



Government of Malawi Ministry of Health

Integrated HIV Program Report

April-June 2021

- *Integrated HIV Program Supervision*
- *HIV Testing Services / Early Infant Diagnosis*
- *Blood Safety*
- *Post Exposure Prophylaxis*
- *HIV Exposed Child Follow-Up*
- *Prevention of Mother to Child Transmission /
Antiretroviral Therapy*
- *TB / HIV*
- *Sexually Transmitted Infections*
- *Supply of HIV Program Commodities*

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1 Executive Summary (April-June 2021)

COVID-19 Disruptions to the HIV Program

The first cases of COVID-19 in Malawi were confirmed on 2nd April 2020 and early epidemiological models predicted rapid spread and severe impact of COVID-19 in Malawi.

The DHA issued 5 editions of a circular to all HIV service delivery sites (on 3rd, 17th April, 15th June, 17th August and 14th January 2020) with specific infection prevention guidance for COVID-19, and policy recommendations aimed at decongesting facilities, and reducing travel and contact exposure for patients and health workers. This included a temporary suspension of non-essential services: routine scheduled viral load monitoring for stable adult patients; VMMC; active index partner tracing; new initiation of IPT and PrEP; Teen clubs and other ART support groups involving social gatherings. The DHA also recommended an enhanced implementation of 6-month ARV dispensing for almost all patient groups. As the COVID-19 impact remained much lower than initially feared, the suspended services were successively reintroduced.

However, modified service recommendations were re-instated with the 5th edition of the DHA circular in response to the 2nd wave of COVID-19 that emerged from late December 2020 / early January 2021. This included the temporary suspension of community activities that involve travel or gatherings and most training activities. All facility-based HIV services were recommended to continue as normal provided adequate personal protective equipment (PPE) was available for health workers. In case of PPE shortages, the circular specified a list of non-essential activities that should be deprioritized (community-based HIV testing; recency surveillance; demand creation for VMMC and PrEP; VMMC campaigns; new initiation of PrEP; community condom distribution; initiation of TB preventive therapy for stable ART patients; ART teen clubs).

During 2021 Q2, COVID-19 disruptions abated as the second wave ended around the beginning April 2021. Anecdotal observations suggest that many people resumed accessing health services during the quarter and there was a noticeable improvement in some HIV service outputs in Q2 2021 compared with Q1 2021:

- *Conventional HTS outputs decreased by 2% in Q2 compared with a 13% decline in the previous quarter*
- *HIVST kits distribution increased by 13%*
- *New ART initiations declined by 1% in Q2 compared with a 19% decline in the previous quarter*
- *The number of blood units collected increased by 16%*
- *The number of routine viral load samples collected increased by 5%*
- *The number of clients accessing PEP increased by 3%*
- *The number of clients treated for STIs increased by 7%*

Reassuringly, program reports showed no significant increase in loss to follow-up from ART at any time during the COVID-19 epidemic.

Program performance highlights by the end of June 2021 include:

- Scale-up of integrated HIV services had reached the following number of sites:
 - **727** static and **158** outreach HIV testing sites.
 - **763** (static) ART sites; **609** of these started at least one pregnant or breastfeeding woman.
 - **699** sites with HIV-exposed children in follow-up.
- **655,092** persons were tested for HIV by a trained provider and received their results; **125,628 (29%)** accessed HIV testing for the first time; **529,427 (81%)** were repeat testers and **22,876 (4%)** of these received confirmatory testing (after having tested positive in the past). **19,509 (3.1%)** clients received a positive result for the first time¹.
- A total of **121,505** people received **201,156** self-test kits; **91,266 (45%)** of these were for use by the recipient and **109,890 (55%)** for onward distribution to sex partners or other people.
- **21,970 (98%)** of **22,424** blood units collected were screened for (at least) HIV, hepatitis B and syphilis.
- A cumulative total of **2,777** clients were referred for PrEP eligibility screening and **2,120 (93%)** were found eligible. **1,981 (93%)** were enrolled on PrEP. **1,711 (87%)** of all clients ever started were retained on PrEP at the end of the quarter.
- **150,647 (97%)** of 156,053 women at ANC had their HIV status ascertained; **8,603 (6%)** of these were HIV positive. **130,346 (95%)** of 137,419 at maternity had their HIV status ascertained **8,470 (6%)** of these were HIV positive.
- **19,441** patients started ART this quarter; **79%** were classified as asymptomatic / in WHO stage 1 and started under the “Test & Treat” policy.

¹ The crude number of new diagnoses is based on the self-reported previous testing history documented in the HTS registers. Model-based estimates of the “1st 90” suggest that undisclosed repeat positives account for about half of these. This implies the true yield of new diagnoses may be only around **1.5%**.

- **878,232** patients were alive and on ART by end of June 2021.² This means that **89%** of the estimated 986,449 HIV positive population was on ART. ³ ART coverage was **79%** (44,064/ 56,078) for children⁴ and **89%** (834,168 / 930,481) for adults.
- **101,943 (94%)** of viral load results from routine monitoring were <1000 copies/ml. Viral suppression rates for routine samples among children (0-14 years) and adults (15+ years) were **78%** and **96%**, respectively.
- **78%** of adults and **80%** of children were retained alive on ART at 12 months after initiation.⁵
- Out of **861,416** patients on first line adult ART **827,868 (97%)** had transitioned to TDF/3TC/DTG and only **3,202 (<1%)** were on TDF/3TC/EFV.
- **9,131⁶ (96%)** of an estimated 9,551³ HIV infected pregnant women in Malawi were on ART this quarter. **6,454 (71%)** of these were already on ART when getting pregnant and **2,677 (29%)** started ART during pregnancy/delivery.
- An additional **876** breastfeeding women (re-)started ART in WHO stage 1 or 2.
- **85%** and **79%** of women started while pregnant or breastfeeding were retained on ART at **6 and 12 months** after initiation, respectively.
- **9,123 (7%)** of infants discharged alive from maternity were known to be HIV exposed, **7,769 (85%)** of these received ARV prophylaxis (nevirapine).
- A total of **12,595 HIV** exposed children were newly enrolled for follow-up this quarter; **10,212 (81%)** of these were enrolled before age 2 months.
- Out of the total 986,559 estimated PLHIV by end June 2021:
 - An estimated **97%** of PLHIV knew their status (diagnosed)
 - **92%** of whom were on ART
 - **94%** of whom were virally suppressed.⁷

² 871,098 patients were reported as alive on ART at their registered site. In contrast to previous reports, no adjustment for patients in transit can be made this quarter. Tens of thousands of patients who were previously marked as lost to follow-up have been re-classified as transferred out in the context of active tracing undertaken by implementing partners. This precludes the calculation of new transfers out from cumulative cohort data.

³ 2021 Spectrum Model estimates for the HIV population in June 2021.

⁴ Number of children (0-14 years) on ART extrapolated from age-disaggregated cohort reports from sites with electronic medical record systems (see section 11.3 on page 25).

⁵ Actual retention rates are thought to be about **10%** higher due to misclassification of 'silent transfers' as defaulters in clinic-based survival/retention analysis. (see section 11.4)

⁶ Adjusted for double counting due to patient transfers / 'failed ART initiations' among women lost to follow-up within 6 months of ART registration.

⁷ Estimation methods for progress towards the 95-95-95 treatment targets

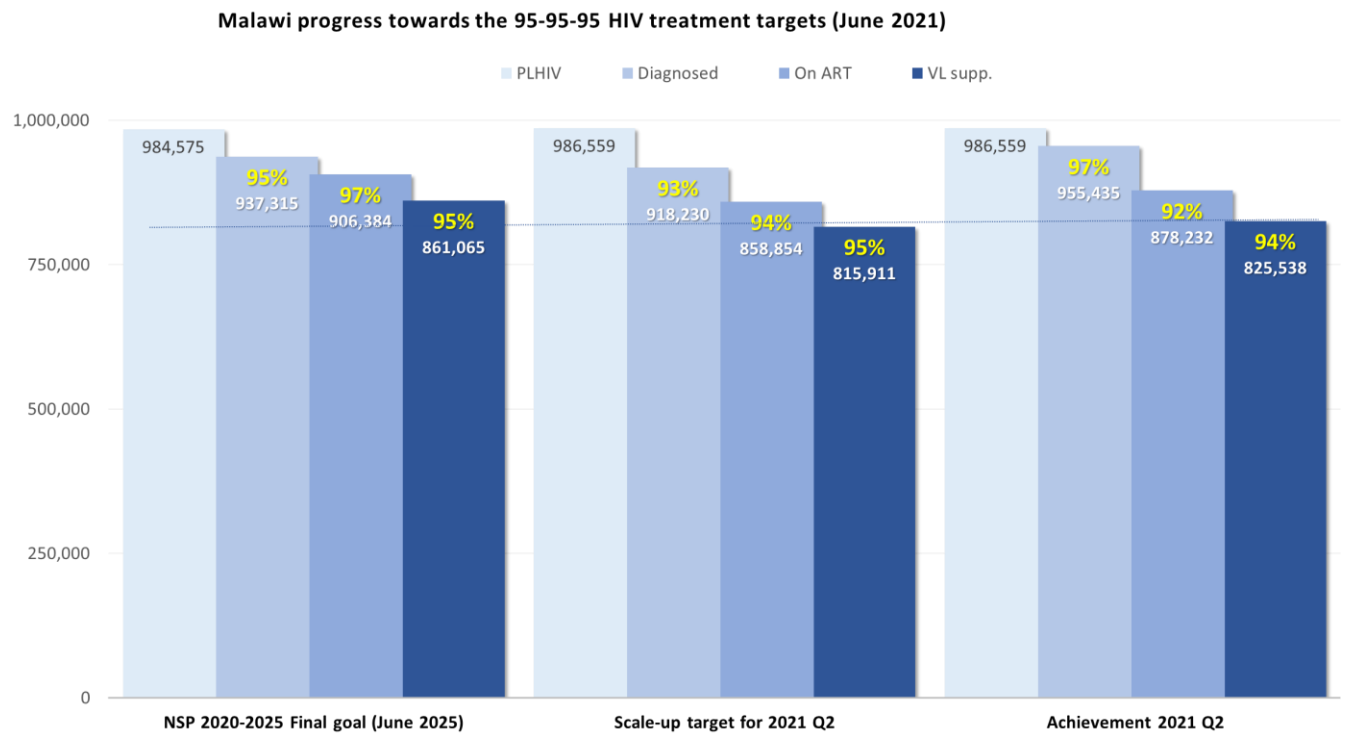
- This means that the Q2 2021 scale-up target for the population diagnosed was exceeded. The increase in the proportion of PLHIV who knew their status was higher than in previous quarters (96%). This was related to the lower overall PLHIV estimate in the 2021 Spectrum model which is the denominator for standard model method for calculating the “first 90” (UNAIDS “Shiny90” model). The new model estimate implies that undisclosed repeat testers account for 53% of clients reported as “new positive” in routine HTS data between 2016 and 2021. Consequently, the gap between the estimated number of PLHIV diagnosed and those on ART has declined to 77,202. The great majority of people diagnosed and not on ART have been previously on treatment and interrupted.
- Malawi has already surpassed the 90-90-90 targets which were set for December 2020. In line with the new National Strategic Plan 2020-25, the current and future reports will measure progress against the UNAIDS fast-track 95-95-95 targets. See **Figure 1** below:

‘First 95’ (955,435 diagnosed): Calibrated to the UNAIDS Shiny90 model estimates; the 76.8% MPHIA estimate for adults (15-64) diagnosed (self-reported and/or presence of ARVs in blood sample) is assumed to represent the status for all PLHIV (Spectrum) by end of Q1 2016 ($977,890 \times 76.8\% = 751,020$); add: 301,165 = 47% of 640,776 people reported as newly diagnosed between April 2016 – June 2021 (HTS program data adjusted for an estimated 53% of repeat testers misclassified as newly diagnosed); subtract: 96,607 (87%) of 109,705 estimated deaths among all PLHIV (2021 Spectrum model) between April 2016 – June 2021 to account for deaths among the diagnosed population (on ART and not on ART).

‘Second 95’ (878,232 on ART): patients retained alive on ART by end Q2 2021 from routine ART program reports.

‘Third 95’ (825,538 virally suppressed): extrapolated from the 94% of patients with a routine VL monitoring result <1000 copies/ml this quarter, applied to the 878,232 patients on ART.

Figure 1



2 Integrated HIV Program Overview

Malawi's National HIV Program has undergone several important policy changes since its inception in 2004. The 4th Edition of the *Malawi Integrated Clinical HIV Guidelines* was published in **July 2018** and some policies /components were revised. Training for nationwide implementation is underway and refresher training for the revised components have been planned. The following are the policies/components of policy that were revised and endorsed for implementation and scale up in Malawi by the Ministry of Health and Population beginning in April 2019:

- Introduction of **dolutegravir- (DTG) based first line ART** regimens for all: Transition of new and existing eligible patient groups weighing 20kg +.
- Phasing out of **NNRTI-Based (NVP)** regimens: Transitioning of clients on NVP to DTG or PI Based regimen.
- **Differentiated Service Delivery (DSD)** Model: Introduction of Six-Monthly ART dispensing.
- **Viral Load Monitoring**: transition from 2-yearly to annual scheduled monitoring.
- Pre-exposure prophylaxis (**PrEP**): Oral PrEP as additional preventative method for HIV-negative clients at substantial risk of HIV infection.
- TB Preventive Therapy (TPT): Dispense **IPT or 3HP** to all eligible adult PLHIV newly initiated on ART who have not previously completed a course of TPT.

The **decentralization of ART services** continues as new health facilities are established and existing facilities attain minimum staffing and infrastructure requirements for ART.

3 Supportive Site Supervision

3.1 Methods

The Department for HIV and AIDS has coordinated quarterly supportive supervision visits to all health facilities with ART services since the start of the national treatment program in 2004. Supervision teams are composed of: experienced HIV clinicians; nurses and M&E staff from health facilities in the public and private sector; district and zonal PMTCT and ART coordinators; program officers and technical staff from the Department for HIV and AIDS; technical staff from implementing partners. The TB and HIV programs have fully integrated their respective site supervision exercises since April 2015.

Each quarter, a one-day pre-supervision meeting is organised for all supervisors participating in the upcoming round to share program updates, discuss observations from the previous round, distribute materials and organise logistics, transport and accommodation.

Standard supervision forms are used to guide implementation of the supervision protocol, to update site information and collect M&E reports. Custom forms with previous data for each site are printed from the Department of HIV and AIDS Management Information System (DHA-MIS). Supervision forms include:

- Contact details of HIV service providers at each site
- Quality of service checklist
- Follow up on action points noted during the previous visit
- Next visit date
- M&E reports from HIV testing, ANC, maternity, exposed child and pre-ART follow-up, ART and TB
- Physical drug stock-level assessment
- Identification of sites in urgent need of clinical mentoring
- Semi-structured feedback and performance rating for the supervision teams by facility staff

One copy of the supervision form is returned to the Department for HIV and AIDS, where data are entered in a custom SQL Server / MS Access database (Department of HIV and AIDS Management Information System; DHA-MIS) to produce national reports and to manage program logistics and the commodity supply chain. A second copy of the supervision form is left at the sites.

The supervision protocol includes a systematic review and verification of primary records (patient cards and registers) at all sites. This effectively provides a quarterly quality audit for M&E records, which has resulted in exceptional accuracy and completeness of HIV Program data in Malawi. At the same time, the systematic chart review helps to identify complex cases or deviations from clinical protocol, allowing the supervision team to provide targeted mentoring and clinical advice. The quarterly supervision exercise also aims to boost staff morale and motivation through *Certificates of Excellence* that are awarded by MOH to sites with an excellent score on the quality of service checklist. A growing number of health

workers from sites all over the country participate as supervisors in this quarterly exercise and this has strengthened the national HIV Program identity and has greatly facilitated communication between program staff at the national, zonal, district and facility level.

The HIV testing program usually conducts a separate supportive site supervision exercise each quarter, targeting a sample of HTC sites both within and outside of health facilities. Supervision teams consist of district, zonal and national level HTC coordinators, supported by implementing partners.

3.2 Supervision Outcomes

763 public and private sector facilities were visited for **biomedical HIV program supervision** between 12th and 23rd of July 2021.

The large number of sites was covered by **245** supervisors working in **32** teams that spent **1,955 working hours** at the sites. Each site visit lasted on average 2.5 hours, but up to 2 days were spent at the busiest sites. **530 (67%)** sites were awarded a *certificate* for **excellent performance**. This was the same as in the previous quarter (530). **92 (12%)** sites had significant weaknesses and were rated to require **intensive mentoring**. Mentoring capacity will need to be further expanded.

Table 1

Zone	Total facil. visited*	Supervision hours spent at facilities		Performance (# and % of sites)	
		Total	Average per site	Excellent perform.	Mentoring needed
NZ	143	329	2.3	86 60%	26 18%
CEZ	109	253	2.3	73 67%	16 15%
CWZ	176	405	2.3	127 72%	16 9%
SEZ	180	508	2.8	131 73%	17 9%
SWZ	179	460	2.6	113 63%	17 9%
Malawi	787	1,955	2.5	530 67%	92 12%

* includes facilities that were visited for assessment of readiness, but that may have not (yet) been designated to provide integrated HIV services.

Table 1 summarizes the supervision outcomes by zone. Most facilities were using the standard national M&E tools. **255** sites had cumulatively registered more than 2,000 ART patient and **92** of these had registered more than 5,000. **207 (81%)** of these high burden sites were using point-of-care electronic medical records (EMR) systems. **207** low- and medium-burden sites were using a back-data entry solution of laptops to capture patient visits recorded on the paper patient cards. Some NGO-supported sites were using custom tools compatible with the national standard reporting requirements.

4 Inventory of Sites and Services

4.1 Sites and Services

There were **727** static and **158 outreach** HIV testing sites in Q2 2021.

Table 2

Facilities with integrated HIV services in the 5 Zones. Availability of services defined by performance (at least 1 patient enrolled) during 2021 Q2

Zone	Total fac.(1)	Facilities providing HIV services						CD4 count machines (2)				urine-LAM			serum CrAg					
		Exp. child	PMTCT B+	ART		Installed	Functional	Tot.Results	Results <200	Total	Res. Pos		Total	Res. Pos						
SEZ	180	163	91%	156	87%	174	97%	22	12%	20	91%	2,023	465	23%	1,386	286	21%	1,363	53	4%
SWZ	181	160	88%	139	77%	172	95%	35	19%	31	89%	2,774	557	20%	972	131	13%	804	43	5%
CWZ	176	147	84%	131	74%	170	97%	27	15%	24	89%	2,607	743	29%	1,364	233	17%	1,203	74	6%
CEZ	109	102	94%	89	82%	109	100%	18	17%	18	100%	661	168	25%	270	36	13%	197	28	14%
NZ	148	127	86%	94	64%	138	93%	27	18%	27	100%	1,302	335	26%	562	124	22%	463	21	5%
Malawi	794	699	88%	609	77%	763	96%	129	16%	120	93%	9,367	2,268	24%	4,554	810	18%	4,030	219	5%

(1) Total facilities in the public / private sector designated to provide integrated HIV services in this quarter. Individual site selection is reviewed and may change each quarter.

(2) CD4 machines that have produced at least 1 result during the reporting period are defined as functional.

Table 2 shows the distribution of the **794** sites designated to provide clinical HIV services in Q2 2021, by zone. At the national level, there were **763** (static) sites with at least one patient on ART; **609** sites had enrolled women under PMTCT Option B+; **699** had enrolled HIV exposed children for follow-up. ART services were now available at almost all designated sites in the 5 zones.

CD4 count machines (including 'point of care' machines) were installed at 129 sites, and **120 (93%)** of these had produced at least 1 result during Q2 2021. The total number of CD4 results produced (**9,367**) was 19% higher than the previous quarter (7,582). **2,268 (24%)** of the 9,467 CD4 results were 200 cells/ml or less and these patients were therefore eligible for routine urine LAM and serum CrAg. With the introduction of the 'Test & Treat' policy, routine CD4 count testing to determine when to start ART has been deprioritized. However, the 2018 Malawi HIV guidelines introduced routine baseline CD4 counts at ART initiation where available and outputs are expected to increase further.

4,554 clients were screened for urine LAM and 810 (18%) of these were positive and were eligible to be treated for TB. A total of 4,030 patients were screened using serum CrAg and out of these 219 (5%) had a positive result. According to the 2018 ART guidelines, they were eligible for active meningitis assessment with the intention of either treating or giving pre-emptive antifungal therapy.

4.2 Staffing of HIV Services

4.2.1 HIV Testing Services

The Department for HIV and AIDS has maintained a dedicated system for professional registration and performance tracking for HIV testing providers since 2011. This separate registration system is needed because HIV testing providers include lay persons with HIV testing training who are not registered with any other professional body. All testing providers are issued with a unique ID and a professional logbook for documentation of duty stations, trainings, sit-in observation and proficiency testing results. Logbook holders are requested to record the total number of tests done at the end of each month. Logbook holders are requested to record the total number of tests done at the end of each month. Logbooks were not routinely reviewed during the 2021 Q1 supervision and key performance data for each provider were not summarized on the site supervision form.⁸

4.2.2 ART/PMTCT

Integrated HIV program supervision has included a staffing census for ART clinics since Q3 2014. This census is undertaken during the site visits, indicating all staff members who actually worked at the ART clinic on the most recent clinic day. The census is designed to provide an accurate snapshot of the actual staffing of ART services each quarter. The numbers collected may be slightly lower than longer term averages, because around 200 service delivery staff are themselves participating in the supervision exercise and will not be counted as having worked in their ART clinic during the supervision period. The table below shows that overall staffing levels have slightly declined over the last 2 quarters. However, the number of ART clinicians increased by 33 from 822 to 855 from the previous quarter.

Among the other cadres, **1,267** were nurses and **831** were auxiliary staff (health surveillance assistants, clerks, etc.)

Table 3

	2020 Q3		2020 Q4		2021 Q1		2021 Q2	
Clinicians	880	28%	918	28%	904	27%	1,003	27%
Nurses	1,272	41%	1,317	40%	1,318	39%	1,439	39%
Pharmacy staff	131	4%	260	8%	292	9%	335	9%
Auxiliary Staff	817	26%	829	25%	871	26%	898	24%
Total	3,100		3,324		3,385		3,675	

An estimated 4.0 million ART patient visits are currently managed at the 763 ART sites per annum, based on 878,232 patients alive on ART and an average dispensing interval of 2.5

⁸ The logbook review was temporarily suspended to minimize the workload for the supervision teams

months. With 260 working days per year, an average of 16,213 patient visits are therefore managed by the ART sites per working day. At current staffing levels, this translates into an average of **16** ART patient visits per clinician and **11** per nurse per day. This approximate HRH capacity assessment does not take account of site-specific differences in patient burden and staffing levels and there are several medium and high burden sites with sub-optimal staffing. However, the national treatment program is fully decentralized to the health centre level and the program continues to devolve the growing patient burden to peripheral facilities. Since 2011, the steepest increase in ART patient numbers has been recorded at the 300 small peripheral sites that have the largest collective staffing capacity (see **Figure 14** on **page 40**).

5 HTS Program Outputs

HIV testing protocols were revised in 2016. A new HIV testing register was implemented in the course of a national re-training campaign for all HTC providers between May and November 2013. Protocol revisions include:

- Clear recommendations for re-testing based on the client's test result and risk assessment
- Proper documentation of confirmatory testing for clients with a prior positive result (usually performed at enrolment into care).

The HIV testing program observed a number of challenges. First, although quality control (QC) samples were available at most sites, some sites had not carried out any QC testing. Space constraints are common and remain a challenge. Providers have to share the testing rooms at most facilities. Some mentors supported by partners are not adequately trained and the mentorship provided is therefore not comprehensive. 'Conveyor-belt' (batched) HIV testing is still being practised in some facilities despite ongoing attempts to reinforce the one-client-in-session testing policy. Finally, some implementing partners have introduced modified M&E tools at facilities they are supporting that are adding considerable work load and distraction.

5.1 Quality Control (QC) Testing

The national HIV testing protocol requires all sites to perform QC testing at least once per week. Additional QC is required when a new consignment of test kits is received; when starting a new lot; when a new provider joins the facility, when test kits have been exposed to temperatures above manufacturer recommendations. The QC procedure involves testing each of the 2 rapid test kits used in the national algorithm with a known negative and a known positive serum to confirm that the tests show the expected results. This means that 2 positive and 2 negative results are expected for each complete QC set. QC results have been documented in a dedicated section in the standard HIV testing register since 2013. From Q3 2016, QC results have been systematically reviewed during the integrated HIV program supervision.

674 (93%) of the 727 active testing sites had documented at least 1 QC set this quarter and **501 (74%)** had recorded the minimum of 12 sets (one for each week). At **641 (99%)** of sites, all samples produced the expected result.

5.2 HIV Testing and Counselling Outputs

655,092 people⁹ were tested and counselled for HIV between April and June 2021. This is a 2% decrease from the previous quarter (670,567).

622,268 (95%) of all tests were performed at health facilities, **5,775 (1%)** were done in stand-alone HTC sites, **25,611 (4%)** were done outside of facilities / in the community and **1,438 (<1%)** were from self-test returning clients tested at the facility. **19,509** people were reported as newly diagnosed with HIV this quarter. Out of these, **18,586 (95%)** were diagnosed at health facilities; **118 (1%)** at stand-alone HTC sites; **789 (4%)** through community-based testing and **16 (<1%)** were among clients presenting for professional testing at the facility after self-testing. The reported 'yield' for new diagnoses was **3.1%** (excluding clients who disclosed a previous positive result from the denominator).

However, based on UNAIDS "Shiny90" model triangulation of population survey results and program data, **at least 53%** of all clients classified as "new positive" in HTS registers are assumed to be undisclosed repeat testers. Discounting 53% from the 20,078 reported "new positives" results in an estimated **9,169** genuine new diagnoses this quarter. This reduces the true 'yield' of new diagnoses in the HTS program to **1.5%**.

5.3 HIV testing access type

516,176 (79%) of people tested were patients receiving provider-initiated testing and counselling (PITC); **107,403 (16%)** accessed voluntary testing and counselling, door-to-door, community-based testing and **31,513 (5%)** came for testing with a *Family HTC Referral Slip* (FRS) that was issued to a family member at a prior HTS encounter. **31,513** family members or contacts presented with an FRS for testing to the facilities and this represents successful referral rate of 88% based on the total number of FRS issued this quarter (35,810).

5.4 Age and sex distribution among HIV testing clients

Out of **655,092** people tested and counselled, **33%** were males and **67%** were females. **39%** of females were pregnant. The ratio of males (**43%**) to non-pregnant females (**57%**) has remained similar. Testing among pregnant women is almost entirely provider-initiated and there is no comparable access route targeting males.

145,526 (22%) of all people tested accessed HTC with their partners (as a couple).

⁹ Reports from the HTC register are based on client encounters. It is not possible to de-duplicate people who access HTC multiple times in the reporting period. However, very few individuals come for repeat testing in less than 3 months and the number of HTC encounters in one quarter is therefore assumed to represent individuals.

49% of all people tested and counselled were 25 years and above, **42%** were adolescents or young adults (15-24 years) and **8%** were children (<15 years). **1,053 (<1%)** of rapid tests done were among infants.

Figure 2 and **Figure 3** show that the absolute increase in testing output since introduction of the HDA cadre in 2016 was mainly driven by non-pregnant females, males and the age groups 15-24 and 25 years and above. From 2021 Q1 to Q2 2021, the number of males, pregnant women and non-pregnant females tested decreased by 1%, 2% and 4% respectively.

Figure 2: Distribution of sex and pregnancy status among clients tested by quarter

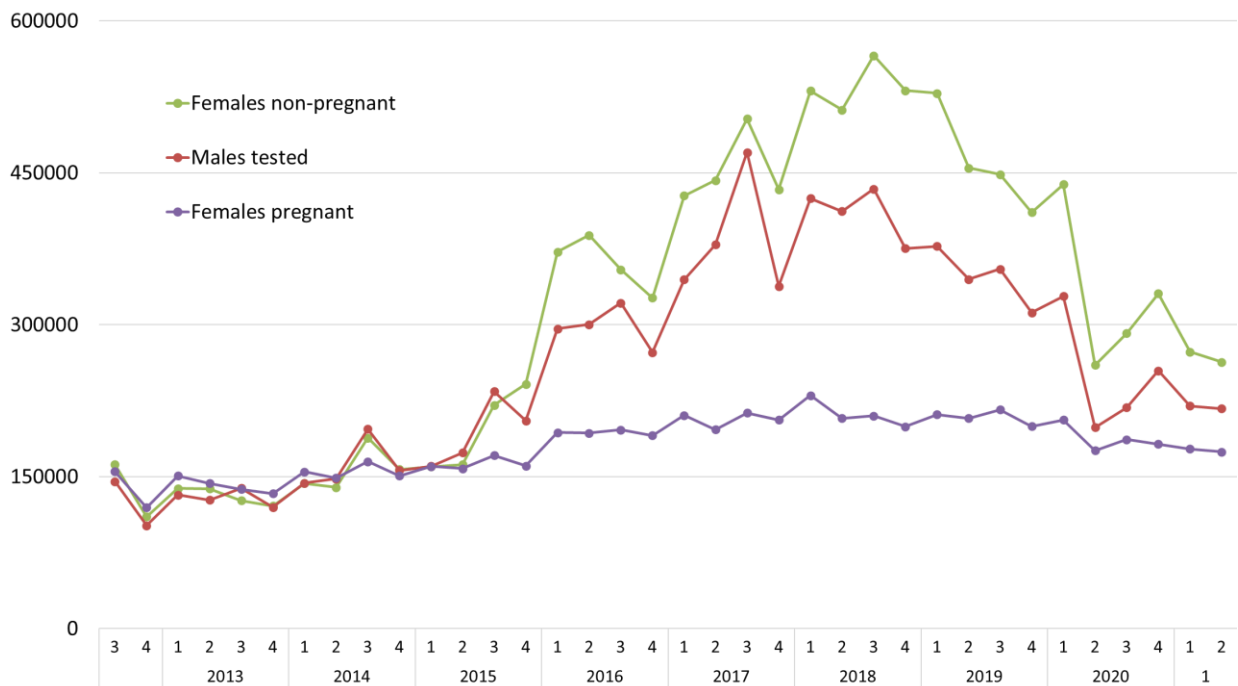
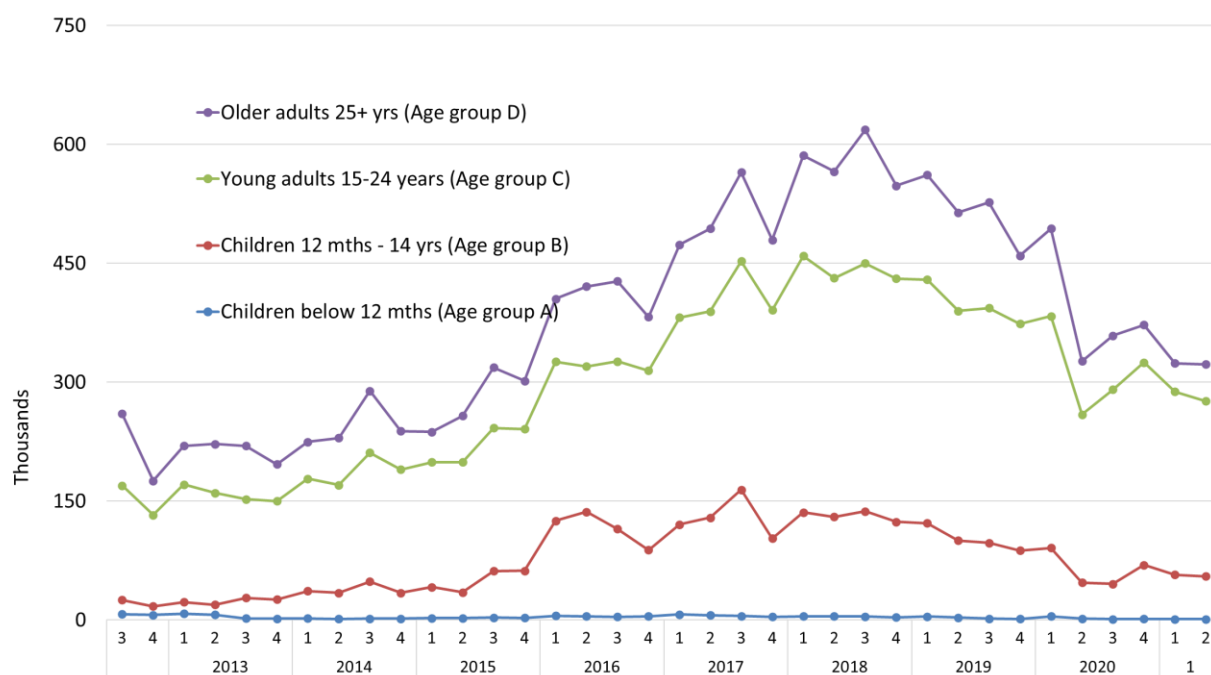


Figure 3: Distribution of age among clients tested by quarter



5.5 First-time, repeat and confirmatory test results

All HIV positive patients enrolled in care need a confirmatory HIV test to rule out any possibility of mix-up of test results or fraudulent access to ART. Confirmatory testing is done when starting ART. National guidelines require a confirmatory DNA-PCR at the time of starting ART for all children under 24 months, regardless if the initial diagnosis was based on a positive DNA-PCR or a rapid antibody test. Follow-up rapid antibody testing for children is no longer recommended.

125,628 (19%) of all clients tested accessed testing for the first time and **529,472 (81%)** were repeat testers. Based on the cumulative number of people who accessed HTC for the first time, a total of **12,337,482** people have been tested since introduction of the *first time HTC access* indicator in July 2007. The classification of first-time and repeat testers is likely to be affected by misreporting and non-disclosure of previous diagnoses.

19,509 (3.1%) out of all clients were recorded as receiving a positive result for the first time, but it is assumed that about half of these may be undisclosed repeat diagnoses (see above). Positive rapid test results among infants (**39**) and inconclusive test results (**1,242**) both accounted for **<1 %** of new results given to clients.

515,827 (96%) of 529,472 repeat testers reported a *last negative* result. **22,075 (4%)** were reported as *previous positives* and all of these should have been classified as receiving a confirmatory test. For most of these *previous positives*, testing was probably initiated by a health worker before ART initiation. As expected, the number of *confirmatory test results* (**22,123**) was very close to the number of *previous positive* clients. **22,876 (99%)** of 22,123 confirmatory test results were concordant positive and **247 (1%)** were classified as *confirmatory inconclusive*. This category includes parallel concordant negative and discordant

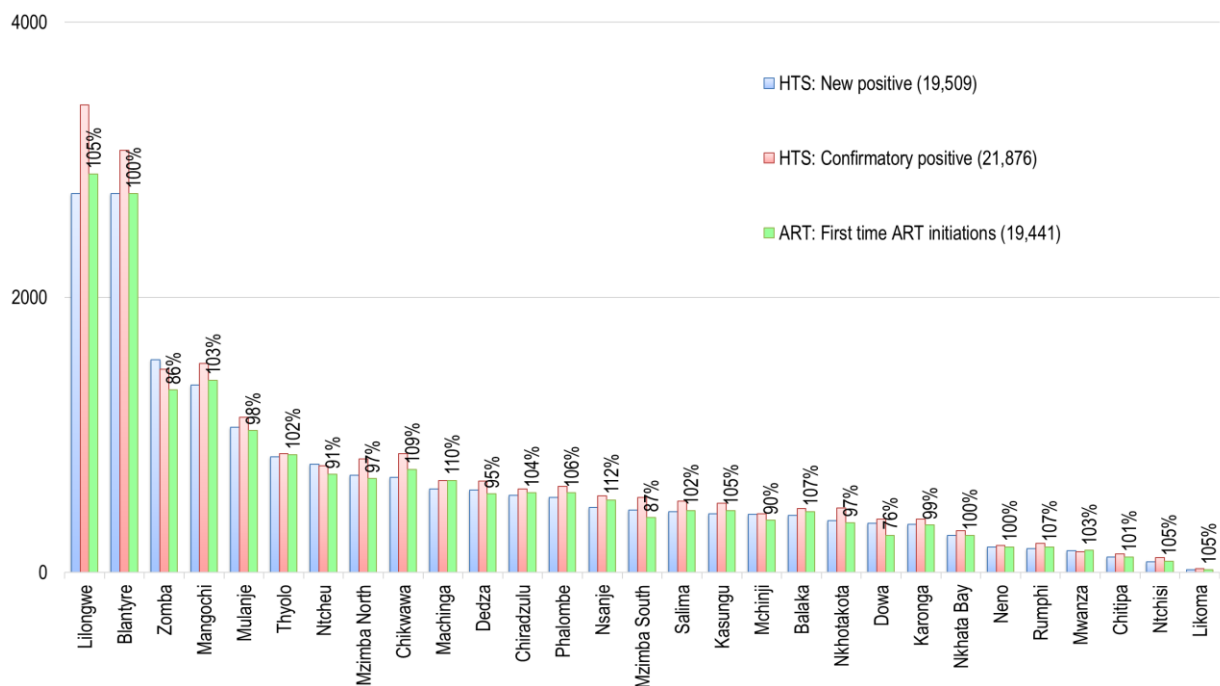
test outcomes (Determine HIV1/2 and Uni-Gold HIV1/2 are used in parallel for confirmatory testing). Clients who did not have a concordant positive confirmation may be explained by selective confirmatory testing among clients with doubts about their previous positive status, but it also underscores the importance of routine confirmatory testing before ART initiation and the need to strengthen quality assurance.

5.6 Linkage from HIV diagnosis to ART

Figure 4 shows a triangulation of HIV testing and ART program data by district. At the national level, the **19,441** patients who initiated ART this quarter represent **>99%** of the **19,509** clients tested positive for the first time. Proxy linkage rates ranged from 76% in Dowa to 112% in Nsanje. Lilongwe had the highest number of new diagnoses (**2,765**) and ART initiations were at 2,896 implying a district-level linkage of **105%**. Very high or low linkage rates suggest that cross-border access to testing and ART was seen in several districts (e.g. Dowa, Ntchisi, Zomba, Salima, Nsanje etc.).

The number of confirmatory positives exceeded the number of new positives by 2,367 at the national level. This means a large number of clients who disclosed their previous positive status were getting tested again. Lilongwe recorded the greatest excess (643) of confirmatory positives compared with the number of new positives. Lilongwe, Blantyre, Nsanje, Mangochi, Phalombe, Mzimba North, Nkhatakota, Mzimba South and Chikwawa accounted for **1,854** (80%) out of the 2,367 excess confirmatory positives in the whole country this quarter. At the national level, the number of confirmatory positives exceeded the number of ART initiations by 2,435 (11%).

Figure 4: Number of new positives, confirmatory positives and new ART initiations in Q2 2021 by district (percentages represent ART initiations over new positives for each district)



5.7 HIV Self-Testing (HIVST)

The implementation of the National HIVST program started in December 2018 with an aim of facilitating access to HIV testing for hard-to-reach populations. Distribution of HIVST kits to index clients for secondary distribution to sexual partners is one important modality for index testing.

After a practical demonstration by a trained HIVST distributor, oral fluid self-tests are given to the end-user for self-testing or for onward distribution to a sexual partner, or any other person considered in need of HIV testing. HIVST may be done under supervision by an HTS provider but is most commonly done in private. Counselling includes information about the interpretation of test results and a reminder to seek confirmation of any positive HIVST result by a professional provider using the standard blood based rapid testing algorithm. The HIVST program does not attempt to capture results of self-testing, but returning self-testing clients are recorded in a dedicated professional HIV testing register and a separate report is available for these (see below). Routine HST reports are limited to the attributes of the direct recipients and age and sex of the intended end-user.

5.7.1 HIV-Self Test Kits Recipients Details

Between April and June 2021, **121,505** people were counselled and given a total of **202,545** oral fluid self-test kits, either for self-use or for secondary distribution to sexual partners or others. This is equivalent to an average of 1.7 kits given to each recipient. **44%** of the 121,505 recipients were males and **56%** were females. **17%** of the females were pregnant.

Out of all recipients, **11,068 (11%)** had never been tested for HIV before and **93,656 (89%)** reported a previous test result. **90,490 (97%)** of previously tested recipients were negative and **3,132 (3%)** were positive. **2,686 (86%)** of the positives were on ART and **14%** were not (yet) on ART. The **446** HIV positive recipients who were not yet on ART most likely received ST kits for their sexual partners in the context of index testing. **34 (<1%)** recipients reported an inconclusive previous test result.

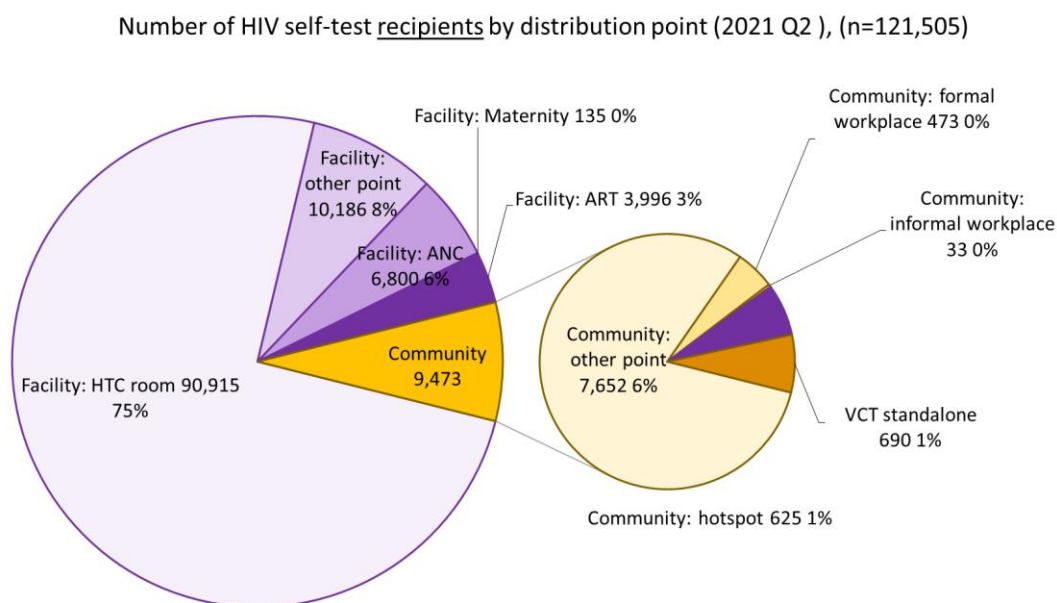
5.7.2 Distribution Points of HIVST Kits

The national program recognizes 10 categories for HIVST distribution points. These are grouped under the three locations of **health facility** (ANC, maternity, ART clinic, HTC room, other), **stand-alone HTS site** (VCT) and **community** (formal workplace, informal workplace, hotspot, other). A dedicated distribution register is used for each type of distribution point and captures the details of recipients and the intended end users.

Figure 5 shows the number of recipients by distribution points in 2021 Q1. **97,970 (94%)** of all **104,724** recipients were seen at health facilities and **6,754 (6%)** in community settings. HTC rooms were the most common distribution point in facilities with **76,417 (73%)** recipients, followed by other facility points (**7,193**), ANC clinics (**7,280**), ART clinics (**5,287**) and Maternity (**1,793**). **6,164 (6%)** of clients received HIVST at unspecified community distribution points,

while formal and informal workplace setting, community hotspot and VCT standalone accounted for <1% of recipients.

Figure 5



5.7.3 HIVST Distributed Kits: Intended User Attributes

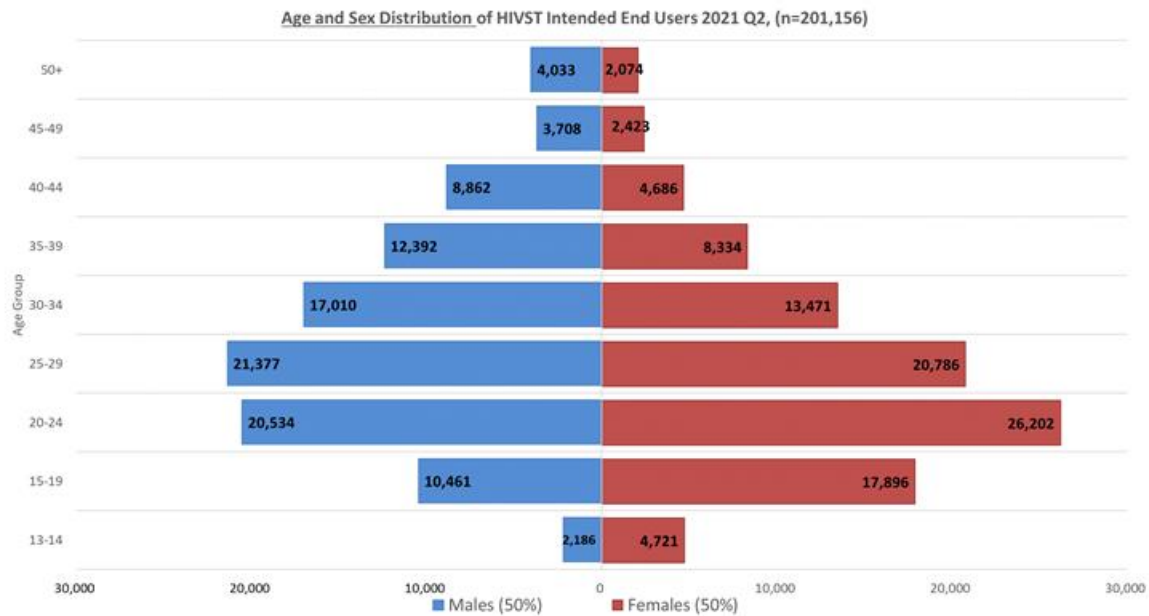
Out of the **201,156** HIVST kits distributed in Q2 2021, **91,266 (45%)** were intended for self-use by the recipients and **109,890 (55%)** were for onward distribution. **80,614 (73%)** of the kits intended secondary distribution were for sexual partners and **29,276 (27%)** were for others, such as friends or relatives of the recipients. **Table 4** below summarizes the HIVST kits distributed by distribution point and the end-user type. This shows the majority of HIVST kits distributed at health facilities were for self-use which is a deviation from the intended goal of the HIVST programme in terms of targeting hard to reach populations who are not seen at health facilities.

Table 4

		End User Type							
		Self		Sexual Partner		Other		Total	
Facility	HTC room	67,117	45%	59,869	41%	20,628	14%	147,614	100%
	Other Point	8,393	43%	8,052	42%	2,934	15%	19,379	100%
	ANC	3,535	31%	5,610	49%	2,267	20%	11,412	100%
	Maternity	64	29%	136	62%	21	10%	221	100%
	ART	3,170	37%	2,967	35%	2,439	28%	8,576	100%
Community	Other Point	7,216	64%	3,235	29%	846	7%	11,297	100%
	Formal workplace	464	49%	382	41%	93	10%	939	100%
	Informal workplace	33	100%	0	0%	0	0%	33	100%
	Hotspot	614	88%	56	8%	31	4%	701	100%
	VCT standalone	660	67%	307	31%	17	2%	984	100%
		91,266	45%	80,614	40%	29,276	15%	201,156	

Figure 6 below shows the intended end user age and sex category for all the test kits that were distributed during 2021 Q2. Out of 201,156 test kits distributed, 100,563 (50%) were for males and 100,593 (50%) for females. 71% of the male end users were 20-39 years and 65% of females were 15-29 years

Figure 6



6 DNA-PCR testing for Early Diagnosis of HIV in Infants (EID)

DNA-PCR testing is performed at 10 labs (Mzuzu Central Hospital, Mzimba District Hospital, Kamuzu Central Hospital, Queen Elizabeth Central Hospital, DREAM Blantyre, DREAM Balaka, Tholo District Hospital, Zomba Central Hospital, Nsanje District Hospital and Partners in Hope, Lilongwe). HIV Diagnostic Assistants and EID counsellors collect infant blood samples as dried blood spots on filter paper. Health facilities are requested to fill a standard EID DNA-PCR logbook to document EID samples and to track results. The logbook includes the dates of collection, dispatch, receipt of result from the lab and communication of the result to the mother. Supervision teams were asked to collect basic data from these logbooks.

9,434 DNA PCR samples were drawn in the reporting period and documented in the facility DNA-PCR sample registers. **9,078 (96%)** of these were for the initial DNA-PCR test for exposed infant; **226 (2%)** were for the confirmatory testing of exposed children under 24 months when starting ART; **80 (1%)** were for repeat DNA-PCR for patients whose previous collected samples did not produce a valid result, and **50 (1%)** were tie-breaker samples after repeat-inconclusive rapid antibody testing.

8,595 (91%) of 9,434 samples were collected using Dried Blood Spot (DBS); **825 (9%)** were collected directly in the device cartridge for Point of Care Machines (POCs) and **14 (<1%)** were collected using other methods for example as plasma samples.

Results were received at the facility for **8,207 (87%)** of the 9,434 samples collected; for **1,198 (13%)** of all samples the result missing or still pending 12 weeks after the samples were collected. **29 (<1%)** samples were rejected at the lab due to poor quality or analysis failure. **39%** of patients were notified of their result within 4 weeks of sample collection, **12%** were notified within 5-8 weeks and **2%** within 9-12 weeks. **4,334 (46%)** patients were either notified after 12 weeks or the notification was still pending. **8,100 (99%)** of **8,207** samples with results were conclusive and **107 (1%)** were inconclusive. Out of the conclusive test results, **7,795 (96%)** were negative and **305 (4%)** were positive.

The analysis for the **10 central PCR laboratories** was not possible for this report due to an error in the Lab Information Management System (LIMS) which led to many critical data gaps and misclassification of results.

7 Blood Safety

The Malawi Blood Transfusion Service (MBTS) is striving to provide safe blood products for the entire country using voluntary non-remunerated donors and quality assured screening for transfusion transmissible infections (TTIs). For the last years, MBTS has not been able to meet the national demand and several hospitals continue to supplement or rely entirely on blood units collected from replacement donors. Complete reports from MBTS have been available throughout, but blood safety reports from health facilities have not been consistently available and it has been challenging to compile national reports relying on the data passively submitted by the sites. Therefore, the HIV program supervision teams were tasked with active collection of blood donor and cross-matching data from all visited health facilities. Some of the visited laboratories were not using the standard MOH registers and the aggregation of data for reporting may have been affected by incomplete documentation at some sites.

A total of **22,427** blood units were collected in Malawi during Q2 2021. MBTS collected **19,702 (88%)** of these, **100%** of which were screened comprehensively for the relevant TTIs (HIV, Hepatitis B, Hepatitis C, syphilis, malaria). In addition, **53** hospitals in Malawi collected a total of **2,725** units from replacement donors. **2,268 (83%)** of these units were screened for at least the 3 key TTIs (HIV, HepB and syphilis) and **1,699 (75%)** of these were also screened for HepC and malaria. This means that a total of **21,970 (98%)** of all units collected this quarter were screened at least for HIV, HepB and syphilis. Based on the blood donor registers at the sites that collected blood from replacement donors, **324** were screened with any other combination of tests for TTIs.

A total of **4,164** potential replacement donors were documented in the blood donor registers at the facilities and **2,725 (65%)** of these ended up donating. Facilities may have used different screening algorithms and potential donors may have been excluded on the basis of different criteria, including TTIs, blood group, haemoglobin concentration and/or clinical conditions. Testing for less prevalent TTIs may have only been carried out for donors who passed the screening for more common conditions. In total, 75% of potential donors were tested for HIV, 74% for HepB, 75% for syphilis, 76% for malaria and 56% for HepC. Detailed data on outcomes of individual tests among all potential blood donors are presented in the Appendix

8 Preventive Services

8.1 Pre-Exposure Prophylaxis (PrEP)

PrEP roll-out has started at several implementing partner supported facilities in Q4 2020 and the supervision team included a review of PrEP client cards and registers for the first time this quarter. Reporting was affected by some gaps in primary records and the data abstraction process. **73** sites had registered at least one PrEP client during 2021 Q2 reporting period.

8.1.1 Assessment of potential PrEP clients during Q2 2021

A total of **2,116** individuals were assessed for PrEP provision after a negative HIV test result in Q2 2021. **2,066 (98%)** were assessed for acute HIV infection (AHI) and **48 (2%)** of these were not considered for PrEP due to suspected with AHI.

1,780 (84%) of 2,166 potential PrEP clients had their samples collected for creatinine clearance at the nearest lab. By the end of the quarter, creatinine results were available for only **752 (42%)** of these. **15 (2%)** of all 752 results showed a <60 ml/min clearance and PrEP initiation was deferred.

665 (31%) of 2,166 potential clients were tested for Hepatitis B and **36 (5%)** of these were surface antigen positive. All of these were presumably referred for hepatitis diagnostic work-up before initiating PrEP.

146 (7%) of 2,166 assessed potential clients were excluded from proceeding to start PrEP: **75 (51%)** were assessed to have low HIV risk; **57 (39%)** had an initial HIV positive result; **11 (7%)** had suspected AHI ; and **3 (2%)** had suspected renal insufficiency.

1,969 (93%) were eligible to start PrEP after the assessment and **1,858 (94%)** out of these to start. **116 (6%)** refused to start PrEP due to undocumented reasons.

8.1.2 PrEP Registrations during Q2 2021

Out of **1,858** people enrolled to start PrEP, **23%** were males and **77%** were females. **50%** of males were circumcised and **4%** of the females were pregnant and breastfeeding. The 1,858 PrEP registrations include **1,846 (99%)** clients newly initiating PrEP, **9 (<1%)** clients on PrEP who transferred between sites and **3 (<1%)** clients who re-initiated PrEP after interruption.

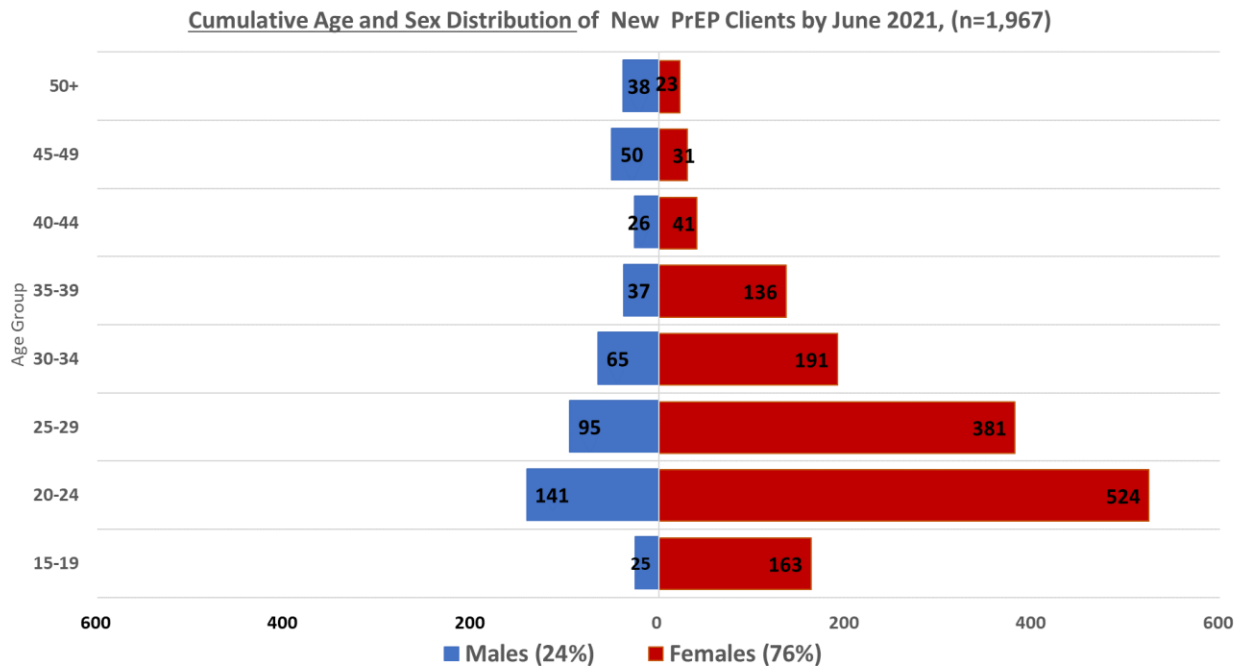
8.1.3 Cumulative PrEP Registrations up to June 2021

By the end of June 2021, there were **1,981** cumulative client registrations at PrEP clinics. Of these, **1,967 (99%)** newly initiated; **10 (1%)** transferred between clinics; and **4 (<1%)** re-initiated PrEP after dose interruption. Out of all registrations, **24%** were males and **76%** were females.

Figure 7 below shows the distribution of cumulative new PrEP initiations by end of June 2021. **477 (24%)** were males and **1,490 (76%)** for females. **24%** of males were adolescent boys and

young men (15-24) and 76% were adults (25+). **687 (46%)** of 1,490 of the females were adolescent girls and young women (15-24) and **54%** were adults (25+).

Figure 7

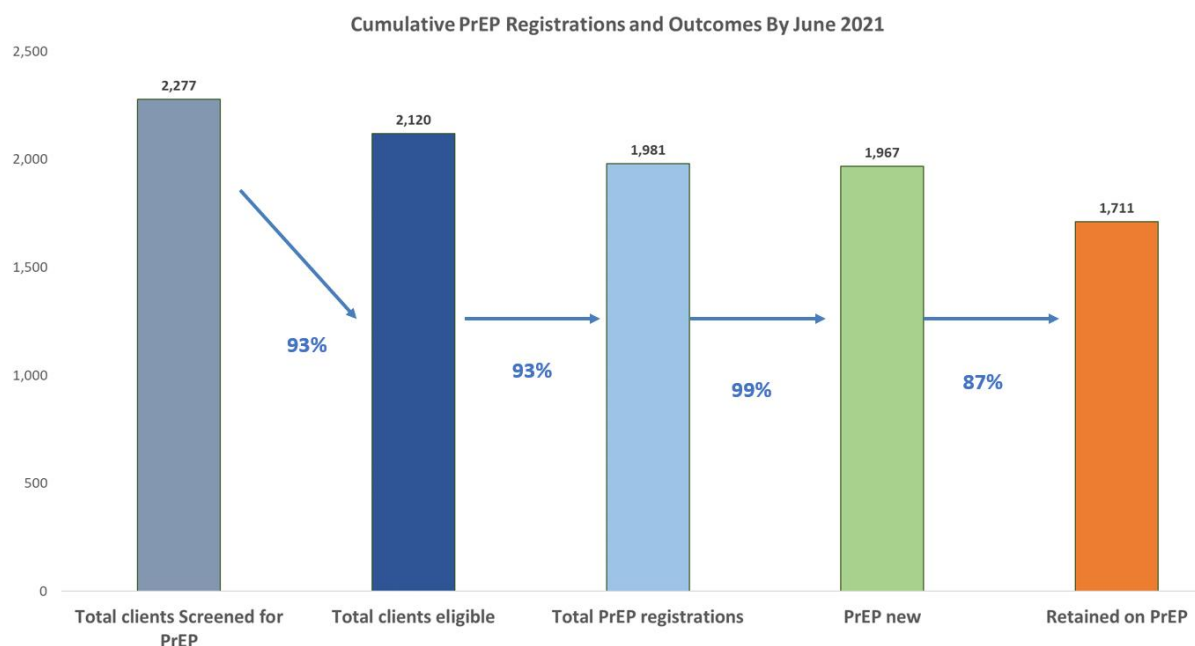


8.1.4 PrEP Cascade by end of June 2021

Figure 8 below shows the PrEP cascade with the cumulative registrations and outcomes. Out of the **2,277** clients who were cumulatively assessed for PrEP, **2,120 (93%)** were eligible to start PrEP.¹⁰ **1,981 (93%)** of these were enrolled on PrEP and 1,967 (99%) started PrEP for the first time. **1,711 (87%)** clients were retained on PrEP by the end of June 2021.

¹⁰ The 157 excluded non eligible clients include 82 (52%) with low HIV risk, 60 (38%) with initial HIV positive result, 12 (8%) with suspected acute HIV infection and 3 (2%) with suspected kidney failure

Figure 8



8.1.5 PrEP cumulative primary follow -up outcomes

Out of the 1,981 individuals ever initiated on PrEP, **1,711 (87%)** were retained on PrEP, **44 (2%)** were lost to follow-up and **3 (<1%)** were known to seroconverted, **7 (<1%)** stopped due to low HIV risk at a follow-up assessment, and **50 (3%)** decided to discontinue despite ongoing high risk. No PrEP client was known to have died.

8.1.6 PrEP Current during 2021 Q2

1,885 individuals received at least one PrEP dispensation during Q2 2021. This includes all clients newly starting in Q2 2021 and others who continued from previous quarters. **443 (24%)** were males and **1,442 (76%)** were females. **782 (41%)** of all 1,885 current PrEP clients received an HIV test result during a follow-up visit this quarter and **77 (10%)** of these had a positive result.

8.2 Post Exposure Prophylaxis (PEP)

A total of **3,946** persons received PEP during Q2 2021. This is a 3% increase from the previous quarter (3,813).

8.3 Provider-Initiated Family Planning (PIFP)

The Integrated Clinical HIV Guidelines encourage health workers to routinely provide condoms to all adults in ART clinics. Women should also be offered at least the standard injectable contraceptive (Depo-Provera) at any ART visit. This policy aims to address the significant unmet need for family 2 planning that had been observed among HIV patients in Malawi and to reduce the number of unwanted pregnancies among HIV-infected women (**PMTCT Prong 2**). HIV program reporting on PIFP is limited to women who received an injection of Depo-Provera in ART clinics during the last quarter. The report does not account

for family planning need nor does it include women who accessed family planning services outside of HIV clinics.

Table 5 shows that **56,629 (12%)** of 455,802 women received Depo-Provera from ART clinics in Q2 2021. The south-west zone had achieved the highest coverage. Patient coverage has decreased from last quarter (15%). **518 (68%)** of 763 ART/PMTCT sites had stocks of Depo-Provera in July 2021. This is a slight improvement from the 498 sites with stocks in January 2021.¹¹ The HIV Program is no longer supplementing FP supplies through procurement and distribution of additional Depo-Provera to sites.

8.4 Cotrimoxazole Preventive Therapy (CPT)

All patients in HIV care are universally eligible for CPT in order to reduce the frequency and severity of several HIV-related diseases. Patients with confirmed HIV infection are provided lifelong CPT in ART clinics. CPT is also given to HIV exposed children until exposure to breast milk has stopped and HIV infection has been ruled out (usually around age 24 months). Fewer than 5% of patients are expected to require stopping of CPT due to toxicity, so the targeted CPT coverage is around 93%.

Table 5 shows that **621,173 (71%)** of 878,232 patients on ART were on CPT. Coverage was highest in Central East zone at **76%**.

8.5 Hypertension screening

684,143 (77%) of 878,232 patients on ART were estimated to be 30 years or older. National guidelines require screening for hypertension for all adults (30 years +) at the time of ART initiation and annually thereafter. **148,022 (22%)** of 684,143 were screened for hypertension at least once in 2021.

8.6 TB Preventive Therapy (TPT)

Following on from the 2016 policy of providing continuous isoniazid preventive therapy (IPT) in the 5 districts with the highest TB burden (Lilongwe, Blantyre, Chiradzulu, Thyolo, Zomba) the national roll-out of a limited course of TPT for patients in all districts was started from 2019. The 2019 guideline addendum provides TPT for all new and existing patients on ART who have not previously completed at least 6 months of IPT. Implementation was planned in two phases to utilize remaining stocks of isoniazid and bridge the period until sufficient stocks of rifapentine were available in country to transition to the short course 3HP regimen (12 weekly doses of isoniazid and rifapentine).

In line with this policy change, the programme is now also collecting data on number of ART patients newly started on IPT in each quarter. A total of **16,926** were newly started on TPT during Q2 2021. **13,161 (78%)** of these received a single 6-month course of isoniazid plus pyridoxine (6H) and **3,766 (22%)** were started on the short-course regimen (12 weekly doses

¹¹ Many Mission hospitals do not provide family planning.

of isoniazid and rifapentine (3HP) plus pyridoxine. Data on TPT completion will be available in the next quarters.

Table 5

Zone District	Patients on ART (all)			Women (18-49) on ART			Adults (30+) on ART		
	Total	On CPT		Total	Given FP*		Total	BP screened**	
Malawi (National)	878,232	621,202	71%	455,802	56,630	12%	684,143	148,022	22%
Northern Zone	85,698	62,085	72%	44,477	4,668	10%	66,759	17,751	27%
Chitipa	5,682	4,862	86%	2,949	294	10%	4,426	2,127	48%
Karonga	15,068	8,599	57%	7,820	742	9%	11,738	3,538	30%
Nkhata Bay	11,487	10,095	88%	5,962	724	12%	8,948	793	9%
Rumphi	8,659	5,088	59%	4,494	267	6%	6,745	204	3%
Mzimba North	27,109	18,132	67%	14,070	1,825	13%	21,118	7,357	35%
Mzimba South	16,828	14,452	86%	8,734	779	9%	13,109	3,136	24%
Likoma	865	856	99%	449	37	8%	674	596	88%
Central East Zone	68,454	51,941	76%	35,528	4,599	13%	53,326	7,967	15%
Nkhotakota	13,464	10,306	77%	6,988	440	6%	10,488	680	6%
Kasungu	18,616	11,225	60%	9,662	796	8%	14,502	3,344	23%
Ntchisi	4,942	4,795	97%	2,565	245	10%	3,850	861	22%
Dowa	13,542	10,526	78%	7,028	1,917	27%	10,549	1,652	16%
Salima	17,890	15,089	84%	9,285	1,201	13%	13,936	1,430	10%
Central West Zone	182,007	136,669	75%	94,462	14,385	15%	141,783	46,796	33%
Lilongwe	112,624	79,191	70%	58,452	11,554	20%	87,734	33,605	38%
Mchinji	18,664	14,536	78%	9,687	1,471	15%	14,539	4,780	33%
Dedza	21,553	18,519	86%	11,186	199	2%	16,790	3,616	22%
Ntcheu	29,166	24,424	84%	15,137	1,162	8%	22,720	4,796	21%
South West Zone	275,645	199,081	72%	143,060	18,225	13%	214,727	40,438	19%
Chiradzulu	42,411	24,542	58%	22,011	1,275	6%	33,038	4,190	13%
Blantyre	105,266	76,873	73%	54,633	4,937	9%	82,002	15,840	19%
Mwanza	6,868	4,744	69%	3,564	801	22%	5,350	2,075	39%
Thyolo	57,977	40,817	70%	30,090	4,224	14%	45,164	4,136	9%
Chikwawa	30,771	25,169	82%	15,970	3,267	20%	23,971	3,825	16%
Nsanje	23,292	18,146	78%	12,089	2,842	24%	18,144	3,699	20%
Neno	9,060	8,789	97%	4,702	879	19%	7,058	6,673	95%
South East Zone	266,428	171,426	64%	138,276	14,753	11%	207,547	35,069	17%
Mangochi	56,017	43,395	77%	29,073	1,677	6%	43,637	6,450	15%
Machinga	32,271	20,596	64%	16,749	1,948	12%	25,139	3,312	13%
Zomba	61,476	34,671	56%	31,906	3,305	10%	47,890	9,959	21%
Mulanje	58,687	37,428	64%	30,459	3,871	13%	45,717	6,773	15%
Phalombe	35,182	20,167	57%	18,259	2,551	14%	27,407	3,381	12%
Balaka	22,795	15,169	67%	11,831	1,401	12%	17,757	5,194	29%

* Given FP: Number of women (18-49 years) on ART who received a modern family planning method from their ART clinic in the reporting period.

** BP screened: Number of adults (30 years +) who had at least one blood pressure reading recorded on their patient card this calendar year.

8.7 Intensified TB Case Finding (ICF)

TB is one of the most important HIV-related diseases in Malawi and a considerable proportion of (mainly early) deaths on ART are attributed to undiagnosed TB. ICF is carried out using a standard symptom checklist at every HIV patient visit. ICF outcomes are documented on HIV exposed child, ART patient cards, but routine M&E reporting is currently limited to ART patients in order to reduce the burden of reporting secondary cohort outcomes. It is assumed that implementation of ICF is similar in exposed child follow-up.

867,356 (99%) of all patients retained on ART were screened for TB at their last visit before end of June 2021. Out of these, **2,615 (<1%)** patients were classified as new TB suspects. **2,840 (<1%)** patients were confirmed to have TB (clinical or lab based) and **2,818 (99%)** of these were on TB treatment; the remaining 41 had either not yet started or interrupted TB treatment. An excerpt from the data in the **Annex (Cumulative ART outcomes)** is shown below.

ICF not done (Current TB status unknown/ not circ)	10,876	1%
ICF done	867,356	99%
TB not suspected	861,901	99%
TB suspected	2,615	0%
TB confirmed	2,840	0%
TB confirmed, not on treatment	22	1%
TB confirmed, on TB treatment	2,818	99%

8.8 HIV-Related Diseases

Table 6 shows the number of patients treated for key HIV-related indicator diseases. **3,760** patients were started on TB treatment this quarter and HIV status was ascertained for **3,724 (99%)**; **1,701 (46%)** of these were HIV positive and **1,567 (92%)** of all HIV positives were already on ART when starting TB treatment. 70 patients with Kaposi sarcoma were registered for ART in this quarter.

Table 6

Number new cases of key HIV-related diseases registered per quarter (KS = Kaposi Sarcoma).

	TB				KS *	CM *	OC *
	Tot. cases	HIV status asc.	HIV positive	Already on ART	Tot. cases	Tot. cases	Tot. cases
2020 Q3	3,623	3,588 99%	1,576 44%	1,475 94%	71	0	0
2020 Q4	3,945	3,924 99%	1,795 46%	1,666 93%	61	0	0
2021 Q1	3,334	3,331 100%	1,427 43%	1,410 99%	70	0	0
2021 Q2	3,760	3,724 99%	1,701 46%	1,567 92%	70	0	0

9 HIV-Exposed Child Follow-Up

9.1 Methods and Definition of Indicators

There are multiple entry points into HIV exposed child follow up: children of HIV infected mothers may be enrolled at birth at maternity / postnatal ward; they may be found at Under 1 or Under 5 Clinics through active screening for HIV exposure; they may be identified when presenting sick to OPD; or they may be seen with their mothers in ART follow-up. Although the targeted enrolment age is below 2 months, children may theoretically be enrolled up to 23 months of age (when HIV infection can be ruled out by rapid antibody test and breast milk exposure is likely to have stopped).

Initial registration data and details for every visit are recorded on an *Exposed Child Patient Card* and a subset of the registration data is copied in the *HIV Care Clinic (HCC) register* (one record per patient). Registration data are reported from the HCC register on a quarterly basis. Follow-up outcomes are reported monthly, selecting children who were **2, 12 and 24 months** old in the respective reporting month. Outcomes are determined from the latest visit details recorded on each card. HIV infection status is evaluated as **known negative** if a negative DNA-PCR or rapid test result was available at the last visit; HIV infection status is evaluated as **known positive** if a positive DNA-PCR result was available at any age or a positive rapid antibody test was available from age 12 months; HIV infection status is counted as **unknown** if HIV infection has not been confirmed and/or a negative test result pre-dated the last visit (assuming on-going HIV exposure through breast milk). All children under 24 months with confirmed HIV infection and those under 12 months with confirmed HIV infection through DNA-PCR or HIV antibody and symptoms of *presumed severe HIV disease* are **eligible for ART**.

The main outcome indicator for the HIV exposed child follow-up program is **HIV-free survival at 24 months of age**. This is defined as the proportion of children who were discharged as confirmed HIV uninfected by the age of 24 months.

9.2 HIV Exposed Child Registration Data

12,595 HIV exposed children were newly enrolled into follow-up during Q2 2021; **10,212 (81%)** of these were under the age of 2 months. The total number of new enrolments (12,595) exceeds by 3,472 (28%) the total number of known HIV exposed children discharged from maternity (9,123). This apparent discrepancy may be explained by delayed enrolment of infants born in previous quarters; by double-counting of infants who transferred between sites; and by identification and enrolment of additional HIV exposed infants after birth. Overall, enrolment into follow-up for known HIV exposed infants appears to be almost complete.

The documentation of follow-up outcomes, particularly the updating of DNA-PCR results on patient cards, remained incomplete at several sites. This has led to an underreporting of ascertainment of HIV status among the 2-month-old cohort.

9.3 Birth Cohort Outcomes

There were **10,518** infants in the **2-month age cohort**. **8,037 (76%)** had received a DNA-PCR result. **71 (1%)** of these were confirmed HIV infected. An additional **7** infants were diagnosed with *presumed severe HIV disease*, which means that a total of **78** infants were eligible for ART. **71 (91%)** of these had started ART. Out of the entire 2-month age cohort, **9,032 (94%)** were retained in exposed child follow-up, **71 (1%)** had started ART and **12 (<1%)** were discharged confirmed uninfected¹². **46 (<1%)** were known to have died and **415 (4%)** had been lost to follow-up.

There were **11,781** children in the **12-month age cohort**. Current HIV infection status was known for **8,802 (75%)** children (DNA-PCR or rapid antibody test) and **160 (2%)** of these were confirmed HIV infected. **3 (<1%)** additional children had been diagnosed with *presumed severe HIV disease*, which means that a total of **163** children were eligible for ART. **152 (91%)** had started ART. Out of the entire age cohort, **8,954 (86%)** were retained in exposed child follow-up, **152 (1%)** had started ART and **25 (<1%)** were discharged confirmed uninfected.¹² **1,219 (12%)** were lost to follow-up and **106 (1%)** were known to have died.

There were **11,425** children in the **24-month age cohort**. Current HIV infection status was known for **7,781 (68%)** children (DNA-PCR or rapid antibody test) and **189 (3%)** of these were confirmed HIV infected. **5** additional children had been diagnosed with *presumed severe HIV disease*, which means that a total of **194** children were eligible for ART. **190 (98%)** of these had started ART. Out of the entire age cohort, **301 (2%)** were retained in exposed child follow-up, **190 (2%)** had started ART and **7,313 (74%)** were discharged confirmed uninfected. **1,080 (20%)** were lost to follow-up and **156 (1%)** were known to have died.

Confirmed HIV-free survival at age 24 months in this quarter was **74%**. This was related to the fact that only **68%** in this cohort had a known HIV status. **3,644 (32%)** children were classified as '*current HIV infection status unknown*' and many of these may be among the **1,980** children lost to follow-up and the **156** children who had died. Only **301 (3%)** were retained in follow-up beyond age 24 months and a final rapid test was not available for these children, possibly due to continued breast feeding. Much progress has been made with scheduled HIV testing (and documentation of test results) at 6 weeks, 12 and 24 months of age.

10 PMTCT / ART

The implementation of **PMTCT Option B+** effectively integrated PMTCT and ART services already in 2011. ART may be started and continued at ANC, labour and delivery, and at ART clinics. All infants born to HIV-infected women are supposed to start daily nevirapine

¹² A small number of children may be rightfully discharged as 'confirmed uninfected' by 2 or 12 months of age if HIV exposure through breast milk has definitely stopped (e.g. maternal death) and a negative HIV test was obtained at least 6 weeks thereafter.

prophylaxis for the first 6 weeks of life. Nevirapine syrup is given to women at ANC at the earliest opportunity to take home with instructions how to give it to the new-born.

10.1 Data Sources and Reporting Methods

New standard M&E tools for ANC and maternity were implemented in January 2010 and revised in Q2 2012 to reflect the Option B+ policy. ANC and maternity clinic registers and reporting forms include patient management information and all relevant data elements for the maternal and child health and HIV programs. The ANC register was specifically designed to avoid data duplication that previously affected PMTCT reports from ANC due to the inability to account for individual women's outcomes in the course of multiple visits. The cohort reporting system is designed to aggregate women's outcome data after they have completed their ANC visits. The outcome report is completed for women who started ANC 6 months before the reporting period.

From **Q2 2015**, the PMTCT data elements (HIV ascertainment and ART status) were also added to the first section of ANC reporting form that captures women's status at their first (booking) visit. The ANC report now includes the HIV and ART status at the first visit for women starting ANC in the reporting period and the final HIV and ART status of women who had completed ANC by the end of the reporting period. This addition aims to monitor PMTCT service implementation more closely in time, allowing for corrective action in the course of subsequent visits.

Data from ANC and maternity are collated and presented separately because records do not allow identification of individual women and hence are subject to double counting if not separated.

All patients starting ART are recorded using standard program monitoring tools (ART patient treatment cards and ART clinic registers). **ART baseline data** for all patients registered are reported each quarter from ART clinic registers. **ART outcomes** of all patients ever registered are reported after reviewing the cards of all new patients and of those who were on ART at the end of the previous quarter, updating the status of patients who have subsequently died, stopped or been lost to follow-up. Secondary outcomes such as current regimen, CPT status, side effects, adherence and TB status are reported for all patients retained on ART.

ART scale-up has resulted in a growing proportion of HIV-infected women who are already on ART when getting pregnant. Implementation of *Test & Treat* will further increase ART coverage in this group. **Maternal ART coverage** is estimated from the number of pregnant women who were already on ART when getting pregnant (**maternity reports**) plus those who newly started ART when pregnant (**ART reports**).

Maternity reports capture ART status at the time of delivery (up to the time of discharge from the postnatal ward). The timing of ART initiation is categorized into: (any time) before pregnancy; during 1st / 2nd trimester; during 3rd trimester; during labour. About 97% of pregnant women in Malawi attend ANC, but only 83% of women in the general population deliver at a health facility in Malawi. Maternity reports therefore have the potential for

undercounting the number of mothers and infants receiving ARVs. However, there is evidence from ANC and maternity reports that almost all the known HIV infected women deliver at health facilities.

Between 2011 and 2020, ART coverage before pregnancy was based on maternity reports. However, there have been repeated observations during supervision that women who started ART during pregnancy were systematically misclassified as "already on ART when getting pregnant" at maternity, leading to a potential overcount. Due to the very high ART coverage rates achieved in Malawi, this overcount has also become apparent in the previous Spectrum model estimates for maternal PMTCT coverage that exceeded 100%. From 2021, the number of women who had started ART before pregnancy is based on the data element "already on ART when starting ANC" in the ANC service reports. This new method has also been used in the 2021 Spectrum model estimates for PMTCT coverage.

ART program reports capture pregnancy (and breastfeeding) status at the time of *ART initiation*, providing information on the number of new women starting ART while pregnant (or while breastfeeding). ART reports do not capture women who become pregnant after starting ART. For the estimation of maternal ART coverage, the number of women starting ART in pregnancy is **adjusted for**:

a) Double counting of women starting ART in pregnancy and subsequently transferring to another site. These women are counted multiple times as 'pregnant at the time of starting ART' in the quarterly ART cohort reports because the disaggregation of age, sex and reason for starting ART applies to all patients newly registered in the quarter, including transfers in. Separate *ART 'survival' analyses* are collected each quarter for women started under Option B+. The proportion of women transferred within 12 months of registration is used to adjust the quarterly number of pregnant women starting ART for transfers.

b) Failed ART initiation is thought to be the main underlying reason for early loss to follow-up among the Option B+ cohort. Patients are recorded on patient cards and in clinic registers when the first supply of ARVs is dispensed and all new entrants are counted as ART initiations in the quarterly ART cohort report. Recent operational studies indicate that most pregnant women lost to follow-up within the first 6 months never return after this first dispensing visit and many of these may have never actually started taking ART. The proportion of women lost to follow-up in the 6-month survival analysis is therefore used to adjust the number of pregnant women starting ART in the quarterly ART cohort reports for *failed initiations*.

Infant PMTCT coverage is estimated from maternity reports, based on the number of infants born to known HIV-infected women and discharged alive who started nevirapine prophylaxis.

Coverage is calculated by dividing the number of patients served by population denominators. The denominators are derived from expected pregnancies based on population projections and HIV prevalence from epidemiological surveillance (source: Spectrum model for Malawi).

There are an estimated 9,551 HIV infected pregnant women in the population per quarter (1/4 of 38,202 in 2021).¹³

10.2 ARV Coverage among Pregnant / Breastfeeding Women and Exposed Infants

9,131 (96%) of the estimated 9,551 HIV infected pregnant women in Malawi this quarter were on ART. This is based on **6,454** women were already on ART when starting ANC and **2,651**¹⁴ women who newly initiated ART in pregnancy. ART coverage was similar in the previous quarter (>99%).

An additional **876**¹⁵ breastfeeding women started ART while breastfeeding (in WHO clinical stage 1 or 2), bringing the total number newly started on ART while pregnant or breastfeeding to **3,572**. Most women starting ART while breastfeeding were probably identified late in maternity or early in the postnatal period, but this group may also include some women who re-initiated after interrupting ART in pregnancy. **7,769 infants** were confirmed to have started NVP prophylaxis at maternity.

Figure 9 shows the estimated maternal PMTCT coverage between 2010 and the current quarter. All program data have been adjusted for potential double-counting of women who attended more than one ANC clinic in the course of pregnancy, transfers between ART clinics and misclassification of women who initiated ART in pregnancy but were not retained at 6 months after the initiation visit (presumed “failed ART initiations”). The (less effective) single dose NVP regimen and AZT combination prophylaxis had been phased out by April 2012. The average number of pregnant women registered for ART each quarter **increased almost 6-fold** from **1,221** in the 12-month period before introduction of Option B+ to an average of around **6,500** since Q4 2011.

¹³ 2021 Spectrum model estimates for HIV infected pregnant women in 2021.

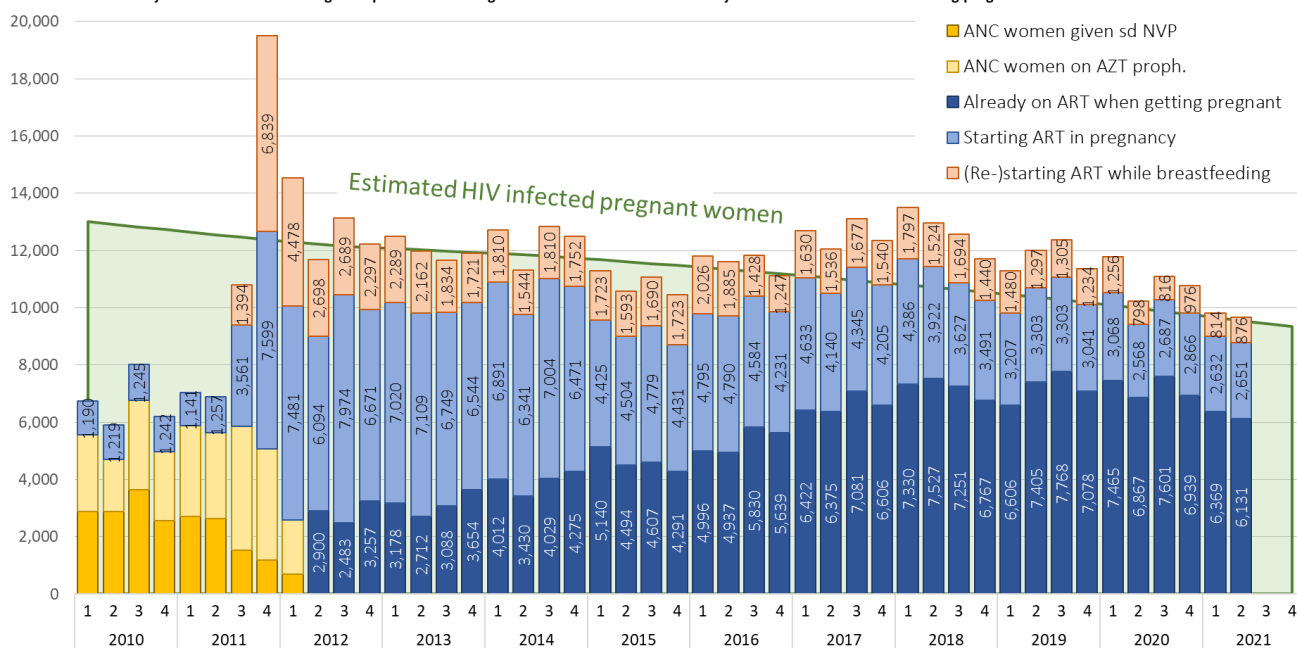
¹⁴ 3,673 women registered at ART clinics who were pregnant at the time of starting ART; a) 16.5% are discounted to adjust for double-counting of transfers based on 755 of 4,562 women who transferred within 12 months of registration (12-month Option B+ survival analysis); b) 12.7% are discounted to account for presumed failed ART initiations based on 617 of 4,874 women lost to follow-up within 6 months of registration (6-month Option B+ survival analysis).

¹⁵ 815 women registered at ART clinics who were breastfeeding at the time of starting ART; reduced by 15.8% to adjust for double-counting of transfers based on 886 of 5,598 women who transferred within 12 months of registration (12-month Option B+ survival analysis). Failed ART initiations are thought to be less common among this group, so no further adjustment is made.

Figure 9

Maternal PMTCT coverage in Malawi

Women who moved to Option B+ from sdNVP / AZT were double counted between Q3 2011 - Q1 2012. It is likely that <12,000 total women were on ARVs during these quarters. ANC and ART data adjusted for double counting from patients attending more than one clinic. ART data adjusted for 'failed initiations' among pregnant women with no 2nd ART visit.



10.3 HIV Services at ANC

The full national data from ANC are presented in the **Appendix**.

10.3.1 HIV Ascertainment and ART Coverage

Booking cohort:

156,053 women attended ANC for their first visit between April and June 2021. This is slightly lower than the estimated 159,536 pregnant women in the 2021 population during one quarter.¹⁶ **150,647 (97%)** of women in this cohort had their HIV status ascertained at the first visit. Out of these, **7,707 (5%)** presented with a valid previous test result and **142,943 (95%)** received a new test. A total of **8,603 (6%)** of women were found HIV positive: **6,474 (76%)** of these from a documented previous test and **2,129 (24%)** from a new test. **8,542 (99%)** of all positives received ART: **6,454 (76%)** of these were already on ART when starting ANC; **1,888 (22%)** initiated ART at their first ANC visit and **200 (2%)** started late at 28 + weeks during pregnancy.

Outcome cohort:

155,340 women had started ANC between October and December 2020 and their outcomes were reported between April and June 2021.

¹⁶ Estimated as ¼ of 638,145 births projected for 2021 (Demographic Projection from Spectrum 2021).

152,659 (98%) of the outcome cohort had their HIV status ascertained at least once in the course of ANC. HIV ascertainment has remained consistently around 99% over the last quarters. **8,466 (6%)** presented with a valid documented previous HIV test result and **144,193 (94%)** received a new HIV test result at ANC. A total of **9,912 (6%)** women were found HIV positive. This is consistent with the latest Spectrum projections (5.9% HIV prevalence among pregnant women in 2021).¹³

9,828 (99%) of (known) HIV infected women were on ART by the end of ANC. This represents >99% coverage of the estimated 9,551 HIV positive pregnant women per quarter at the population level. Of the **9,828** ANC women who were known to receive ART **7,604 (77%)** were already on ART when starting ANC, **2,017 (21%)** initiated before 28 weeks of pregnancy and **207 (2%)** initiated during the last trimester of pregnancy. **9,798 (99%)** of HIV infected women at ANC were on Cotrimoxazole Preventive Therapy. **9,773 (99%)** of known HIV infected women attending ANC received the infant dose of ARVs (nevirapine syrup) to take home.

10.3.2 Syphilis Screening

132,275 (85%) of women in the outcome cohort were tested for syphilis and **3,004 (2%)** were syphilis positive. The syphilis testing rate has remained constant from last quarter's performance of 85%

10.4 HIV Services at Maternity

The full national data from maternity are presented in the **Appendix**.

Between April and June 2021, **127,019** women were admitted for delivery to maternity; **10,400** of these were referred to another facility before delivery, resulting in **137,419** total admissions to maternity.

A total of **131,469** babies were born, **127,031 (97%)** were singletons and **4,438 (3%)** were twins/multiples. There were **129,055 (98%)** live births and **2,414 (2%)** stillbirths. **128,146 (99%)** of babies born alive were discharged alive and **909 (1%)** died before discharge.

10.4.1 HIV Ascertainment at Maternity

130,346 (95%) women had their HIV status ascertained at maternity. Out of these, **8,489 (7%)** presented with a valid previous HIV test result and **121,857 (93%)** received a new test. A total of **8,470 (6%)** women were HIV positive and **9,150 (97%)** of these had been previously diagnosed while **237 (3%)** received a new positive result at maternity. The **131,564** women whose HIV status was ascertained at maternity represent **82%** of the expected 159,536 women delivering in the population.

HIV exposure status was ascertained for **125,014 (96%)** out of **129,883** babies born and discharged alive. **9,290 (7%)** of these were born to a known HIV positive mother.

10.4.2 ARV Coverage at Maternity

A total of **8,436 (100%)** of known HIV infected women admitted to maternity received ART. Out of these, **8,053 (95%)** had started ART before pregnancy, **178 (2%)** initiated ART during the 1st or 2nd trimester, **65 (1%)** initiated during the 3rd trimester and **140 (2%)** initiated ART at maternity.

A total of **7,769 (85%)** of **9,123** infants who were known HIV exposed and discharged alive started daily NVP prophylaxis at maternity. This represents **81%** coverage of the estimated 9,551 HIV exposed infants born in the population in this quarter.

11 ART Access and Follow-Up Outcomes

The full national data from the ART Program are shown in the **Appendix**.

11.1 New ART Registrations during Q2 2021

By the end of June 2021, there were 763 static ART sites in Malawi. 63% of these sites were managed by government, 19% by CHAM, 5% by NGOs and 13% were private sector clinics that charge a nominal fee of MK500 per monthly prescription of drugs per patient.

Implementation of the Malawi Integrated Clinical HIV Guidelines, which adopted Option B+, started in July 2011, triggering a massive surge in new ART initiations (see **Figure 10**). The new policy for universal ART eligibility (“**Test & Treat**”) was introduced in **May 2016**. This policy led to an unprecedented, transient increase in ART initiations in Q3 2016 when almost all remaining pre-ART patients-initiated ART.

A total of **19,441** initiated ART for the first time in Q2 2021. From 2019 Q1, routine reporting has included a disaggregation of first-time initiations by sex and pregnancy status. In Q2 2021, **19,418 (>99%)** out of 19,441 first time initiations were disaggregated by sex and pregnancy. Among these, **40%** were males and **60%** were females. Total number of pregnant women amongst first time initiating females was **2,714 (23%)**.

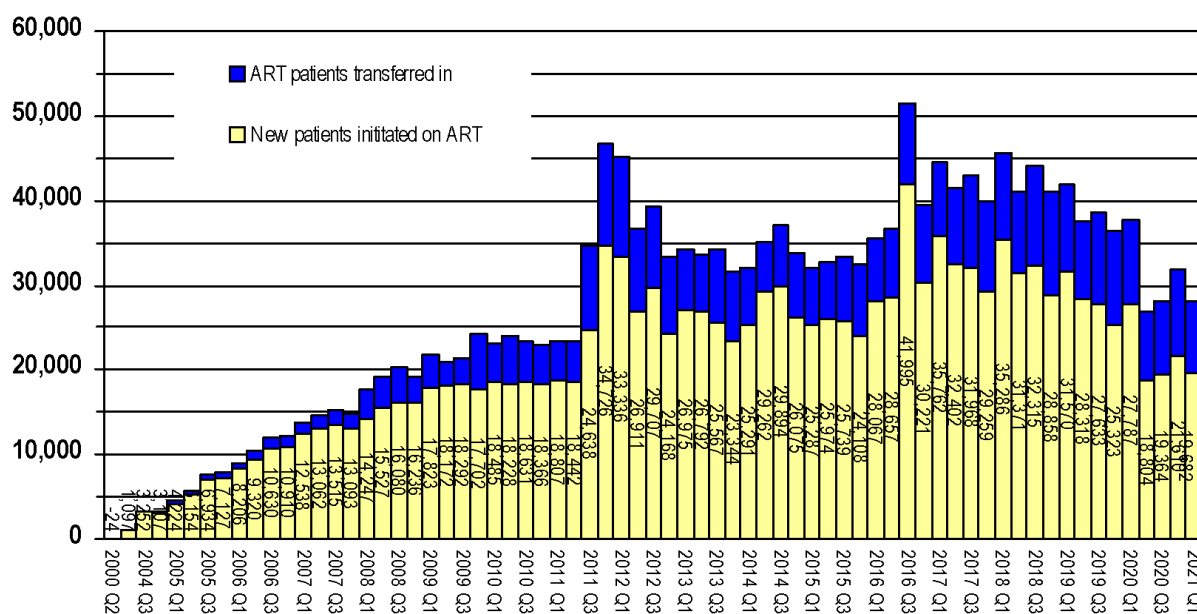
The total number of patients newly initiated on ART represents **99%** of the 19,509 people recorded as newly diagnosed with HIV during the quarter. Among all new ART clinic registrations¹⁷ in Q2 2021, **39%** were males and **61%** were females. **3,673 (21%)** of the registered females were pregnant at the time of starting ART.

¹⁷ These proportions include the 19,441 patients newly initiating ART, but also 8,415 patients previously started on ART who transferred between sites and 250 patients who re-initiated ART after treatment interruption.

Figure 10

Patients newly initiated on ART and total ART clinic registrations per quarter

Total ART clinic registrations include patients who transferred between sites. This results in double counting of patients at the national level. For 'patients newly initiated on ART' every patient is only counted once.



A total of **24,579 (88%)** of all patients registered started in WHO stage 1 or 2 and **17,780 (78%)** of these started as 'asymptomatic' under universal ART eligibility policy. **2,640 (9%)** of patients registered started in WHO stage 3 and **794 (3%)** started in stage four. **11 (<1)** had no documented clinical stage at initiation.

1,912 children were registered at ART sites in Q2 2021. **411 (21%)** of these were children aged 12-59 months in WHO stage 1 or 2. **26 (<1%)** infants started ART with presumed severe HIV disease. **85** infants in WHO stage 1 or 2 started due to confirmed HIV infection through DNA-PCR. Early infant treatment has remained at about half of the estimated infected infants seen at maternity: considering that 9,123 HIV exposed infants were identified at maternity and assuming a 2% transmission rate among the 100% of HIV positive mothers at maternity who received ART (and 20% transmission in the 0% who did not receive ART)¹⁸, only about 182 of these known HIV exposed infants may have been infected perinatally during Q2 2021. However, considering the projected 454 new infant HIV infections in the 2021 population per quarter¹⁹, early infant treatment coverage remains low at an estimated **40%** (182/454). The most significant bottleneck for early infant treatment remains the identification of HIV (probably mostly recently) infected pregnant / breastfeeding women.

¹⁸ UNAIDS Reference Group on Estimates Modelling and Projections (2011). Working paper on mother-to-child-transmission rates for use in Spectrum. Geneva, UNAIDS.

¹⁹ ¼ of the 1,817 estimated new infant infections in the population in 2021 (2021 Malawi Spectrum model)

571 (2%) out of all ART clinic registrations were patients with TB: **303 (53%)** had a current and **188 (33%)** a recent history of TB. **70 (<1%)** of patients registered had Kaposi's sarcoma.

11.2 Cumulative ART Registrations up to June 2021

By the end of June 2021, there were a cumulative total of **1,928,183 ART** clinic registrations, **1,530,975 (79%)** of whom were patients newly initiated on ART; **371,029 (19%)** were patients who transferred between clinics; **26,179 (1%)** re-initiated ART after treatment interruption. Out of all registrations, **37%** were males and **63%** were females, **92%** were adults and **8%** were children (<15 years).

11.3 ART Outcomes

878,232 patients were alive on ART by the end of June 2021. This is equivalent to **89% ART coverage** among the estimated 986,559 HIV positive population in Malawi in 2021 and it means that the revised national ART scale-up target²⁰ for June 2021 (87% coverage) has been achieved.

Unlike in previous quarters, an adjustment for patients who were in transit between sites by the end of the quarter cannot be made due to the large-scale reclassification of registration status and outcomes in the context of active tracing initiatives described below.

Out of the 1,928,138 patients ever initiated on ART, **878,232 (46%)** were retained alive on ART, **136,370 (7%)** were known to have died, **421,514 (21%)** were lost to follow-up and **14,613 (<1%)** were known to have stopped ART.

An estimated **834,168** adults and **44,064** children (<15 years)²¹ were alive on ART by the end of June 2021. This represents **79%** (44,064/ 56,078) and **89 %** (834,168/ 930,481) ART coverage among children and adults, respectively.

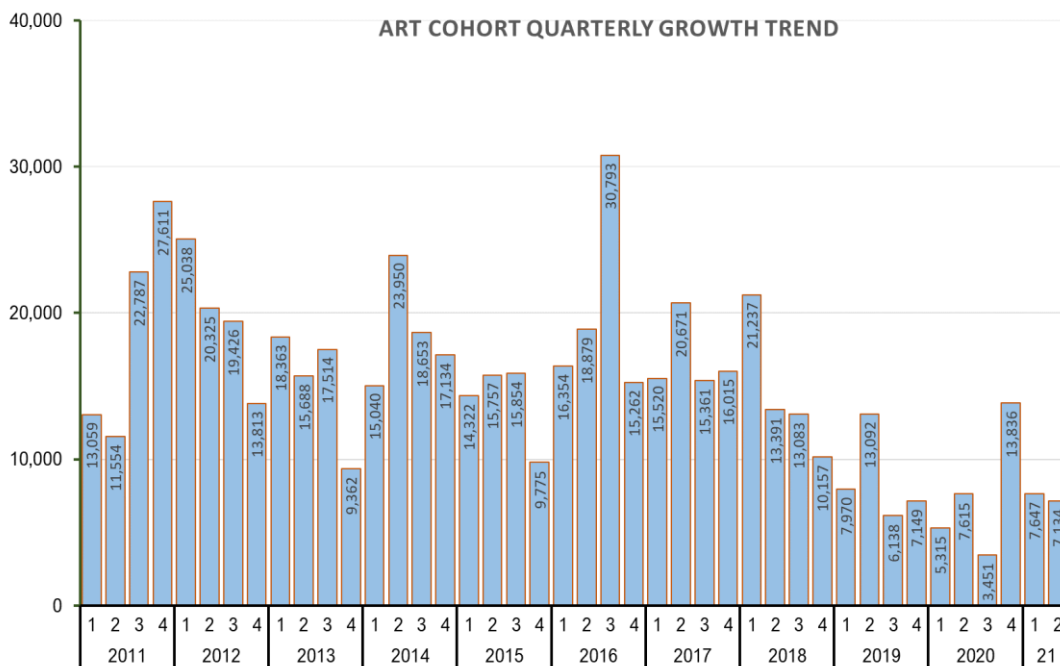
11.3.1 ART Outcomes Trend

Figure 11 shows the net increase of patients alive on ART by the end of each quarter. The number of patients retained on ART increased by **7,134** between April and June 2021. This was 7% lower than the net growth in the previous quarter (7,647).

²⁰ End of 2019 baseline and subsequent targets from the 2020-2025 National Strategic Plan for HIV.

²¹ The total national number of ART patients with current age <15 years is extrapolated from the (5.0%) of all patients at EMR sites who were <15 years at the end of Q2 2021.

Figure 11



11.3.2 Differentiated Service Delivery (DSD)

Data on ART dispensing and appointment intervals was available for 738 (97%) of 763 ART sites with EMR (both PoC and eMastercard), covering **844,059 (96%)** of 878,232 patients retained alive on ART. Only **12%** of these received ARVs for less than 3 months (presumably as they had recently started ART or were unstable), **42%** for 3-5 months and **391,488 (46%)** received ARVs for ≥ 6 months. As a social distancing measure during Covid-19, the DHA recommended an enhanced implementation of 6-month ARV dispensing for almost all patient groups as one way of decongesting the facilities. **Figure 12** below shows the distribution of the 738 ART facilities by proportion of patients who were given 6 months ARVs at their last recent visit during Q2 2021. This shows that implementation of 6-month dispensing was widespread; **235 (32%)** of the 738 facilities had given ≥ 6 months of ARVs to more than half of their patients.

Figure 12 Number of ART sites by proportion of patients who received 6 month of ARVs at their last clinic visit

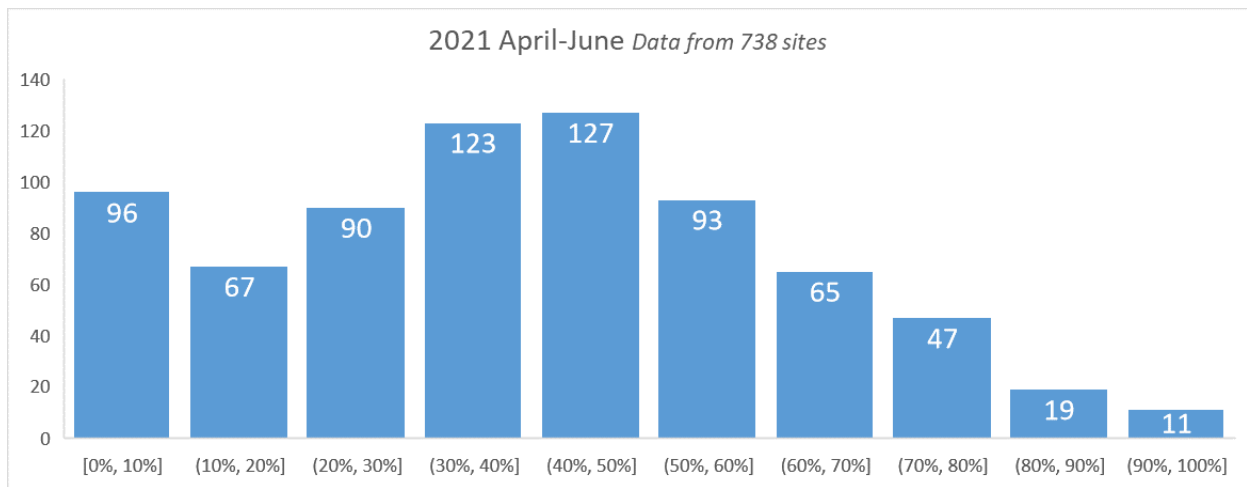


Figure 13 below shows the distribution of the ART dispensing and appointment intervals by district. Mchinji, Zomba, Likoma, Balaka, Mulanje, Mangochi and Blantyre had given 6-month dispensing appointments to more than half of their patients while 6-month dispensing coverage was only around 20% in Nkhatabay and Chikwawa. Uptake of 6-month dispensing was lowest in Neno at 17%.

Figure 13

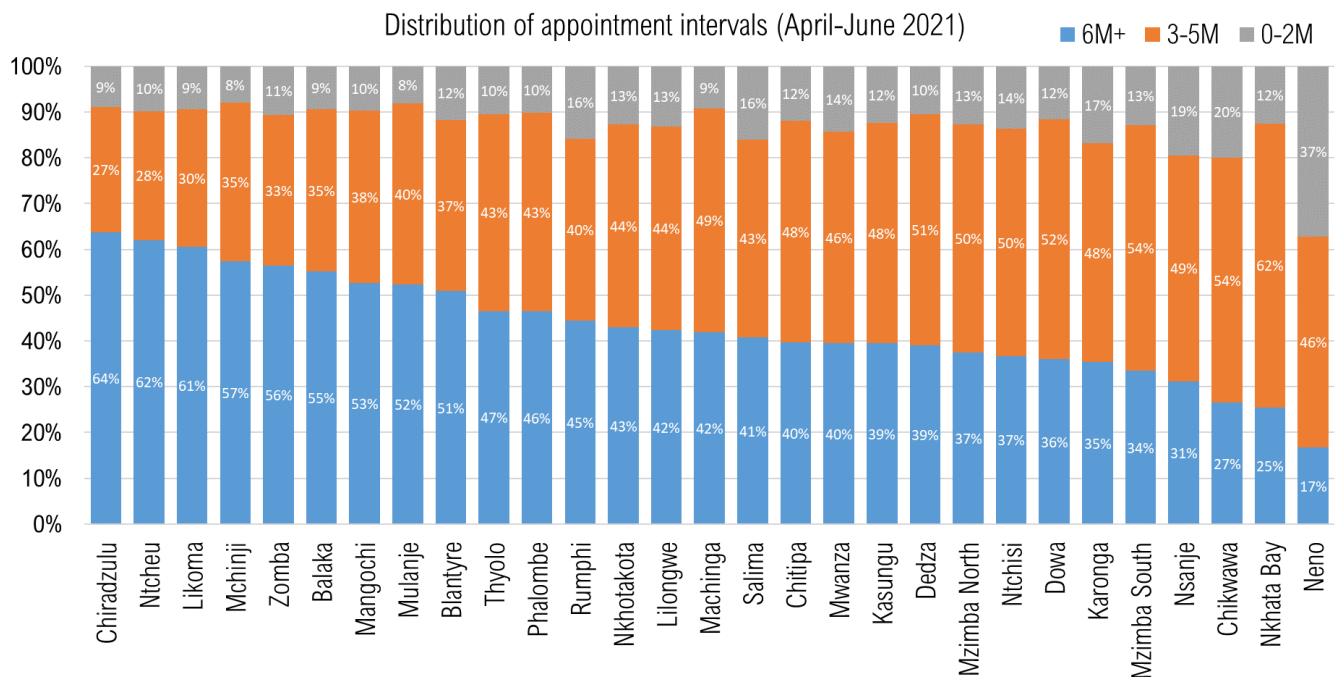


Figure 14: Patients alive on ART at the end of each quarter, stratified by size of facility (number of patients alive on ART)

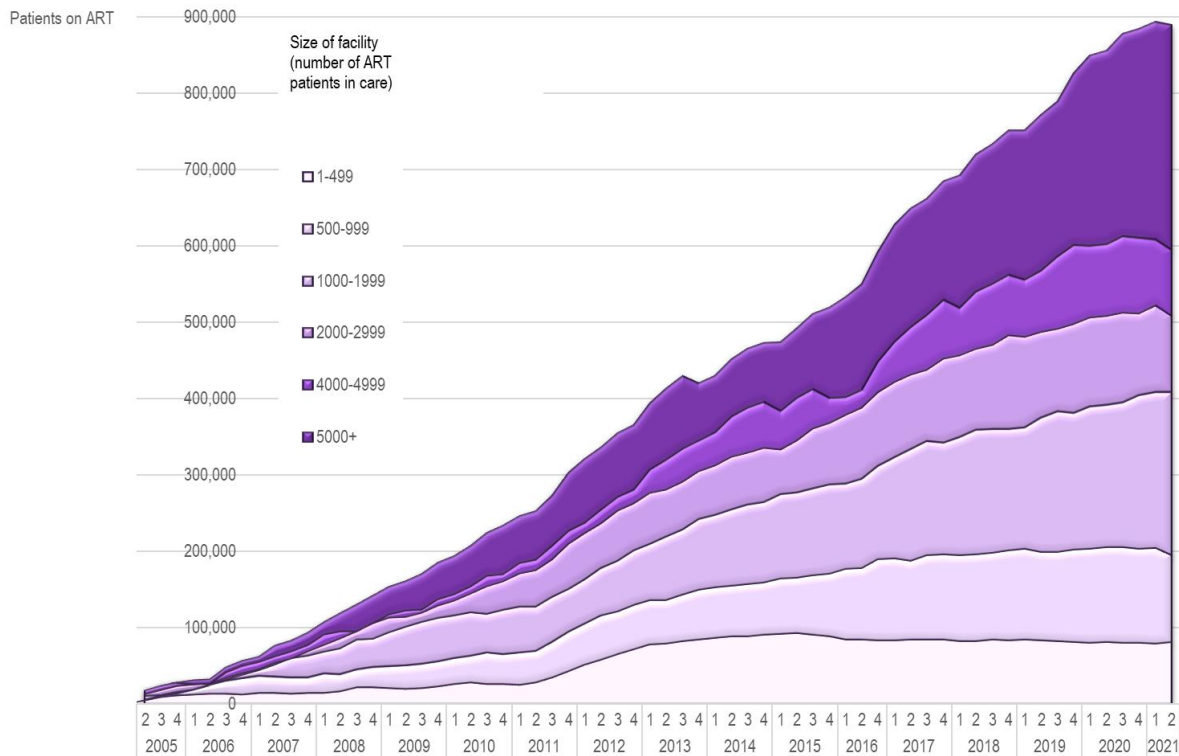


Figure 14 shows the decentralization of Malawi’s ART program that followed the opening of over 300 new ART sites with the introduction of Option B+ in Q3 2011. During 2012 and 2013, the greatest increase in ART patient numbers was seen at sites with fewer than 500 patients alive on ART. However, patient numbers at the high and ultra-high burden sites have continued to increase considerably in the more recent quarters. By the end of June 2021, **43%** of the national ART patient cohort was in care at sites with fewer than 2,000 patients.

Figure 15

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)

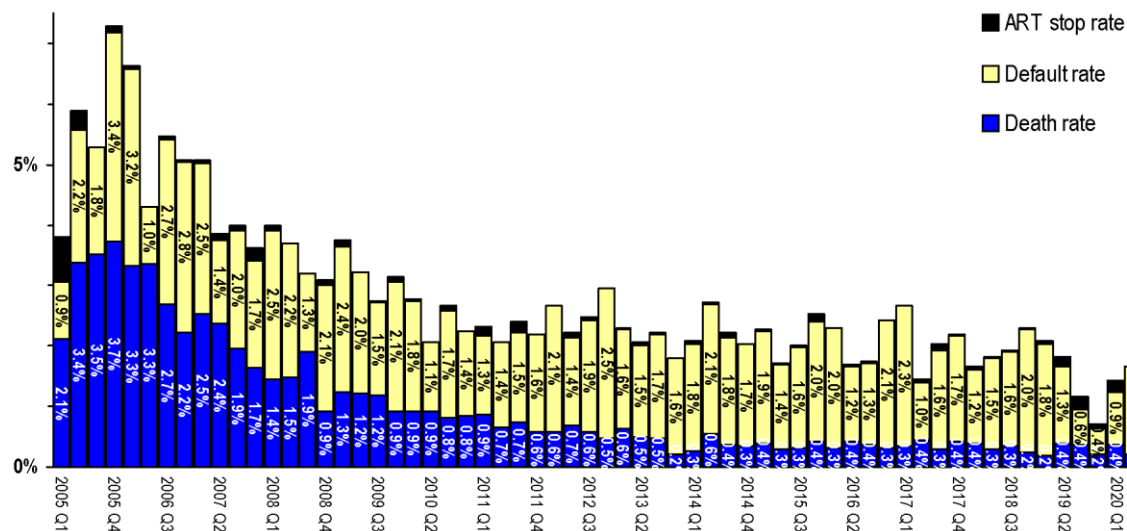


Figure 15 shows the considerable decrease of ART drop-out rates since the start of the national program, most of which was contributed by reduction in mortality. Quarterly defaulter rates appeared to have stabilized around 1.8% over the last 5 years, but the calculated attrition rates have fluctuated considerably since 2019. These changes are mainly explained by active tracing efforts organized by implementing partners that have resulted in many patients who were previously reported as LTFU being re-classified as “transferred out” or “died”. Previous active tracing efforts were usually unable to track down patients who were lost more than a few months ago and it is difficult to confirm the validity of this recent large-scale reclassification of follow-up outcomes at the program level.

However, this quarter there has been a decrease in the calculated defaulter rate (0.31%) from 0.90% in 2021 Q1. Loss to follow-up (‘defaulters’) include undocumented ‘silent’ transfers, undocumented mortality and patients actually stopping treatment. Efforts to harmonize strategies for patient retention are currently ongoing, including national standard operating procedures (SOPs) and tools for linkage and retention aiming to better track patients who miss appointment and document outcomes.

At national level, there were **2,382** net new deaths, **2,707** net new lost to follow-up and **105** net new confirmed stops in Q2 2021. This translates into a quarterly death rate of **0.27%** and a defaulter rate of **0.31%** among the patients alive and on treatment in this quarter.

11.4 ART Cohort Survival Analysis

A 12 month ‘cohort outcome survival analyses’ was conducted for patients registered in Q2 of 2020, 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 2020. A further subgroup analysis was done for women who started ART while pregnant or breastfeeding (Option B+).

78% of adults and **80% of children** were retained alive on ART after 12 months on treatment. 12-month retention rates were higher for adults (76%) and children (77%) in the previous quarter. These programmatic monitoring results remain below the WHO target of 85%, but actual retention rates are thought to be about **10%** higher due to this misclassification of 'silent transfers' as 'defaulters' in clinic-based survival/retention analysis. A population-based study in Karonga district with individual linkage showed that **92%** of patients started in 2011-2012 were retained after 12 months on ART while routine monitoring data showed **79%** retention rates for the same period.²²

6-month group cohort survival outcomes were known for **4,874** women registered as having started ART under Option B+ in Q4 2020. This is 990 more than the number of women registered under Option B+ in the quarterly cohort analysis in Q4 2020. This discrepancy is likely due to errors in data abstraction.²³ The 4,874 women in this cohort survival analysis include 658 (14%) women who transferred between sites. These transfers are double counted and discounted from the denominator (4,874) from the calculation of retention rates.

3,566 (85%) women in this cohort were retained at 6 months after registration. Of those not retained, **617 (95%)** were lost to follow-up, **21 (3%)** were known to have stopped ART and **12 (2%)** were known to have died.

12-month group cohort survival outcomes were known for **4,562** women registered as having started ART under Option B+ in Q2 2020. This is 813 higher than the number of women registered under Option B+ in the quarterly cohort analysis in Q1 2020. This discrepancy is likely due to errors in data abstraction.²⁴ The **4,562** women in this cohort survival analysis include 755 (17%) women who transferred between sites. These transfers are double counted and discounted from the denominator (**3,807**) for the calculation of retention rates.

²² Koole, O., Houben, R. M. G. J., Mzembe, T., Van Boeckel, T. P., Kayange, M., Jahn, A., Crampin, A. C. (2014). Improved retention of patients starting antiretroviral treatment in Karonga District, northern Malawi, 2005-2012. *Journal of Acquired Immune Deficiency Syndromes* (2014), 67(1), e27–33. doi:10.1097/QAI.0000000000000252

²³ Group cohort survival analyses were not available from some sites with electronic data systems. 'Reason for starting' may be reclassified for some patients, leading to minor inconsistencies in patients included in group cohort survival analyses.

²⁴ Group cohort survival analyses were not available from some sites with electronic data systems. 'Reason for starting' may be reclassified for some patients, leading to minor inconsistencies in patients included in group cohort survival analyses.

3,010 (79%) of women in this cohort were retained at 12 months after registration. **765 (96%)** of those not retained were lost to follow-up, **14 (2%)** were known to have stopped ART and **18 (2%)** were known to have died.

6 month survival OptionB+

Survival and retention in ART program

*

ART cohort registration group outcomes

Total ART clinic registrations	4,874	100%
Transfers out (double counted)	658	14%
Total not transferred out (patients in cohort)	4,216	86%
Total alive on ART	3,566	85%
Total not retained	650	15%
Defaulted	617	95%
Stopped ART	21	3%
Died	12	2%

12 month survival OptionB+

Survival and retention in ART program

*

ART cohort registration group outcomes

Total ART clinic registrations	4,562	100%
Transfers out (double counted)	755	17%
Total not transferred out (patients in cohort)	3,807	83%
Total alive on ART	3,010	79%
Total not retained	797	21%
Defaulted	765	96%
Stopped ART	14	2%
Died	18	2%

11.5 Secondary outcomes of patients retained on ART

878,232 patients who were alive on ART and remained registered at their facilities have documented secondary outcomes.

ART Regimens

851,998 (98%) of patients were on NNRTI- or INSTI-based regimens. Due to the ongoing routine transition of patients from PI-based to DTG-based second line, the number of patients on PI-based 2nd line ART decreased by **2,182** from 20,313 in the previous quarter to **18,131 (2%)** by the end of Q1 2021. **902 (<1%)** patients were on non-standard regimens. Non-standard regimens are not necessarily substandard regimens and include patients continuing an ART regimen that was started outside Malawi, patients in research programmes and patients in specialist care.

Among patients on NNRTI- or INSTI-based regimens, **8,109 (1%)** were on paediatric formulations. Most of these had transitioned from the previous standard first line for children; only **549 (7%)** remained on regimen 2P: AZT/3TC/NVP. A total of **7,197 (89%)** were on regimen 15P: ABC/3TC+DTG. **827,868 (97%)** patients on adult formulations patients on 1st line ART were on the new standard first/second line regimen **13A (tenofovir / lamivudine**

/dolutegravir) and only **3,207 (<1%)** remained on regimen **5A** (tenofovir / lamivudine / efavirenz).

Adherence to ART

Completeness of adherence reporting has remained very high: **855,414 (97%)** of all patients retained in care had the number of missed doses documented at the most recent visit before end of the quarter evaluated. The classification of adherence levels is based on a combination of physical pill counts and self-reported number of doses missed in the last dispensing interval. **618,846 (72%)** of patients with documented adherence were classified as >95% adherent. The implausibly low proportion with good adherence is inconsistent with the high viral suppression rates in the overall cohort. The classification of 95% adherence based on pill counts has been affected by the long dispensing intervals that are now given to most patients. Therefore, manual and EMR-based classification of dose-adherence may be less reliable.

ART Side Effects

854,903 (97%) patients on ART had information on drug side effects documented at their last clinic visit before end of June 2021. **1,428 (<1%)** of patients with information had documented side-effects. The prevalence of side effects had stabilized at low levels following the full transition to regimen 5A (tenofovir / lamivudine / efavirenz) that started in July 2013 and has declined further following the transition to DTG-based regimens.

11.5.1 Viral Load (VL) Monitoring

Routine VL monitoring for patients on ART was introduced in 2012 and the number of patients receiving VL testing has increased considerably over the last few quarters. The programme revised the routine VL monitoring schedules from bi-annual to annual and this means the schedules are at 6 months and 12 months after ART initiation and every year thereafter.

11.5.2 Facility data from VL Sample Logbooks and High VL Registers

Facility VL registers were designed to facilitate tracking of samples and results and to improve appropriate follow-up action on high VL results.

167,879 VL samples were drawn in the reporting period and documented in the facility sample logbook. **141,111 (84%)** of these were for routine/scheduled VL monitoring; **19,996 (12%)** were extra-schedular and **6,722 (4%)** were replacements of lost samples. **16%** of the extra-schedular samples were targeted (suspected treatment failure) and **84%** were follow-up samples after an initial high VL.

Routine reporting of VL results and patient management outcomes is based on a cohort analysis of samples registered 6 months before the reporting period, assuming that all results and follow-up outcomes are complete after this period.

Final Results from Sample Logbooks

248,756 samples were drawn by facilities between October and December 2020 and outcomes were documented for **all** of these samples. **55,991 (23%)** results were received at

the facility within 4 weeks of sample collection; **33%** were received between 5-8 weeks and **20%** between 9-12 weeks. The remaining **25%** were received after 12 weeks or were still missing. **8%** of patients were notified of their result within 4 weeks of sample collection, **13%** were notified within 5-8 weeks and **19%** within 9-12 weeks. **147,607 (59%)** of 248,756 were either notified after 12 weeks or the notification was still pending. **97%** of the results were printed in the lab and delivered at the facility and **3%** were electronically transmitted (including point-of-care device results).

216,174 (87%) of samples produced valid VL test results. **2,976 (1%)** samples were rejected, or the results were invalid and **29,606 (12%)** of samples had outstanding or missing results. **202,987 (94%)** results were suppressed below 1000 copies/ml and **13,192 (6%)** were high (≥ 1000 copies/ml).

Outcomes from High VL Registers

Between April and June 2021, **11,088** high VL results (≥ 1000 copies/ml) were received at facilities and entered in the High VL Registers. **9,980 (90%)** of these were from routine monitoring samples, **890 (8%)** from targeted samples and **218 (2%)** from repeat samples. **8,012 (72%)** patients had completed intensive adherence support by June 2021 and follow-up samples were drawn for **5,915 (53%)**. Valid results were recorded for **4,205 (71%)** of follow-up samples and **73%** of these were re-suppressed (< 1000 copies/ml).

A final treatment decision was available for **4,710** high VL patients. **34,374 (93%)** were maintained on the current regimen, **182 (4%)** were switched to second line and **154 (3%)** were referred to HIV specialist.

The overall patient-level impact of the VL monitoring program remained sub-optimal this quarter. The HIV program is planning targeted interventions to reduce turn-around times and to improve health worker capacity for appropriate patient management based on VL results. However, following the mass-transition to DTG-based regimens, there are also implementation challenges with the policy of obtaining a genotype resistance test for all patients with a non-suppressed follow-up VL results on DTG- and PI-based regimens.

11.5.3 VL Data from the Laboratory Information Management System (LIMS)

The number of VL results produced decreased from 160,166 in 2021 Q1 to **137,039 in Q2 2021**. Malawi now has a total of **13** PCR platforms in **10** molecular labs. All labs used the MOH lab information management system (LIMS) for registration of samples and storage of results. The Diagnostics Department is also piloting the use of point-of-care (POC) VL machines at 10 facilities and the validation results are currently being analysed. The POC data are not included in this report. The following results are based on an analysis of exported LIMS data.

137,039 VL results were dispatched from the labs to **683 sites** between April and June 2021. **76 sites** accounted for half of all results released this quarter.

21,582 (16%) of 137,039 samples processed were plasma and **115,454 (84%)** were DBS.

Lab	Samples Processed			Turn-around Time (Days) [§]
	Plasma	DBS	Total	
DREAM Blantyre	529	12,006	12,535	38
DREAM Balaka	98	5,896	5,994	31
Kamuzu CH	11,548	11,229	22,777	42
Mzimba DH	0	5,438	5,438	52
Mzuzu CH	0	10,206	10,206	39
Nsanje DH	0	12,162	12,162	41
Partners in Hope	1,520	13,291	14,811	25
QECH	3,313	9,263	12,576	44
Thyolo DH	0	11,628	11,628	48
Zomba CH	4,577	24,335	28,912	36
Total	21,582	115,454	137,039	37
§ Median days between sample collection and printing of results in lab				

Partners in Hope, Zomba CH, Kamuzu CH and DREAM Blantyre produced 58 % of all VL results. The median interval between sample collection and printing of results was **37 days** at the national level, ranging from **25 days** at Partners in Hope to **52 days** at Mzimba DH. The most significant delays occurred between sample receipt and process run in the lab (median 22 days), while on average only 7 days elapsed between samples draw and sample receipt in the lab. The overall system capacity remains challenged by the high number of samples and competing priorities as the same labs are also handling the Covid-19 samples.

108,451 (79%) of VL results released this quarter were classified as *routine scheduled*²⁵. This is **49%** of the estimated 219,558 ART patients passing a VL monitoring milestone this quarter. **25,390 (18%)** of samples were classified as *targeted (suspected treatment failure / repeat)* and for **3,108 (3%)** the reason for the sample was 'other' or not specified. **94% (101,943)** of patients with a routine viral load result this quarter achieved viral suppression <1,000 copies/ml. This mean the target for the "3rd 95" was slightly missed.

Viral suppression rates were significantly lower for routine samples among children (0-9 yrs: **71%**) and adolescents (10-19 yrs: **81%**) compared with adults in the age groups 20-29, 30-39, 40+ years who had viral suppression rates of **92%, 94%** and **95%**, respectively. 93% of routine VL samples were from adults 20+ years. Patient age was not recorded for 1,989 (2%) of routine samples.

²⁵ In addition to the reason specified on the lab form, samples were re-classified as 'follow-up' if another sample from the same patient was analysed within 1 year before the current one.

Reason	Suppressed		Low-Level Viraemia		Viraemia 1000+		Total
Routine	87,448	81%	15,049	14%	5,909	5%	108,451
Targeted	18,174	71%	4,760	19%	2,456	10%	25,390
Other/un k	2,166	67%	759	24%	273	9%	3,198
Total	107,788	79%	20,613	15%	8,638	6%	137,039

20,613 (15%) VL results were classified as low level viraemia (200-999 copies/ml for plasma samples: <839 copies/ml or 840-999 copies/ml for plasma samples). Based on the 2019 national HIV guidelines addendum²⁶ these results are interpreted as potential treatment failure and therefore in need for enhanced adherence support and a repeat VL sample collection after 3 months. **2,456 (10%) of 25,390** of targeted VL results were ≥ 1000 which is indicative of treatment failure and a potential indication for switching to 2nd line regimens.

The **25,390** targeted VL results this quarter exceed the 7,630 routine VL results ≥ 1000 copies/ml from the previous quarter by a factor of three and this can be attributed to the inclusion of patients with low-level viraemia. Patients with an initial routine VL result ≥ 1000 copies/ml are supposed to receive a follow-up VL test after 3 months of intensive adherence support (upon confirmation of good adherence). However, only 5,907 samples were marked as *confirmatory (follow-up)* and 1,222 as *targeted (treatment failure suspected)* on the lab request form. 18,261 were marked as 'routine' and retrospectively classified as *follow-up* due to a previous result collected from the same patient within 1 year before the current sample. This suggests challenges with the classification of reasons for testing, delayed follow-up and/or low utilization of VL results for patient management.

A large proportion of patients with an initial high VL are likely to re-suppress after intensified adherence counselling and the confirmation of treatment failure usually depends on a second VL result of ≥ 1000 after 3 months. There was a net decrease of 2,182 patients on protease inhibitor-based (PI) 2nd line ART²⁷ this quarter due to the ongoing routine transition of patients from PI-based to DTG-based 2nd line regimens. Regimen lines are no longer distinguishable as PI and INSTI are both used in 1st and 2nd line ART.

The time on ART was entered for **80,732 (74%)** of 108,451 routine samples registered on the LIMS and only **18,769 (23%)** of these were drawn on schedule (from 1 month before to 3 months after a VL milestone). The proportion of patients with VL <1000 was **93%, 93%, 94%**,

²⁶ Addendum to the 4th Edition of the Malawi Integrated Guidelines and SOPS for Clinical HIV services

²⁷ Regimen 13A (tenofovir / lamivudine /dolutegravir) is being used as both 1st line and 2nd line regimen. Therefore, the classification of first- and second-line patients is no longer clear.

95% and **95%** at 6, 24, 72, 96 and 120 months on ART respectively. Viral suppression rates of samples drawn on schedule were similar to of 'catch-up' (extra-schedular) samples and samples with unknown timing both at 94%.

11.6 TB / HIV Management

3,724 (99%) of **3,760** new TB patients had their HIV status ascertained this quarter and **1,701 (46%)** of these were HIV positive. **1,567 (99%)** of HIV positives were already on ART at the time of TB treatment initiation. The number of new ART initiations during TB treatment is tracked by the National TB control program. Total ART coverage among co-infected patients at the end of TB treatment has consistently been >95%.

12 STI Treatment

This quarter, supervision teams collected STI data from 734 out of 962 facilities offering STI management according to the *2018-19 Malawi Harmonized Health Facility Assessment (HHFA)*²⁸ in Malawi. The site-level reports included here may therefore only represent 75% of all STI services in Malawi. Supervision teams re-emphasized the importance of complete and accurate documentation at the sites and the data quality is expected to improve further with resumption of regular site supervision for the STI program. The complete set of STI program data collected is included in the Appendix.

12.1 Access to STI treatment and coverage

Based on the data collected at the facilities, a total of **92,921** STI cases were treated in Q2 2021. Considering the 75% site-level completeness of reporting, this number is estimated to represent a total of **123,895** STI cases treated. This is equivalent to **44%** of the estimated quarterly 281,075 STI cases in the population (extrapolation from 2015/16 MDHS)²⁹.

Out of **92,921** documented clients treated, **38,938 (42%)** were male and **53,983 (58%)** were female. **8,057 (16%)** of female STI clients were pregnant. **12,707 (32%)** of male STI clients were circumcised. **64,043 (69%)** clients were 25 years and above, **21,508 (23%)** were 20-24 years and **7,370 (9%)** were under 20 years old.

²⁸ Ministry of Health (2019). Malawi Harmonized Health Facility Assessment 2018-20 Preliminary Report

²⁹ According to the 2015/16 MDHS, 14.7% of women (15-49 years) and 9.6% of men (15-49 years) reported STI symptoms in the past 12 months. A total of 1,124,303 annual STI cases are estimated by applying these

proportions to the 4.3 million men and 4.8 million women in these age groups in the 2018 population (NSO projections) for 2021. Quarterly STI cases are assumed as ¼ of the estimated annual cases in the population.

12.2 Client Type and STI History

83,213 (90%) of clients were symptomatic and **9,708 (10%)** were asymptomatic (treated as partners). Among symptomatic clients, **76,922 (92%)** were index cases and **6,291 (8%)** were partners. A total of **22,352** partner notification slips were issued, equivalent to an average of **0.29** slips per index case. Considering the **22,352** partner notification slips issued, **72% (15,999)** of those notified presented to the clinic. **68,919 (74%)** of clients presented with their first lifetime episode of STI; **18,742 (78%)** clients out of 24,002 with previously treated STIs were reported to have had an STI more than 3 months ago and **5,260 (25%)** of clients reported having had an STI within the last three months. Re-occurrence of an STI after a recent episode may be due to re-infection or treatment failure.

12.3 HIV Status

HIV status was ascertained for **83,295 (90%)** clients and **14,875 (18%)** of these were HIV positive. **1,798 (12%)** of positives were identified through a new test initiated at the STI clinic, while **13,077 (88%)** presented with a documented previous positive HIV test result. **12,632 (97%)** of clients with a previous positive HIV test result were on ART.

Given the high risk of recent HIV infection among STI clients, all clients with unknown status and those with a new negative test result should be referred for (repeat) HIV testing and counselling. **35,701 (38%)** of the 92,921 STI clients with unknown or new negative test result were referred for repeat HTS. **4,374** patients were reported as “referred for ART”. This exceeds the sum of new positives (1,798) and previous positives not on ART (445) and is likely explained by wrong documentation of ART referrals for patients already on ART.

The rate of HIV status ascertainment at STI clinics has improved considerably over time and high rates have been maintained throughout the COVID-19 period. This is due to increased numbers of dedicated testing staff available at the sites (HDAs). Actual HIV ascertainment rates may be even slightly higher due to weaknesses with back-referral from HIV testing rooms at sites where testing is not provided directly in the STI clinic. It is worth noting that a substantial proportion of clients who are aware of their HIV infection present with a new episode of an STI. This may suggest poor translation of positive living strategies promoted during counselling but could also be in small part due to the increased risk of recurrence of HSV-2 and balanitis among HIV-infected clients.

12.4 STI Syndromes and Referrals

The most common syndrome was abnormal vaginal discharge (AVD) with **30,212 (29%)** cases, followed by ureteral discharge (UD, **27,072**) cases, genital ulcers (GUD, **12,602** cases) and lower abdominal pain (LAP: **10,917** cases). Serologically confirmed syphilis accounted for 10% of the cases. Scrotal swelling, bubo and genital warts each accounted for 1% of cases.

13 Supply Chain Management of HIV Program Commodities

13.1 Quantification and procurement planning

The routine quarterly quantification and distribution review was based on Q1 2021 ART cohort analysis and physical site level stock data collected during the January 2021 supervision visits. This review informed the quantification of ARVs and test kits and the submission of new orders through Pooled Procurement Mechanism (PPM). The program has also continued to provide quarterly supply planning updates to the Procurement Services Agents (PSA).

Malawi has made significant progress with the planned transition to dolutegravir-based first and second line regimens, which started in January 2019. Out of 871, 098 total patients alive on ART Q1, 845,857 are on Dolutegravir based regimen representing 97% of patients.

In preparation for the planned transition of children <20kg to paediatric DTG 10mg in the 2nd half of 2021, the DHA team undertook a detailed quantification for this new product that informed the distribution of the initial limited catalytic procurement (UNITAID/ CHAI) to a subset of high-burden sites and the procurement order for follow-up consignments via WAMBO (Global Fund).

The Department for HIV and AIDS received ARVs and OIs medicine worth **787,996,759** USD from October to December 2020 through I-PLUS Solutions, PFSCM and IDA.(Iplus Solutions- 6,713,367.59, PFSCM- 1052600 and IDA- 114,000

13.2 Quarterly supply chain support during 2021 Q2 integrated supervision

Supply chain and logistics officers from district and central level provided stock management visited 760 sites during the Q1 2021 integrated HIV program site supervision. This included a physical inventory at all sites and ad-hoc mentoring in stock management at health facilities with poor performance. There was a further overall improvement in site-level stock management for HIV commodities. The supply chain team monitored logistics tools documentation including use of Daily Activity Registers and completion of stock cards.

During integrated supervision 36 Supply Chain and Logistics officers were included in the 32 teams across the doing physical inventory and mentorship. In June team conducted Quality Improvement Trail to 207 facilities which did not do well during Q4 ART/TB supportive supervision

Table 7 shows the total stocks found at the sites and in the central warehouse, and the estimated consumption rates for all commodities.

13.3 Availability of ARVs and test kits

Adequate stock levels of TLD in packs of 30 and 90 tablets were maintained at over 763 sites during this period, with an appropriate ratio of 673,414 packs of 30's and 372,694 packs of

90's. This has enabled sites transition patients eligible for 6-month dispensing with no stock out risk in country.

A global supply shortage of zidovudine caused significant delays in planned shipments of the zidovudine/lamivudine 300/150mg fixed-dose combination in 2020. This resulted in critical shortages at central and facility-level, affecting mainly patients on PI- and DTG-based 2nd line treatment. By January 2021, the central level stock covered only 1.4 months of consumption and several facilities stocked out during Q1 2021, requiring rationing through shortened dispensing intervals and relocation of remaining stocks between facilities. Supported by recent findings from the NADIA trial³⁰, many facilities substituted patients from zidovudine to tenofovir. The actual number of patients substituted is not available from routine reporting but based on the decline in the total number of patients on AZT-based regimes, about 2,000 patients were affected by this transition. However, towards the end of the quarter 56,623 packs of AZT/3TC (equivalent to 6.6 MoS) were received and the facility supplies have normalized.

Syphilis screening rates at ANC had declined considerably in the previous quarter due to stock-outs at several facilities related to the undocumented use outside of guidelines. Additional supplies through CMST were evidently very low and inadequate. However, syphilis screening rates recovered to 85% this quarter following resupply in distribution round 58, 59 and 60.

13.4 Bimonthly distribution of HIV & Malaria Commodities

Two scheduled bimonthly distribution rounds (59 and 60) of HIV commodities including laboratory items were carried out between April and June 2021. All of the remaining packs of tenofovir/lamivudine/efavirenz 300/300/600mg (TLE), equivalent to 1.3 months of stock, were distributed to the facilities.

During Q2 2021, the logistics team at the Department of HIV and AIDS coordinated **3,998 individual commodity transactions** between ART sites to mitigate stock imbalances (60% ARVs; 34% Test kits; 6% Others). All transactions were managed and authorized using the HIV Department Supply Chain Hot Line, a toll-free facility that was set up to facilitate communication between the health facilities and the central level. Health workers are able to communicate supply chain and other HIV commodities related issues that need to be resolved by the technical team at the department in a timely manner.

Safe disposal of expired & obsolete HIV commodities phase three of incineration of HIV commodities was in progress happened in June across the country

³⁰ <https://www.croiconference.org/abstract/nucleosides-and-darunavir-dolutegravir-in-africa-nadia-trial-48wks-primary-outcome/>

Table 7

Total stocks of HIV program commodities at all sites visited during the 2021 Q2 supportive site supervision. Stock positions are from the date of the visit (between 1-4 weeks after the end of the quarter). Warehouse stock positions are from 31/07/2021

Inventory unit	Item	Sites with any Stock	Total Physical Stock		Consumption/ Month	Months of Stock *	
			At Sites	In Warehouse		At Sites	Wareh.
tins	ABC / 3TC 120 / 60mg tins (30 tabs)	661	180,510	793,111	58,944	3.1	13.5
	ABC / 3TC 600 / 300mg tins (30 tabs)	591	19,725	41,439	13,911	1.4	3.0
	ATV / r 300 / 100mg tins (30 tabs)	604	46,180	29,610	3,789	12.2	7.8
	AZT / 3TC / NVP 300 / 150 / 200mg tins (60 tabs)	479	120,941		241	501.8	
	AZT / 3TC / NVP 60 / 30 / 50mg tins (60 tabs)	618	208,967	4,881	1,373	152.3	3.6
	AZT / 3TC 300 / 150mg tins (60 tabs)	723	43,624	104,951	11,479	3.8	9.1
	AZT / 3TC 60 / 30mg tins (60 tabs)	171	7,609	22,538	383	19.9	58.9
	DRV 150mg tins (240 tabs)	5	154	92	0	0.0	0.0
	DRV 600mg tins (60 tabs)	27	2,219	3,886	0	0.0	0.0
	DRV 75mg tins (480 tabs)	3	54	64	0	0.0	0.0
	DTG 10mg tins (90 tabs)	56	5,454	34,493			
	DTG 50mg tins (30 tabs)	577	91,896	49,409	28,972	3.2	1.7
	EFV 200mg tins (90 tabs)	165	1,655	350	21	80.1	16.9
	EFV 600mg tins (30 tabs)	6	32		150	0.2	
	LPV / r 100 / 25mg tins (60 tabs)	628	40,282	33,839	17,852	2.3	1.9
	LPV / r 200 / 50mg tins (120 tabs)	719	16,815	7,309	569	29.6	12.8
	LPV / r 40 / 10mg tins (120 granules)	609	50,602	36,906	8,833	5.7	4.2
	NVP 200mg tins (60 tabs)	431	27,353		170	160.9	
	r 100mg tins (60 tabs)	40	2,465		128	19.3	
	r 25mg tins (30 tabs)	8	237		1,246	0.2	
	RAL 100mg tins (60 tabs)	7	29	37	194	0.1	0.2
	RAL 25mg tins (60 tabs)	19	330	441	0	0.0	0.0
	RAL 400mg tins (60 tabs)	0	0		0	0.0	0.0
	TDF / 3TC / DTG 300 / 300 / 50mg tins (30 tabs)	743	491,394	724,162	165,456	3.0	4.4
	TDF / 3TC / DTG 300 / 300 / 50mg tins (90 tabs)	760	443,864	887,369	220,602	2.0	4.0
	TDF / 3TC / EFV 300 / 300 / 600mg tins (30 tabs)	678	201,137		3,207	62.7	
	TDF / 3TC / EFV 300/300/400mg tins (30 tabs)	11	3,553	39,998			
TDF / 3TC 300 / 300mg tins (30 tabs)	436	21,655	83,336	1,867	11.6	44.6	
bottles	Fluconazole (generic) 50mg / 5ml bottles (35 ml)	25	1,667				
	NVP 50mg/5ml bottles (100 ml)	643	40,131	83,577	5,690	7.1	14.7
vials	Amphotericin B Liposomal 50mg vials (10 each)	46	5,746	343	0	0.0	0.0
	Benzathine Penicillin 144g vials (50 each)	647	123,376	56,000	14,744	8.4	3.8
	Bleomycine 15,000IU vials (1 each)	46	12,772	17,661	28	456.1	630.7
	Ceftriaxone 1g vials (10 each)	302	98,491		164,869	0.6	
	Depo-Provera 150mg/1ml vials (25 each)	518	938,643		235,664	4.0	
	Fluconazole (Diflucan) 2mg / 1 ml vials (10 ml)	50	7,442		0	0.0	0.0
	Gentamicin 80mg / 2ml vials (50 each)	275	95,034		155,148	0.6	
	Paclitaxel 6mg/ml vials (1 each)	30	3,509	8,165	0	0.0	0.0
	Streptomycin 1 g vials (50 each)	1	1,870				
	Vincristine 1mg / 1ml vials (1 each)	38	5,804	360	168	34.5	2.1
tabs	Aciclovir 200mg blist packs (500 tabs)	21	54,536		993,824	0.1	
	Aciclovir 200mg tins (100 tabs)	674	1,287,151	12,473,700	456,681	2.8	27.3
	Azithromycin 500mg blist packs (3 tabs)	454	42,094	1,941	3,967	10.6	0.5
	Ciprofloxacin 500mg blist packs (100 tabs)	417	664,580	2,030,200	63,283	10.5	32.1
	Clotrimazole 500mg boxes (1 each)	590	28,893	20,414	9,552	3.0	2.1
	Codeine 30mg tins (100 tabs)	17	534,815				
	Cotrimoxazole 100 / 20mg blist packs (1000 tabs)	602	48,230,464	247,491,000	20,361,377	2.4	12.2
	Cotrimoxazole 400 / 80mg tins (1000 tabs)	546	17,390,716	16,917,000	26,062,852	0.7	0.6
	Cotrimoxazole 960mg blist packs (1000 tabs)	578	11,229,209	79,045,000	25,820,020	0.4	3.1

Inventory unit	Item	Sites with any Stock	Total Physical Stock		Consumption/ Month	Months of Stock *	
			At Sites	In Warehouse		At Sites	Wareh.
	Doxycycline 100mg blister packs (500 tabs)	124	708,920		9,954,404	0.1	
	Doxycycline 100mg tins (1000 tabs)	554	2,982,928	7,246,000	7,303,786	0.4	1.0
	E thambutol (E) 100 mg blister packs (100 tabs)	148	112,495				
	E thambutol (E) 400 mg blister packs (672 tabs)	24	24,591				
	Erythromycin 250mg tins (100 tabs)	371	319,565	1,774,900	184,992	1.7	9.6
	Erythromycin 250mg tins (1000 tabs)	46	163,870		6,147,624	0.0	
	Fluconazole (Diflucan) 200mg blister packs (100 ca)	128	225,307	1,818,300	0	0.0	0.0
	Fluconazole (Diflucan) 200mg tins (28 tabs)	73	116,186		0	0.0	0.0
	Flucytosine 500mg blister packs (100 tabs)	48	93,852	114,000			
	Ibuprofen 200mg tins (100 tabs)	169	4,098,400		1,332,245	3.1	
	Isoniazid (H) 100mg blister packs (100 tabs)	116	106,602		0	0.0	0.0
	Isoniazid (H) 300mg blister packs (672 tabs)	644	9,138,502	37,895,424	961,746	9.5	39.4
	Isoniazid (H) 300mg tins (1000 tabs)	10	71,532		25,820,020	0.0	
	Metronidazole 200mg tins (1000 tabs)	520	15,813,210	16,488,000	0	0.0	0.0
	Morphine 10mg blister packs (60 tabs)	31	157,698		339,504	0.5	
	Morphine 30mg blister packs (30 tabs)	37	185,989		0	0.0	0.0
	Pyridoxine 25mg tins (100 tabs)	624	5,529,559	68,865,600	961,746	5.7	71.6
	RH 150 / 75 mg blister packs (672 tabs)	390	1,801,061				
	RH 75/50mg blister packs (84 tabs)	179	202,120				
	RHZ 75/50/150mg blister packs (84 tabs)	207	149,248				
	RHZE 150/75/400/275mg blister packs (672 tabs)	374	1,278,721				
	Rifapentine 150mg tins (24 tabs)	150	403,779	2,163,312	585,295	0.7	3.7
sheets	ART pat. card adult (yellow) Ver8 bundles (50 she	513	290,128	437,800	58,383	5.0	7.5
	ART pat. card paed. (blue) Ver 8 bundles (50 she	481	35,623	83,950	3,937	9.0	21.3
	Exposed child card (pink) Ver2 bundles (50 sheet	555	65,069	77,800	4,174	15.6	18.6
	Family HTC Referral Slip bundles (100 sheets)	412	271,497				
	Polythene sleeve bundles (100 sheets)	58	18,849	300,000	13,549	1.4	22.1
	STI Partner Referral Slip bundles (100 sheets)	84	58,852	1,599,500			
tests	Cryptococcal antigen CrAg bundles (50 each)	84	34,783	20,000	0	0.0	0.0
	DBS kit (filter paper, lancet, etc.) 70ul boxes (50 t	723	302,818	63,400	92,833	3.3	0.7
	Determine HIV1/2 boxes (100 each)	618	318,367	1,157,900	218,342	1.5	5.3
	Determine TB LAM Ag bundles (100 each)	103	20,720				
	Hepatitis B HBsAg rapid test SD Bioline bundles (23	28,580	345,240	0	0.0	0.0
	OraQuick HIV Self-test bundles (25 each)	604	452,626	187,175	121,505	3.7	1.5
	SD Bioline Syphilis boxes (30 each)	265	29,506	288,240	51,744	0.6	5.6
	Uni-Gold HIV 1/2 boxes (20 each)	630	57,504	154,160	18,519	3.1	8.3
pieces	Condoms female boxes (1000 each)	360	220,102	3,066	291,748	0.8	0.0
	Condoms male boxes (144 each)	666	16,685,799	23,372,640	5,974,730	2.8	3.9

*'Consumption per month' and 'Months of stock' for ARVs, CPT, INH and HIV test kits are based on the respective patient-regimen groups in the standard service reports. Estimates are based on the number of patients on the respective regimen at the end of the quarter evaluated and do not account for potential (positive or negative) growth. Facility stock positions for OI and STI drugs include HIV Program and other supply sources. Total national consumption and MoS estimates are used for these commodity groups. 'Months of stock' is calculated from the day of the physical stock count, which is on average 1 month after the end of the quarter.

14 Participants in the Q2 2021 Supervision (12-23 2021)

Yaseen Abdul (, other)	Madalitso Chiundira (, MoH)	Annie Kaseka (RNM, MOH)
Yaseen Abdullah (, Moh)	Dan Chiundu (, MOH)	Paul Kaseka (, MOH)
Richard Abudul (CO, MOH)	Merthwin Chiwaya (, MOH)	Benard Kasinja (CO, I-TECH)
Sophie Bakali (, other)	Paul Chiwekha (, moh)	Joseph Kasola (CO, MOH,
Knox Banda (TB Zonal	Paul Chiwenkha (, moh)	Chitipa DH)
Supervisor, MOH)	Stuart Chuka (CO, MBCA)	Catherine Kassam (, MOH)
Wells Banda (CO, MOH)	Peter Donda (CO, Dedza DH)	Rodrick Kaulele (, moh)
Robert Beston (, MOH)	Lucious Donsa (, MOH)	Absalom Kaunda (CO, MOH,
Thomas Biseck (, MOH)	Richard George (, MOH)	Mzimba DHO)
Annie Biza (, moh)	Sidrick Golden (, MOH)	William Kaunda (, Salima)
Felix Botha (, MOH)	Bertha Gombeza (, MOH)	Kondwani Kautsa (, MOH)
Regina Bwanali (, MOH)	Patrick Gomia (, MOH)	C Kilowe (CO, MOH)
Herbert Chafulumira (, MOH)	Grant Gondwe (, NTP)	Andy Kishombe (, MoH)
Demobry Chagomerana (,	Ian Gondwe (, MOH)	Andy Kisyombe (, MOH)
MoH)	Yananga Gondwe (, MoH)	Ida Kumbani (, moh)
Duncan Chakana (, moh)	Sidder Hambisa (ENM, MOH)	Thoko Kumpolota (Co, Light
Florence Chakhala (Nurse,	Louis Haonga (, MOH)	house)
MOH)	Natasha Harawa (, MoH)	Hope Kumwenda (, MoH)
Lincy Chalunda (CO, MOH)	Chikondi Harrison (, Logistics)	Wongani Kumwenda (, MOH)
Rachel Champiti (, MOH)	Shadreck John (, MoH)	Charles Kwenje (, Moh)
Ronard Chawinga (nurse,	Emmanuel Jembe (CO, NGO)	George Lipande (CO, MOH)
MOH)	Lucky Kabanga (Pharmacist,	Eda Lipipa (Nurse, MOH)
Maggie Chigona (, MoH)	MOH)	Jesse Lobeni (Nurse, MOH)
Margaret Chigona (CO,	Francis Kachali (, MoH)	Malumbo Luwinga (Logistics,
Blantyre DHO)	Lilian Kachali (Nurse, MOH)	Kamuzu Central)
Patrick Chikafa (, Lilongwe	Arlene Kachapira (, MoH)	Diana Lwasha (, MoH)
DHO)	Golgen Kachepatsonga (, MoH)	Chikayiko Majamanda (Nurse,
Grace Chikhwaya (, MOH)	Lisa Kachere (, MOH)	MOH)
Kondwani Chikoti (CO, MOH)	Ruth Kachitsa (, MoH)	Mercy Makaika (Nurse, MOH)
Patrick Chikuni (, MoH)	Benedict Kachule (, moh)	Mwai Makina (, MOH)
Lusayo Chikuta (, Nkhatabay)	Licy Kadziweni (NMT, MOH)	Chifundo Makuluni (Nurse,
Verydear Chilapondwa (,	Blessings Kadzuwa (, MOH)	MOH)
MOH)	Vera Kajawa (Nurse, MOH)	Felix Mala (, MOH)
Levison Chiliminga (, MOH)	Mac Williams Kalua (, MoH)	Lusayo Malanga (, MoH)
Dickens Chimatiro (, MOH)	Mike Kalulu (CO, MOH)	Grey Malata (, MOH)
Peter Chimphero (CO, MOH)	Richard Kamalizeni (, MOH)	Emily Manda (Nurse, MOH)
Matthews Chimtenga (,	Blessings Kamanga (Clerk,	Charles Mandambwe (, MoH)
Lighthouse)	MOH)	Cecilia Manyawa (Nurse,
Diana Chipande (, MOH)	Ever Blessings Kamanga (,	MOH)
Diana Chipande Haloon	MoH)	Chikondi Manyozo (, MOH)
(Nurse, MOH)	Maltilda Kamanga (, MAFCO)	Davie Maseko (CO, SOS)
Grace Chipanga (Nurse,	Mathilda Kamanga (Nurse,	Angela Masumba (, moh)
Private)	Army)	Jake Mataya (, moh)
Clement Chiphota (CO, MoH)	Alex Kambanga (, MoH)	Jeke Mataya (, moh)
Exvin Chipoya (, MoH)	Mary Kamiza (TB Zonal	Hannock Matupi (ARV
Esnart Chirambo (, MoH)	Supervisor, NTP)	clinician, MOH, Rumphu DH)
Ruth Chirombo (, MOH)	Emmanuel Kampaliro (, MOH)	Rose Maviko (Nurse, Limbe
Patrick Paul J M Chirwa (TB	Gift Kamphika (MA, MOH)	HC)
Zonal Supervisor, NTP)	Jacqueline Kamwana (, Moh)	Yanjanani Mawindo (, MoH)
Thomson Chirwa (, moh)	Mercy Kamwera (, MOH)	Felix Mbalale (CO, MOH)
Stella Chitawo (, MOH)	Lameck Kanjira (, moh)	Nyuma Mbale (, MOH)
Andy Chitsulo (, MOH)	Fatsileni Kanyimbo (, MOH)	Loyd Mbaza (, other)
Samson Chitsulo (, other)	Saulosi Kanyinji (, MoH)	Kingsley Mbewa (CO, MOH)
Willie Chiumbuzo (, MoH)	Elisa Kapundi (NMT, MOH)	Brenda Mbewe (, MoH)

Alice Mdolo (, MOH)	Grace Mwaungulu (, MOH)	Alekazawo Nyasulu (, MOH)
Topcy Mdolo (, MOH)	Anne Mwenye (, Private)	Jotham Nyasulu (, MOH)
Jemima Mhango (, Chemonics)	Tuwepo Mwitha (, MOH)	Catherine Nyirenda (, Private)
Henderson Mhone (, MOH)	Riff Mzava (Nurse, MOH)	Feliya Nyirenda (, Machinga)
Dalitso Midian (, moh)	Peter Mzumara (ART clinician, MOH)	Janet Nyirenda (, MOH)
Christopher Misomali (Lab Tech, MOH)	Fred Namalima (MA, MOH)	Michael Nyirenda (, MOH)
Alex Mission (, MOH)	Pepsy Nangwale (Nurse, MOH)	Abdul Richard Onani (, MOH)
Portifer Mission (, moh)	E Navaya (Micropist, MOH)	Chrissy Padoko (, MOH)
Chimwemwe Mlenga (, MOH)	Emmanuel Navaya (, PHI)	Paul Petersen (, MoH)
Christopher Mlotha (, MoH)	Leonard Ndhlovu (Nurse, MOH)	Bright Phiri (, MOH)
Madalitso Mmanga (, MOH)	Overton Ndhlovu (, MOH)	Precious Phiri (, MoH)
Yvonne Mnjeza (, MOH)	Joel Ng'ambi (, MOH)	Tifera Phiri (, MOH)
Zacharia Mphande (, MOH)	Youngson Ngonya (, MoH)	Stanley Phombo (Nurse, MOH)
Tryness Mponda (NMT, MOH)	Mary Ngulama (, MOH)	Macleod Piringu (ART CORDINATOR, MOH)
Damison Msiska (CO, Dwangwa)	Etta Ngulube (, MoH)	Beston Robert (, MOH)
Chawanangwa Msonda (, MOH)	Charles Ngwira (, MoH)	Alice Sajeni (, moh)
Sosten Mtalika (, Dedza)	Eunice Ngwira (, MOH)	Alice Salijeni (Nurse, MOH)
Angella Mtambalika (, MOH)	Hislack Ngwira (, MOH)	Bernedette Samala (, Lighthouse)
Temweka Mtenje (, MoH)	Jephter Ngwira (, MoH)	Dorica Sambo (Nurse, MOH)
Joshua Mtonga (, SHHC)	Beatrice Nindi (, MoH)	Kondwani Shaba (, MoH)
Robert Mtupanyama (, MoH)	Trevor Chifundo Nindi (, Balaka DHO)	John Shadreck (, moh)
Dave Muhasuwa (, MoH)	Dumbo Njera (, MOH)	Thembisa Sibande (, MOH)
Agnes Mulilima (, moh)	Merium Nkangala (, moh)	Isaiah Sikamba (, MOH)
Yamikani Mulore (, MOH)	Franklin Nkhambule (, MOH)	Juliana Soko (ARV nurse, MOH, Livingstonia MH)
Fainala Muyila (Nurse, MOH)	Grace Nkhata (, moh)	Ethel Susuwele (MA, MOH)
Tereza Mvula (, MOH)	Grace Juma Nkhata (Nurse, MOH)	Mark Suzumire (CO, MOH)
Theresa Mvula (, MOH)	Wiseman Nkhata (, MOH)	Bruce Tambwali (Nurse, NGO)
Ruockia Mwachumu (Nurse, MOH Nsanje DHO)	Angela Nkhoma (Nurse, MOH)	Lapson Tembo (, Moh)
Edward Mwale (, Lighthouse)	Joe Nkhonjera (, moh)	Cecelia Tenesi (Nurse, MOH)
Gladys Mwale (Nurse, MOH)	Vitu Nkhunga (, MOH)	Harry Tsapa (CO, MOH)
Thomas Mwale (, MOH)	Emmanuel Nkonde (, NTP)	Steady Vinkhumbo (, MOH)
Harold Mwaleya (MA, MOH)	Monica Ntchafu (Nurse, MASM)	Kingsley Wanje (, moh)
Innocent Mwaluka (, moh)	Evaristo Nthete (, moh)	Lloyd Wella (CO, MOH)
Mirriam Mwansambo (, MoH)	Judith Ntopa (Nurse, Cobbe Barracks)	Shaibu Witman (, MOH)
Golden Mwathunga (MA, Press)	Aleka Nyasulu (, moh)	Dalitso Zenasi (, MOH)
Grace Mwaungulu (, MOH)		Dalitso Zenus (, MOH)
		Mabvuto Zondola (, MOH)

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

October 2021

15 Appendix (Full National HIV Program Data)

HTC site report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Clients at health facility (static)

HTC client details

*

Total HTC clients served

Total HIV tested	622,268	100%
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Sex

Males tested	202,593	33%
Females tested	419,675	67%
Females non-pregnant	249,649	59%
Females pregnant	170,026	41%

Age

Children 0-14 yrs	52,312	8%
Children below 12 mths (Age group A)	1,031	2%
Children 12 mths - 14 yrs (Age group B)	51,281	98%
Adults 15+ years	569,956	92%
Young adults 15-24 years (Age group C)	262,508	46%
Older adults 25+ yrs (Age group D)	307,448	54%

HTC access type

PITC	501,714	81%
Family Referral Slip (FRS)	26,945	4%
Other (VCT, etc.) HTC access	93,609	15%

HTC first time / repeat

Never tested before	116,105	19%
Previously accessed HTC	506,163	81%
Last negative	484,335	96%
Last positive	21,133	4%
Last exposed infant	310	0%
Last inconclusive	385	0%

Counseling session type / Partner present

Counseled with partner / partner present	143,086	23%
Counseled alone / Partner not present	479,182	77%

Outcome summary (HIV test)

Single test negative	581,118	93%
Single test positive	29	0%
Test 1&2 negative	407	0%
Test 1&2 positive	39,431	6%
Test 1&2 discordant	1,283	0%

HTC site report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

HTC client details

*

Final result given to client

Results among clients never tested / last negative	601,110	97%
New negative	581,282	97%
New positive	18,586	3%
New positive (non-sex dissag)	481	3%
New positive (dissag by sex)	18,105	97%
New positive male	7,428	41%
New positive female	10,677	59%
New inconclusive	1,203	0%
New exposed infants	39	0%
Confirmatory results (previous positive clients)	21,158	3%
Confirmatory positive	20,980	99%
Confirmatory positive (non-sex dissag)	580	3%
Confirmatory positive (dissag by sex)	20,400	97%
Confirmatory positive male	8,374	41%
Confirmatory positive female	12,026	59%
Confirmatory inconclusive	178	1%

Partner / Family HTC referral slips

Sum of slips given	24,916	100%
Total clients presenting with referral slip	26,945	108%
Total failed referrals (slips not returned)	-2,029	-8%

Clients tested in the community

HTC client details

*

Total HTC clients served

Total HIV tested	25,611	100%
------------------	--------	------

Sex

Males tested	9,858	38%
Females tested	15,753	62%
Females non-pregnant	11,812	75%
Females pregnant	3,941	25%

Age

Children 0-14 yrs	3,657	14%
Children below 12 mths (Age group A)	22	1%
Children 12 mths - 14 yrs (Age group B)	3,635	99%
Adults 15+ years	21,954	86%
Young adults 15-24 years (Age group C)	10,092	46%
Older adults 25+ yrs (Age group D)	11,862	54%

HTC access type

PITC	9,366	37%
Family Referral Slip (FRS)	4,376	17%
Other (VCT, etc.) HTC access	11,869	46%

HTC site report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

HTC client details

*

HTC first time / repeat

Never tested before	7,674	30%
Previously accessed HTC	17,937	70%
Last negative	17,436	97%
Last positive	459	3%
Last exposed infant	11	0%
Last inconclusive	31	0%

Counseling session type / Partner present

Counseled with partner / partner present	1,829	7%
Counseled alone / Partner not present	23,782	93%

Outcome summary (HIV test)

Single test negative	24,280	95%
Single test positive	0	0%
Test 1&2 negative	6	0%
Test 1&2 positive	1,248	5%
Test 1&2 discordant	77	0%

Final result given to client

Results among clients never tested / last negative	25,092	98%
New negative	24,276	97%
New positive	789	3%
New positive (non-sex dissag)	58	7%
New positive (dissag by sex)	731	93%
New positive male	362	50%
New positive female	369	50%
New inconclusive	27	0%
New exposed infants	0	0%
Confirmatory results (previous positive clients)	519	2%
Confirmatory positive	460	89%
Confirmatory positive (non-sex dissag)	68	15%
Confirmatory positive (dissag by sex)	392	85%
Confirmatory positive male	178	45%
Confirmatory positive female	214	55%
Confirmatory inconclusive	59	11%

Partner / Family HTC referral slips

Sum of slips given	439	100%
Total clients presenting with referral slip	4,376	997%
Total failed referrals (slips not returned)	-3,937	-897%

Clients at stand-alone HTC sites

HTC client details

*

Total HTC clients served

Total HIV tested	5,775	100%
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Sex

Males tested	4,316	75%
Females tested	1,459	25%
Females non-pregnant	911	62%
Females pregnant	548	38%

HTC site report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

HTC client details

*

Age

Children 0-14 yrs	212	4%
Children below 12 mths (Age group A)	0	0%
Children 12 mths - 14 yrs (Age group B)	212	100%
Adults 15+ years	5,563	96%
Young adults 15-24 years (Age group C)	3,098	56%
Older adults 25+ yrs (Age group D)	2,465	44%

HTC access type

PITC	4,468	77%
Family Referral Slip (FRS)	162	3%
Other (VCT, etc.) HTC access	1,145	20%

HTC first time / repeat

Never tested before	1,738	30%
Previously accessed HTC	4,037	70%
Last negative	3,934	97%
Last positive	102	3%
Last exposed infant	0	0%
Last inconclusive	1	0%

Counseling session type / Partner present

Counseled with partner / partner present	472	8%
Counseled alone / Partner not present	5,303	92%

Outcome summary (HIV test)

Single test negative	5,545	96%
Single test positive	0	0%
Test 1&2 negative	2	0%
Test 1&2 positive	221	4%
Test 1&2 discordant	7	0%

Final result given to client

Results among clients never tested / last negative	5,672	98%
New negative	5,547	98%
New positive	118	2%
New positive (non-sex dissag)	9	8%
New positive (dissag by sex)	109	92%
New positive male	66	61%
New positive female	43	39%
New inconclusive	7	0%
New exposed infants	0	0%
Confirmatory results (previous positive clients)	103	2%
Confirmatory positive	103	100%
Confirmatory positive (non-sex dissag)	4	4%
Confirmatory positive (dissag by sex)	99	96%
Confirmatory positive male	62	63%
Confirmatory positive female	37	37%
Confirmatory inconclusive	0	0%

HTC site report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

HTC client details

*

Partner / Family HTC referral slips

Sum of slips given	133	100%
Total clients presenting with referral slip	162	122%
Total failed referrals (slips not returned)	-29	-22%

Clients returning to facility after self-test

HTC client details

*

Total HTC clients served

Total HIV tested	1,446	100%
------------------	-------	------

Sex

Males tested	541	37%
Females tested	905	63%
Females non-pregnant	889	98%
Females pregnant	16	2%

Age

Children 0-14 yrs	10	1%
Children below 12 mths (Age group A)	0	0%
Children 12 mths - 14 yrs (Age group B)	10	100%
Adults 15+ years	1,436	99%
Young adults 15-24 years (Age group C)	451	31%
Older adults 25+ yrs (Age group D)	985	69%

HTC access type

PITC	636	44%
Family Referral Slip (FRS)	30	2%
Other (VCT, etc.) HTC access	780	54%

HTC first time / repeat

Never tested before	111	8%
Previously accessed HTC	1,335	92%
Last negative	954	71%
Last positive	381	29%
Last exposed infant	0	0%
Last inconclusive	0	0%

Counseling session type / Partner present

Counseled with partner / partner present	142	10%
Counseled alone / Partner not present	1,304	90%

Outcome summary (HIV test)

Single test negative	1,031	71%
Single test positive	5	0%
Test 1&2 negative	26	2%
Test 1&2 positive	369	26%
Test 1&2 discordant	15	1%

HTC site report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

HTC client details

*

Final result given to client

Results among clients never tested / last negative	1,095	76%
New negative	1,074	98%
New positive	16	1%
New positive (non-sex dissag)	0	0%
New positive (dissag by sex)	16	100%
New positive male	9	56%
New positive female	7	44%
New inconclusive	5	0%
New exposed infants	0	0%
Confirmatory results (previous positive clients)	351	24%
Confirmatory positive	341	97%
Confirmatory positive (non-sex dissag)	0	0%
Confirmatory positive (dissag by sex)	341	100%
Confirmatory positive male	126	37%
Confirmatory positive female	215	63%
Confirmatory inconclusive	10	3%

Partner / Family HTC referral slips

Sum of slips given	119	100%
Total clients presenting with referral slip	30	25%
Total failed referrals (slips not returned)	89	75%

HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

ANC clinic

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	6,800	100%
------------------------------------	-------	------

Sex

Male recipients	1,889	28%
Female recipients	4,911	72%
Non-pregnant	2,051	42%
Pregnant	2,860	58%

Last HIV test of recipient

Never tested	559	8%
Previously tested	6,241	92%
Last negative	6,094	98%
Last positive	144	2%
Not on ART	16	11%
On art	128	89%
Last inconclusive	3	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	11,412	100%
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Intended end user distribution type

Self (recipient)	3,535	31%
Secondary distribution	7,877	69%
Sex-partner	5,610	71%
Other	2,267	29%

Intended end user sex / age category

Total males	6,830	60%
Boys 13-14 years old	131	2%
Adolescent boys and young men 15-24 years old	1,990	29%
Adolescent boys 15 - 19 years old	557	28%
Young men 20 - 24 years old	1,433	72%
Adults	4,709	69%
Young adults 25 - 35 years old	2,906	62%
Middle adults 36 - 49 years old	1,521	32%
Older adults 50+	282	6%
Total females	4,582	40%
Girls 13-14 years old	193	4%
Adolescent girls and young women 15-24 years	1,914	42%
Adolescent girls 15 - 19 years old	729	38%
Young women 20 - 24 years old	1,185	62%
Adults	2,475	54%
Young adults 25 - 35 years old	1,622	66%
Middle adults 36 - 49 years old	747	30%
Older adults 50+	106	4%

Total condoms

Total condoms distributed	23,245	100%
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HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Maternity

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	135	100%
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Sex

Male recipients	51	38%
Female recipients	84	62%
Non-pregnant	66	79%
Pregnant	18	21%

Last HIV test of recipient

Never tested	7	5%
Previously tested	128	95%
Last negative	125	98%
Last positive	3	2%
Not on ART	2	67%
On art	1	33%
Last inconclusive	0	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	221	100%
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Intended end user distribution type

Self (recipient)	64	29%
Secondary distribution	157	71%
Sex-partner	136	87%
Other	21	13%

Intended end user sex / age category

Total males	91	41%
Boys 13-14 years old	5	5%
Adolescent boys and young men 15-24 years old	10	11%
Adolescent boys 15 - 19 years old	2	20%
Young men 20 - 24 years old	8	80%
Adults	76	84%
Young adults 25 - 35 years old	38	50%
Middle adults 36 - 49 years old	33	43%
Older adults 50+	5	7%
Total females	130	59%
Girls 13-14 years old	0	0%
Adolescent girls and young women 15-24 years	28	22%
Adolescent girls 15 - 19 years old	8	29%
Young women 20 - 24 years old	20	71%
Adults	102	78%
Young adults 25 - 35 years old	67	66%
Middle adults 36 - 49 years old	35	34%
Older adults 50+	0	0%

Total condoms

Total condoms distributed	165	100%
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HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

ART clinic

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	3,996	100%
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Sex

Male recipients	2,151	54%
Female recipients	1,845	46%
Non-pregnant	1,593	86%
Pregnant	252	14%

Last HIV test of recipient

Never tested	373	9%
Previously tested	3,623	91%
Last negative	3,261	90%
Last positive	362	10%
Not on ART	15	4%
On art	347	96%
Last inconclusive	0	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	8,576	100%
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Intended end user distribution type

Self (recipient)	3,170	37%
Secondary distribution	5,406	63%
Sex-partner	2,967	55%
Other	2,439	45%

Intended end user sex / age category

Total males	4,395	51%
Boys 13-14 years old	269	6%
Adolescent boys and young men 15-24 years old	1,235	28%
Adolescent boys 15 - 19 years old	475	38%
Young men 20 - 24 years old	760	62%
Adults	2,891	66%
Young adults 25 - 35 years old	1,649	57%
Middle adults 36 - 49 years old	1,056	37%
Older adults 50+	186	6%
Total females	4,181	49%
Girls 13-14 years old	585	14%
Adolescent girls and young women 15-24 years	1,883	45%
Adolescent girls 15 - 19 years old	893	47%
Young women 20 - 24 years old	990	53%
Adults	1,713	41%
Young adults 25 - 35 years old	1,225	72%
Middle adults 36 - 49 years old	467	27%
Older adults 50+	21	1%

Total condoms

Total condoms distributed	9,177	100%
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HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

HTC room

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	91,754	100%
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Sex

Male recipients	40,745	44%
Female recipients	51,009	56%
Non-pregnant	43,131	85%
Pregnant	7,878	15%

Last HIV test of recipient

Never tested	8,124	9%
Previously tested	83,630	91%
Last negative	81,595	98%
Last positive	2,020	2%
Not on ART	350	17%
On art	1,670	83%
Last inconclusive	15	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	149,003	100%
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Intended end user distribution type

Self (recipient)	67,847	46%
Secondary distribution	81,156	54%
Sex-partner	60,415	74%
Other	20,741	26%

Intended end user sex / age category

Total males	74,641	50%
Boys 13-14 years old	1,364	2%
Adolescent boys and young men 15-24 years old	22,504	30%
Adolescent boys 15 - 19 years old	7,245	32%
Young men 20 - 24 years old	15,259	68%
Adults	50,773	68%
Young adults 25 - 35 years old	28,754	57%
Middle adults 36 - 49 years old	19,017	37%
Older adults 50+	3,002	6%
Total females	74,362	50%
Girls 13-14 years old	2,633	4%
Adolescent girls and young women 15-24 years	32,032	43%
Adolescent girls 15 - 19 years old	12,549	39%
Young women 20 - 24 years old	19,483	61%
Adults	39,697	53%
Young adults 25 - 35 years old	26,090	66%
Middle adults 36 - 49 years old	11,930	30%
Older adults 50+	1,677	4%

Total condoms

Total condoms distributed	426,496	100%
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HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Other point in HF

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	10,186	100%
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Sex

Male recipients	4,978	49%
Female recipients	5,208	51%
Non-pregnant	4,578	88%
Pregnant	630	12%

Last HIV test of recipient

Never tested	872	9%
Previously tested	9,314	91%
Last negative	9,102	98%
Last positive	211	2%
Not on ART	12	6%
On art	199	94%
Last inconclusive	1	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	19,379	100%
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Intended end user distribution type

Self (recipient)	8,393	43%
Secondary distribution	10,986	57%
Sex-partner	8,052	73%
Other	2,934	27%

Intended end user sex / age category

Total males	9,509	49%
Boys 13-14 years old	251	3%
Adolescent boys and young men 15-24 years old	3,089	32%
Adolescent boys 15 - 19 years old	1,132	37%
Young men 20 - 24 years old	1,957	63%
Adults	6,169	65%
Young adults 25 - 35 years old	3,484	56%
Middle adults 36 - 49 years old	2,292	37%
Older adults 50+	393	6%
Total females	9,870	51%
Girls 13-14 years old	573	6%
Adolescent girls and young women 15-24 years	4,143	42%
Adolescent girls 15 - 19 years old	1,627	39%
Young women 20 - 24 years old	2,516	61%
Adults	5,154	52%
Young adults 25 - 35 years old	3,447	67%
Middle adults 36 - 49 years old	1,513	29%
Older adults 50+	194	4%

Total condoms

Total condoms distributed	53,196	100%
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HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

VCT stand-alone

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	690	100%
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Sex

Male recipients	336	49%
Female recipients	354	51%
Non-pregnant	354	100%
Pregnant	0	0%

Last HIV test of recipient

Never tested	58	8%
Previously tested	632	92%
Last negative	627	99%
Last positive	5	1%
Not on ART	2	40%
On art	3	60%
Last inconclusive	0	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	984	100%
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Intended end user distribution type

Self (recipient)	660	67%
Secondary distribution	324	33%
Sex-partner	307	95%
Other	17	5%

Intended end user sex / age category

Total males	481	49%
Boys 13-14 years old	1	0%
Adolescent boys and young men 15-24 years old	82	17%
Adolescent boys 15 - 19 years old	16	20%
Young men 20 - 24 years old	66	80%
Adults	398	83%
Young adults 25 - 35 years old	224	56%
Middle adults 36 - 49 years old	162	41%
Older adults 50+	12	3%
Total females	503	51%
Girls 13-14 years old	3	1%
Adolescent girls and young women 15-24 years	114	23%
Adolescent girls 15 - 19 years old	19	17%
Young women 20 - 24 years old	95	83%
Adults	386	77%
Young adults 25 - 35 years old	243	63%
Middle adults 36 - 49 years old	135	35%
Older adults 50+	8	2%

Total condoms

Total condoms distributed	2,348	100%
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HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Workplace formal

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	473	100%
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Sex

Male recipients	310	66%
Female recipients	163	34%
Non-pregnant	154	94%
Pregnant	9	6%

Last HIV test of recipient

Never tested	63	13%
Previously tested	410	87%
Last negative	406	99%
Last positive	4	1%
Not on ART	4	100%
On art	0	0%
Last inconclusive	0	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	939	100%
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Intended end user distribution type

Self (recipient)	464	49%
Secondary distribution	475	51%
Sex-partner	382	80%
Other	93	20%

Intended end user sex / age category

Total males	511	54%
Boys 13-14 years old	8	2%
Adolescent boys and young men 15-24 years old	135	26%
Adolescent boys 15 - 19 years old	50	37%
Young men 20 - 24 years old	85	63%
Adults	368	72%
Young adults 25 - 35 years old	206	56%
Middle adults 36 - 49 years old	145	39%
Older adults 50+	17	5%
Total females	428	46%
Girls 13-14 years old	14	3%
Adolescent girls and young women 15-24 years	155	36%
Adolescent girls 15 - 19 years old	59	38%
Young women 20 - 24 years old	96	62%
Adults	259	61%
Young adults 25 - 35 years old	180	69%
Middle adults 36 - 49 years old	75	29%
Older adults 50+	4	2%

Total condoms

Total condoms distributed	1,134	100%
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HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Workplace informal

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	33	100%
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Sex

Male recipients	21	64%
Female recipients	12	36%
Non-pregnant	10	83%
Pregnant	2	17%

Last HIV test of recipient

Never tested	21	64%
Previously tested	12	36%
Last negative	12	100%
Last positive	0	0%
Not on ART	0	
On art	0	
Last inconclusive	0	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	33	100%
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Intended end user distribution type

Self (recipient)	33	100%
Secondary distribution	0	0%
Sex-partner	0	
Other	0	

Intended end user sex / age category

Total males	21	64%
Boys 13-14 years old	0	0%
Adolescent boys and young men 15-24 years old	10	48%
Adolescent boys 15 - 19 years old	6	60%
Young men 20 - 24 years old	4	40%
Adults	11	52%
Young adults 25 - 35 years old	5	45%
Middle adults 36 - 49 years old	6	55%
Older adults 50+	0	0%
Total females	12	36%
Girls 13-14 years old	0	0%
Adolescent girls and young women 15-24 years	8	67%
Adolescent girls 15 - 19 years old	6	75%
Young women 20 - 24 years old	2	25%
Adults	4	33%
Young adults 25 - 35 years old	2	50%
Middle adults 36 - 49 years old	2	50%
Older adults 50+	0	0%

Total condoms

Total condoms distributed	0
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HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Hotspot

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	625	100%
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Sex

Male recipients	31	5%
Female recipients	594	95%
Non-pregnant	594	100%
Pregnant	0	0%

Last HIV test of recipient

Never tested	1	0%
Previously tested	624	100%
Last negative	611	98%
Last positive	13	2%
Not on ART	0	0%
On art	13	100%
Last inconclusive	0	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	701	100%
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Intended end user distribution type

Self (recipient)	614	88%
Secondary distribution	87	12%
Sex-partner	56	64%
Other	31	36%

Intended end user sex / age category

Total males	96	14%
Boys 13-14 years old	0	0%
Adolescent boys and young men 15-24 years old	45	47%
Adolescent boys 15 - 19 years old	4	9%
Young men 20 - 24 years old	41	91%
Adults	51	53%
Young adults 25 - 35 years old	37	73%
Middle adults 36 - 49 years old	14	27%
Older adults 50+	0	0%
Total females	605	86%
Girls 13-14 years old	0	0%
Adolescent girls and young women 15-24 years	301	50%
Adolescent girls 15 - 19 years old	83	28%
Young women 20 - 24 years old	218	72%
Adults	304	50%
Young adults 25 - 35 years old	256	84%
Middle adults 36 - 49 years old	48	16%
Older adults 50+	0	0%

Total condoms

Total condoms distributed	0
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HIV self-test (ST) distribution

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Other community point

HIV self test client details

*

Total HIV self-test kit

Total HIV self-test kit recipients	7,652	100%
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Sex

Male recipients	3,194	42%
Female recipients	4,458	58%
Non-pregnant	4,380	98%
Pregnant	78	2%

Last HIV test of recipient

Never tested	2,039	27%
Previously tested	5,613	73%
Last negative	5,537	99%
Last positive	75	1%
Not on ART	10	13%
On art	65	87%
Last inconclusive	1	0%

HIV ST kits given: Intended end user attributes

Total self-test kits distributed to end users	11,297	100%
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Intended end user distribution type

Self (recipient)	7,216	64%
Secondary distribution	4,081	36%
Sex-partner	3,235	79%
Other	846	21%

Intended end user sex / age category

Total males	4,709	42%
Boys 13-14 years old	164	3%
Adolescent boys and young men 15-24 years old	2,062	44%
Adolescent boys 15 - 19 years old	1,003	49%
Young men 20 - 24 years old	1,059	51%
Adults	2,483	53%
Young adults 25 - 35 years old	1,396	56%
Middle adults 36 - 49 years old	921	37%
Older adults 50+	166	7%
Total females	6,588	58%
Girls 13-14 years old	721	11%
Adolescent girls and young women 15-24 years	3,749	57%
Adolescent girls 15 - 19 years old	1,986	53%
Young women 20 - 24 years old	1,763	47%
Adults	2,118	32%
Young adults 25 - 35 years old	1,391	66%
Middle adults 36 - 49 years old	641	30%
Older adults 50+	86	4%

Total condoms

Total condoms distributed	24,194	100%
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HIV DNA PCR sample log report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

DNA PCR samples

*

Total DNA PCR samples

Total DNA PCR samples collected	9,434	100%
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Reason for test

EID initial	9,078	96%
Confirmatory DNA-PCR	226	2%
Confirmatory after initial positive DNA-PCR	165	73%
Confirmatory after initial positive rapid test	61	27%
Tie-breaker	50	1%
Repeat	80	1%

Sample type

DBS	8,595	91%
Point of care	825	9%
Other	14	0%

Test result

Results received	8,207	87%
Conclusive	8,100	99%
Negative	7,795	96%
Positive	305	4%
Indeterminate	107	1%
Sample rejected	29	0%
Result missing	1,198	13%

Mother - guardian notification

0 - 4 weeks	3,725	39%
5 - 8 weeks	1,173	12%
9 - 12 weeks	202	2%
13+ weeks	4,334	46%

Blood safety

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Infect. disease screening among potential donors

*

HIV screening

HIV testing not done	1,052	25%
Tested for HIV	3,112	75%
HIV negative	2,958	95%
HIV positive	154	5%

Hepatitis B screening

HepB testing not done	1,098	26%
Tested for Hepatitis B	3,066	74%
HepB Negative	2,963	97%
HepB Positive	103	3%

Hepatitis C screening

HepC testing not done	1,829	44%
Tested for Hepatitis C	2,335	56%
HepC Negative	2,306	99%
HepC Positive	29	1%

Syphilis screening

Syphilis testing not done	1,035	25%
Tested for Syphilis	3,129	75%
Syphilis Negative	3,015	96%
Syphilis Positive	114	4%

Malaria screening

Malaria testing not done	996	24%
Tested for malaria	3,168	76%
Malaria Negative	2,780	88%
Malaria Positive	388	12%

Summary screening outcome

Not donated	1,439	35%
Donated	2,725	65%
Screened for at least HIV, HepB and syphilis	2,268	83%
Screened for HIV, HepB, HepC, Syphilis, Malaria	1,699	75%
Screened for HIV, HepB, Syphilis	569	25%
Screened for HIV, HepB	47	2%
Screened for HIV only	86	3%
Screened with any other combination of tests	324	12%

Cross-matching report

*

Blood group typing (for units and patients)

Total blood group typing done	17,847	100%
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Blood units cross-matched (by source)

Total blood units cross-matched	16,597	100%
Total units from MBTS (estimated)	13,872	84%
Total units from replacement donors	2,725	16%

Blood units cross-matched by patient group

Units cross-matched for maternity	2,965	18%
Units cross-matched for paediatrics	5,082	31%
Units cross-matched for other ward	8,550	52%

Blood safety

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Cross-matching report

*

Transfusion reactions

Units transfused without adverse events	16,566	100%
Units with suspected transfusion reactions	20	0%
Units with confirmed transfusion reactions	11	0%

2021 Q2 (Quarter)

Assessment details

*

Potential PrEP clients assessed

Total clients assessed	2,116	100%
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Acute HIV infection assessment

AHI assessment not done	50	2%
AHI assessment done	2,066	98%
AHI not suspected	2,018	98%
AHI suspected	48	2%

Baseline renal function screening

Creatinine sample not collected	336	16%
Creatinine sample collected	1,780	84%
Creatinine result pending	1,028	58%
Creatinine result available	752	42%
60+ ml/min clearance	737	98%
<60 ml/min clearance	15	2%

Baseline Hep test

Hep B test not done	1,451	69%
Hep B test done	665	31%
Negative	630	95%
Positive	35	5%

PrEP assessment outcomes

Total clients not eligible to start PrEP	146	7%
Initial HIV+ result	57	39%
Initial HIV- result	89	61%
Acute HIV infection suspected	11	12%
Acute HIV infection not suspected	78	88%
Low HIV risk	75	96%
High HIV risk	3	4%
Suspected kidney failure	3	100%
Total clients eligible to start PrEP	1,969	93%
Agreed to start PrEP	1,858	94%
Refused PrEP	111	6%

Registration details

*

PrEP clinic registrations

Total PrEP clinic registrations	1,858	100%
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Sex

Males	431	23%
Non-circumcised	214	50%
Circumcised	217	50%
Females	1,427	77%
Non-pregnant	1,309	92%
Pregnant	59	4%
Breastfeeding	59	4%

2021 Q2 (Quarter)

Registration details

*

Registration type

First time (PrEP_New)	1,846	99%
Males	428	23%
Adolescent boys and young men 15-24 years	148	35%
Adolescent boys 15-19 years old	22	15%
Young men 20-24 years old	126	85%
Adults	280	65%
Young adults 25-35 years old	140	50%
Middle adults 36-49 years old	103	37%
Older adults 50+	37	13%
Females	1,418	77%
Adolescent girls young women 15-24 years	652	46%
Adolescent girls 15-19 years old	159	24%
Young women 20-24 years old	493	76%
Adults	766	54%
Young adults 25-35 years old	552	72%
Middle adults 36-49 years old	191	25%
Older adults 50+	23	3%
Re-initiation	3	0%
Transfer-in	9	0%

Assessment details

*

Potential PrEP clients assessed

Total clients assessed	2,277	100%
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Acute HIV infection assessment

AHI assessment not done	50	2%
AHI assessment done	2,227	98%
AHI not suspected	2,169	97%
AHI suspected	58	3%

Baseline renal function screening

Creatinine sample not collected	344	15%
Creatinine sample collected	1,933	85%
Creatinine result pending	1,104	57%
Creatinine result available	829	43%
60+ ml/min clearance	736	89%
<60 ml/min clearance	93	11%

Baseline Hep test

Hep B test not done	1,563	69%
Hep B test done	714	31%
Negative	679	95%
Positive	35	5%

PrEP assessment outcomes

Total clients not eligible to start PrEP	157	7%
Initial HIV+ result	60	38%
Initial HIV- result	97	62%
Acute HIV infection suspected	12	12%
Acute HIV infection not suspected	85	88%
Low HIV risk	82	96%
High HIV risk	3	4%
Suspected kidney failure	3	100%
Total clients eligible to start PrEP	2,120	93%
Agreed to start PrEP	1,981	93%
Refused PrEP	139	7%

Registration details

*

PrEP clinic registrations

Total PrEP clinic registrations	1,981	100%
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Sex

Males	477	24%
Non-circumcised	237	50%
Circumcised	240	50%
Females	1,504	76%
Non-pregnant	1,380	92%
Pregnant	62	4%
Breastfeeding	62	4%

Registration details

*

Registration type

First time (PrEP_New)	1,967	99%
Males	477	24%
Adolescent boys and young men 15-24 years	166	35%
Adolescent boys 15-19 years old	25	15%
Young men 20-24 years old	141	85%
Adults	311	65%
Young adults 25-35 years old	160	51%
Middle adults 36-49 years old	113	36%
Older adults 50+	38	12%
Females	1,490	76%
Adolescent girls young women 15-24 years	687	46%
Adolescent girls 15-19 years old	163	24%
Young women 20-24 years old	524	76%
Adults	803	54%
Young adults 25-35 years old	572	71%
Middle adults 36-49 years old	208	26%
Older adults 50+	23	3%
Re-initiation	4	0%
Transfer-in	10	1%

PrEP current

*

Individuals that received PrEP atleast once in Qtr

Total PrEP current (PrEP_Curr)	1,885	100%
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Sex

Males	443	24%
Adolescent boys and young men 15-24 years	153	35%
Adolescent boys 15-19 years old	22	14%
Young men 20-24 years old	131	86%
Adults	290	65%
Young adults 25-35 years old	149	51%
Middle adults 36-49 years old	103	36%
Older adults 50+	38	13%
Females	1,442	76%
Adolescent girls young women 15-24 years	666	46%
Adolescent girls 15-19 years old	161	24%
Young women 20-24 years old	505	76%
Adults	776	54%
Young adults 25-35 years old	560	72%
Middle adults 36-49 years old	192	25%
Older adults 50+	24	3%

Three-month test

Test not done	1,103	59%
Test done	782	41%
Negative	705	90%
Positive	77	10%

PrEP site report

Malawi (National)

2021 Q2 (Cumulative)

PrEP outcome details

*

Primary follow-up outcomes

Loss to follow-up	44	2%
Died	0	0%
Retained	1,920	98%
HIV positive	3	0%
HIV negative	1,917	100%
Side effects	2	0%
No side effects	1,915	100%
Low risk	7	0%
High risk	1,908	100%
Quit	50	3%
Continue	1,858	97%
Transfer out	18	1%
Here	1,840	99%
Current STI	209	11%
No STI	1,423	77%
STI screening not done	208	11%

HIV exposed child follow-up

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Age 2 months

Age cohort outcomes

*

Total children in birth cohort

Total children registered	10,518	100%
---------------------------	--------	------

CPT status

On CPT	9,065	86%
Not on CPT	1,453	14%

HIV status

Current HIV infection status unknown	2,481	24%
HIV infection not confirmed, not ART eligible	2,474	100%
HIV infection not confirmed, ART eligible (PSHD)	7	0%
Current HIV infection status known	8,037	76%
Confirmed not infected	7,966	99%
Confirmed infected (ART eligible)	71	1%

ART eligibility summary

Not eligible for ART	10,440	99%
ART eligible	78	1%
ART not initiated	7	9%
Initiated ART	71	91%

Primary follow-up outcome

Discharged uninfected	12	0%
Continue follow-up	9,032	94%
Started ART	71	1%
Defaulted	415	4%
Died	46	0%

Transfers between sites

Total not transferred out	9,576	91%
Transferred out	942	9%

Age 12 months

Age cohort outcomes

*

Total children in birth cohort

Total children registered	11,781	100%
---------------------------	--------	------

CPT status

On CPT	9,004	76%
Not on CPT	2,777	24%

HIV status

Current HIV infection status unknown	2,979	25%
HIV infection not confirmed, not ART eligible	2,976	100%
HIV infection not confirmed, ART eligible (PSHD)	3	0%
Current HIV infection status known	8,802	75%
Confirmed not infected	8,642	98%
Confirmed infected (ART eligible)	160	2%

HIV exposed child follow-up

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Age cohort outcomes

*

ART eligibility summary

Not eligible for ART	11,618	99%
ART eligible	163	1%
ART not initiated	11	7%
Initiated ART	152	93%

Primary follow-up outcome

Discharged uninfected	25	0%
Continue follow-up	8,954	86%
Started ART	152	1%
Defaulted	1,219	12%
Died	106	1%

Transfers between sites

Total not transferred out	10,456	89%
Transferred out	1,325	11%

Age 24 months

Age cohort outcomes

*

Total children in birth cohort

Total children registered	11,425	100%
---------------------------	--------	------

CPT status

On CPT	398	3%
Not on CPT	11,027	97%

HIV status

Current HIV infection status unknown	3,644	32%
HIV infection not confirmed, not ART eligible	3,639	100%
HIV infection not confirmed, ART eligible (PSHD)	5	0%
Current HIV infection status known	7,781	68%
Confirmed not infected	7,592	98%
Confirmed infected (ART eligible)	189	2%

ART eligibility summary

Not eligible for ART	11,231	98%
ART eligible	194	2%
ART not initiated	4	2%
Initiated ART	190	98%

Primary follow-up outcome

Discharged uninfected	7,313	74%
Continue follow-up	301	3%
Started ART	190	2%
Defaulted	1,980	20%
Died	156	2%

Transfers between sites

Total not transferred out	9,940	87%
Transferred out	1,485	13%

Antenatal Care

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

New ANC registrations in reporting period

*

Women with first visit in reporting period

New women registered	156,053	100%
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ANC cohort analysis

*

HIV status ascertainment

HIV status not ascertained	5,406	3%
HIV status ascertained	150,647	97%
Valid previous test result	7,704	5%
Previous negative	1,230	16%
Previous positive	6,474	84%
New test at ANC	142,943	95%
New negative	140,814	99%
New positive	2,129	1%

HIV status summary

Total women HIV negative	142,044	94%
Total women HIV positive	8,603	6%

PMTCT regimen mother

No ARVs	61	1%
Any ARVs	8,542	99%
ART (by time of initiation)	8,542	100%
Already on ART when starting ANC	6,454	76%
Started ART at 0-27 weeks of pregnancy	1,888	22%
Started ART at 28+ weeks of preg.	200	2%

ANC women after 6 months

ANC cohort analysis

*

Total women completing ANC in the reporting period

Total women in booking cohort	155,340	100%
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Syphilis status

Not tested for syphilis	22,065	14%
Tested for syphilis	133,275	86%
Syphilis negative	130,271	98%
Syphilis positive	3,004	2%

HIV status ascertainment

HIV status not ascertained	2,681	2%
HIV status ascertained	152,659	98%
Valid previous test result	8,466	6%
Previous negative	913	11%
Previous positive	7,553	89%
New test at ANC	144,193	94%
New negative	141,834	98%
New positive	2,359	2%

HIV status summary

Total women HIV negative	142,747	94%
Total women HIV positive	9,912	6%

Antenatal Care

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

ANC cohort analysis

*

CPT status (among HIV pos)

Not on CPT	114	1%
On CPT	9,798	99%

PMTCT regimen mother

No ARVs	84	1%
Any ARVs	9,828	99%
ART (by time of initiation)	9,828	100%
Already on ART when starting ANC	7,604	77%
Started ART at 0-27 weeks of pregnancy	2,017	21%
Started ART at 28+ weeks of preg.	207	2%

Baby's ARVs dispensed

No ARVs dispensed for infant	139	1%
ARVs dispensed for infant	9,773	99%

Maternity

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Maternal details

*

Admissions in the reporting period

Total admissions (referrals double-counted)	137,419	100%
Not referred to other site (total women)	127,019	92%
Referred out before delivery (multiple admissions)	10,400	8%

HIV status ascertainment

HIV status not ascertained	7,073	5%
HIV status ascertained	130,346	95%
Valid previous test result	8,489	7%
Previous negative	282	3%
Previous positive	8,207	97%
New test at maternity	121,857	93%
New negative	121,594	100%
New positive	263	0%

HIV status summary

Total women HIV negative	121,876	94%
Total women HIV positive	8,470	6%

ARVs during pregnancy (among HIV pos)

No ARV in pregnancy	34	0%
Any ARVs	8,436	100%
ART (by time of initiation)	8,436	100%
ART initiated before pregnancy	8,053	95%
ART initiated in 1st / 2nd trimester	178	2%
ART initiated in 3rd trimester	65	1%
ART initiated during labour	140	2%

Infant details

*

Single babies / multiple deliveries

Total babies delivered	131,469	100%
Single babies	127,031	97%
Twin / multiple babies	4,438	3%

Infant survival

Total live births	129,055	98%
Discharged alive	128,146	99%
Neonatal deaths	909	1%
Stillbirths	2,414	2%
Stillbirth, fresh	1,169	48%
Stillbirth, macerated	1,245	52%

HIV exposure / ARV proph. (among discharged alive)

Infants with unknown HIV exposure status	3,761	3%
Infants with known HIV exposure status	124,385	97%
Not HIV exposed	115,262	93%
HIV exposed	9,123	7%
Received no ARVs	1,354	15%
Received ARVs	7,769	85%
Nevirapine	7,769	100%

ART cohort analysis

Malawi (National)

2021 Q2 (Quarter)

Registration details

*

ART clinic registrations

Total ART clinic registrations	28,051	100%
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Registration type

ART initiations, first time (total patients)	19,441	69%
ART initiations, first time (non sex-disagg.)	23	0%
ART initiations, first time (by sex)	19,418	100%
ART initiations, first time, males	7,776	40%
ART initiations, first time, females	11,642	60%
ART initiations, first time, females non-pregnant	8,928	77%
ART initiations, first time, females pregnant	2,714	23%
ART re-initiations	218	1%
ART transfers in	8,392	30%

Sex

Males	10,869	39%
Females	17,182	61%
Non-pregnant	13,509	79%
Pregnant	3,673	21%

Age at ART initiation

Adults 15+ yrs	26,139	93%
Children 0-14 yrs	1,912	7%
Children 2-14 yrs	1,367	71%
Children below 24 mths	545	29%

Reason for starting ART

Presumed severe HIV Disease	26	0%
Confirmed HIV infection	28,024	100%
WHO stage 1 or 2	24,579	88%
CD4 below threshold	1,875	8%
CD4 unknown or >threshold	22,704	92%
PCR infants	85	0%
Children 12-59 mths	411	2%
Pregnant women	3,552	16%
Breastfeeding mothers	876	4%
Asymptomatic / mild	17,780	78%
WHO stage 3	2,640	9%
WHO stage 4	794	3%
Unknown / reason outside of guidelines	11	0%

TB at ART initiation

Never TB / TB > 24 months ago	27,486	98%
TB within the last 24 months	188	1%
Current episode of TB	377	1%

Kaposi's sarcoma at ART initiation

No KS	27,981	100%
Patients with KS	70	0%

ART cohort analysis

Malawi (National)

2021 Q2 (Cumulative)

Registration details

*

ART clinic registrations

Total ART clinic registrations	1,928,183	100%
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Registration type

ART initiations, first time (total patients)	1,530,975	79%
ART initiations, first time (non sex-disagg.)	296,778	19%
ART initiations, first time (by sex)	1,234,197	81%
ART initiations, first time, males	466,894	38%
ART initiations, first time, females	767,303	62%
ART initiations, first time, females non-pregnant	612,043	80%
ART initiations, first time, females pregnant	155,260	20%
ART re-initiations	26,179	1%
ART transfers in	371,029	19%

Sex

Males	719,980	37%
Females	1,208,203	63%
Non-pregnant	969,491	80%
Pregnant	238,712	20%

Age at ART initiation

Adults 15+ yrs	1,769,176	92%
Children 0-14 yrs	159,007	8%
Children 2-14 yrs	119,306	75%
Children below 24 mths	39,701	25%

Reason for starting ART

Presumed severe HIV Disease	4,465	0%
Confirmed HIV infection	1,923,718	100%
WHO stage 1 or 2	1,192,999	62%
CD4 below threshold	368,188	31%
CD4 unknown or >threshold	824,811	69%
PCR infants	4,747	1%
Children 12-59 mths	23,216	3%
Pregnant women	224,453	27%
Breastfeeding mothers	68,514	8%
Asymptomatic / mild	503,881	61%
WHO stage 3	587,405	31%
WHO stage 4	128,165	7%
Unknown / reason outside of guidelines	15,149	1%

TB at ART initiation

Never TB / TB > 24 months ago	1,853,050	96%
TB within the last 24 months	36,405	2%
Current episode of TB	38,728	2%

Kaposi's sarcoma at ART initiation

No KS	1,908,529	99%
Patients with KS	19,654	1%

ART cohort analysis

Malawi (National)

2021 Q2 (Cumulative)

ART outcomes

*

Primary follow-up outcomes

Total alive on ART	878,232	61%
Alive on ART at site of last registration	878,232	100%
Defaulted	421,514	29%
Stopped ART	14,613	1%
Total died	136,370	9%
Died month 1	25,163	18%
Died month 2	15,287	11%
Died month 3	10,277	8%
Died month 4+	85,643	63%

Transfers between sites

Total not transferred out	1,451,700	75%
Transferred out	476,483	25%

ART cohort analysis

Malawi (National)

2021 Q2 (Cumulative)

ART outcomes

*

ART regimens

First line regimens	861,416	98%
Adult formulation	853,307	99%
Regimen 0A	32	0%
Regimen 2A	241	0%
Regimen 4A	102	0%
Regimen 5A	3,207	0%
Regimen 6A	170	0%
Regimen 13A	827,868	97%
Regimen 14A	8,807	1%
Regimen 15A	12,830	2%
Regimen 16A	2	0%
Regimen 17A	48	0%
Paed. formulation	8,109	1%
Regimen 0P	8	0%
Regimen 2P	549	7%
Regimen 4P	15	0%
Regimen 14P	138	2%
Regimen 15P	7,197	89%
Regimen 16P	186	2%
Regimen 17P	16	0%
Second line regimens	16,279	2%
Adult formulation	4,409	27%
Regimen 7A	1,284	29%
Regimen 8A	2,505	57%
Regimen 9A	394	9%
Regimen 10A	110	2%
Regimen 11A	65	1%
Regimen 12A	51	1%
Paed. Formulation	11,870	73%
Regimen 9P Tabs	8,809	74%
Regimen 9P Gran	2,843	24%
Regimen 11P Tabs	121	1%
Regimen 11P Gran	97	1%
Other regimen (adult / paed)	605	0%

Adherence

Adherence unknown (not recorded)	22,273	3%
Adherence recorded	855,414	97%
0-3 doses missed	618,846	72%
4+ doses missed	236,568	28%

ART side effects

Side effects unknown (not recorded)	23,331	3%
Side effects recorded	854,903	97%
No side effects	853,475	100%
Any side effects	1,428	0%

ART cohort analysis

Malawi (National)

2021 Q2 (Cumulative)

ART outcomes

*

Current TB status among ART patients (ICF)

ICF not done (Current TB status unknown/ not circ)	10,876	1%
ICF done	867,356	99%
TB not suspected	861,901	99%
TB suspected	2,615	0%
TB confirmed	2,840	0%
TB confirmed, not on treatment	22	1%
TB confirmed, on TB treatment	2,818	99%

Pregnant / Breastfeeding

Pregnant females	24,459	3%
Breastfeeding	55,074	6%
All others (not recorded)	800,694	91%

2021 Q2 (Quarter)

12 month survival children**Survival and retention in ART program**

*

ART cohort registration group outcomes

Total ART clinic registrations	1,686	100%
Transfers out (double counted)	318	19%
Total not transferred out (patients in cohort)	1,368	81%
Total alive on ART	1,090	80%
Total not retained	278	20%
Defaulted	216	78%
Stopped ART	5	2%
Died	57	21%

12 month survival all ages**Survival and retention in ART program**

*

ART cohort registration group outcomes

Total ART clinic registrations	26,315	100%
Transfers out (double counted)	4,718	18%
Total not transferred out (patients in cohort)	21,597	82%
Total alive on ART	16,815	78%
Total not retained	4,782	22%
Defaulted	4,176	87%
Stopped ART	79	2%
Died	527	11%

6 month survival OptionB+**Survival and retention in ART program**

*

ART cohort registration group outcomes

Total ART clinic registrations	4,874	100%
Transfers out (double counted)	658	14%
Total not transferred out (patients in cohort)	4,216	86%
Total alive on ART	3,566	85%
Total not retained	650	15%
Defaulted	617	95%
Stopped ART	21	3%
Died	12	2%

12 month survival OptionB+**Survival and retention in ART program**

*

ART cohort registration group outcomes

Total ART clinic registrations	4,562	100%
Transfers out (double counted)	755	17%
Total not transferred out (patients in cohort)	3,807	83%
Total alive on ART	3,010	79%
Total not retained	797	21%
Defaulted	765	96%
Stopped ART	14	2%
Died	18	2%

TB/HIV program

Malawi (National)

2021 Q2 (Quarter)

TB program report

*

TB clinic registrations

Total TB patients registered	3,760	100%
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HIV status ascertainment

HIV status not ascertained	36	1%
HIV status ascertained	3,724	99%
HIV negative	2,023	54%
HIV positive	1,701	46%
Already on ART	1,567	92%
Not on ART when starting TB treatment	134	8%

TB / ART program triangulation

*

HIV-burden among TB patients (estimated)

HIV negative (est. 40%)	1,504	40%
HIV positive (est. 60%) in need of ART	2,256	60%
Not on ART	689	31%
Total on ART (coverage)	1,567	69%
Already on ART (TB prog)	1,567	100%
Started ART within 24m of TB diagnosis (ART prog)	0	0%
ART initiations with current TB (ART prog)	0	67%
ART initiations after recent TB (ART prog)	0	33%

Viral load monitoring cohort report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

VL samples collected in the reporting period

*

VL samples collected

Total VL samples	167,879	100%
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Reason for VL test

Routine / scheduled monitoring	141,111	84%
Extra-schedular	19,996	12%
Targeted (clinical suspicion of failure)	3,143	16%
Follow-up after high VL	16,853	84%
Replacement of lost sample / missing result	6,772	4%

Results for VL samples collected 6 months ago

*

Total VL samples with outcomes

Total VL samples collected 6 months ago	248,756	100%
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VL test results

Valid results	216,174	87%
<1000 copies / ml	202,982	94%
1000+ copies / ml	13,192	6%
Rejected samples / invalid results	2,976	1%
Missing / outstanding results	29,606	12%

Result transmission type

Paper results	212,680	97%
Electronic results	7,124	3%

Time from sample collection to receipt of results

0-4 Weeks	55,991	23%
5-8 Weeks	81,149	33%
9-12 Weeks	49,247	20%
13+ Weeks / still missing	62,369	25%

Time from sample collection to client notification

0-4 Weeks	20,812	8%
5-8 Weeks	32,135	13%
9-12 Weeks	48,202	19%
13+ Weeks / pending	147,607	59%

Patients with high VL: outcome after 6 months

*

Patients in high VL cohort

Total high VL patients evaluated after 6 months	11,088	100%
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Initial high VL: reason for test

Routine / scheduled monitoring	9,980	90%
Targeted (clinical suspicion of failure)	890	8%
Repeat sample	218	2%

Intensive adherence counselling

3 Sessions completed	8,012	72%
Sessions not completed	3,076	28%

Viral load monitoring cohort report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

Patients with high VL: outcome after 6 months

*

Follow-up VL test

Follow-up sample collected	5,915	53%
Valid results	4,205	71%
<1000 copies / ml	3,053	73%
1000+ copies / ml	1,152	27%
Rejected samples / invalid results	32	1%
Missing / outstanding results	1,678	28%
Follow-up sample pending	5,173	47%

Preliminary opinion

Conclusion made	4,975	45%
Continue current regimen	4,764	96%
Switch to 2nd line ART	211	4%
Conclusion pending	6,113	55%

Final treatment decision (2nd line prescriber)

Decision made	4,710	42%
Continue current regimen	4,374	93%
Switch to 2nd line ART	182	4%
Refer to HIV specialist	154	3%
Decision pending	6,378	58%

STI site report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

STI clients treated in the reporting period

*

Total STI clients

Total STI clients treated	92,921	100%
Index patients treated (symptomatic)	76,922	83%
Partners treated	15,999	17%

Sex

Males	38,938	42%
Males Non-circumcised	26,231	67%
Males Circumcised	12,707	33%
Females	53,983	58%
Non-pregnant	45,926	85%
Pregnant	8,057	15%

Age group

Age group A (0-19 years)	7,370	8%
Age group B (20-24 years)	21,508	23%
Age group C (25+ years)	64,043	69%

Client type

Symptomatic cases	83,213	90%
Index cases	76,922	92%
Partners symptomatic	6,291	8%
Partners asymptomatic	9,708	10%

STI treatment history

Never treated for STI	68,919	74%
Previously treated for STI	24,002	26%
Old >3 months ago	18,742	78%
Recent ≤3 months ago	5,260	22%

STI syndromic diagnosis

GUD	12,602	12%
UD	27,072	26%
AVD	30,217	29%
Low risk	7,923	26%
High risk	22,294	74%
LAP	10,917	11%
SS	1,022	1%
BU	828	1%
BA	1,330	1%
NC	362	0%
Genital Warts	816	1%
Syphilis RPR VDRL	10,333	10%
Other STI	7,515	7%

STI partner notification

Total partner notification slips issued	22,352	100%
Total partners returned	15,999	72%
Total partners not seen	6,353	28%

STI site report

Malawi (National)

2021 Q2 (1st month of quarter, 2nd month of quarter, 3rd month of quarter)

STI clients treated in the reporting period

*

HIV test / ART status

HIV status not ascertained	9,626	10%
HIV status ascertained	83,295	90%
HIV negative (new test)	68,420	82%
HIV positive	14,875	18%
New positive	1,798	12%
Previous positive	13,077	88%
Not on ART	445	3%
On ART	12,632	97%

STI clients referred for services

Lab	1,391	3%
Gynae review	699	1%
Surgical review	296	1%
Repeat HTC	35,701	75%
ART (for assessment)	4,347	9%
Other (service referrals)	3,144	7%
VMMC	1,974	4%