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Barriers to Antiretroviral Therapy in Malawi: An assessment of socioeconomic inequalities

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Background: Despite access to health services being free at the point of service delivery, evidence suggest that the poor in Malawi wait longer, receive fewer drugs and pay more in comparison with the non-poor. These conditions are worse for people living in rural and geographically remote areas. For a country heavily affected by HIV/AIDS, the situation would be worse for patients on Antiretroviral Therapy (ART) whereby costs, long distances and long waiting times are highlighted as some of the barriers to treatment adherence.

Methods: This study interviewed ART patients using a structured questionnaire. Data was collected in two districts of Malawi namely, Lilongwe and Rumphi. A total of 947 ART patients were interviewed in almost all public sites providing ART in these two districts. Information was collected on patient’s demographic and household characteristics as well as asset ownership. The Principal Component Analysis (PCA) was used to obtain asset indices and wealth quintiles among patients on ART. The analysis was done using STATA SE 10.1.

Results: Based on the wealth quintiles, there were wide differences between the two extreme wealth quintiles- the poorest 20% and the richest 20%. The poorest 20% travel a longer distance to get to a health facility as compared to the richest 20%. Furthermore, the poorest 20% incur higher transport costs and on average take longer time traveling to the facility as compared to the richest 20%. Also the poorest 20% from rural areas travel long distances, incur higher transport costs and take longer to get to the facility as compared to the poorest 20% in urban areas.

Conclusion: The results indicate that the current ARV treatment is inequitable. It is therefore imperative that the government should devise new treatment mechanisms that would enable the poor and other vulnerable groups access treatment at minimal cost. The government would, for example, increase the number of clinics that operate in rural areas or use mobile clinics.