

# QUARTERLY REPORT ANTIRETROVIRAL TREATMENT PROGRAMME IN MALAWI WITH RESULTS UP TO 31<sup>st</sup> March, 2009

## Executive Summary

By the end of March 2009, there were **223** 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 **319** ART service delivery points in Malawi in Q1 2009.

In the first quarter of 2009 (January to March) a total of **17,812** new patients initiated ART and **4,006** ART patients transferred between clinics, resulting in a total of **21,818** ART clinic registrations (39% male, 61% female; 91% adults and 9% children). Of those registered, 57% started in WHO Stage 3, 12% in Stage 4 and 29% in Stage 1 or 2 due to a low CD4 count. In the quarter a total of **85** infants started ART in WHO stage 1 or 2 with confirmed HIV infection (DNA-PCR) and **67** children under 18 months started with presumed severe HIV disease. It is encouraging that the number of children started on ART because of DNA-PCR or presumed severe HIV disease has more than doubled compared to previous quarter. However, ART access through early infant diagnosis needs to be further strengthened.

By the end of March 2009, a total of **216,245** patients had ever initiated ART and **29,002** ART patients had transferred between clinics, resulting in a cumulative total of **245,247** ART clinic registrations (39% male, 61% female; 91% adult, 9% children). 30,080 (12%) patients started ART due to TB.

Cumulative treatment outcomes by end of March 2009 were: **158,137** (64%) alive and on ART, **25,775** (11%) died, **28,393** (12%) lost to follow-up, **32,003** (13%) transferred out to another facility and **939** (<1%) were known to have stopped ART.

Of the **158,137** 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 March 2009 there were 31 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	Mar 2009
<b>Total number of static ART sites</b>	9	24	83	141	163	221	<b>223</b>
ART clinic registrations per year	No data	10,183	25,634	46,351	61,688	76,581	<b>17,812</b>
Cumulative patients registered	3,000 (approx)	13,183	38,817	85,168	146,856	223,437	<b>245,255</b>
Patients alive on ART	No data	10,761	29,087	59,980	100,649	147,497	<b>158,137</b>

## Introduction and Methodology

This is a report on the status of antiretroviral therapy (ART) in Malawi up to March 31st, 2009.

### ART site visits

All health facilities in the public and private sectors offering ART were visited in April 2009 and data from 223 health facilities were collected. One site, Phimbi Health Centre in Balaka which could not be visited due to the road conditions in January was visited and the data for both quarters was updated. 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 Register. 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 31<sup>st</sup> March, 2009

The first table (see Annex) shows new patients registered at ART clinics during the first quarter of 2009 ("New patients registered for ART between 1/1/2009 and 31/3/2009"). Data on ART clinics and staff complements, HIV-related diseases, and HIV counselling and testing were collected for this 3-month period.

The second table (see Annex) shows all patients ever registered at ART clinics in Malawi up to March 31<sup>st</sup>, 2009 ("Cumulative patients registered for ART up to end 31/3/2009").

A 12, 24, 36 and 48-month cohort outcome analysis was conducted for patients registered in Q1 2008, Q1 2007, Q1 2006, and Q1 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 Q1 2008.

## Public sector results

By the end of March 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. The reduction is due to 5 Banja La Mtsogolo (BLM) sites that were affiliated to the private sector during this quarter. All facilities were using the national monitoring tools.

In Q1 2009 (January to March), **17,248** new patients initiated ART and **3,889** ART patients transferred between clinics, resulting in a total of **21,137** ART clinic registrations (38% male, 62% female; 90 adults and 10% children). By the end of March 2009, **208,432** patients had ever initiated ART in the public sector and **28,190** ART patients had transferred between clinics, resulting in a total of **236,586** ART clinic registrations (39% male, 61% female; 91% adults and 9 % children).

Cumulative treatment outcomes by end of March were: **152,865** (65%) alive and on ART, **25,046** (11%) died, **27,351** (12%) lost to follow-up, **30,466** (13%) transferred out to another facility and **894** (<1%) were known to have stopped ART. Of the **152,865** 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	Mar 2009
<b>Public sector ART sites</b>	9	24	60	103	118	170	<b>165</b>
ART clinic registrations in the year (Jan – Dec)	No data	10,183	24,657	43,981	59,628	74,000	<b>17,248</b>
Cumulative patients registered for ART	3,000	13,183	37,840	81,821	141,449	215,449	<b>236,586</b>
Patients alive on ART	No data	10,761	28,110	57,356	96,712	142,218	<b>152,865</b>

### Qualitative assessment of sites

A qualitative assessment of the patient master cards and registers was carried out in 160 of the 165 sites in the public sector. The table compares the 160 facilities in Q1 2009 with the previous qualitative assessment facilities in Q3 and Q4 of 2008. The standards were generally good, and Q1 2009 was similar to Q4 2008. The proportion of ART sites with well organized ART drug stocks had markedly increased since the previous quarter.

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

### 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: 84 (49%) the sites in the public sector received a certificate of excellence. This is an increase compared with 77 sites in Q4 2008.

## 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 Q1 2009 was 464, 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 142 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	80	100	112	93
Central	59	174	239	316	257
South	68	210	372	427	309
Total	158	464	711	855	659
FTE			142	171	132

## **Quarterly Analysis for the period January 1<sup>st</sup> to March 31<sup>st</sup>, 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 Table 11 in the Annex. There were a total of **21,137** new ART clinic registrations, representing **17,248** (82%) patients who newly initiated ART and **3,889** (18%) ART patients who transferred between clinics. Out of all clinic registrations, 38% were males and 62% were females. Adults comprised 90% of patients and children (aged 14 years or less) comprised 10%. The majority of patients (57%) started ART in WHO Stage 3. The proportion of patients starting in Stage 1 or 2 with a low CD4 count (29%) has slightly declined from the previous quarter while those starting in WHO stage 4 remain at 11%.

A total of **6,454** TB patients were registered in the TB treatment programme in Q1 2009 and **931 (14%)** of these were ART patients who started TB treatment while on ART. Of the remaining **5,523** TB patients who were not yet on ART, **5,186 (94%)** had their HIV status ascertained in the TB programme (either through a new HIV test or through review of previous documented HIV test results). **3,423 (66%)** of the 5,186 TB patients with known HIV status were HIV positive.

The number of patients who started ART because of TB was **1,610**. This constitutes **8%** of the total ART patients registered during Q1 2009 and **47%** (1,610 / 3,423) of those eligible to start ART.

**589 (3%)** of patients registered during Q1 2009 were pregnant women (at the time of ART initiation).

## HIV testing, CD4 testing capability and HIV-related diseases: January – March 2009

The data on HIV test results for patients tested in the 170 facilities between January and March 2009 are shown in Table 5. Altogether, there were 231,711 clients and patients tested in the 3-month period. 27% of those tested were pregnant. Of those HIV-positive, 73% were referred for clinical assessment for ART. This proportion is similar to previous quarter.

**Table 5: HIV testing at facilities with ART clinics during Q1 2009**

Total tested	<b>231,711</b>	100%
Males tested	<b>76,694</b>	33%
Non-pregnant females tested	<b>91,381</b>	39%
Pregnant females tested	<b>63,636</b>	27%
Total HIV positive	<b>38,155</b>	16%
Positives referred for ART	<b>27,868</b>	73%
Positive pregnant women referred for PMTCT	<b>7,521</b>	12%

There were 48 facilities with CD4 count capability, an increase of 7 from previous quarter, but only in 42 out of the 48 facilities, any CD4 counts were performed during Q1 2009. This is a slight increase compared to the previous quarter (39). The number of CD4 count tests performed increased from 39,067 in the previous quarter to **41,086** in the last quarter.

**Table 6: Facilities with CD4 count capabilities by region**

Region	North	Central	South	Total
Facilities with CD4 machines	<b>9</b>	<b>20</b>	<b>19</b>	<b>48</b>
Facilities with functioning CD4 machines	<b>7</b>	<b>19</b>	<b>16</b>	<b>42</b>
Total CD4 tests	<b>3,541</b>	<b>12,468</b>	<b>25,077</b>	<b>41,086</b>

## HIV-related indicator diseases

Table 7 shows the number of patients with 4 key HIV-related indicator diseases, diagnosed and treated in the 170 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 Cryptococcal Meningitis are lower this quarter compared to previous quarters, but TB and oesophageal candidiasis are still common serious opportunistic infections in Malawi.

**Table 7: HIV related indicator diseases by region**

Region	North	Central	South	Total
Tuberculosis	<b>184</b>	<b>2,174</b>	<b>4,096</b>	<b>6,454</b>
Kaposi's Sarcoma (KS)	<b>15</b>	<b>187</b>	<b>318</b>	<b>520</b>
Oesophageal Candidiasis (OC)	<b>57</b>	<b>350</b>	<b>816</b>	<b>1,223</b>
Cryptococcal meningitis (CM)	<b>20</b>	<b>129</b>	<b>387</b>	<b>536</b>

## Cumulative analysis for patients ever started on ART up to March 31st, 2009

The national data for all patients who ever started on ART up to the end of March 2009 are shown in Table 12 in the Annex.

**29,262** 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. **152,865** (65%) patients were alive and on ART, **27,351** (12%) were lost to follow-up, 894 (<1%) were known to have stopped ART, **30,466** (13%) transferred out to another facility and **25,046** (11%) died. Date of death was recorded for all patients who died: 7,592 (30%) died in month 1; 5,237 (21%) died in month 2; 2,796 (11%) died in month 3 and 9,421 (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 1 2009. For instance, the 12-months survival analysis was based on the patients who registered for ART between January and March 2008, considering their outcomes by 31st March 2009. The 24-month survival analysis was based on the patients registered for ART between January and March 2007 and the 36-months survival was based on the patients registered between January and March 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 8. The 12-month survival analysis indicated that 78% of adults and 80% of children were retained alive on ART. 67%, 59% and 58% of patients (all ages) were retained alive on ART at 24, 36 and 48 months after registration.

**Table 8: Cohort survival analysis 12, 24, 36 and 48 months from registration (public sector)**

	12 month (adults ≥15 years)		12 month (children)		24 month (all ages)		36 month (all ages)		48 month (all ages)	
Total Registered	15,531		1,585		13,707		9,043		4,695	
Transfers	1,748	11%	172	11%	2,110	15%	1,909	21%	1,017	22%
Total patients	13,783		1,413		11,597		7,134		3,678	
<b>Alive on ART</b>	<b>10,723</b>	<b>78%</b>	<b>1,130</b>	<b>80%</b>	<b>7,780</b>	<b>67%</b>	<b>4,216</b>	<b>59%</b>	<b>2,149</b>	<b>58%</b>
Died	1,312	10%	129	9%	1,771	15%	1,572	22%	787	21%
Lost to follow-up	1,688	12%	148	10%	1,965	17%	1,314	18%	706	19%
Stopped ART	60	<1%	6	<1%	81	1%	32	<1%	36	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 9 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 to start about 70,000 new patients on therapy (lasting for 10 months at current rates of recruitment) and enough "Continuation packs" to keep the current 158,137 patients plus the new patients starting on treatment for about 4 months (up to July 2009).

**Table 9: Drug stock positions in the public sector ART clinics (April 2009)**

Drug	units	Central	North	South	Total stock
d4T 30mg / 3TC	15	29,563	10,365	27,484	67,412
d4T 30mg / 3TC / NVP	15	29,931	10,251	28,643	68,825
d4T 30mg / 3TC / NVP	60	331,312	99,466	476,707	907,485
AZT / 3TC	60	9,479	8,048	24,128	41,655
NVP	60	4,136	2,415	9,930	16,481
d4T 30mg / 3TC	60	11,160	5,036	16,474	32,670
EFV	30	11,326	3,001	19,603	33,930
TDF	30	4,227	85	5,172	9,484
ABC	60	130	93	629	852
ddl	30	317	106	1,038	1,461
LPV/r	120	4,075	142	5,958	10,175
CPT	120	99,768	67,580	267,669	435,017
Cotrimoxazole	1	8,802,000	3,908,446	4,147,030	16,857,476
Fluconazole	1	41,057	435,517	52,112	528,686
Ceftriaxone	1	22,979	44,973	22,913	90,865
Acyclovir	1	70,799	173,370	126,385	370,554
Ciprofloxazin	1	848,070	158,800	324,338	1,331,208
Vincristine	1	8,830	3,851	18,120	30,801
Morphine	1	27,464	81,863	68,839	178,166
Amitryptiline	1	668,500	804,700	894,650	2,367,850

## PRIVATE SECTOR RESULTS

By the end of March 2009 there were 58 facilities in Malawi in the private health sector delivering ART at a subsidised rate to eligible patients. During Q1 2009, a total of **564** patients newly initiated ART and **117** transferred between clinics, resulting in a total of **681** new clinic registrations in the private sector (52% male, 48% female, 96% adult, 4% children).

**Table 10: ART programme resume 2003-2009 (private sector)**

	Dec 2003	Dec 2005	Dec 2006	Dec 2007	Dec 2008	Mar 2009
<i>Private sector ART sites</i>	0	23	38	45	51	58
ART clinic registrations per year	0	977	2,370	2,060	2,580	564
Cumulative patients registered	0	977	3,347	5,407	7,988	8,625
Patients alive on ART	0	977	2,624	3,937	5,261	5,272

The results of the private sector are shown in Table 11 and Table 12 in the Annex.

Cumulatively, a total of 7,813 patients newly initiated ART in the private sector and 812 ART patients transferred between clinics, resulting in a total of 8,625 total clinic registrations. (51% males, 49% females, 96% adults, 4% children). Out of the total registrations in the private sector, 45% started in Stage 3, 18% in Stage 4 and 36% in Stage 1 or 2 with a low CD4 count.

5,272 (61%) were alive and on ART, 729 (8%) had died, 1,042 (12%) were lost to follow-up, 1,537 (18%) were transferred out and 45 (<1%) had stopped treatment. Of the 5,272 patients alive and on ART 87% were on first line regimen, 11% were on an alternative first line regimen and 2% were on a second line regimen. There were 818 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 supervision forms and ART monitoring tools, such as the ART patient master card and the ART register. Training on the new tools has been included in the refresher training to be conducted in the next quarter. The tools will be distributed to all the sites after the training in the next quarter

### 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 will form the basis for updating the National ART scale up plan.

### 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 next supervisory visits will be a joint TB/HIV supervisory visit. This will assist in addressing together issues such as why only few of eligible HIV positive TB patients (47%) are accessing ART services

### 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 first quarter of 2009 all vacant positions will be filled. However they face various challenges including lack of transport to conduct effective supervision

### Presumptive treatment of children

Although there was an increase in number of children initiated on ART on account of presumptive severe HIV disease diagnosis, more still needs to be done. The Department for HIV and AIDS has included it 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 in maintaining a no stock out situation
- 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
- Male involvement in the ART programme remains low (39%) there is a need for strategies to increase male participation in the programme

### **Way forward and emerging issues under discussion**

- Pre-ART – discussions currently ongoing between HIV and AIDS Department and stake holders on the introduction of Pre-ART registers and M &E tools as a pilot in sites with CD4 facilities
- 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
- 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 under discussion
- 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.

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## Annex

**Table 11: New patients registered for ART between 01/01/2009 and 31/03/2009**

		Public Sector		Private Sector		National Total	
Total registrations		<b>21,137</b>		<b>681</b>		<b>21,818</b>	
Registration type	Transfers in	<b>3,889</b>	18%	<b>117</b>	17%	<b>4,006</b>	18%
	New ART initiations	<b>17,248</b>	82%	<b>564</b>	83%	<b>17,812</b>	82%
Sex	Males	<b>8,120</b>	38%	<b>353</b>	52%	<b>8,473</b>	39%
	Total females	<b>13,017</b>	62%	<b>328</b>	48%	<b>13,345</b>	61%
	Females non-pregnant	<b>12,428</b>	59%	<b>296</b>	43%	<b>12,724</b>	58%
	Females pregnant	<b>589</b>	3%	<b>32</b>	5%	<b>621</b>	3%
Age	Adults	<b>19,105</b>	90%	<b>655</b>	96%	<b>19,760</b>	91%
	Total children	<b>2,032</b>	10%	<b>26</b>	4%	<b>2,058</b>	9%
	Children 18m-14yrs	<b>1,734</b>	8%	<b>25</b>	4%	<b>1,759</b>	8%
	Children 0-17 months	<b>298</b>	1%	<b>1</b>	0%	<b>299</b>	1%
Reason for ART	Presumed sev. HIV <18mths	<b>67</b>	0%	<b>0</b>	0%	<b>67</b>	0%
	Confirmed HIV infants	<b>85</b>	0%	<b>0</b>	0%	<b>85</b>	0%
	WHO 1/2, CD4 <threshold	<b>6,124</b>	29%	<b>306</b>	45%	<b>6,430</b>	29%
	WHO 2, TLC <threshold	<b>59</b>	0%	<b>1</b>	0%	<b>60</b>	0%
	WHO stage 3	<b>12,132</b>	57%	<b>267</b>	39%	<b>12,399</b>	57%
	WHO stage 4	<b>2,417</b>	11%	<b>93</b>	14%	<b>2,510</b>	12%
	Reason unspecified	<b>253</b>	1%	<b>14</b>	2%	<b>267</b>	1%
	TB	<b>1,610</b>	8%	<b>28</b>	4%	<b>1,638</b>	8%
KS	<b>508</b>	2%	<b>12</b>	2%	<b>520</b>	2%	

**Table 12: Cumulative patients registered for ART up to end 31/03/2009**

		Public Sector		Private Sector		National Total	
Total registrations		<b>236,622</b>		<b>8,625</b>		<b>245,247</b>	
Registration type	Transfers in	<b>28,190</b>	12%	<b>812</b>	9%	<b>29,002</b>	12%
	New ART initiations	<b>208,432</b>	88%	<b>7,813</b>	91%	<b>216,245</b>	88%
Sex	Males	<b>91,215</b>	39%	<b>4,398</b>	51%	<b>95,613</b>	39%
	Total females	<b>145,407</b>	61%	<b>4,227</b>	49%	<b>149,634</b>	61%
	Females non-pregnant	<b>139,728</b>	59%	<b>4,088</b>	47%	<b>143,816</b>	59%
	Females pregnant	<b>5,679</b>	2%	<b>139</b>	2%	<b>5,818</b>	2%
Age	Adults	<b>216,113</b>	91%	<b>8,240</b>	96%	<b>224,353</b>	91%
	Total children	<b>20,509</b>	9%	<b>385</b>	4%	<b>20,894</b>	9%
	Children 18m-14yrs	<b>18,441</b>	8%	<b>361</b>	4%	<b>18,802</b>	8%
	Children 0-17 months	<b>2,068</b>	1%	<b>24</b>	0%	<b>2,092</b>	1%
Reason for ART	Presumed sev. HIV <18mths	<b>634</b>	0%	<b>0</b>	0%	<b>634</b>	0%
	Confirmed HIV infants	<b>262</b>	0%	<b>0</b>	0%	<b>262</b>	0%
	WHO 1/2, CD4 <threshold	<b>44,211</b>	19%	<b>3,098</b>	36%	<b>47,309</b>	19%
	WHO 2, TLC <threshold	<b>265</b>	0%	<b>1</b>	0%	<b>266</b>	0%
	WHO stage 3	<b>147,469</b>	62%	<b>3,892</b>	45%	<b>151,361</b>	62%
	WHO stage 4	<b>40,693</b>	17%	<b>1,525</b>	18%	<b>42,218</b>	17%
	Reason unspecified	<b>3,088</b>	1%	<b>109</b>	1%	<b>3,197</b>	1%
	TB	<b>29,262</b>	12%	<b>818</b>	9%	<b>30,080</b>	12%
	KS	<b>8,353</b>	4%	<b>96</b>	1%	<b>8,449</b>	3%
Primary Outcome	Alive on ART	<b>152,865</b>	65%	<b>5,272</b>	61%	<b>158,137</b>	64%
	Defaults	<b>27,351</b>	12%	<b>1,042</b>	12%	<b>28,393</b>	12%
	ART stops	<b>894</b>	0%	<b>45</b>	1%	<b>939</b>	0%
	Transfers out	<b>30,466</b>	13%	<b>1,537</b>	18%	<b>32,003</b>	13%
	Deaths total	<b>25,046</b>	11%	<b>729</b>	8%	<b>25,775</b>	11%
	Month 1	<b>7,592</b>	30%	<b>252</b>	35%	<b>7,844</b>	30%
	Month 2	<b>5,237</b>	21%	<b>110</b>	15%	<b>5,347</b>	21%
	Month 3	<b>2,796</b>	11%	<b>74</b>	10%	<b>2,870</b>	11%
	After month 3	<b>9,421</b>	38%	<b>282</b>	39%	<b>9,703</b>	38%
ARV regimens	Start	<b>143,909</b>	94%	<b>4,577</b>	87%	<b>148,486</b>	94%
	Alternative 1st line total	<b>7,563</b>	5%	<b>570</b>	11%	<b>8,133</b>	5%
	AZT	<b>4,547</b>	60%	<b>371</b>	65%	<b>4,918</b>	60%
	EFV	<b>2,769</b>	37%	<b>112</b>	20%	<b>2,881</b>	35%
	AZT+EFV	<b>247</b>	3%	<b>87</b>	15%	<b>334</b>	4%
	Unspecified / other	<b>0</b>	0%	<b>0</b>	0%	<b>0</b>	0%
	Second line total	<b>475</b>	0%	<b>88</b>	2%	<b>563</b>	0%
	Second line adult	<b>414</b>	0%	<b>88</b>	2%	<b>502</b>	0%
	Second line children	<b>61</b>	0%	<b>0</b>	0%	<b>61</b>	0%
	Non-standard	<b>918</b>	1%	<b>37</b>	1%	<b>955</b>	1%
Side effects	Side effects counted	<b>131,042</b>		<b>4,737</b>		<b>135,779</b>	
	With side effects	<b>5,140</b>	4%	<b>482</b>	10%	<b>5,622</b>	4%
Adherence	Pill counts done	<b>81,854</b>		<b>1,901</b>		<b>83,755</b>	
	Count shows >95% adherence	<b>74,424</b>	91%	<b>1,776</b>	93%	<b>76,200</b>	91%