

# QUARTERLY REPORT ANTIRETROVIRAL TREATMENT PROGRAMME IN MALAWI WITH RESULTS UP TO 30<sup>th</sup> September, 2009

## Executive Summary

By the end of September 2009, there were **236** static ART clinics in Malawi in the public and private health sector; 22 of these static clinics provided ART at a total of **103** outreach or mobile sites, bringing the total to **339** ART service delivery points in Malawi in Q3 2009.

In the third quarter of 2009 (July to September) a total of **18,292** new patients initiated ART and **3,030** ART patients transferred between clinics, resulting in a total of **21,322** ART clinic registrations (39% male, 61% female; 91% adults and 9% children). Of those registered, 52% started in WHO Stage 3, 10% in Stage 4 and 37% in Stage 1 or 2 due to a low CD4 count. 1% were infants with confirmed HIV infection (DNA-PCR) and 1% started due to other reasons.

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 **114 to 142**, while children under 18 months starting due to presumed severe HIV disease increased from **85 to 97**. This is an encouraging development and could be as a result of more experience with the EID programme and recent refresher trainings on presumed severe HIV disease diagnosis in children under 18 months and EID using DNA-PCR. However, ART access through early infant diagnosis still needs to be further strengthened.

By the end of September 2009, a total of **253,154** patients had ever initiated ART and **35,009** ART patients had transferred between clinics, resulting in a cumulative total of **288,163** ART clinic registrations (39% male, 61% female; 91% adult, 9% children). **33,715** (12%) patients started ART due to TB.

Cumulative treatment outcomes by end of September 2009 were: **183,147** (64%) alive and on ART, **30,150** (10%) died, **34,841** (12%) lost to follow-up (defaulted), **39,074** (14%) transferred out to another facility and 951 (<1%) were known to have stopped ART.

Of the **183,147** 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 are similar to those in the public sector.

By the end of September 2009 there were 185 sites with less than 1000 patients registered, 36 sites with 1,001–2,000 patients registered; 33 (Q2-11) sites with 2,001–5,000 and 10 sites (Q2-5) with over 5,000 patients registered. The number of sites with over 2000 patients has increased slightly from 37 to 43 resulting in HCW facing a larger workload.

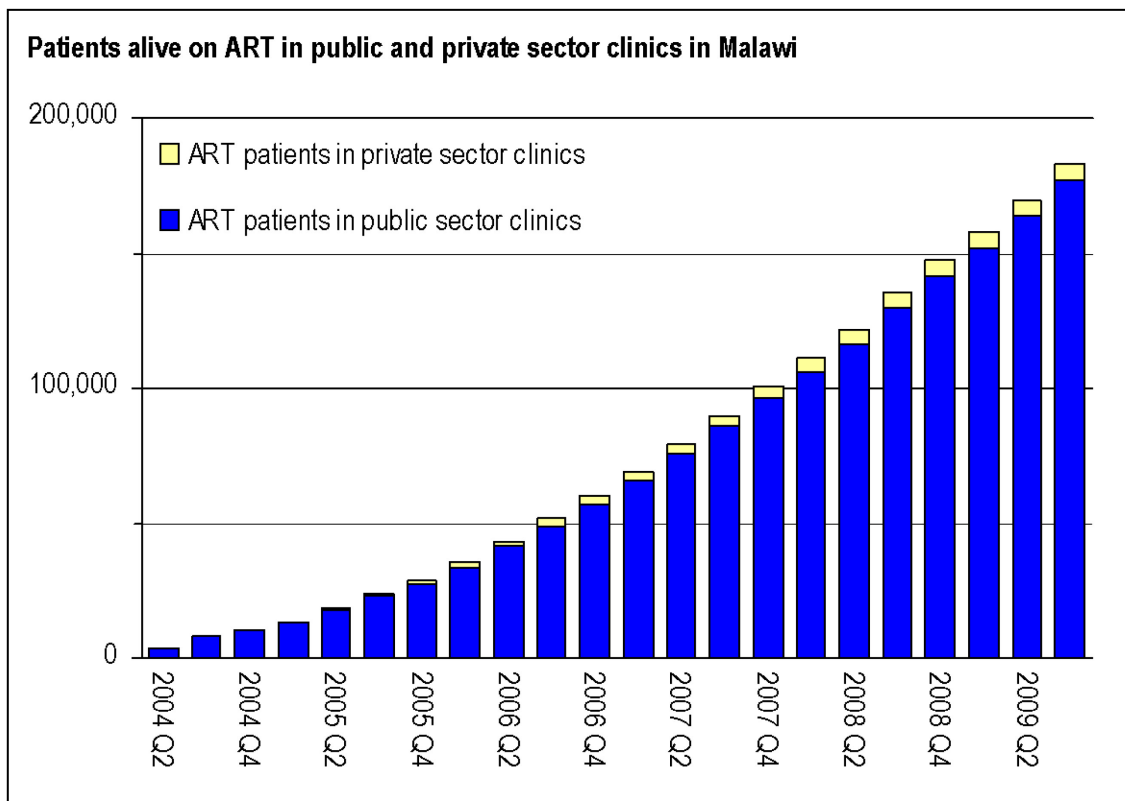
The National programme has been affected by serious ARV drug supply shortage during Q3 due to the delayed release of funding and the ensuing logistical complications resulting in widespread drug re-allocations between sites. However a targeted survey revealed that patients were affected only in isolated cases, requiring regimen changes or short term treatment interruptions.

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

	Dec 2003	Dec 2004	Dec 2005	Dec 2006	Dec 2007	Dec 2008	Sept 09
<b>Total number of static ART sites</b>	9	24	83	141	163	221	<b>236</b>
ART clinic registrations per year	No data	10,183	25,634	46,351	61,688	76,581	<b>63,801</b>
Cumulative patients registered	3,000 (approx)	13,183	38,817	85,168	146,856	223,437	<b>288,163</b>
Patients alive on ART	No data	10,761	29,087	59,980	100,649	147,497	<b>183,147</b>

**National ART Program Outcomes**

The number of patients alive and on treatment has been increasing exponentially every quarter since the programme started in 2004. This has had immense implications in terms of resources (see graph below)



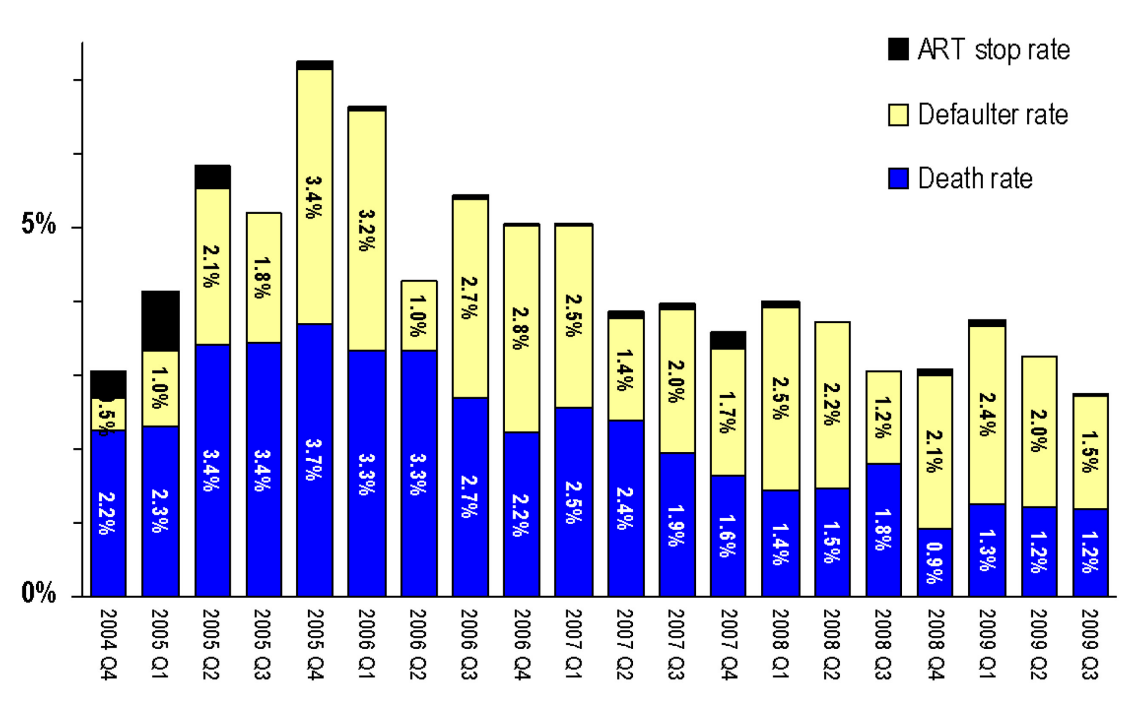
During Q3 2009, there were 2,251 new deaths, 2,883 new defaulters and 15 new ART stops. This translates into a death rate of 1.2% and a defaulter rate of 1.5% among the patients alive and on treatment during this quarter.

The programme has experienced a general steady decrease in the death and defaulter rates since inception. (see graph next page)

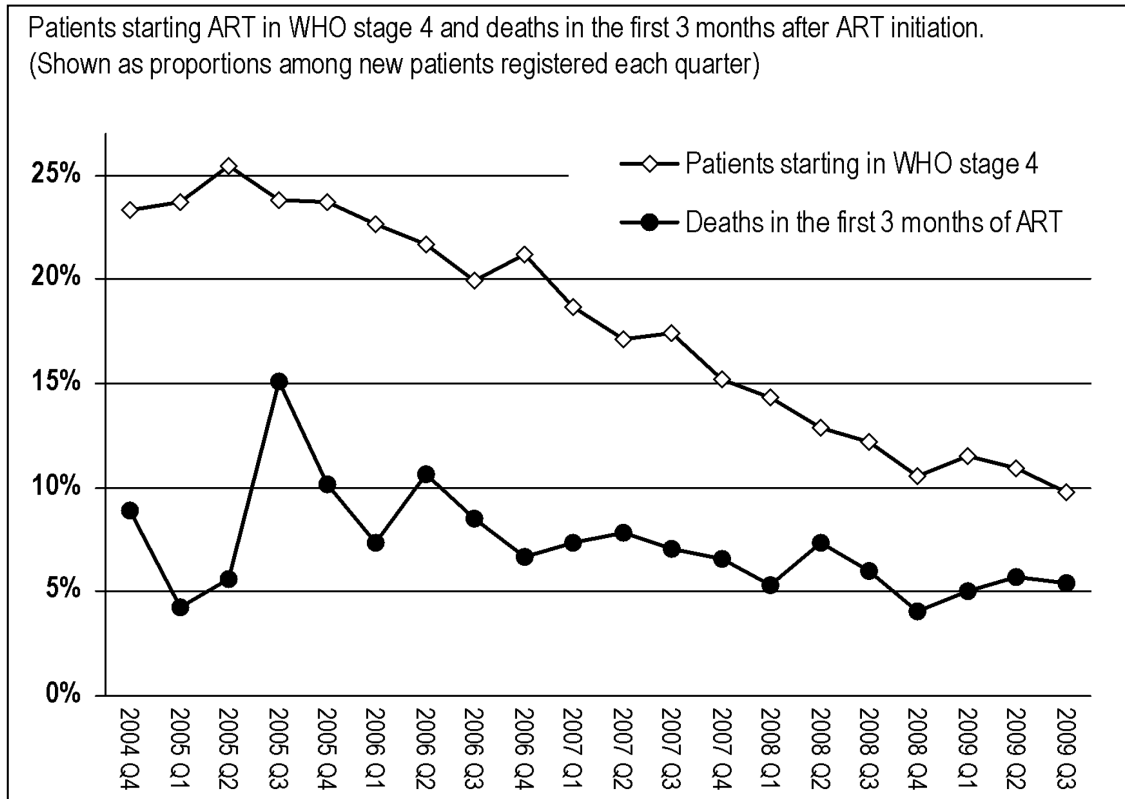
### Quarterly rates of ART drop out (ART stop, defaulters and deaths)

Numerator: new ART stops, new defaulters and new deaths in the respective quarter

Denominator: total patients retained alive at the end of the previous quarter plus new patients registered in the respective quarter)



Since 2005, the proportion of deaths in the first 3 months has steadily declined from about 15% in 2005 Q3 to about 5% in Q3 2009 (see graph below). This correlates well with the decline in the proportion of clients starting ART in WHO clinical stage 4 from 25% in 2005 Q2 to about 10% in Q3 2009. This is a reflection of the programme initiating ART earlier, in stage 3 or using CD4 count with the subsequent better prognosis and decrease in early mortality.



## Introduction and Methodology

This is a report on the status of antiretroviral therapy (ART) in Malawi up to September 30<sup>th</sup>, 2009.

### ART site visits

All health facilities in the public and private sectors offering ART were visited in October 2009 and data from 236 health facilities were collected. The data includes information from 103 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, Dignitas International 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 30<sup>th</sup> September, 2009

Annex 1 shows new patients registered at ART clinics during the third 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 September 30<sup>th</sup>, 2009

A 12, 24, 36, and 48-month cohort outcome analysis was conducted for patients registered in Q3 2008, Q3 2007, Q3 2006, and Q3 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 Q3 2008.

## Public sector results

By the end of September 2009, there were **177** 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 Q3 2009 (July to September), **17,784** new patients initiated ART and **2,903** ART patients transferred between clinics, resulting in a total of **20,687** ART clinic registrations (39% male, 61% female; 90 adults and 10% children). By the end of September 2009, **243,182** patients had ever initiated ART in the public sector and **33,745** ART patients had transferred between clinics, resulting in a total of **276,927** ART clinic registrations (39% male, 61% female; 91% adults and 9% children).

Cumulative treatment outcomes by end of September were: **176,954** (64%) alive and on ART, **29,156** (11%) died, **33,142** (12%) lost to follow-up/defaulted, **36,767** (13%) transferred out to another facility and **908** (<1%) were known to have stopped ART. Of the **176,954** 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	Sept2009
<b>Public sector ART sites</b>	9	24	60	103	118	170	<b>177</b>
ART clinic registrations in the year (Jan – Dec)	No data	10,183	24,657	43,981	59,628	74,000	<b>61,868</b>
Cumulative patients registered for ART	3,000	13,183	37,840	81,821	141,449	215,449	<b>276,927</b>
Patients alive on ART	No data	10,761	28,110	57,356	96,712	142,218	<b>176,954</b>

### Qualitative assessment of sites

A qualitative assessment of the patient master cards and registers was carried out in 157 of the 177 sites in the public sector. The table compares the 157 facilities in Q3 2009 with the previous qualitative assessment facilities in Q4 2008, Q1 and Q2 of 2009. The standards were generally good, although there was a general percentage decline of between 1-15% in most parameters in Q3 2009 compared to Q2 2009 with the highest decline (15%) in the cumulative cohort outcomes complete and accurate. This decline was mostly attributed to the lack of experience at the new ART sites.

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

Parameter	ART sites in Q4 2008 N=159	ART sites in Q1 2009 N=159	ART sites in Q2 2009 N=159	ART sites in Q3 2009- N=157
<b>General:</b>				
Clinic orderly and tidy	96%	98%	99%	95%
Pharmacy well organised and stock cards up to date	86%	94%	94%	89%
Standard M&E tools implemented and maintained (paper or EDS)	96%	99%	100%	99%
ARV drug register in use	94%	96%	96%	93%
<b>Master cards:</b>				
Card header details complete	97%	99%		86%
TB status, KS and pregnancy recorded	99%	98%	99%	95%
WHO stage defining conditions circled on back of card	90%	90%	94%	90%
Details of 2-week initiation visit recorded at bottom of card	99%	98%	97%	99%
Weight recorded at each visit	99%	99%	99%	100%
ART regimen and side effects recorded at each visit	96%	99%	97%	97%
Pill counts recorded at all ARV refill visits	95%	96%	99%	93%
<b>Clinic register:</b>				
Register numbers assigned correctly and match cards	98%	97%	99%	94%
Transfer-ins recorded	96%	94%	97%	93%
All case finding columns complete (age, sex, reason, ...)	97%	99%	99%	97%
Case finding data match cards	93%	93%	92%	90%
Outcomes complete and updated every quarter	75%	83%	82%	73%
Outcome dates specified	86%	89%	89%	81%
<b>Analysis:</b>				
Patient registration analysis done for quarter	95%	93%	93%	92%
Cumulative cohort analysis done for all patients ever registered	89%	83%	92%	87%
Cumulative cohort outcomes complete and accurate	58%	63%	69%	55%

### 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:

87 (37%) the sites in the public sector received a certificate of excellence. This is a slight decrease in percentage compared with 88 (40%) sites in Q2 2009 attributable to new sites opened this quarter.

### ART Clinics and Staff

For 167 clinics 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 these facilities in Q3 2009 was 478, 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 135 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	77	85	81	84
Central	67	170	249	304.5	213
South	69	231	343	422	387
Total	167	478	677	807.5	684
FTE			135	162	137

### **Training**

There was an improvement in the number of trainings that took place in the third quarter compared to the previous quarter. Four trainings took place with 4 on 5 day ART and one on EDS (15 participants). A total of 90 health care workers were trained in the initial 5 day ART training (see table 5). The cumulative number of HCW trained 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 Q3 2009	100	90
Private: No trained in Q3 2009	25	0
Public: Cumulative No trained by September 2009	2500	2741
Private: Cumulative No trained by September 2009	475	581

### **Quarterly Analysis for the period July 1<sup>st</sup> to September 30<sup>th</sup>, 2009**

#### New patients started on ART in public sector between July and September 2009

The national data for patients registered at ART clinics during these three months are shown in Annex 1. There were a total of **20,687** ART clinic registrations, representing **17,784** (86%) patients who newly initiated ART and **2,903** (14%) 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 (52%) started ART in WHO Stage 3. The proportion of patients starting in Stage 1 or 2 with a low CD4 count (36%) has slightly increased from the previous quarter while those starting in WHO stage 4 slightly reduced to 10%.

A total of **6,398** TB patients were registered in the TB treatment programme in Q3 2009 and **1,189 (19%)** of these were ART patients who started TB treatment while on ART. Of the remaining **5,209** TB patients who were not yet on ART, **4,373 (84%)** had their HIV status ascertained in the TB programme (either through a new HIV test or through review of previous documented HIV test results). **3,416 (78%)** of the 4,373 TB patients with known HIV status were HIV positive. (Source=NTP data)

	<i>Total TB cases</i>	<i>TB cases HIV tested</i>	<i>TB cases HIV pos</i>	<i>TB cases on ART</i>
<b>Total</b>	<b>6,398</b>	<b>5,562(87%)</b>	<b>3,416(61%)</b>	<b>1,189(35%)</b>

The number of patients who started ART because of TB was **1,633 (source=ART data)**. This constitutes **8%** of the total ART patients registered during Q3 2009. However 70% of all TB patients are assumed to be HIV positive and hence eligible for ART (70% of 6,398 = 4,479). Considering that 1,189 of the estimated 4,479 HIV + TB patients were already on ART at the time of starting TB treatment, 3,290 were estimated to require ART initiation (4,479 – 1,189 already on ART) = **3,290**. Therefore estimated ART coverage for HIV infected TB patients is 1,633/3,290 = **50%**

**676 (3%)** of patients registered during Q3 2009 were pregnant women (at the time of ART initiation).

#### HIV testing, CD4 testing capability and HIV-related diseases: July – September 2009

The data on HIV test results for patients tested in the 177 facilities between July and September 2009 are shown in Table 6. Altogether, there were 222,337 clients and patients tested in the 3-month period. 32% of those tested were pregnant an increase from last quarter (27%). Of those HIV-positive, 79% were referred for clinical assessment for ART. This proportion is slightly higher compared to previous quarter. 23% were referred for PMTCT which is an increase from the previous quarter

**Table 6: HIV testing at facilities with ART clinics during Q3 2009**

Total tested	<b>222,337</b>	100%
Males tested	<b>72,669</b>	33%
Non-pregnant females tested	<b>79,359</b>	36%
Pregnant females tested	<b>70,309</b>	32%
Total HIV positive	<b>31,248</b>	14%
Positives referred for ART	<b>24,564</b>	79%
Positive pregnant women referred for PMTCT	<b>7,075</b>	23%

There were 52 facilities with CD4 count capability, similar to previous quarter, 47 out of the 52 facilities, performed any CD4 test during Q3 2009. This is the same as for previous quarter (47). The number of CD4 count tests performed increased slightly (43,882) compared to last quarter.

**Table 7:** Facilities with CD4 count capabilities by region

National	Total
Facilities with CD4 machines	52
Facilities with functioning CD4 machines	47
Total CD4 tests	43,882

#### HIV-related indicator diseases

Table 8 shows the number of patients with 4 key HIV-related indicator diseases, diagnosed and treated in the 177 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 has increased 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	6,398
Kaposi's Sarcoma (KS)	450
Oesophageal Candidiasis (OC)	1,459
Cryptococcal meningitis (CM)	561

#### **Cumulative analysis for patients ever started on ART up to September 30<sup>th</sup> , 2009**

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

**32,894** 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. **176,954** (64%) patients were alive and on ART, **33,142** (12%) were lost to follow-up/defaulted, 908 (0%) were known to have stopped ART, **36,767** (13%) transferred out to another facility and **29,156** (11%) died. Date of death was recorded for all patients who died: **8,666** (30%) died in month 1; **5,942** (20%) died in month 2; **3,216** (11%) died in month 3 and **11,332** (39%) died at a later date.

#### **Cohort follow-up outcomes at 12, 24, 36, 48 and 60 months after registration**

Treatment outcomes were counted separately for the cohorts of patients who registered 12, 24, 36, 48, and 60 months before the end of quarter 3 2009. For instance, the 12-months survival analysis was based on the patients who registered for ART between July and September 2008, considering their outcomes by 31st September 2009. The 24-month survival analysis was based on the patients registered for ART between July and September 2007 and the 36-months survival was based on the patients registered between July and September 2006 and so on. 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 79% of children were retained alive on ART. 69%, 63%, 57%, and 54% of patients (all ages) were retained alive on ART at 24, 36, 48 and 60 months after registration.

**Table 9: Cohort survival analysis 12, 24, 36, 48 and 60 months from registration (public sector)**

	12 month (children)		12 month (adults>15 years)		24 month (all ages)		36 month (all ages)		48 month (all ages)		60 months (all ages)	
Total Registered	1,751		19,459		15,718		12,430		7,777		2,012	
Transfers	168	10%	1,794	9%	2,474	16%	2,365	19%	1,714	22%	536	27%
Total patients	1,583		17,655		13,244		10,065		6,063		1,476	
<b>Alive on ART</b>	<b>1,258</b>	<b>79%</b>	<b>13,920</b>	<b>79%</b>	<b>9,140</b>	<b>69%</b>	<b>6,391</b>	<b>63%</b>	<b>3,468</b>	<b>57%</b>	<b>795</b>	<b>54%</b>
Died	105	7%	1,503	9%	1,519	12%	1,771	18%	1,467	24%	402	27%
Lost to follow-up	211	13%	2,166	12%	2,531	19%	1,859	19%	1,082	18%	274	14%
Stopped ART	9	<1%	76	<1%	54	<1%	44	<1%	46	<1%	5	<1%

#### Stocks of ARV drugs and drug for HIV-diseases as of September 2009

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 70,000 new patients on therapy (lasting for 12 months at current rates of recruitment) and enough "Continuation packs" to keep the current 183,147 patients plus the new patients starting on treatment for about 2 months (up to November 2009). There is enough Alternative first line (AZT) to last for about 5 months (up to May 2010) and enough EFV for 3 month (up to March 2010). This means that a stock out of Continuation may be experienced if more continuation drugs do not arrive by November 2009.

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

Drug	units	Central	North	South	Total stock
d4T 30mg / 3TC	15	27,912	12,676	32,856	73,444
d4T 30mg / 3TC / NVP	15	28,387	13,416	33,867	75,670
d4T 30mg / 3TC / NVP	60	173,443	42,067	198,898	414,408
AZT / 3TC	60	9,595	3,521	23,640	36,756
AZT/3TC/NVP	60	23,576	3,471	26,077	53,124
NVP	60	567	1,517	4,494	6,578
d4T 30mg / 3TC	60	7,276	2,767	13,922	23,965
EFV	30	5,814	482	18,019	24,315
TDF	30	4,036	262	6,248	10,546
ABC	60	124	30	905	1,059
ddl	30	533	3	425	961
LPV/r	120	4,843	959	5,999	11,801
CPT	120	244,044	32,065	832,858	1,108,967
Cotrimoxazole	1	4,418,576	2,112,800	7,424,003	13,955,379
Fluconazole	1	623,877	9,878	68,292	702,047
Ceftriaxone	1	25,070	50,127	101,995	177,192
Acyclovir	1	499,673	223,685	525,500	1,248,858
Ciprofloxacin	1	376,056	92,023	220,456	688,535
Vincristine	1	4,308	1,150	3,420	8,878
Morphine	1	125,277	61,606	71,382	258,265
Amitriptyline	1	1,168,288	554,230	1,118,250	2,840,768

**PMTCT Drugs**

Out of the 244 sites with PMTCT drug stock data, only 114 (47%) sites had any stocks of ARVs used for the mother and 107 (44%) sites had any ARVs used for the infant. AZT tablets and syrup (part of the combination prophylaxis regimen) were available at 67 sites (27%), nevirapine tablets were available at 81 sites (33%) and nevirapine syrup was available at 93 (38%) sites.

Drug / Unit	Central Region	Northern Region	Southern Region	Total
NVP 1	2,694	3,274	6,940	12,908
NVP (syrup) 1	1,544	177	919	2,640
AZT 1	262,998	77,298	108,149	448,445
AZT (syrup) 1	3,273	1,547	2,102	6,922

**PRIVATE SECTOR RESULTS**

By the end of September 2009 there were 59 facilities in Malawi in the private health sector delivering ART at a subsidised rate to eligible patients. During Q3 2009, a total of **508** patients newly initiated ART and **127** transferred between clinics, resulting in a total of **635** 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	Sept 2009
<i>Private sector ART sites</i>	0	23	38	45	51	59
ART clinic registrations per year	0	977	2,370	2,060	2,580	1,933
Cumulative patients registered	0	977	3,347	5,407	7,988	11,236
Patients alive on ART	0	977	2,624	3,937	5,261	6,193

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

Cumulatively, a total of 9,972 patients newly initiated ART in the private sector and 1,264 ART patients transferred between clinics, resulting in a total of **11,236** total clinic registrations. (49% males, 51% females, 96% adults, 4% children). Out of the total registrations in the private sector, 44% started in Stage 3, 17% in Stage 4 and 38% in Stage 1 or 2 with a low CD4 count.

6,193 (55%) were alive and on ART, 994 (9%) had died, 1,699 (15%) were lost to follow-up, 2,307 (21%) were transferred out and 43 (0%) had stopped treatment. Of the 6,193 patients alive and on ART 86% were on first line regimen, 12% were on an alternative first line regimen and 2% were on a second line regimen. There were 821 (7%) patients started on ART due to TB.

## COMMENTS

### New supervision forms and ART monitoring tools

The new revised supervision forms and ART monitoring tools, such as the ART patient master card and the ART register were distributed to all the sites during the supervision visits. A Training of Trainers 2 day training took place in October and was also used as a pilot for the refresher training manual. Refresher trainings for providers will follow in the third quarter starting with the 8 MSH supported districts. A summary of action points for the sites to follow up and also for central level to act on have been compiled, and letters sent to all DHOs and Zonal Offices for action.

### 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 the success in achieving well beyond the set targets. A draft scale up plan 2010-2013 has been produced and circulated to 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.

### TB/HIV integration

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(87%) while only 50% of these were started on ART, therefore there are issues on the referral system and TB/HIV integration that need to be addressed
- There is no/minimal communication between the ART sites and the TB section as a result the ART sites 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. **The new WHO guidelines recommend that ART should be started as soon as possible after TB treatment and within the initiation phase of TB treatment**

It was agreed that the joint visits are useful and should continue though logistics & funding for the TB team need to be worked out. A TB//HIV guideline draft has been produced by the TB/HIV Technical Working group in line with the TB/HIV framework.

#### HIV supervisors

The MOH in an attempt to strengthen the Zonal level in terms of management and supervision of the districts under the 5 zones in the country, has embarked on the recruitment of Zonal HIV supervisors. Currently 4 zonal HIV supervisors are in place.

For the final post (northern zone) interviews have been conducted for the HIV supervisor and results are awaited. The HIV supervisors meeting was held in the 3<sup>rd</sup> quarter where issues from the previous supervision were discussed and way forward mapped.

#### Early Infant Diagnosis & Early Infant Treatment

There was an increase in number of children initiated on ART on account of presumptive severe HIV disease diagnosis, compared to previous quarter (97, previous 85). While those initiated on DNA-PCR increased from 114 to 142 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
- New WHO recommendations for early initiation (CD4-350), phasing out of D4T and introduction of more efficacious drugs such as AZT & TDF, detection of ART failure using CD4/Viral load tests will require extensive in-country consultations bearing in mind the financial, material and human resource implications that were noted after Malawi conducted a rapid WHO supported feasibility study.

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

- Pre-ART – A draft guideline has been produced and is currently undergoing final revision. It includes M &E tools such as Pre-ART Master cards & registers
- 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. as 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 access to CD4 in the advent of the increase in the threshold for CD4 to 350 for pregnant women to initiate ART.
- A meeting with the DHO's was held on the way forward on CD4 and DBS sample transportation between sites and Labs. Districts are to come up with action plans on how they intend to implement sample transportation in their districts and what support they would require
- Discussions on Malawi's road map in terms of the new WHO recommendations are underway.

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:**

Everista	Tchuwa	MOH, Chilumba RH	Simon	Makombe	MOH
Erik	Schouten	MOH	Kondwani	Nampanda	MOH
Janet	Chikonda	MOH	Cosmas	Matewere	MOH
Halex	Mulinde	Lighthouse	Rehema	Kasonka	MOH
Felix	Chinguwo	MOH, Ntcheu DH	Eustice	Mhango	MOH
Zengani	Chirwa	MOH	Ekwala	Mubiala	MOH, UNV
Stephen	CHU	MOH, UNV	Joseph	Kasola	MOH Chitipa DH
Stuart	Chuka	MBCA	Mapay	Ngalala	MOH, UNV
Peter	Donda	MOH, Dedza DH	Joseph	Njala	MOH
Agnes	Kalitsiro	MOH, Mlambe MH	Olesi	Pasulani	MSF Thyolo
Mwai	Makoka	MOH	L	Kachere	Supervisor
Absalom	Kaunda	MOH, Mzimba DHO	Monica	Simfukwe	MOH, Chintheche RH
Prosper	Lutala	MOH	Lyson	Tenthani	MOH
Andreas	Jahn	MOH	Frank	Chimbwandira	MOH
Mary	Kamiza	NTP			
Thom	Chaweza	Lighthouse			
Bonface	Chione	Lighthouse			
Kruggar	Kaswaswa	NTP			
Benjamin	Mazalo	Sucoma Clinic			
Mike	Nyirenda	Lighthouse			

**Report compiled by:**

Frank Chimbwandira	MOH
Eustice Mhango	MOH
Simon Makombe	MOH
Joseph Njala	MOH
Lyson Tenthani	MOH
Mwai Makoka	MOH
Andreas Jahn	MOH
Erik Schouten	MOH
Zengani Chirwa	MOH
Kondwani Nampanda	MOH

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