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| **Barriers to Diagnosis and Treatment for Multidrug/Rifampicin Resistant Tuberculosis in sub-Saharan Africa: A mixed-methods systematic review** |
| ***Background***Multidrug-resistant or rifampicin-resistant tuberculosis (MDR/RR-TB) is an additional burden on fragile health systems in sub-Saharan Africa (SSA), complicated by high prevalence of HIV. Six high burden African countries contributed 12% of the 601,000 global MDR/RR-TB incident cases in 2016, with 53% of these in only 2 countries, Nigeria and South Africa. Some countries in the region had large gaps between estimated incidence and reported cases, as well as high rates of untreated patients. The objectives of this systematic review was to describe barriers to diagnosis and treatment in SSA. ***Methods***We searched eight electronic databases- Medline, Global Health, CINAHL, EMBASE, Scopus, Web of Science, IJTLD, and Google Scholar, to identify studies where objectives were related to barriers to DR-TB treatment initiation and treatment in SSA. Publication dates were limited to January 2006 to July 2018. ***Results***A total of 2729 studies were identified, 39 full texts assessed and 17 selected. Studies were in South Africa (15), Nigeria (1) and Gabon (1). Barriers and facilitators to MDR/RR-TB diagnosis and treatment were identified on health system- and patient levels. At the health system level, prolonged laboratory turn-around times, lower level of diagnosis facility, poor knowledge/use of treatment guidelines, missed diagnosis, stigma against DR-TB health workers and patients, data errors and drug stock-outs were identified barriers. Facilitators included decentralization of services, and point-of-care Xpert MTB/RIF testing. At the patient level, barriers were poor access to health financing and treatment centers, fear of infection, denial or non-disclosure to family members, and the use of alternative care. Facilitators included urban residence and HIV-positivity.***Conclusion***As case detection and treatment for MDR/RR-TB in SSA currently relies heavily on individual patients presenting voluntarily to the hospital for care, specific interventions targeting identified barriers at patient- and health system level will improve current low rates of detection and treatment.  |