnosis and once active TB disease had been ruled out, the healthcare workers recommended that Linda immediately start the 3HP regimen.

"At first, when the healthcare workers told me about the 3HP regimen, I was worried because people in the village say that when one takes a lot of drugs, one can go mad. In 2019, my husband abandoned me in for another woman. After that, I had no one close to break the news to except for my sister. She urged me to start and to complete the treatment", explains Linda.

After considering her options, Linda decided to undergo the 3HP treatment due to the short duration of the 3HP regimen. Linda was greatly surprised that, after taking the 3HP drugs, her

chest felt lighter and her body felt more energized.

"I saw the pills and asked myself, how could I finish all these tablets? But I had no side effects from the 3HP drugs. What people say in the village, that taking many drugs causes madness, is not true. I can tell you that, before my treatments, I was bedridden for three months. I wasn't feeling well. After taking the antiretroviral medicine and completing the 3HP treatment I felt stronger and had lots of energy. If I had delayed the treatment things could have been much worse" explained Linda.

Linda also adds, "as a young woman I encourage other young women to go to hospital early and not to delay diagnoses and treatment. HIV therapies and TB treatments such as the 3HP regimen can save your life. Women of my age should not be afraid.

Linda started her 3HP treatment in April 2022 successfully completed her treatment in June 2022. To earn a living, Linda plans to diversify her business, selling second-hand clothes in addition to her hairdressing saloon. For now, she still braids hair for her customers at home to support her two children.

STORY 5

Mulanje district provides ART and 3HP treatment concurrently to deliver successful outcomes

For 55-year-old Constance Zalimba, being told that he should start the 3HP treatment felt like something out of a science fiction novel. Zalimba is married and has three children and hails from the area of traditional authority Mabuka's in Njedza village. He was diagnosed with HIV in November 2021. Starting HIV therapy and TB preventive treatment simultaneously made him look at the world through a different lens.



Constance Zalimba is a vegetable farmer and has good experiences with the 3HP treatment. He successfully completed his treatment in 2021.

Photo Moses Master

"I looked at the pills and wondered if this was a good idea. There were a lot of pills and this was my first time. My worries centered on any possible side effects. I thought about this deeply. After taking pills prescribed for the 3HP treatment for a few weeks, I only experienced a mild skin rash on my forehead that resolved in a few days. That is the only side effect I had. Despite the rash, I was able to continue with my vegetable farming," explains Zalimba.

Zalimba believes that PLHIV and patients who are seeking TB treatment have a right to demand quality healthcare

and need to have a better treatment literacy in order to be able to ask about the purpose of drugs they are prescribed.

"Patients normally don't even know the names of the drugs they are taking. We must insist on receiving this information from the healthcare workers. Fortunately the healthcare workers here [in the district of Mulanje] helped me when I started my 3HP treatment in November 2021.

I successfully completed my treatment in January 2022", says Zalimba.

STORY 6

Healthcare workers do well in delivering 3HP treatments through the Mulanje district's ART program

Kondwani Chikoti is the ART coordinator at the Mulanje district hospital. He is a passionate ART healthcare provider. In 2015, Chikoti graduated from the College of Medicine at Kamuzu University of Health Sciences with a focus on HIV medicine. In October 2020, when KNVC first introduced the 3HP regimen, many healthcare providers were not sure about using the treatment regimen for PLHIV due to the high pill burden. Chikoti explains, however, that the Mulanje district hospital ART program welcomed the 3HP regimen.



Kondwani Chikoti, Mulanje District Hospital's ART Coordinator hails the impact KNVC has made in the district to roll out and build access to 3HP treatments for PLHIV.

Photo Moses Master

The test and treat program at the Mulanje district hospital meant that the 3HP regimen was well integrated for PLHIV within the ART program.

"KNVC helped us a lot with training the ART coordinators and healthcare workers in the delivery and provision of 3HP treatments. TB preventive treatment work was a new task for us. So we worked together with the KNVC staff and the District Health Office to bridge certain knowledge gaps," explains Chikoti.

Chikoti notes that at first healthcare workers were hesitant to start patients on the 3HP regimen, but with KNVC training the point-of-care service delivery workers improved service provision. The training KNVC provided also improved documentation by capturing data accurately.

"The documentation is much better now that the healthcare workers have been trained. They understand TB preventive treatment much better than before. The first bottleneck was the attitude among healthcare workers as they thought patients were being given more pills. But that's not the case anymore." Chikoti

also adds: "For 3HP treatments, I have not heard of many cases of adverse side effects. If one stops getting treatment it was because of 3HP drug stock outs due to the Nitrosamine impurities which interrupted treatment."

According to Chikoti, the availability of the 3HP fixed dose combination (FDC) is good because it now reduces the pill burden: with clients receiving 300 mg of combined isoniazid and rifampentine and one tablet for pyridoxine each week for three months. This means there are just 12 weekly doses under the 3HP short-course treatment regimen rather than 180 daily doses with IPT.

"The fixed dose combination is very good news in terms of 3HP regimen access and treatment completion for our clients because the pill burden is drastically reduced," says Chikoti. KNVC's progress reports show that in the Mulanje district, during the period from October 2020 to June 2022, of the 5,925 new PLHIV initiated on ART, 1,812 PLHIV were simultaneously initiated on the 3HP treatment. This is a great step forward.



**Since 3HP
became available
in Malawi
in 2020,
11,321 PLHIV
newly enrolled
on ART have
initiated 3HP up
to June 2022**

STORY 7

3HP roll out successful in Chikwawa, despite the many climate disasters that hit the region

Malawi's, Chikwawa district, in the Lower Shire Valley, beset by tropical cyclones and floods, is an unforgiving and harsh place to live. 44-year-old Antonio Fred remained determined and successfully completed his 3HP treatment, despite tropical cyclone Ana bearing down on the district and displacing thousands from their homes.



Fred Antonio holds a TB preventive screening poster used at the Chikwawa District Hospital for patient and healthcare worker education.

Photo Moses Master

Fred comes from the traditional authority Mgabu in the area of Group Village Headman Malemia. Fred has five children. His eldest child, a daughter, is 22 years old. Fred started his 3HP treatment in March 2021 and successfully completed the treatment in May 2021.

"I started the 3HP treatment when I was diagnosed HIV positive in March 2021. I was married to my first wife for 18 years before my marriage ended in 2016. I believe that my wife may have cheated on me as she was taking antiretroviral medicine secretly without my knowledge. When I had a HIV test later, I tested positive."

Fred remarried again and he and his second wife are both HIV positive. The couple started their 3HP treatments together and finished at the same time. Fred learnt about the 3HP regimen after visiting the Chikwawa district hospital. "After the healthcare workers explained the benefits of the 3HP regimen to me, I didn't have any second thoughts. It is vital to stop TB from progressing to active TB disease. We need to follow medical professionals' advice. To all those on TB preventive treatment, please don't stop taking drugs or hide tablets under the bed," says Fred.

The impacts of tropical cyclone Ana led the internal displacement of a million Malawians. As of February 2022, over 220,000 households (more than 940,000 people) were affected in 15 districts. In Chikwawa, the worst hit district, over 30,000 households (approximately 200,000 people) were displaced and seeking temporary shelter in 178 displacement sites.

Fred's house collapsed due to the floods in the cyclone's aftermath. He is now living in a tent provided by the Red Cross Society.

The 3HP regimen requires adequate food intake for patients for better adherence. However, tropical cyclone Ana has caused a critical food shortage in the Lower Shire Valley. Fred appeals to the Malawian government to bring more food aid to the people in Chikwawa.

"Of course, the floods really affected us here, but it's important to continue with 3HP treatments. For me, I find the 3HP drugs were a very good combination. The only side effect I experienced was some slight body aches, but they resolved within a few weeks. During my treatment, I was still able to grow maize, rice, and other crops to financially support my family," explains Fred.

STORY 8

3HP provided to people stable on ART in Chikwawa to help protect them from TB

Dorothy Sweet is another client who successfully completed her 3HP treatment despite the climate disasters and food shortages triggered by the floods that hit the Lower Shire Valley each year. Dorothy is aged 53 and hails from the area of traditional authority Kasisi in the Chikhambi village within the Chikwawa district. She is a small-scale farmer growing millet and maize and has four children. Dorothy's husband passed away in 2008.



Dorothy Sweet, a mother of four and who completed her 3HP treatment in September 2021. Dorothy pleads for food aid in the Lower Shire Valley district of Chikwawa for better adherence to TB preventive treatment.

Photo Moses Master

"I was diagnosed with HIV in 2014 and have been receiving antiretroviral medicine since then. In July 2021, healthcare workers told me that I was eligible for TPT using the 3HP regimen. This treatment requires you to take drugs once for a week for three months. I was happy, although I had a few fears about the possible side effects before starting," explains Dorothy.

Dorothy successfully completed her 3HP treatment in September 2021. Dorothy's children are all HIV negative. They help her to take her antiretroviral medicine and also monitored her 3HP treatment. Dorothy is also asthmatic and takes Salbutamol to relieve the asthmatic attacks.

Dorothy thanks KNCV and the government for giving her access to the

3HP treatment. Nonetheless, she appeals for more food aid as the Chikwawa district was hit hard by tropical cyclone Ana and PLHIV are struggling with poor nutrition.

"I finished my TPT successfully, but we are food insecure here and drugs like those I took for the 3HP treatment make you feel hunger more: you need to eat a more balanced diet." Dorothy smiles and adds: "To be honest, the 3HP drugs are good and don't have significant side effects and the treatment was easy to finish but look at me— I lost my house due to the tropical cyclone this year and all my crops got washed away by the floods. For people to finish their TB treatment successfully, they need an adequate intake of food, the government should help us here, please!"

STORY 9

How support groups help raise awareness for the benefits of 3HP treatment

According to Marko Suzumire, the Chikwawa district hospital's ART coordinator, KNCV and the Malawian government's roll out of the 3HP treatment regimen and the access to treatments given to PLHIV have been a huge success.



Marko Suzumire, the ART Coordinator for Chikwawa District Hospital thanks KNCV for the roll out and access to 3HP treatments for ART clients.

Photo Moses Master

According to Marko Suzumire, the Chikwawa district hospital's ART coordinator, KNCV and the Malawian government's roll out of the 3HP treatment regimen and the access to treatments given to PLHIV have been a huge success.

"With support from KNCV, many healthcare service providers were trained to provide patients with the correct prescriptions for the 3HP regimen. In addition, we raised awareness and acceptance levels have been very high here. Very few side effects have been reported," explains Suzumire. Suzumire also adds that some patients have contraindications and cannot receive the 3HP treatment. This includes pregnant patients, who are instead treated using the IPT regimen. The delivery of the 3HP treatments has been smooth although the nitrosamine

impurities disrupted treatment. The floods in January 2022, triggered by tropical cyclone Ana, also affected service delivery.

"Many patients are accessing 3HP treatments and they like the regimen due to its short duration. At this ART clinic, we see about 1000 PLHIV patients per month. Due to the differentiated service delivery model, access to ART and the 3HP treatments greatly improved, relieving the overcrowding in the clinic. We quickly identify any adverse effects," Suzumire observes.

Since 3HP became available in Malawi in 2020, 11,321 PLHIV newly enrolled on ART have initiated 3HP up to June 2022. This is a huge success. Prior to the KNCV and government initiative PLHIV were not routinely offered access to any TPT regimen in the Chikwawa district.

**“ Many patients
are accessing
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STORY 10

Healthcare providers defy impacts of COVID-19 to successfully roll out and provide 3HP treatments to patients in Malawi's hottest district

The Nsanje district in Malawi's southern region is undoubtedly the hottest district in the country: with sweltering temperatures that rise above 40 degrees Celsius. The district also suffers annual floods and storms. Healthcare workers have had to cope with the impact of COVID-19 and how to ensure their PLHIV clients receive their 3HP treatments.



Eliza Billy

is a small-scale businesswoman in the groundnut value chain. Eliza shares her own good experiences with the 3HP treatment and educates others in her community on the benefits of TPT.

Photo Moses Master

Eliza Billy is one of the PLHIV clients who have successfully completed the 3HP regimen. Eliza had few challenges and even less side effects. Aged 41, Eliza has a 21-year-old daughter and comes from the area of the traditional authority Malemia in the Mbango village within the Nsanje district. Eliza is a small-scale businesswoman and earns a living selling groundnuts.

"I first received ART in January 2022 and the healthcare workers immediately started me on the 3HP treatment. I think they did a great job of explaining the benefits of TB prevention and the 3HP regimen to me. I accepted the 3HP treatment wholeheartedly because I understood that it would prevent me from developing active TB disease," explains Eliza.

In May 2022, Eliza finished her 3HP treatment. She now feels more energized to continue selling wholesale groundnuts to traders in the Nsanje district / Lower Shire Valley. Eliza is also a member

of an HIV support group, called "Chigwirizano", whose members have taken a keen interest to raise awareness of TPT. As a group, they intend to share knowledge of the 3HP treatment in the community.

"I can tell you that the 3HP treatment is very beneficial. I believe this treatment is better than the six-month IPT option, because you take only need to take the 3HP drugs for three months. In my village, I also have some friends with high viral loads.

We are encouraging them to adhere to ART treatment and some have gone to the hospital to access the 3HP treatment," says Eliza.

Eliza calls upon the Malawi Government and its' partners to provide food vouchers and nutrition packages for all 3HP treatment clients for better drug adherence as, based her experience, the drugs used makes the person on the treatment regimen feel hungry.

STORY 11

Delivering 3HP treatment amidst the COVID-19 pandemic

Francisco Mwicha is a young healthcare provider who tells us about his work to provide 3HP treatments to eligible PLHIV at Nsanje District Hospital. Mwicha has been stationed at the hospital since 2019. He was among the first healthcare providers trained by KNCV to help provide 3HP treatments.



Grey Malata is the ART Coordinator at Nsanje District Hospital and praises the introduction of the 3HP regimen for boosting treatment completion rates.

Photo Moses Master

“Before KNCV introduced the 3HP regimen [at Nsanje District Hospital], we only used IPT and it was difficult to make patient follow ups. But with the 3HP regimen, it is easier to follow up due to the shorter duration. In the past IPT was causing skin dermatitis and diarrhea. Now, clients prefer the 3HP treatment to IPT,” tells Mwicha, a clinical officer. Mwicha adds that the emergence of COVID-19 deeply affected him emotionally as a healthcare provider because of the deaths of loved ones. Mwicha relates how COVID-19 caused fear and panic among patients and healthcare providers alike. Using anecdotal observations, he also adds that KNCV’s introduction of the 3HP regimen has drastically reduced cases of active TB disease at the facility and that now, unlike in the past, there are very few cases. “Without KNCV, active TB disease cases could have increased due to the impact of COVID-19. COVID-19 caused a lot of interruptions because clients were afraid of catching COVID-19. They, therefore, sent guardians such as friends or family to the hospital on their behalf. However, we can only assess the actual client. This was a big challenge for our service delivery.”

With the Malawian government scaling up the 3HP regimen countrywide for PHLIV, Mwicha recommends a robust national capacity building plan for TPT. “We should have skilled and knowledgeable healthcare providers who are updated regularly and understand the

3HP regimen and all the algorithms.” One of Mwicha’s colleagues, Grey Malata, the ART Coordinator at Nsanje District Hospital, agrees with the need to sustain the 3HP regimen across Malawi. Malata believes that, in order to prevent active TB disease and reduce deaths, all PLHIV, household contacts and other eligible persons must have access to 3HP treatments.

“What I have seen is that the 3HP regimen, being a shorter, has made it easier for patients to complete their treatment compared to the six months of IPT. In the past, before the 3HP treatments came here to Nsanje, many patients discontinued IPT due to its long duration. Now with the 3HP regimen, and the new 3HP FDC, the pill burden is significantly reduced. For me, the 3HP FDC is a gamechanger,” stresses Malata. Malata also adds that a number of patients desperately want the 3HP treatment due to its’ shorter duration. Unfortunately, some of Malata’s clients are ineligible for the 3HP regimen due to breastfeeding or other comorbidities such as diabetes.

“We have patients who want the 3HP treatment but we are not able to put them on this regimen due to contraindications such as pregnancy and breastfeeding. We explain why they cannot put them on this shorter treatment, and they do understand, of course, but they get disappointed,” tells Malata.

STORY 12

Increased demand for 3HP in Mzimba, Malawi's largest district

Brown Kamanga is a 47-year-old father of two children. Kamanga originally hailed from the tradition authority of Mabulabo but now resides in Mzuzu city's peri urban area of Mchengautuba. Kamanga started ART way back in 2005. He commenced IPT in November 2018 and finished this treatment in June 2019. During the six months of his IPT, he experienced neuropathy in his hands and feet as well as dizziness.



Based on his wife's experience with the 3HP treatment compared to his own experience with IPT, **Brown Kamanga** supports the increased access to the 3HP regimen in Malawi. Kamanga runs a grocery business in Sonda area of Mzuzu city in Mzimba district in Northern Malawi.

Photo Moses Master

"I was on the IPT for six months and it was a huge problem for me. I wish the 3HP treatment had come earlier so I didn't have to suffer from neuropathy and dizziness. My wife got lucky and started the 3HP treatment in November 2020 and finished it in January 2021," says Kamanga.

Using his own experiences from his six-month IPT, Kamanga supported his wife and helped her to successfully complete her treatment. Kamanga's wife did not have any side effects from the 3HP drugs.

"I was greatly surprised to find out that my wife completed her 3HP treatment without complaining of any side effects. This short regimen is very good and if the treatment had been around in 2018 I wouldn't have done IPT - no way!" He also adds: "Shorter TB preventive regimens like the 3HP treatment are what we need to fight TB in Malawi. Of course, the goal of IPT is the same as that of the 3HP treatment. Those who are eligible for IPT and not the 3HP treatment should still take their drugs and adhere to their treatment regimen."

STORY 13

Increased demand for 3HP treatment at the Mzuzu Urban Health Center

The Mzuzu (also known as Mapale) urban health center also works with KNCV to provide 3HP treatments for all eligible clients. Demand for the 3HP treatments are increasing as more patients become aware of the benefits of the shorter regimen, says KNCV study coordinator, Joseph Mwambembe. Mwambembe, has been working at the health center since 2020 when the 3HP regimen was first introduced. He notes that the facility receives patients inquiring about the 3HP regimen every day.



Mzuzu Urban Health Center also known as “Mapale” is one of the largest health centers in Mzuzu city apart from Mzuzu Central Hospital and provides 3HP treatment.

Photo Moses Master

“As KNCV, we have pioneered the introduction and rollout of the 3HP regimen in Malawi. Our work has also seen huge numbers of patients asking to be initiated on this short regimen here in Mzimba North. Healthcare workers have been trained to correctly provide the 3HP treatments and to prescribe the 3HP drugs. We are also conducting an implementation research study, which will

determine the numbers of those accessing the 3HP treatments and IPT and identify any bottlenecks in service delivery,” says Mwambembe.

Mwambembe recommends that the Malawian Ministry of Health work to introduce indicators for completion of TPT in the Ministry of Health’s electronic medical records system.



Up to June 2022, a total of 859 PLHIV on ART in Mzimba North have started 3HP treatments and 1,243 PLHIV have accessed IPT.

In accordance with the World Health Organization TB preventive treatment guidance of 2020, adults and adolescents living with HIV, who are unlikely to have had active TB, should receive TPT as part of a comprehensive package of HIV care. Treatment should also be given to those on ART, to pregnant women and to those who have previously been treated for TB, irrespective of the degree of immunosuppression and even if testing for TB infection is unavailable.

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