QUARTERLY REPORT ANTIRETROVIRAL TREATMENT PROGRAMME IN MALAWI WITH RESULTS UP TO 30th June, 2009

Executive Summary

By the end of June 2009, there were **224** static ART clinics in Malawi in the public and private health sector; 22 of these static clinics provided ART at a total of **96** outreach or mobile sites, bringing the total to **329** ART service delivery points in Malawi in Q2 2009.

In the second quarter of 2009 (April to June) a total of **18,090** new patients initiated ART and **2571** ART patients transferred between clinics, resulting in a total of **20661** ART clinic registrations (39% male, 61% female; 91% adults and 9% children). Of those registered, 61% started in WHO Stage 3, 17% in Stage 4 and 20% in Stage 1 or 2 due to a low CD4 count.

Between the previous quarter and this quarter, the number of infants starting ART in WHO stage 1 or 2 with confirmed HIV infection (DNA-PCR) increased from 85 to **114**, while children under 18 months starting due to presumed severe HIV disease increased from 67 to **85**. This is an encouraging development and could be as a result of more experience with the EID programme and recent emphasis on presumed severe HIV disease diagnosis in children under 18 months. However, ART access through early infant diagnosis still needs to be further strengthened.

By the end of June 2009, a total of **234,395** patients had ever initiated ART and **31,930** ART patients had transferred between clinics, resulting in a cumulative total of **266,325** ART clinic registrations (39% male, 61% female; 91% adult, 9% children). **31,455** (12%) patients started ART due to TB.

Cumulative treatment outcomes by end of June 2009 were: **169,965** (64%) alive and on ART, **27,899** (10%) died, **31,958** (12%) lost to follow-up(defaulted), **35,624** (13%) transferred out to another facility and 936 (<1%) were known to have stopped ART.

Of the **169,965** patients alive and on ART: 94% were on the first line regimen, 5% were on an alternative first line regimen, fewer than 1% were on second line regimen and 1% were on a non-standard ART regimen. Non-standard regimens are not necessarily substandard regimens; they include patients continuing an ART regimen that was started outside Malawi, patients in research programmes and patients in specialist care in whom specific circumstances lead to the choice of a non-standard regimen.

Improved integration of the supervision system for the public and private sector has led to a revision of previous M&E data in the private sector and patient outcomes in the private sector no longer appear better than in the public sector.

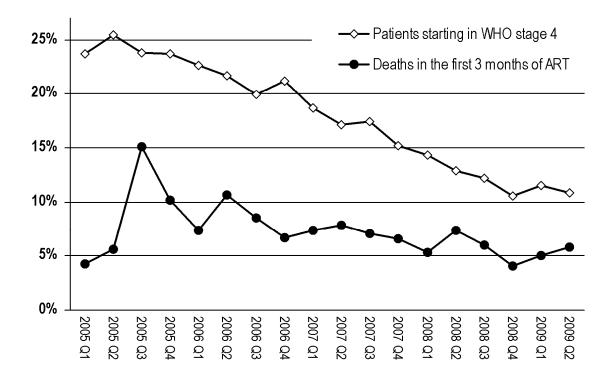
By the end of June 2009 there were 35 sites with 1,001–2,000 patients alive and on treatment; 11 sites with 2,001–5,000 and 5 with over 5,000 patients alive and on treatment.

Table 1: ART programme resume 2003-2009 (public and private sector combined)

	Dec 2003	Dec 2004	Dec 2005	Dec 2006	Dec 2007	Dec 2008	June 009
Total number of static ART sites	9	24	83	141	163	221	224
ART clinic registrations per year	No data	10,183	25,634	46,351	61,688	76,581	42,479
Cumulative patients registered	3,000 (approx)	13,183	38,817	85,168	146,856	223,437	266,325
Patients alive on ART	No data	10,761	29,087	59,980	100,649	147,497	169,965

Since 2005, the proportion of deaths in the first 3 months has steadily declined from about 24% in 2005 Q1 to about 11% in Q2 2009 (see below graph). This correlates well with the decline in the proportion of clients starting ART in WHO clinical stage 4 from 15% in 2005 Q3 to about 6% in Q2 2009. This is a reflection of the programme initiating ART earlier in stage 3 or using CD4 count with the subsequent better prognosis and a decrease in early mortality.

Patients starting ART in WHO stage 4 and deaths in the first 3 months after ART initiation. (Shown as proportions among new patients registered each quarter)



Introduction and Methodology

This is a report on the status of antiretroviral therapy (ART) in Malawi up to June 30th, 2009.

ART site visits

All health facilities in the public and private sectors offering ART were visited in July 2009 and data from 224 health facilities were collected. The data includes information from 105 outreach and mobile sites served by the static sites using mobile teams. The visits were conducted by the Ministry of Health HIV Department, MBCA, partners from DHOs, Zonal HIV supervisors, Lighthouse and MSF.

Each visit lasted up to half a day during which a structured supervision and a drug stock-level assessment were carried out, and this was followed by a monitoring and evaluation exercise. Data on ART parameters were collected from the patient master cards and the ART Registers. Much effort was made in ensuring that outcomes (particularly death and defaulter) were correct, and we believe that outcomes are accurately represented in this report. During the visits, certificates for excellent performance awarded at the last visit were presented to the clinic staff.

Data collection, outcome status censored on 30th June, 2009

Annex 1 shows new patients registered at ART clinics during the second quarter of 2009. Data on ART clinics and staff complements, HIV-related diseases, and HIV counselling and testing were collected for this 3-month period. Annex 2 shows all patients ever registered at ART clinics in Malawi up to June 30th, 2009

.A 12, 24, 36, and 48-month cohort outcome analysis was conducted for patients registered in Q2 2008, Q2 2007, Q2 2006, and Q2 2005, respectively. A separate 12-month cohort outcome analysis was conducted for children who were under 15 years at the time of ART initiation and who registered for ART in Q2 2008.

Public sector results

By the end of June 2009, there were **165** static health facilities, owned by government, mission and NGOs in Malawi in the public health sector delivering ART free of charge to HIV-positive eligible patients. All facilities were using the national monitoring tools.

In Q2 2009 (April to June), **17,603** new patients initiated ART and **2441** ART patients transferred between clinics, resulting in a total of **20,044** ART clinic registrations (39% male, 61% female; 90 adults and 10% children. By the end of June 2009, **226,094** patients had ever initiated ART in the public sector and **30,976** ART patients had transferred between clinics, resulting in a total of **257,070** ART clinic registrations (39% male, 61% female; 91% adults and 9 % children).

Cumulative treatment outcomes by end of June were: **164,770** (64%) alive and on ART, **27,095** (11%) died, **30,489** (12%) lost to follow-up/defaulted, **33,874** (13%) transferred out to another facility and **899** (<1%) were known to have stopped ART. Of the **164,770** patients alive and on ART: 94% were on the first line regimen, 5% were on an alternative first line regimen, <1% were on a second line regimen and 1% on a non-standard regimen.

Table 2: ART program resume 2003-2009 (public sector)

	Dec 2003	Dec 2004	Dec 2005	Dec 2006	Dec 2007	Dec 2008	June2009
Public sector ART sites	9	24	60	103	118	170	165
ART clinic registrations in the year (Jan – Dec)	No data	10,183	24,657	43,981	59,628	74,000	41,181
Cumulative patients registered for ART	3,000	13,183	37,840	81,821	141,449	215,449	257,070
Patients alive on ART	No data	10,761	28,110	57,356	96,712	142,218	164,770

Qualitative assessment of sites

A qualitative assessment of the patient master cards and registers was carried out in 159 of the 165 sites in the public sector. The table compares the 158 facilities in Q2 2009 with the previous qualitative assessment facilities in Q3, Q4 and Q1 of 2009. The standards were generally good, and Q2 2009 was similar to Q1 2009. The proportion of ART sites with pill counts recorded has improved markedly over time.

Table 3: Qualitative assessment of public sector ART clinics 2008-2009

Parameter	ART sites in Q3 2008 N=160	ART sites in Q4 2008 N=159	ART sites in Q1 2009 N=159	ART sites in Q2 2009 N=159
General:				
Clinic orderly and tidy	98%	96%	98%	99%
Pharmacy well organised and stock cards up to date	-	86%	94%	94%
Standard M&E tools implemented and maintained (paper or EDS)	98%	96%	99%	100%
ARV drug register in use	96%	94%	96%	96%
Master cards:				
Card header details complete	93%	97%	99%	
TB status, KS and pregnancy recorded	97%	99%	98%	99%
WHO stage defining conditions circled on back of card	93%	90%	90%	94%
Details of 2-week initiation visit recorded at bottom of card	99%	99%	98%	97%
Weight recorded at each visit	99%	99%	99%	99%
ART regimen and side effects recorded at each visit	-	96%	99%	97%
Pill counts recorded at all ARV refill visits	91%	95%	96%	99%
Clinic register:				
Register numbers assigned correctly and match cards	97%	98%	97%	99%
Transfer-ins recorded	94%	96%	94%	97%
All case finding columns complete (age, sex, reason,)	99%	97%	99%	99%
Case finding data match cards	79%	93%	93%	92%
Outcomes complete and updated every quarter	81%	75%	83%	82%
Outcome dates specified	86%	86%	89%	89%
Analysis:				
Patient registration analysis done for quarter	82%	95%	93%	93%
Cumulative cohort analysis done for all patients ever registered	80%	89%	83%	92%
Cumulative cohort outcomes complete and accurate	67%	58%	63%	69%

Certificates of excellence

Sites with excellent performance in patient and clinic management, including completion of ART registers and master cards and correct cohort analysis are awarded a certificate of excellence: 88 (53%) the sites in the public sector received a certificate of excellence. This is an increase compared with 84 sites in Q1 2009.

ART Clinics and Staff

For each clinic visited, the supervision team recorded the number of scheduled clinic days per week and the average number of clinicians, nurses and clerks working during clinic days. The total number of days in a week given for ART at all facilities in Q2 2009 was 458, translating into an average of 2.9 working days per facility in a week. Table 4 shows the total number of staff days per week for clinicians, mainly clinical officers, nurses and clerks for each of the regions and for the country as a whole. The full-time equivalents (FTEs) indicate the equivalent of full-time ART clinicians, nurses and clerks. Thus, for the country as a whole, the equivalent of 158 clinicians was working full-time in ART delivery each week. The workload per staff in ART clinics is obviously increasing quarter by quarter (compare previous reports).

Table 4: Total average staffing of ART services by region (public sector)

Region	Sites	ART Clinic days	Clinician days/ wk.	Nurse days/ week	Clerk days/ week
North	31	83	93	104	99
Central	58	166	265	290	206
South	68	209	432	474	365
Total	157	458	790	868	670
FTE			158	174	134

Training:

Not much training took place during the quarter under review, with only two training taking place with a total of 32 health care workers trained (see table 5). However the cumulative number of HCW trained still remained above the target. Funding for training is given directly to the districts and hence there is a need for NAC to inform the HIV & AIDS Department when money is released to the districts so that the Department can follow up with the DHO's office on the training plans implementation

Table 5: ART training by end June 2009

Sector	Target	Achievement
Public: No trained in Q2 2009	100	32
Private: No trained in Q2 2009	25	0
Public: Cumulative No trained by June 2009	2400	2651
Private: Cumulative No trained by June 2009	450	581

Quarterly Analysis for the period April 1st to June 30th, 2009

New patients started on ART in public sector between January and March 2009

The national data for patients registered at ART clinics during these three months are shown in Annex 1. There were a total of **20,044** ART clinic registrations, representing **17,603** (88%) patients who newly initiated ART and **2,441** (12%) ART patients who transferred between clinics. Out of all clinic registrations, 39% were males and 61% were females. Adults comprised 90% of patients and children (aged 14 years or less) comprised 10%. The majority of patients (55%) started ART in WHO Stage 3. The proportion of patients starting in Stage 1 or 2 with a low CD4 count (33%) has slightly increased from the previous quarter while those starting in WHO stage 4 remain at 11%.

A total of **5,899** TB patients were registered in the TB treatment programme in Q2 2009 and **1,023 (17%)** of these were ART patients who started TB treatment while on ART. Of the remaining **4,876** TB patients who were not yet on ART, **3,820 (78%)** had their HIV status ascertained in the TB programme (either through a new HIV test or through review of previous documented HIV test results). **3,223 (66%)** of the 4,843 TB patients with known HIV status were HIV positive.

	Total TB cases	TB cases HIV tested	TB cases HIV pos	TB cases on ART
North	413	375	204	88
Central	1,760	1,565	960	320
South	3,726	2,903	2,059	615
Total	5,899	4,843	3,223	1,023

The number of patients who started ART because of TB was 1,435. This constitutes **7%** of the total ART patients registered during Q2 2009 and **65%** (1,435 / 2,200) of those known to be HIV positive and hence eligible to start ART. However 70% of all TB patients are assumed to be HIV positive and hence eligible for ART (70% of 5,899 = 4,129). 4,129 – 1,023 (already on ART) = **3,106**. Therefore estimated ART coverage for HIV infected TB patients is 1,435/3,106 = 46%

689 (3%) of patients registered during Q2 2009 were pregnant women (at the time of ART initiation).

HIV testing, CD4 testing capability and HIV-related diseases: April – June 2009

The data on HIV test results for patients tested in the 165 facilities between April and June 2009 are shown in Table 6. Altogether, there were 207,299 clients and patients tested in the 3-month period. 27% of those tested were pregnant. Of those HIV-positive, 77% were referred for clinical assessment for ART. This proportion is slightly higher compared to

previous quarter. 20% were referred for PMTCT which is an increase from the previous quarter

Table 6: HIV testing at facilities with ART clinics during Q1 2009

Total tested	207,299	100%
Males tested	68,043	33%
Non-pregnant females tested	80,174	39%
Pregnant females tested	59,082	27%
Total HIV positive	33,000	16%
Positives referred for ART	25,521	77%
Positive pregnant women referred for PMTCT	6,679	20%

There were 52 facilities with CD4 count capability, an increase of 4 from previous quarter, 47 out of the 52 facilities, performed any CD4 test during Q2 2009. This is a slight increase compared to the previous quarter (42). The number of CD4 count tests performed generally remained the same (41,171) compared to last quarter, though there was a reduction in the central region with a relative increase in the north and south.

Table 7: Facilities with CD4 count capabilities by region

Region	North	Central	South	Total
Facilities with CD4 machines	11	21	20	52
Facilities with functioning CD4 machines	8	19	20	47
Total CD4 tests	3,763	9,260	28,148	41,171

HIV-related indicator diseases

Table 8 shows the number of patients with 4 key HIV-related indicator diseases, diagnosed and treated in the 165 facilities during the quarter. TB numbers were obtained from the TB registers; Kaposi' Sarcoma (KS) numbers from the ART registers; numbers of those with cryptococcal meningitis and oesophageal candidiasis from the DIFLUCAN registers kept in the pharmacy or from master cards in those sites not participating in the DIFLUCAN programme. The number of patients diagnosed with Oesophageal Candidiasis and Tuberculosis are lower this quarter compared to previous quarters, but KS and Cryptococcal meningitis are still common serious opportunistic infections in Malawi.

Table 8: HIV related indicator diseases

Disease	Total
Tuberculosis	5,899
Kaposi's Sarcoma (KS)	475
Oesophageal Candidiasis (OC)	810
Cryptococcal meningitis (CM)	571

Cumulative analysis for patients ever started on ART up to June 30th, 2009

The national data for all patients who ever started on ART up to the end of June 2009 are shown in the Annex 2.

30,905 of patients registered in the public sector started ART due to TB. This constitutes 12% of all patients registered in the public sector.

The cumulative primary treatment outcomes were as follows. **164,770** (64%) patients were alive and on ART, **30,489** (12%) were lost to follow-up/defaulted, 899 (0%) were known to have stopped ART, **33,874** (13%) transferred out to another facility and **27,095** (11%) died. Date of death was recorded for all patients who died: **8,155** (30%) died in month 1; **5,650** (21%) died in month 2; **2,962** (11%) died in month 3 and **10,323** (38%) died at a later date.

Cohort follow-up outcomes at 12-, 24- 36- and 48 months after registration

Treatment outcomes were counted separately for the cohorts of patients who registered 12, 24 and 36 months before the end of quarter 2 2009. For instance, the 12-months survival analysis was based on the patients who registered for ART between April and June 2008, considering their outcomes by 30th June 2009. The 24-month survival analysis was based on the patients registered for ART between April and June 2007 and the 36-months survival was based on the patients registered between April and June 2006. A separate 12-month treatment outcome analysis was performed for children below 15 years (at the time of ART registration). Results are shown in table 9. The 12-month survival analysis indicated that 79% of adults and 82% of children were retained alive on ART. 68%, 62% and 57% of patients (all ages) were retained alive on ART at 24, 36 and 48 months after registration.

Table 9: Cohort survival analysis 12, 24, 36 and 48 months from registration (public sector)

	12 month (adults ≥15 y	vears)	12 mor		24 montl (all ages	-	36 month (all ages)	-	48 mon (all age	•
Total Registered	18,876		1,594		14,350		9,923		4,965	
Transfers	1,756	9%	168	11%	2,247	16%	2,001	20%	1,130	23%
Total patients	17,120		1,426		12,103		7,922		3,835	
Alive on ART	13,516	79%	1,172	82%	8,271	68%	4,925	62%	2,182	57%
Died	1,476	9%	98	7%	1,647	14%	1,576	20%	880	23%
Lost to follow-up	2,060	12%	143	10%	2,133	18%	1,398	18%	749	20%
Stopped ART	68	<1%	13	<1%	52	<1%	23	<1%	24	<1%

Stocks of ARV drugs and drug for HIV-diseases as of December 2008

In each public sector facility a physical stock count was performed for ARVs and specific drugs for HIV-related diseases. Table 10 shows the stock positions by region for ARVs (first line and alternative first line and second line) and drugs for HIV-related conditions. There were enough first line ARV drugs (starter packs) to start about 50,000 new patients on therapy (lasting for 12 months at current rates of recruitment) and enough "Continuation packs" to keep the current 169,965 patients plus the new patients starting on treatment for about 2 months (up to August 2009) However there was only enough Alternative first line to last 1 month and hence the stock outs that were experienced.

Table 10: Drug stock positions in the public sector ART clinics (April 2009)

Drug	units	Central	North	South	Total stock
d4T 30mg / 3TC	15	25,383	9,723	19,775	54,881
d4T 30mg / 3TC / NVP	15	25,973	9,439	22,351	57,763
d4T 30mg / 3TC / NVP	60	196,921	64,626	205,285	466,832
AZT / 3TC	60	11,136	778	9,810	21,724
AZT/3TC/NVP	60	2,991	206	2,398	5,595
NVP	60	1,098	893	5,405	7,396
d4T 30mg / 3TC	60	8,286	1,387	10,190	19,863
EFV	30	8,174	1,135	13,395	22,704
TDF	30	5,134	447	4,203	9,784
ABC	60	96	103	1,214	1,413
ddl	30	805	80	447	1,332
LPV/r	120	3,504	122	3,090	6,716
CPT	120	875,377	34,598	92,440	1,002,415
Cotrimoxazole	1	5,262,429	2,318,230	3,415,064	10,995,723
Fluconazole	1	32,848	66,584	53,718	153,150
Ceftriaxone	1	22,559	24,556	33,620	80,735
Acyclovir	1	293,550	124,389	171,377	489,316
Ciprofloxazin	1	538,873	63,310	287,102	889,285
Vincristine	1	3,442	1,292	5,016	9,750
Morphine	1	113,058	208,860	76,869	398,787
Amitryptiline	1	1,922,510	735,132	1,319,861	3,977,503

PRIVATE SECTOR RESULTS

By the end of June 2009 there were 59 facilities in Malawi in the private health sector delivering ART at a subsidised rate to eligible patients. During Q2 2009, a total of **487** patients newly initiated ART and **130** transferred between clinics, resulting in a total of **617** new clinic registrations in the private sector (47% male, 53% female, 97% adult, 3% children).

Table 11: ART programme resume 2003-2009 (private sector)

	Dec 2003	Dec 2005	Dec 2006	Dec 2007	Dec 2008	June 2009
Private sector ART sites	0	23	38	45	51	59
ART clinic registrations per year	0	977	2,370	2,060	2,580	1,051
Cumulative patients registered	0	977	3,347	5,407	7,988	9,255
Patients alive on ART	0	977	2,624	3,937	5,261	5,195

The results of the private sector are shown in the Annex 1 & 2.

Cumulatively, a total of 8,301 patients newly initiated ART in the private sector and 954 ART patients transferred between clinics, resulting in a total of 9,255 total clinic registrations. (50% males, 49% females, 95% adults, 4% children). Out of the total registrations in the private sector, 44% started in Stage 3, 17% in Stage 4 and 37% in Stage 1 or 2 with a low CD4 count.

5,195 (56%) were alive and on ART, 804 (9%) had died, 1,469 (16%) were lost to follow-up, 1,750 (19%) were transferred out and 37 (0%) had stopped treatment. Of the 5,195 patients alive and on ART 86% were on first line regimen, 11% were on an alternative first line regimen and 2% were on a second line regimen. There were 550 (6%) patients started on ART due to TB. The cumulative number of patients alive and on ART did not increase significantly due to the data cleaning exercise done this quarter by the supervision team.

COMMENTS

New supervision forms and ART monitoring tools

The HIV department has developed new revised supervision forms and ART monitoring tools, such as the ART patient master card and the ART register. A Training of Trainers 2 day training will take place in the second week of September 2009 and refresher training for providers will follow in the third quarter. The tools have been distributed to all the sites during the quarterly supervision.

A summary of action points for the sites and for central level has been compiled in letters sent to all DHOs and Zonal Offices.

Revision of the ART scale up plan

Consultative meetings with all DHOs and ZHOs have been held in all the zones where district and zonal plans for ART scale up were drafted, these have been used to form the basis for updating the National ART scale up plan (2006-2010) which has become redundant due to its success in achieving well beyond the set targets. A draft scale up plan 2010-2013 has been produced and circulated in the department for input. This will then be circulated to all partners and stake-holders for input.

Decentralisation of ART supervision

The ART supervision is in the process of decentralisation with increased involvement of the Zonal and District Health offices. As part of TB/HIV integration, the supervisory visit was held jointly with the TB supervisors. Some of the lessons learnt from this joint supervision were:

- A reasonable number of TB patients are tested for HIV(78%) while only 65% of these were started on ART, therefore there are issues on the referral system that need to be addressed
- There is no/minimal communication between the ART sites and the TB section as a result the ART sits were not aware of TB patients who were HIV positive and in need of ART and the TB sites sent patients to get their continuation medicines after initiation to the peripheral sites where they were lost to follow up
- There is still a belief that patients should not start ART until after 2 months of initial TB therapy, therefore TB sites wait for 2 months before referring patients for ART and this leads to loss to follow up through deaths or other reasons

It was agreed that the joint visits are useful and should continue though logistics need to be worked out.

HIV supervisors

The HIV supervisors, previously known as ART supervisors have moved from the Central Hospitals to the Zonal Health Offices. Their tasks are not restricted to the ART programme anymore, but encompass the complete HIV programme. We expect that in the third quarter of 2009 all vacant positions will be filled. However they face various challenges including lack of transport to conduct effective supervision.

The HIV supervisors meeting was held in the 2nd quarter

Early Infant Diagnosis

There was an increase in number of children initiated on ART on account of presumptive severe HIV disease diagnosis, compared to previous quarter (85, previous 67). While those initiated on DNA-PCR increased from 85 to 114 infants, this is encouraging though more still needs to be done. The Department for HIV and AIDS has included EID & EIT in the refresher training course that is currently being piloted to improve uptake.

Main Challenges

- Training and refresher trainings have become a challenge as they are not taking place in most districts
- Delay in release of funds for ART drugs and other materials posing a challenge and this led to a stock out in Alternative first line
- Lack of adequate infrastructure and transport for the zonal level
- Lack of CD4 testing facilities at most sites priority should be given to PMTCT sites especially with the recommended increase in the threshold CD4 for initiating ART in pregnant women from 250 to 350
- Transportation of CD4 & DBS samples and results from the ART sites to the Labs and back is a big challenge

Way forward and emerging issues under discussion

- Pre-ART discussions currently ongoing between HIV and AIDS Department and stake holders on the minimum package for ART that can be rolled out Nationwide including Pre-ART registers and M &E tools
- Continuum of care for PMTCT clients and their children from ANC through Labour ward, post-natal care and into paediatric care for children and adult care for mothers. This would also be part of Pre-ART
- Strengthening Early Infant Diagnosis (EID) using DNA-PCR and Early Infant
 Treatment (EIT) including presumed severe HIV disease detection and treatment in
 children below 18 months of age
- Increasing CD4 threshold to 350 for pregnant women has been recommended by the HIV & AIDS Technical Working Group
- Discussions to be initiated with the DHO's on the way forward on CD4 and DBS sample transportation between sites and Labs
- Discussions on Malawi's first line regimen are ongoing

We finally thank all the facilities for their sincere welcome and co-operation with the HIV Department and its partners during these supportive visits, and we congratulate the staff in these facilities for their excellent work.

Participants in ART Supervision:

	<u> </u>				
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28th August 2009

New patients registered for ART between 01/04/2009 and 30/06/2009

Total registrations		Public Sector		Private Sector		National Total	
		20,044		617		20,661	
Registration type	Transfers in	2,441	12%	130	21%	2,571	12%
	New ART initiations	17,603	88%	487	79%	18,090	88%
Sex	Males	7,807	39%	292	47%	8,099	39%
	Total females	12,237	61%	325	53%	12,562	61%
	Females non-pregnant	11,567	58%	306	50%	11,873	57%
	Females pregnant	670	3%	19	3%	689	3%
Age	Adults	17,997	90%	600	97%	18,597	90%
	Total children	2,047	10%	17	3%	2,064	10%
	Children 18m-14yrs	1,716	9%	17	3%	1,733	8%
	Children 0-17 months	331	2%	0	0%	331	2%
Reason for ART	Presumed sev. HIV <18mths	85	0%	0	0%	85	0%
	Confirmed HIV infants	114	1%	0	0%	114	1%
	WHO 1/2, CD4 <threshold< td=""><td>6,574</td><td>33%</td><td>290</td><td>47%</td><td>6,864</td><td>33%</td></threshold<>	6,574	33%	290	47%	6,864	33%
	WHO 2, TLC <threshold< td=""><td>2</td><td>0%</td><td>0</td><td>0%</td><td>2</td><td>0%</td></threshold<>	2	0%	0	0%	2	0%
	WHO stage 3	10,950	55%	229	37%	11,179	54%
	WHO stage 4	2,142	11%	93	15%	2,235	11%
	Reason unspecified	177	1%	5	1%	182	1%
	TB	1,403	7%	32	5%	1,435	7%
	KS	468	2%	7	1%	475	2%

Cumulative patients registered for ART up to end 30/06/2009

		Public Sector		Private Sector		National Total	
Total registrations		257,070		9,255		266,325	
Registration type	Transfers in	30,976	12%	954	10%	31,930	12%
31	New ART initiations	226,094	88%	8,301	90%	234,395	88%
Sex	Males	99,172	39%	4,656	50%	103,828	39%
	Total females	157,898	61%	4,524	49%	162,422	61%
	Females non-pregnant	152,339	59%	4,347	47%	156,686	59%
	Females pregnant	5,559	2%	177	2%	5,736	2%
Age	Adults	234,535	91%	8,786	95%	243,321	91%
	Total children	22,535	9%	394	4%	22,929	9%
	Children 18m-14yrs	20,138	8%	369	4%	20,507	8%
	Children 0-17 months	2,397	1%	25	0%	2,422	1%
Reason for ART	Presumed sev. HIV <18mths	484	0%	0	0%	484	0%
	Confirmed HIV infants	375	0%	0	0%	375	0%
	WHO 1/2, CD4 <threshold< td=""><td>50,971</td><td>20%</td><td>3,392</td><td>37%</td><td>54,363</td><td>20%</td></threshold<>	50,971	20%	3,392	37%	54,363	20%
	WHO 2, TLC <threshold< td=""><td>292</td><td>0%</td><td>1</td><td>0%</td><td>293</td><td>0%</td></threshold<>	292	0%	1	0%	293	0%
	WHO stage 3	158,914	62%	4,118	44%	163,032	61%
	WHO stage 4	42,865	17%	1,617	17%	44,482	17%
	Reason unspecified	3,169	1%	127	1%	3,296	1%
	TB	30,905	12%	550	6%	31,455	12%
	KS	8,880	3%	135	1%	9,015	3%
Primary outcomes		164,770	64%	5,195	56%	169,965	64%
	Defaults	30,489	12%	1,469	16%	31,958	12%
	ART stops	899	0%	37	0%	936	0%
	Transfers out	33,874	13%	1,750	19%	35,624	13%
	Deaths total	27,095	11%	804	9%	27,899	10%
	Month 1	8,155	30%	272	34%	8,427	30%
	Month 2	5,650	21%	130	16%	5,780	21%
	Month 3	2,962	11%	87	11%	3,049	11%
	After month 3	10,323	38%	304	38%	10,627	38%
ARV regimens	Start	154,567	94%	4,462	86%	159,029	94%
	Alternative 1st line total	8,584	5%	590	11%	9,174	5%
	AZT	5,105	59%	387	66%	5,492	60%
	EFV	3,156	37%	109	18%	3,265	36%
	AZT+EFV	323	4%	94	16%	417	5%
	Unspecifed / other	0	0%	0	0%	0	0%
	Second line total	516	0%	96	2%	612	0%
	Second line adult	447	0%	95	2%	542	0%
	Second line children	69	0%	1	0%	70	0%
	Non-standard	1,103	1%	47	1%	1,150	1%
Side effects	Side effects counted	130,216		4,129		134,345	
	With side effects	6,888	5%	351	9%	7,239	5%
Adherence	Pillcounts done	85,598		1,642		87,240	
	Pillc shows >95% adherence	78,498	92%	1,440	88%	79,938	92%
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