

## ARV THERAPY IN MALAWI - UP TO 30<sup>th</sup> JUNE 2005

### Summary:

**By the end of June 2005, all 60 facilities in Malawi selected for ART in the public sector had received their drugs, and the majority (54 facilities) had started to place patients on free treatment. Facility-based ART personnel were working hard and were adhering to guidelines. In the second quarter of 2005, there were 5696 new patients started on ARV therapy. Up until the end of June 2005, there were 22,973 patients who had ever started on ARV therapy. For the quarter and for the cumulative analysis, 40% of patients were male and 60% were female, and approximately 95% were adults (13 years and above) and 5% were children.**

**Of patients who ever started on ARV therapy, 79% were alive and on ART at the site of registration, 8% had died, 7% were lost to follow-up, 5% had transferred out to another facility (and were presumably alive) and 1% had stopped treatment. Of those alive and on ARV therapy:- 99% were ambulatory; 94% were fit to work; 10% had one or more major side effects; and 95% based on pill counts showed 95% or more adherence to therapy.**

**A 6-month survival analysis from 18 sites starting patients on free ART in October-December 2004 found 84% alive (77% alive and on ART + 7% transferred out). A 12-month survival analysis from 6 sites starting patients on free ART in April – June 2004 found 80% alive (78% alive and on ART + 2% transferred out).**

### Introduction and Methodology:

This is a report on the status of antiretroviral therapy (ART) in Malawi up to June 30<sup>th</sup> 2005. In the middle of June, all the remaining ART facilities in Malawi received their drugs, and following strategically timed refresher-training sessions in early June, the majority were ready to start patients on treatment before the end of the month.

Between July and September 2005, all 60 health facilities in Malawi that were earmarked for ART provision were visited by staff of the Clinical HIV Unit and Erik Schouten, who were accompanied and assisted by their partners: Eustice Mhango from Lighthouse; John Aberle-Grasse and Mindy Hochgesang from CDC; Joseph Yu from the Taiwan Medical Mission in Mzuzu; and Olesi Pasulani from Thyolo-MSF. During this time, David Lowrance from CDC, USA, joined the team to externally assess the M&E process. Support for these site visits was from the Global Fund.

Each visit lasted half a day during which a structured supervision, including a drug stock-level assessment, was carried out and this was followed by a monitoring and evaluation exercise. Data on the parameters shown below were collected from the Patient Master Cards and the ARV Register. In 44 (81%) of 54 facilities, peripheral staff had already carried out their own cohort analyses, and these data sets were checked and amended as necessary by the visiting team.

Three data sets were collected:-

The first data set is the status of new patients who were started on ART in Malawi between April 1<sup>st</sup> and June 30<sup>th</sup> 2005, **the so-called quarterly analysis**. Data on HIV-related diseases, HIV counselling and testing were also collected.

The second data set is the status of all patients who ever started on ART in Malawi up to June 30<sup>th</sup> 2005, **the so-called cumulative analysis**.

The third data set (beginning this round of supervision) is the 6- and 12- month survival analysis data collected on patients starting ART in Malawi in Q4 2004 and Q2 2004 respectively.

In all three data sets, the outcome status was censused on 30<sup>th</sup> June 2005.

**Results:**

**General:**

Of the 60 facilities with ARV drugs, 54 had started patients on therapy before the end of June and therefore had patients who could be included in the cohort analyses. By the first week in July, all 60 sites were delivering ART.

The systems of referral were working well, and the VCT registers in general indicate who is referred to the ART clinic. All the facilities were using the Malawi national systems, and were using the recommended first line regimen (Stavudine + Lamivudine + Nevirapine). Central hospitals had been provided with alternative first line regimens (Zidovudine-based or Efavirenz-based), and written instructions by which other facilities could utilise these drugs were circulated to all facilities during the visits. There were 106 patients, mainly in Chiradzulu through MSF-France, being treated with a second line regimen (Didanosine + Zidovudine + Nelfinavir) for failure of the first line therapy.

**Quarterly Analysis for the period April 1<sup>st</sup> and June 30<sup>th</sup> 2005:**

***1. New patients started on ART between April and June 2005:***

The national data for new patients started on ART in these three months are shown in the Table on quarterly analysis. The details of patients and their outcomes from each facility according to region are shown in the Annexes.

There were 5696 new patients started on ART, with males representing 40% and females representing 60% of the total. The majority of patients were adults, although 6% were children aged 12 or below. There were data on occupation in 4456 patients, and the commonest recorded occupations were subsistence farmer, housewife and small-scale business people (eg vendors). The majority of patients (66%) were started on ART because of being in WHO Stage III.

The number of patients started on ART because of TB was 908 (753 with PTB and 155 with EPTB). This constitutes 16% of new patients started on ART and 13% of patients registered for TB during the quarter. In a sample of 115 PTB patients from 9 facilities, 51 (44%) were started on ART because of active TB and 64 (56%) because of a previous history of TB in the last 12 months.

The number of women started on ART as a result of referral from PMTCT was 23. However, a number of facilities noted that PMTCT programs at those sites were just beginning to provide PMTCT services.

The three-month outcomes were good with 94% of patients being alive and on ART at the end of June. Other outcomes such as ambulatory status, work status, side effects and pill counts (where done) were very satisfactory.

## ***2. CT and HIV test data and HIV-related indicator diseases between April and June 2005***

The data on CT and HIV test results for patients HIV tested in these 60 facilities between April 1<sup>st</sup> and June 30<sup>th</sup> 2005 are shown below.

<b>Parameter</b>	<b>North</b>	<b>Central</b>	<b>South</b>	<b>Total</b>
Number HIV tested	8945	13069	20031	42045
Number (%) HIV positive	1901 (21%)	4643 (36%)	8318 (42%)	14862 (35%)
Number (%) referred to ART	1080 (57%)	2324 (50%)	4197 (50%)	7601 (51%)

Altogether, there were 42,000 clients and patients tested in the three month period, and half of those who were HIV-positive were referred to ARV clinics for staging.

There were 14 facilities where there was CD4 count capability: 2 sites in the North (Mzuzu Central Hospital and Mzimba DH); 7 sites in the Central region (Kamuzu Central Hospital, Lilongwe SOS, St Gabriels MH, Kapiri MH, Dowa DH, Mtengwanthenga MH, Salima DH); 5 sites in the South (QECH, Thyolo DH, Chiradzulu DH, Zomba Central Hospital, Machinga DH).

The number of patients with 4 key HIV-related indicator diseases, diagnosed in the 60 facilities during the quarter, was recorded. TB numbers were obtained from the TB registers; Kaposi's Sarcoma (KS) numbers from the ART registers in the belief that eventually all KS patients will be started on ART; numbers of those with cryptococcal meningitis and oesophageal candidiasis from the DIFLUCAN registers kept in the pharmacy. The data are shown in the table below:-

<b>HIV Disease</b>	<b>North</b>	<b>Central</b>	<b>South</b>	<b>Total</b>
Tuberculosis (TB)	527	2280	3928	6735
Kaposi's Sarcoma (KS)	55	125	129	309
Cryptococcal meningitis (CM)	182	203	230	615
Oesophageal candidiasis (OC)	193	563	374	1130

Numbers with TB are accurate and reflect the total number of TB patients diagnosed in the public sector in Malawi for the quarter, as all TB registration units are included within the 60 facilities. The numbers with KS, CM and OC are in fact underestimated: patients with KS who do not make it to ART are not included, and patients treated with fluconazole outside of the Pfizer donation programme will not appear in the DIFLUCAN Register.

### **Cumulative analysis for patients who ever started on ART up to June 30<sup>th</sup> 2005**

The national data for all patients who ever started on ART up to the end of the year are shown in the Table on cumulative analysis. The details of patients and their outcomes from each facility according to region are shown in the Annex.

There were 22,973 patients who had ever started on ART, with males representing 40% and females representing 60% of the total. The majority of patients were adults, although 5% were children aged 12 or below.

There was data on occupation in 13,576 patients, and the commonest occupations were housewife, farmer and small-scale business (eg vendor). The majority of patients (59%) were started on ART because of being in WHO Stage III.

The number of patients started on ART because of TB was 3081 (2542 with PTB, 524 with EPTB and 15 with type unknown). This constitutes 13% of all patients started on ART. The number of women ever started on ART as a result of referral from PMTCT was 116.

The cumulative treatment outcomes were good with 79% of patients being alive and on ART in the facility where they were first registered, and 5% transferred out to another facility and thought to be alive. Thus, 84% of patients were probably alive. Of the 1924 patients who were known to have died, there were 1186 with dates of death recorded: 420 (35%) died in month 1; 234 (20%) died in month 2; 139 (12%) died in month 3; and 393 (33%) died at a later date. The reasons for the relatively high early death rate are currently not known but probably reflect the patients' severe illness, although adverse reactions to drugs cannot be excluded. Default rates (i.e., patients lost to follow-up) were still high at 7%. The number of patients stopping treatment was small, with the main reasons as before:- a) side effects, b) taking "Chambe" in the belief that ART is then not needed and c) to persuasion by the church that prayer is good enough on its own. Other outcomes such as ambulatory status, work status, side effects and pill counts (where done) were very good.

### **Survival outcomes at 6- and 12- months**

For the first time survival analysis was carried out at 6-months and 12-months. The six months survival was from patients registered for free ART between October – December 2004 and censused on 30<sup>th</sup> June 2005 (18 facilities). The twelve months survival was from patients registered for free ART between April – June 2004 and censused on 30<sup>th</sup> June 2005 (6 facilities). Results are shown below.

	6-months survival	12-months survival
Number started on ART:	3050	921
Alive and on ART	2340 (77%)	715 (78%)
Dead	271 (9%)	98 (11%)
Lost to follow up	206 (6%)	70 (7%)
Stopped treatment	25 (1%)	17 (2%)
Transferred out	208 (7%)	21 (2%)

The 6-month survival analysis found 84% of patients alive (77% alive and on ART + 7% transferred out). The 12-month survival analysis found 80% of patients alive (78% alive and on ART + 2% transferred out).

### **Stocks of ARV drugs and HIV test kits as of August 2005**

In each facility a stock count was undertaken of ARV drugs and HIV test kits. Counts were made of drugs received and the balance as of August 2005. The stocks of ARV drugs were due to drugs arriving in Phase 1 sites in December 2004, June 2005 and July 2005, and drugs arriving in Phase 2 and 3 sites in June 2005.

Stocks of first line ARV drugs and Duovir (AZT+3TC) for PEP are shown below. As of August, there were enough First line ARV drugs to start about 14,000 new patients on therapy and enough "Triomune" to keep 20,000 patients on treatment for 10 months. The discrepancies between Lamivir and Triomune in the Starter pack could always be explained (mistakes in prescribing, previous supplies of Lamivir from other sources in bottles of 60). At each of the 60 facilities care was being taken with drug security, and there was no evidence of drug misuse. All pharmacists were reminded of good practices, especially adhering to "first in- first-out" principles.

There were enough HIV test kits (at current numbers of 42,000 being tested every quarter) to test clients for 3 months. However, this national figure of HIV test kits hides important discrepancies between facilities and important discrepancies between types of HIV test kits in stock.

First line ARV drugs + Duovir	North	Central	South	Total
Number of tins of tablets (either 15 or 60 in each tin)				
Lamivir-30 – SP (15 tab tins)	1587	4394	4975	10956
Lamivir-40 – SP (15 tab tins)	505	1147	1602	3254
Triomune-30- SP (15 tab tins)	1681	4390	4856	10927
Triomune-40 – SP (15 tab tins)	515	1148	1652	3315
Triomune-30- CP (60 tab tins)	25990	49256	82421	157667
Triomune-40 – CP (60 tab tins)	5394	12023	19847	37264
Duovir for PEP and substitution (60 tab tins)	353	405	1617	2375
HIV test kits	North	Central	South	Total
Number of individual tests				
Determine HIV tests	14950	14318	17251	46519
UNIGOLD HIV tests	16935	10045	18547	45527
Bioline HIV tests	11704	9587	13255	34546
Haemastrip tests	480	746	534	1760

### Comment

By June 2005, all districts in Malawi, with the exception of Likoma Island and Neno, had received drugs for ART, and in the following month all facilities were delivering treatment. The facilities in these districts in general were doing an excellent job of managing ART services. In particular, staff were completing ARV patient master cards, registering details in the ARV register, recording the dates when patients die/default/ stop therapy or transfer-out, and compiling cohort analyses. There were still mistakes, but these are gradually being reduced. ARV clinical patient management also seemed to be good, although was not directly observed.

Results presented in this report are very similar to previous 3-month reports in both case finding and treatment outcomes, except that more facilities have come on board and the numbers of patients have increased. Women on ART outnumbered men. There is a lot more comprehensive information on who accesses ART, and over half the patients continue to be housewives, subsistence farmers or small-scale business people. The number of children on ART was still small. Nevertheless, 21 facilities were treating children (aged 12 year or below) and a total of 1172 children had ever been started on therapy.

The majority of patients were placed on ART because of being in WHO Clinical Stage III. However, it should be remembered that only 14 of the 60 facilities visited were conducting CD4 counts. All TB patients are potentially eligible for ART, and, although the number is still small, it is growing with 16% of all ART patients started in the last quarter because of TB. In a small sample, 44% of PTB patients were started on ART because of active TB and 56% because of previous TB. This data is important to collect in the future as it will inform how much Efavirenz is needed when the NTP changes to rifampicin throughout. Very few women from the PMTCT programme were started on ART, and this is being addressed as more sites introduce PMTCT programs.

The treatment outcomes for ART were in general very good. For the first time, 6-month and 12-month survival analyses were carried out for patients receiving free ART. This was done as a cohort survival analysis as it is relatively simple to do in the routine situation. So, the 6-month survival in fact looks at patients registered between October – December 2004 and censused in June 2005, and de facto is a 6-9 month survival analysis for this cohort. Similarly, the 12-month survival is de facto a 12-15 month survival. This exercise will be conducted every quarter, and in time 24-month survival analyses and beyond will be possible.

ARV drug stocks were assessed. This is a crucial exercise as it provides the basis for rational ordering 6 months hence. Drug practices were looked into, and in some facilities the “first-in, first-out” principle was not being adhered to. This was corrected, and will be important to prevent drugs from expiring. The distribution and stocks of HIV test kits are still problematic. For example, the counsellors in Balaka district hospital had been testing nearly 1000 clients a month, but had to stop in August 2005 because of running out of HIV test kits.

### Challenges and potential solutions:

There are some important challenges emerging from the scale up, which will need to be seriously addressed if the ART programme is to keep going at an acceptable standard. These are highlighted briefly below in bullet point style:-

- Human resources. Staff working at ARV clinics, where there are now several hundred patients coming for review, are feeling the strain. In each facility, over 6 clinicians and nurses have been formally trained, but many facilities make no attempt to rotate staff through clinics. **We recommend that trained staff members are rotated through clinics, but that rotations last for three months, so that ART staff experience a quarterly supervision and conduct a quarterly analysis.**
- Infrastructure. It is becoming apparent that in one year' time the ART clinic rooms and the waiting spaces outside these rooms will be inadequate for the patient numbers. It is also apparent that the secure cupboards for ARV drugs are too small and in some facilities the pharmacies are too small for the large volume of drugs, which will arrive in the next year or two. **We recommend that PAM or another such body conduct an assessment of these facilities and suggest what should be done.**
- Pharmacy management. In order to ensure that expensive ARV drugs do not expire, the "first-in, first-out" practice must be ensured. It is also apparent that there is a mal-distribution of drugs for opportunistic infections (Mulanje Mission Hospital received 10 years supply of nystatin!) and HIV test kits. **We recommend that CMS and HTSS review the procurement and distribution of HIV test kits, and also conduct regular supervision of pharmacies in the country.**
- ARV drug procurement. There is a growing volume of ARV drugs coming every six months, **and it is crucial that quarterly stock taking (and physical counting of drugs) is done to ensure rational procurement and drug security.**
- Cohort analysis. The cumulative cohort analysis for primary outcomes and secondary outcomes (ambulatory, at work, side effects and drug adherence) becomes very difficult as numbers of patients started on ART build up. **We recommend in facilities that are medium burden or high burden, that parallel computer systems are put in place. A computer system may require an extra deployment of staff (at clerk level or MCE level) to enter and analyse data. Such a system would also allow for improved management of patients missing follow up visits.**
- Access to services. In some areas, Mangochi and Machinga in particular, some patients are travelling up to 100 km each way to receive drugs on a monthly basis. Procedures to allow **less frequent follow-up visits need to be looked at and tested.**

- Clinical supervision. Several sites had many questions regarding clinical patient care. Most of the questions could be answered in the context of the current supervision and some direct patient observation was possible. However, the length of the visits continues to exert pressure on the limited staff. **We recommend systematic clinical supervision and on site mentoring be instituted to improve and maintain the sites' ability to provide high quality clinical service. This would also support the rotation of staff members.**
- Rewarding good performance in ARV clinics. The regular structured supervision of sites means that it is possible to assess performance. The work load is high in these clinics. **We suggest that some form of performance reward be looked into.**

We finally thank all the facilities for their sincere welcome and co-operation with the Unit and its partners during these supportive visits.

**Report compiled by:**

Edwin Libamba	(HIV Unit, MOH)
Simon Makombe	(HIV Unit, MOH)
Anthony Harries	(HIV Unit, MOH)
Erik Schouten	(MOH)
Olesi Pasulani	(MSF-Brussels, Thyolo)
Eustice Mhango	(Lighthouse)
Joseph Yu	(Taiwan Mission)
John Aberle-Grasse	(CDC)
Mindy Hochgesang	(CDC)

**5<sup>th</sup> September 2005**



**New patients started on ART between April 1<sup>st</sup> and June 30<sup>th</sup> 2005**

Total Started	Number of patients started on ART in the 3 months	5696	
Sex	Number (%) males	2305	40%
	Number (%) females	3391	60%
Age	Number (%) adults aged 13 years and above	5346	94%
	Number (%) children aged 12 years and below	350	6%
Occupation:	Housewife	1010	23%
	Farmer	1037	23%
	Forces	124	3%
	Teacher	225	5%
	Business	681	15%
	HCW	98	2%
	Student	293	7%
	Other	988	22%
	Occupation Not Known	1240	
Reasons for starting ART:	Number (%) with Stage III	3738	66%
	Number (%) with Stage IV	1461	26%
	Number (%) with low CD4 count	496	9%
	Number (%) with TB	908	16%
	Number of patients registered with TB in the quarter	6735	
Patient Outcomes	Number of patients started on ART in the 3 months	5696	
	Number (%) alive and on ART	5347	94%
	Number (%) dead	237	4%
	Number (%) defaulted	0	0%
	Number (%) stopped treatment	13	0%
	Number (%) transferred out permanently to another site	99	2%
ART Regimen	Of those alive and on ART:-	5347	
	Number (%) on first line regimen	5308	99%
	Number (%) on alternative first line regimen	39	1%
	Number (%) on second line regimen	0	0%
Ambulatory Status	Number with ambulatory status known	4300	
	Number (%) ambulatory	4239	99%
Work Status	Number with work status known	4300	
	Number (%) at work	4011	93%
Side Effects	Number with side effects counted	3776	
	Number (%) with significant side effects	182	5%
Adherence	Number where pill count has been done	2594	
	Number (%) with pill count showing 95% adherence	2496	96%

## Cumulative patients started on ART up to June 30th, 2005

Total Started	Total number of patients started on ART	22973	
Sex	Number (%) males	9136	40%
	Number (%) females	13837	60%
Age	Number (%) adults aged 13 years and above	21801	95%
	Number (%) children aged 12 years and below	1172	5%
Occupation	Housewife	2844	21%
	Farmer	2345	17%
	Forces	377	3%
	Teacher	788	6%
	Business	1929	14%
	HCW	355	3%
	Student	777	6%
	Other	4161	31%
	Occupation Unknown	9397	
Reasons for starting ART:	Number (%) with Stage III	13462	59%
	Number (%) with Stage IV	5498	24%
	Number (%) with low CD4 count	4012	17%
	<i>Number Reason for Starting not known</i>	<i>1</i>	<i>0%</i>
	Number (%) of patients started on ART due to TB	3081	13%
Patient Outcomes	Total number of patients started on ART	22973	
	Number (%) alive and on ART	18134	79%
	Number (%) dead	1924	8%
	Number (%) defaulted	1568	7%
	Number (%) stopped treatment	278	1%
	Number (%) transferred out permanently to another site	1069	5%
ART Regimen	Of those alive and on ART:-	18134	
	Number (%) on first line regimen	17029	94%
	Number (%) on alternative first line regimen	999	6%
	Number (%) on second line regimen	106	1%
Ambulatory Status	Number with ambulatory status known	13108	
	Number (%) ambulatory	13002	99%
Work Status	Number with work status known	13108	
	Number (%) at work	12359	94%
Side Effects	Number with side effects counted	10302	
	Number (%) with significant side effects	1005	10%
Adherence	Number where pill count has been done	7146	
	Number (%) with pill count showing 95% adherence	6822	95%
Death	Of those who died with Date of death recorded	1186	
	Number (%) dying in the first month	420	35%
	Number (%) dying in the second month	234	20%
	Number (%) dying in the third month	139	12%
	Number (%) dying after the third month	393	33%

**Table 1: Northern Region: Quarterly Analysis of Case Findings for New Patients Started on ART between April 1st and June 30th, 2005**

<b>Hospital</b>	<b>Number started on ART</b>	<b>Male</b>	<b>Female</b>	<b>Adult</b>	<b>Child</b>	<b>House-wife</b>	<b>Farmer</b>	<b>Forces</b>	<b>Teacher</b>	<b>Business</b>	<b>HCW</b>	<b>Student</b>	<b>Other</b>	<b>Occup. Not Known</b>	<b>Stage III</b>	<b>Stage IV</b>	<b>Low CD4 Count</b>	<b>TB</b>
Ekwindeni MH	68	18	50	67	1	21	16	0	6	11	0	3	10	1	41	23	4	12
Mzuzu Central H	409	162	247	373	36	108	55	6	20	104	8	30	78	0	269	111	29	50
St. John's MH	10	5	5	10	0	2	0	1	0	4	0	0	3	0	5	4	1	4
Moyale Barracks	24	8	16	23	1	10	0	5	0	6	0	2	1	0	12	12	0	3
Embwangeni DH	24	10	14	24	0	12	5	0	4	1	1	1	0	0	15	9	0	3
Mzimba DH	29	19	10	29	0	3	15	0	1	2	4	1	2	1	16	4	9	5
Nkhata Bay DH	128	55	73	127	1	9	50	0	6	15	4	3	26	15	100	24	4	10
Rumphu DH	152	53	99	151	1	67	43	2	10	11	2	5	12	0	106	46	0	40
Livingstonia MH	18	8	10	13	5	2	7	1	1	0	0	3	4	0	13	5	0	6
Karonga DH	30	19	11	30	0	8	13	2	3	0	1	0	3	0	18	12	0	1
Chitipa DH	75	23	52	75	0	23	10	1	6	22	1	5	7	0	57	18	0	9
<b>Total</b>	<b>967</b>	<b>380</b>	<b>587</b>	<b>922</b>	<b>45</b>	<b>265</b>	<b>214</b>	<b>18</b>	<b>57</b>	<b>176</b>	<b>21</b>	<b>53</b>	<b>146</b>	<b>17</b>	<b>652</b>	<b>268</b>	<b>47</b>	<b>143</b>

NS=Not Started (Site Not Providing ART as of 30 June 2005)

ND=No Data (Site Providing ART but not collecting info on specific variable)

N/A=Not Applicable

**Table 2: Central Region: Quarterly Analysis of Case Findings for New Patients Started on ART between April 1st and June 30th, 2005**

Hospital	Number started on ART	Male	Female	Adult	Child	House-wife	Farmer	Forces	Teacher	Business	HCW	Student	Other	Occup Not Known	Stage III	Stage IV	Low CD4 Count	TB
Lighthouse- LL	510	244	266	466	44	107	29	11	19	75	5	60	204	0	299	99	112	93
KCH- OPDI	55	28	27	55	0	9	1	1	3	6	3	1	18	13	21	14	20	9
KCH-Paediatrics	75	41	34	0	75	0	0	0	0	0	0	75	0	0	52	9	14	26
Lilongwe SOS	90	33	57	90	0	22	1	2	11	16	3	4	31	0	46	29	15	26
Kamuzu Barr H	32	19	13	32	0	9	0	19	0	0	0	0	4	0	13	13	6	5
Likumi DH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Mlale Rural MH	13	3	10	13	0	0	0	0	0	0	0	0	0	13	4	9	0	1
Nkhoma MH	11	5	6	11	0	1	6	0	1	3	0	0	0	0	9	2	0	5
Kuwale HC	9	4	5	9	0	0	0	0	0	0	0	0	0	9	8	1	0	2
St. Gabriels MH	32	12	20	32	0	10	16	0	1	3	1	0	1	0	20	12	0	4
Mehinji DH	131	54	77	131	0	13	74	2	5	14	1	1	21	0	100	18	13	19
Kapiri MH	14	8	6	14	0	4	5	0	0	2	0	0	3	0	10	4	0	1
Ntcheu DH	21	10	11	21	0	8	1	0	0	1	2	0	9	0	17	4	0	1
S. Theresa MH	33	11	22	33	0	9	12	1	1	5	1	0	4	0	20	12	1	2
Dedza DH	89	32	57	89	0	10	35	1	5	20	6	2	10	0	66	19	4	24
Nichisi DH	72	30	42	71	1	12	47	3	4	2	0	2	2	0	49	21	2	6
Dowa DH	144	67	77	142	2	37	65	7	8	10	1	4	12	0	73	53	18	38
Mtengowantenga	138	65	73	134	4	28	23	1	9	35	1	8	33	0	100	32	6	13
Kasungu DH	161	67	94	161	0	30	67	0	10	21	3	3	25	2	113	41	7	29
Madisi RH	1	0	1	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Salima DH	215	81	134	212	3	84	47	17	11	19	10	3	24	0	122	83	10	43
Mua MH	9	2	7	9	0	1	2	0	1	0	0	1	4	0	5	3	1	4
Nkhotakota DH	10	0	10	10	0	0	0	0	0	0	0	0	0	10	5	5	0	6
St Annes MH	19	7	12	19	0	1	8	0	2	5	0	0	3	0	11	8	0	3
Dwangwa Clinic	9	5	4	9	0	4	0	0	0	1	0	0	4	0	6	2	1	2
<b>Total</b>	<b>1893</b>	<b>828</b>	<b>1065</b>	<b>1764</b>	<b>129</b>	<b>399</b>	<b>439</b>	<b>65</b>	<b>91</b>	<b>238</b>	<b>37</b>	<b>164</b>	<b>413</b>	<b>47</b>	<b>1170</b>	<b>493</b>	<b>230</b>	<b>362</b>

NS=Not Started (Site Not Providing ART as of 30 June 2005)

ND=No Data (Site Providing ART but not collecting data on specific variable)

N/A=Not Applicable

Table 3: Southern Region: Quarterly Analysis of Case Findings for New Patients Started on ART between April 1st and June 30th, 2005

Hospital	Number started on ART	2836	1097	1739	2660	176	346	384	41	77	267	40	76	429	1176	1916	700	219	403
		Male	Female	Adult	Child	House-wife	Farmer	Forces	Teacher	Business	HCW	Student	Other	Occup. Not known	Stage III	Stage IV	Low CD4 Count	TB	
QECH, Bantyre	449	173	276	396	53	76	20	10	10	11	48	6	33	80	165	368	50	31	113
Miambe MH	56	22	34	56	0	23	1	0	0	2	12	1	1	16	0	35	14	7	11
Ndrande HC	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Mwanza DH	13	3	10	13	0	7	1	0	1	0	0	2	0	1	1	9	3	1	0
Nsanje DH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Sucoma Clinic	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Monfort MH	9	4	5	9	0	0	0	0	0	0	0	0	0	0	9	5	4	0	3
Chikwawa DH	96	47	49	96	0	27	12	2	2	14	14	3	2	34	0	84	11	1	24
Trinity MH	16	11	5	16	0	10	0	1	0	1	0	2	0	3	0	15	1	0	9
Malamulo MH	132	54	78	127	5	18	58	0	5	14	14	3	1	33	0	103	21	8	33
Thyolo DH	375	170	205	342	33	72	122	2	20	50	50	2	11	96	0	299	73	3	41
Chiradzulu DH	989	355	634	920	69	0	0	0	0	0	0	0	0	0	989	590	251	148	12
St. Joseph MH	117	43	74	113	4	19	27	1	9	31	31	1	8	16	5	48	67	2	28
Mulanje MH	64	15	49	61	3	5	16	0	3	9	9	3	3	25	0	40	23	1	14
Mulanje DH	20	7	13	20	0	1	2	1	2	0	0	4	0	3	7	12	8	0	9
Phalombe MH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Zomba CH	193	75	118	184	9	23	49	3	10	26	26	8	10	64	0	106	74	13	47
Zomba Barracks	28	16	12	28	0	8	0	18	0	0	0	1	1	0	0	14	12	1	9
Zomba Police	5	3	2	5	0	1	0	2	2	0	2	0	0	0	0	3	2	0	0
St. Lukes MH	80	36	44	80	0	11	31	2	5	13	13	1	2	15	0	53	26	1	13
Balaka DH	10	3	7	10	0	6	1	0	0	3	3	0	0	0	0	7	2	1	3
Andiamu Clinic	11	1	10	11	0	4	6	0	0	0	0	0	1	0	0	3	8	0	2
Machinga MH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Mangochi DH	173	59	114	173	0	45	28	0	6	45	45	3	3	43	0	122	50	1	32
Total																			

NS=Not Started (Site Not Providing ART as of 30 June 2005)  
 ND=No Data (Site Providing ART but not collecting data on specific variable)  
 N/A=Not Applicable

**Table 4: Northern Region: Quarterly Analysis of Treatment Outcomes for New Patients  
Started on ART between April 1st and June 30th, 2005**

<b>Hospital</b>	Number started on ART	Alive and on Treatment	Died	Default	Stop	TO	Alive and on ART	Ambulatory	At Work	Side Effects	No. Alive with Pill Counts	No. Drug Adherence >95%
Ekwendeni MH	68	63	5	0	0	0	63	63	60	1	25	22
Mzuzu Central H	409	371	10	0	0	28	371	366	364	75	330	309
St. John's MH	10	10	0	0	0	0	10	10	8	NA	NA	NA
Moyale Barracks	24	22	2	0	0	0	22	22	22	2	17	15
Embwangeni DH	24	24	0	0	0	0	24	24	23	5	15	15
Mzimba DH	29	29	0	0	0	0	29	29	26	NA	NA	NA
Nkhata Bay DH	128	118	10	0	0	0	118	118	118	0	37	30
Rumphi DH	152	143	6	0	2	1	143	143	143	6	103	85
Livingstonia MH	18	16	2	0	0	0	16	15	13	0	10	9
Karonga DH	30	30	0	0	0	0	30	26	15	NA	NA	NA
Chitipa DH	75	60	13	0	0	2	60	59	59	0	50	50
<b>Total</b>	<b>967</b>	<b>886</b>	<b>48</b>	<b>0</b>	<b>2</b>	<b>31</b>	<b>886</b>	<b>875</b>	<b>851</b>	<b>89</b>	<b>587</b>	<b>535</b>

NS=Not Started (Site Not Providing ART as of 30 June 2005)

ND=No Data (Site Providing ART but not collecting data on specific variables)

N/A=Not Applicable

**Table 5: Central Region: Quarterly Analysis of Treatment Outcomes for New Patients  
Started on ART between April 1st and June 30th, 2005**

Hospital	Number started on ART	Alive and on Treatment	Died	Default	Stop	TO	Alive and on ART	Ambulatory	At Work	Side Effects	No. Alive with Pill Counts	No. Drug Adherence >95%
Lighthouse- LL	510	488	2	0	1	19	488	485	485	ND	ND	ND
KCH- OPD1	55	51	2	0	0	2	51	50	50	1	34	32
KCH-Paediatrics	75	72	2	0	0	1	72	ND	ND	ND	ND	ND
Lilongwe SOS	90	76	8	0	0	6	76	75	75	0	75	75
Kamuzu Barr H	32	29	1	0	1	1	29	29	29	2	21	20
Likuni DH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Mlale Rural MH	13	13	0	0	0	0	13	13	13	0	13	13
Nkhoma MH	11	11	0	0	0	0	11	11	11	0	9	9
Kuwale HC	9	8	0	0	0	1	8	8	8	2	8	8
St. Gabriels MH	32	31	1	0	0	0	31	31	30	0	30	30
Mchinji DH	131	121	9	0	0	1	121	121	121	0	88	86
Kapiri MH	14	12	1	0	0	1	12	12	6	1	6	6
Ntcheu DH	21	21	0	0	0	0	21	21	21	0	21	21
S. Theresa MH	33	29	3	0	1	0	29	28	28	0	29	29
Dedza DH	89	82	6	0	0	1	82	81	75	7	82	79
Ntchisi DH	72	69	2	0	0	1	69	69	68	1	64	63
Dowa DH	144	133	7	0	0	4	133	124	98	10	126	121
Mtengowantenga	138	118	9	0	0	11	118	112	104	4	113	111
Kasungu DH	161	147	9	0	2	3	147	147	140	4	122	122
Madisi RH	1	1	0	0	0	0	1	1	1	0	1	1
Salima DH	215	176	34	0	0	5	176	176	176	0	167	151
Mua MH	9	9	0	0	0	0	9	9	9	NA	NA	NA
Nkhotakota DH	10	10	0	0	0	0	10	10	9	NA	NA	NA
St Annes MH	19	18	1	0	0	0	18	18	18	0	18	18
Dwangwa Clinic	9	9	0	0	0	0	9	8	8	0	9	9
<b>Total</b>	<b>1893</b>	<b>1734</b>	<b>97</b>	<b>0</b>	<b>5</b>	<b>57</b>	<b>1734</b>	<b>1639</b>	<b>1583</b>	<b>32</b>	<b>1036</b>	<b>1004</b>

NS=Not Started (Site Not Providing ART as of 30 June 2005)

ND=No Data (Site Providing ART but not collecting data on specific variable)

N/A=Not Applicable

**Table 6: Southern Region: Quarterly Analysis of Treatment Outcomes for New Patients Started on ART between April 1st and June 30th, 2005**

Hospital	Number started on ART	Alive and on Treatment	Died	Default	Stop	TO	Alive and on ART	Ambulatory	At Work	Side Effects	No. Alive with Pijl Counts	No. Drug Adherence >95%
QECH, Blantyre	449	433	12	0	0	4	433	430	410	13	352	347
Mlambe MH	56	54	2	0	0	0	54	54	49	1	17	17
Ndirande HC	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Mwanza DH	13	13	0	0	0	0	13	13	13	0	NA	NA
Nsanje DH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Sucoma Clinic	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Monfort MH	9	9	0	0	0	0	9	9	9	0	NA	NA
Chikwawa DH	96	83	11	0	1	1	83	83	83	2	83	83
Trinity MH	16	16	0	0	0	0	16	14	11	0	NA	NA
Malamulo MH	132	126	6	0	0	0	126	123	112	4	77	77
Thyolo DH	375	361	10	0	2	2	361	351	318	0	ND	ND
Chiradzulu DH	989	975	13	0	0	1	975	ND	ND	ND	ND	ND
St. Joseph MH	117	112	4	0	0	1	112	110	106	2	97	96
Mulanje MH	64	57	7	0	0	0	57	56	54	9	ND	ND
Mulanje DH	20	20	0	0	0	0	20	20	18	0	NA	NA
Phalombe MH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Zomba CH	193	182	11	0	0	0	182	178	122	18	130	127
Zomba Barracks	28	24	1	0	2	1	24	24	22	0	24	24
Zomba Police	5	5	0	0	0	0	5	5	4	0	NA	NA
St. Lukes MH	80	75	5	0	0	0	75	73	71	9	73	73
Balaka DH	10	10	0	0	0	0	10	10	10	0	NA	NA
Andiamu Clinic	11	10	1	0	0	0	10	10	10	0	10	10
Machinga MH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Mangochi DH	173	162	9	0	1	1	162	162	155	3	108	103
<b>Total</b>	<b>2836</b>	<b>2727</b>	<b>92</b>	<b>0</b>	<b>6</b>	<b>11</b>	<b>2727</b>	<b>1725</b>	<b>1577</b>	<b>61</b>	<b>971</b>	<b>957</b>

NS=Not Started (Site Not Providing ART as of 30 June 2005)

ND=No Data (Site Providing ART but not collecting data on specific variable)

N/A=Not Applicable



**Table 7: Northern Region: Cumulative Analysis of Case Findings for Patients Ever Started on ART up to June 30th, 2005**

<b>Hospital</b>	<b>Number started on ART</b>	<b>Male</b>	<b>Female</b>	<b>Adult</b>	<b>Child</b>	<b>House-wife</b>	<b>Farmer</b>	<b>Forces</b>	<b>Teacher</b>	<b>Business</b>	<b>HCW</b>	<b>Student</b>	<b>Other</b>	<b>Occup. Not Known</b>	<b>Stage III</b>	<b>Stage IV</b>	<b>Low CD4 Count</b>	<b>TB</b>
Ekwendeni MH	339	132	207	333	6	81	79	0	28	45	8	12	63	23	272	59	8	22
Mzuzu Central H	1876	753	1123	1815	61	414	181	36	91	209	74	81	790	0	1218	381	277	118
St. John's MH	10	5	5	10	0	2	0	1	0	4	0	0	3	0	5	4	1	4
Moyale Barracks	55	31	24	54	1	14	0	26	1	9	2	2	1	0	32	23	0	10
Embwangeni DH	36	13	23	36	0	14	6	0	4	1	9	1	1	0	22	13	1	5
Mzimba DH	29	19	10	29	0	3	15	0	1	2	4	1	2	1	16	4	9	5
Nkhata Bay DH	208	92	116	207	1	15	60	1	7	33	8	4	31	49	169	35	4	18
Rumphi DH	257	82	175	256	1	97	66	4	21	22	13	7	27	0	169	78	10	58
Livingstonia MH	85	32	53	75	10	18	25	1	6	5	3	9	9	9	65	20	0	21
Karonga DH	30	19	11	30	0	8	13	2	3	0	1	0	3	0	18	12	0	1
Chitipa DH	131	46	85	131	0	28	21	1	12	39	3	10	17	0	101	30	0	21
<b>Total</b>	<b>3056</b>	<b>1224</b>	<b>1832</b>	<b>2976</b>	<b>80</b>	<b>694</b>	<b>466</b>	<b>72</b>	<b>174</b>	<b>369</b>	<b>125</b>	<b>127</b>	<b>947</b>	<b>82</b>	<b>2087</b>	<b>659</b>	<b>310</b>	<b>283</b>

NS=Not Started (Site Not Providing ART as of 30 June 2005)

ND=No Data (Site Providing ART but not collecting data on specific variable)

N/A=Not Applicable

**Table 8: Central Region: Cumulative Analysis of Case Findings for Patients Ever Started on ART up to June 30th, 2005**

Hospital	Number started on ART	Male	Female	Adult	Child	House-wife	Farmer	Forces	Teacher	Business	HCW	Student	Other	Occup Not Known	Stage III	Stage IV	Low CD4 Count	TB
Lighthouse- LL	4242	2025	2217	3968	274	779	150	56	283	663	51	335	1925	0	1708	552	1982	204
KCH- OPDI	205	95	110	205	0	28	2	2	10	14	4	2	38	105	103	60	42	44
KCH-Paediatrics	75	41	34	0	75	0	0	0	0	0	0	75	0	0	52	9	14	26
Lilongwe SOS	228	97	131	228	0	39	7	3	25	44	3	13	94	0	140	44	44	66
Kamuzu Barr H	190	124	66	190	0	55	0	118	5	0	1	0	11	0	99	36	55	50
Likuni DH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Mlale Rural MH	13	3	10	13	0	0	0	0	0	0	0	0	0	13	4	9	0	1
Nkhoma MH	11	5	6	11	0	1	6	0	1	3	0	0	0	0	9	2	0	5
Kuwale HC	9	4	5	9	0	0	0	0	0	0	0	0	0	9	8	1	0	2
St. Gabriels MH	107	39	68	107	0	54	35	1	7	7	1	0	2	0	53	49	5	16
Mchinji DH	221	79	142	221	0	18	134	2	7	20	13	2	25	0	165	31	25	34
Kapiri MH	131	53	78	128	3	50	39	1	12	13	5	4	7	0	89	26	16	7
Ntcheu DH	21	10	11	21	0	8	1	0	0	1	2	0	9	0	17	4	0	1
S. Theresa MH	45	12	33	45	0	10	19	1	2	5	4	0	4	0	28	16	1	5
Dedza DH	149	53	96	149	0	24	53	1	8	30	11	2	20	0	112	31	6	42
Nichisi DH	151	63	88	150	1	16	108	5	5	9	2	3	3	0	78	70	3	15
Dowa DH	298	136	162	296	2	62	130	16	15	24	7	7	37	0	179	80	39	76
Mtengowantenga	210	102	108	204	6	39	31	4	19	49	3	15	50	0	152	46	12	29
Kasungu DH	273	116	157	273	0	60	107	2	15	42	8	4	33	2	199	59	15	64
Madisi RH	1	0	1	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Salima DH	320	129	191	317	3	128	69	17	11	31	15	7	42	0	165	144	11	66
Mua MH	9	2	7	9	0	1	2	0	1	0	0	1	4	0	5	3	1	4
Nkhotakota DH	10	0	10	10	0	0	0	0	0	0	0	0	0	10	5	5	0	6
St Annes MH	19	7	12	19	0	1	8	0	2	5	0	0	3	0	11	8	0	3
Dwangwa Clinic	9	5	4	9	0	4	0	0	0	1	0	0	4	0	6	2	1	2
<b>Total</b>	<b>6947</b>	<b>3200</b>	<b>3747</b>	<b>6583</b>	<b>364</b>	<b>1377</b>	<b>901</b>	<b>229</b>	<b>428</b>	<b>961</b>	<b>130</b>	<b>470</b>	<b>2312</b>	<b>139</b>	<b>3388</b>	<b>1287</b>	<b>2272</b>	<b>768</b>

NS=Not Started (Site Not Providing ART as of 30 June 2005)

ND=No Data (Site Providing ART but Not Collecting Data on Specific Variable)

N/A=Not Applicable

**Table 9: Southern Region: Cumulative Analysis of Case Findings for Patients Ever Started on ART up to June 30th, 2005**

Hospital	Number started on ART	Male	Female	Adult	Child	House-wife	Farmer	Forces	Teacher	Business	HCW	Student	Other	Occup. Not Known	Stage III	Stage IV	Low CD4 Count	TB
QECH, Blantyre	2154	888	1266	1986	168	76	20	10	11	48	6	33	80	1870	1126	500	528	201
Mlambe MH	56	22	34	56	0	23	1	0	2	12	1	1	16	0	35	14	7	11
Ndirande HC	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Mwanza DH	13	3	10	13	0	7	1	0	1	0	2	0	1	1	9	3	1	0
Nsarje DH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Sucoma Clinic	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Monfort MH	9	4	5	9	0	0	0	0	0	0	0	0	0	9	5	4	0	3
Chikwawa DH	171	79	92	171	0	50	29	2	5	23	6	2	54	0	136	33	2	52
Trinity MH	16	11	5	16	0	0	10	0	1	0	2	0	3	0	15	1	0	9
Malamulo MH	336	129	207	326	10	35	131	0	10	57	9	4	90	0	264	60	12	106
Thyolo DH	2245	833	1412	2096	149	163	240	5	38	104	9	41	180	1465	1698	486	61	424
Chiradzulu DH	5819	2021	3798	5482	337	0	0	0	0	0	0	0	0	5819	3339	1725	755	779
St. Joseph MH	487	186	301	459	28	147	135	1	14	104	6	27	48	5	265	212	10	51
Mulanje MH	371	98	273	362	9	20	128	1	18	45	15	11	133	0	254	101	16	102
Mulanje DH	20	7	13	20	0	1	2	1	2	0	4	0	3	7	12	8	0	9
Phalombe MH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Zomba CH	489	178	311	480	9	61	109	18	36	85	24	27	129	0	260	213	16	116
Zomba Barracks	56	33	23	56	0	15	0	34	0	0	5	1	1	0	37	15	3	18
Zomba Police	5	3	2	5	0	1	0	2	0	2	0	0	0	0	3	2	0	0
St. Lukes MH	265	80	185	265	0	56	80	2	29	34	4	8	52	0	178	76	11	68
Balaka DH	10	3	7	10	0	6	1	0	0	3	0	0	0	0	7	2	1	3
Andiamu Clinic	136	30	106	118	18	49	28	0	8	8	1	18	24	0	112	24	0	28
Machinga MH	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Mangochi DH	312	104	208	312	0	63	63	0	11	74	6	7	88	0	232	73	7	50
<b>Total</b>	<b>12970</b>	<b>4712</b>	<b>8258</b>	<b>12242</b>	<b>728</b>	<b>773</b>	<b>978</b>	<b>76</b>	<b>186</b>	<b>599</b>	<b>100</b>	<b>180</b>	<b>902</b>	<b>9176</b>	<b>7987</b>	<b>3552</b>	<b>1430</b>	<b>2030</b>

NS=Not Started (Site Not Providing ART as of 30 June 2005)

ND=No Data (Site Providing ART but not collecting data on specific variable)

N/A=Not Applicable

**Table 10: Northern Region: Cumulative Analysis of Treatment Outcomes for Patients Ever Started on ART up to June 30th, 2005**

<b>Hospital</b>	Number started on ART	Alive and on Treatment	Died	Default	Stop	TO	Alive and on ART	Ambulatory	At Work	Side Effects	No. Alive with Pill Counts	No. Drug Adherence >95%
Ekwendeni MH	339	270	19	18	1	31	270	270	267	11	208	168
Mzuzu Central H	1876	1460	136	70	0	210	1460	1428	1366	246	1390	1278
St. John's MH	10	10	0	0	0	0	10	10	8	NA	NA	NA
Moyale Barracks	55	47	6	0	0	2	47	47	47	9	42	35
Embwangeni DH	36	35	0	0	0	1	35	35	34	9	27	27
Mzimba DH	29	29	0	0	0	0	29	29	26	NA	NA	NA
Nkhata Bay DH	208	185	13	10	0	0	185	188	188	0	109	102
Rumphi DH	257	235	15	0	5	2	235	235	235	11	187	147
Livingstonia MH	85	51	18	9	0	7	51	51	49	1	42	37
Karonga DH	30	30	0	0	0	0	30	26	15	NA	NA	NA
Chitipa DH	131	106	23	0	0	2	106	105	105	2	94	93
<b>Total</b>	<b>3056</b>	<b>2458</b>	<b>230</b>	<b>107</b>	<b>6</b>	<b>255</b>	<b>2458</b>	<b>2424</b>	<b>2340</b>	<b>289</b>	<b>2099</b>	<b>1887</b>

**Table 11: Central Region: Cumulative Analysis of Treatment Outcomes for Patients Ever Started on ART up to June 30th, 2005**

Hospital	Number started on ART	Alive and on Treatment	Died	Default	Stop	TO	Alive and on ART	Ambulatory	At Work	Side Effects	No. Alive with Pill Counts	No. Drug Adherence >95%
Lighthouse- LL	4242	2806	45	18	56	445	2806	2780	2650	ND	ND	ND
KCH- OPD1	205	158	19	70	1	9	158	157	157	4	125	113
KCH-Paediatrics	75	72	2	0	0	1	72	ND	ND	ND	ND	ND
Lilongwe SOS	228	170	31	0	1	7	170	169	169	1	169	169
Kamuzu Barr H	190	134	12	0	3	40	134	134	131	7	112	102
Likuni DH	NS	NS	NS	0	NS	NS	NS	NS	NS	NS	NS	NS
Mlale Rural MH	13	13	0	10	0	0	13	13	13	0	13	13
Nkhoma MH	11	11	0	0	0	0	11	11	11	0	9	9
Kuwale HC	9	8	0	9	0	1	8	8	8	2	8	8
St. Gabriels MH	107	96	7	0	1	3	96	96	95	1	95	95
Mchinji DH	221	204	16	0	0	1	204	204	204	3	169	163
Kapiri MH	131	57	29	0	4	28	57	57	52	1	50	41
Ntcheu DH	21	21	0	890	0	0	21	21	21	0	21	21
S. Theresa MH	45	37	5	18	2	0	37	36	36	0	29	29
Dedza DH	149	131	16	0	0	1	131	129	129	14	130	126
Ntchisi DH	151	126	12	19	2	2	126	125	122	1	117	102
Dowa DH	298	255	28	1	1	11	255	244	206	28	250	234
Mtengowantenga	210	173	10	NS	0	27	173	208	196	4	185	183
Kasungu DH	273	250	16	0	2	5	250	248	243	16	208	207
Madisi RH	1	1	0	0	0	0	1	1	1	0	1	1
Salima DH	320	250	64	0	0	6	250	248	248	3	250	233
Mua MH	9	9	0	0	0	0	9	9	9	NA	NA	NA
Nkhotakota DH	10	10	0	0	0	0	10	10	9	NA	NA	NA
St Annes MH	19	18	1	13	0	0	18	18	18	0	18	18
Dwangwa Clinic	9	9	0	0	0	0	9	8	8	0	9	9
<b>Total</b>	<b>6947</b>	<b>5019</b>	<b>313</b>	<b>1048</b>	<b>73</b>	<b>587</b>	<b>5019</b>	<b>4934</b>	<b>4736</b>	<b>85</b>	<b>1968</b>	<b>1876</b>

NS=Not Started (Site Not Providing ART as of 30 June 2005)

ND=No Data (Site Providing ART but not collecting information on specific variable)

N/A=Not Applicable

**Table 12: Southern Region: Cumulative Analysis of Treatment Outcomes for Patients Ever Started on ART up to June 30th, 2005**

<b>Hospital</b>	Number started on ART	Alive and on Treatment	Died	Default	Stop	TO		Alive and on ART	Ambulatory	At Work	Side Effects		No. Alive with Pill Counts	No. Drug Adherence >95%
QECH, Blantyre	2154	1972	97	17	3	65		1972	1940	1898	361		1714	1709
Mlambe MH	56	54	2	0	0	0		54	54	49	1		17	17
Ndirande HC	NS	NS	NS	NS	NS	NS		NS	NS	NS	NS		NS	NS
Mwanza DH	13	13	0	0	0	0		13	13	13	0		NA	NA
Nsanje DH	NS	NS	NS	NS	NS	NS		NS	NS	NS	NS		NS	NS
Sucoma Clinic	NS	NS	NS	NS	NS	NS		NS	NS	NS	NS		NS	NS
Monfort MH	9	9	0	0	0	0		9	9	9	0		NA	NA
Chikwawa DH	171	142	24	1	2	2		142	142	142	2		142	142
Trinity MH	16	16	0	0	0	0		16	14	11	0		NA	NA
Malamulo MH	336	311	24	1	0	0		311	308	293	22		261	261
Thyolo DH	2245	1816	242	61	65	61		1816	1814	1665	69		ND	ND
Chiradzulu DH	5819	4534	737	372	108	68		4534	ND	ND	ND		ND	ND
St. Joseph MH	487	420	41	19	0	7		420	ND	ND	ND		ND	ND
Mulanje MH	371	278	83	2	5	3		278	270	262	56		ND	ND
Mulanje DH	20	20	0	0	0	0		20	20	18	0		NA	NA
Phalombe MH	NS	NS	NS	NS	NS	NS		NS	NS	NS	NS		NS	NS
Zomba CH	489	418	57	5	2	7		418	412	294	81		359	354
Zomba Barracks	56	39	6	2	4	5		39	39	36	0		39	39
Zomba Police	5	5	0	0	0	0		5	5	4	0		NA	NA
St. Lukes MH	265	199	40	11	7	8		199	193	185	28		191	191
Balaka DH	10	10	0	0	0	0		10	10	10	0		NA	NA
Andiamu Clinic	136	125	5	5	1	0		125	125	125	0		125	125
Machinga MH	NS	NS	NS	NS	NS	NS		NS	NS	NS	NS		NS	NS
Mangochi DH	312	276	23	10	2	1		276	276	269	11		231	221
<b>Total</b>	<b>12970</b>	<b>10657</b>	<b>1381</b>	<b>506</b>	<b>199</b>	<b>227</b>		<b>10657</b>	<b>5644</b>	<b>5283</b>	<b>631</b>		<b>3079</b>	<b>3059</b>

NS=Not Started (Site not providing ART as of 30 June 2005)  
 ND=No Data (Site providing ART but not collecting data on specific variable)  
 N/A=Not Applicable

**Table 13: Northern Region: Analysis of HIV-related Diseases for Patients Ever  
Started on ART up to June 30th, 2005  
12- and 6- month survival analyses through June 2005**

Hospital	HIV-related Diseases				12 month cohort analysis						6 month cohort analysis					
	TB	KS	CM	OC	No. Started	Alive on ART	Dead	DF	Stop	TO	No. Started	Alive on ART	Dead	DF	Stop	TO
Ekwendeni MH	29	2	1	2	0	0	0	0	0	0	10	6	0	3	0	1
Mzuzu Central H	77	24	131	71	0	0	0	0	0	0	469	303	33	19	0	114
St. John's MH	27	2	16	29	0	0	0	0	0	0	0	0	0	0	0	0
Moyale Barracks	0	2	1	1	8	5	2	0	0	1	1	1	0	0	0	0
Embwangeni DH	13	1	2	15	0	0	0	0	0	0	0	0	0	0	0	0
Mzimba DH	105	2	14	13	0	0	0	0	0	0	0	0	0	0	0	0
Nkhata Bay DH	97	4	1	17	0	0	0	0	0	0	0	0	0	0	0	0
Rumphi DH	97	7	6	16	0	0	0	0	0	0	0	0	0	0	0	0
Livingstonia MH	13	0	2	4	0	0	0	0	0	0	0	0	0	0	0	0
Karonga DH	56	6	8	15	0	0	0	0	0	0	0	0	0	0	0	0
Chitipa DH	13	5	0	10	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>527</b>	<b>55</b>	<b>182</b>	<b>193</b>	<b>8</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>480</b>	<b>310</b>	<b>33</b>	<b>22</b>	<b>0</b>	<b>115</b>

NS=Not Started (Site not providing ART as of 30 June 2005)

ND=No Data (Site providing ART but not collecting data on specific variable)

N/A=Not Applicable

**Table 14: Central Region: Analysis of HIV-related Diseases for Patients Ever Started on ART up to June 30th, 2005**

**12- and 6- month survival analyses through June 2005**

Hospital	HIV-related Diseases				12 month cohort analysis				6 month cohort analysis							
	TB	KS	CM	OC	No. Started	Alive on ART	Dead	DF	Stop	TO	No. Started	Alive on ART	Dead	DF	Stop	TO
Lighthouse- LL	816	37	40	129	0	0	0	0	0	0	498	378	6	75	1	38
KCH- OPD1	232	3	68	125	0	0	0	0	0	0	67	45	10	10	0	2
KCH-Paediatrics	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lilongwe SOS	0	6	1	4	0	0	0	0	0	0	61	44	12	5	0	0
Kamuzu Barr H	0	0	0	0	0	0	0	0	0	0	38	20	2	0	1	15
Likuni DH	90	0	7	10	0	0	0	0	0	0	0	0	0	0	0	0
Milale Rural MH	0	6	1	9	0	0	0	0	0	0	0	0	0	0	0	0
Nkhoma MH	127	0	2	9	0	0	0	0	0	0	0	0	0	0	0	0
Kuwale HC	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Gabriels MH	98	0	1	1	19	17	1	0	1	0	11	11	0	0	0	0
Mchinji DH	77	10	11	31	0	0	0	0	0	0	6	6	0	0	0	0
Kapiri MH	0	1	7	3	0	0	0	0	0	0	0	0	0	0	0	0
Ntcheu DH	145	0	3	75	0	0	0	0	0	0	0	0	0	0	0	0
S. Theresa MH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dedza DH	59	9	4	36	0	0	0	0	0	0	0	0	0	0	0	0
Ntchisi DH	53	2	2	9	0	0	0	0	0	0	0	0	0	0	0	0
Dowa DH	80	6	14	11	0	0	0	0	0	0	0	0	0	0	0	0
Mtengowantenga	12	7	12	16	0	0	0	0	0	0	0	0	0	0	0	0
Kasungu DH	174	14	11	33	0	0	0	0	0	0	0	0	0	0	0	0
Madisi RH	42	0	1	5	0	0	0	0	0	0	0	0	0	0	0	0
Salima DH	105	19	8	22	0	0	0	0	0	0	0	0	0	0	0	0
Mua MH	19	0	2	11	0	0	0	0	0	0	0	0	0	0	0	0
Nkhotakota DH	83	0	2	7	0	0	0	0	0	0	0	0	0	0	0	0
St Annes MH	64	1	6	17	0	0	0	0	0	0	0	0	0	0	0	0
Dwangwa Clinic	4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2280</b>	<b>125</b>	<b>203</b>	<b>563</b>	<b>19</b>	<b>17</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>681</b>	<b>504</b>	<b>30</b>	<b>90</b>	<b>2</b>	<b>55</b>

NS=Not Started (Site not providing ART as of 30 June 2005)

ND=No Data (Site providing ART but not collecting information on specific variable)

N/A=Not Applicable



**Table 15: Southern Region: Analysis of HIV-related Diseases for Patients Ever Started on ART up to June 30th, 2005**  
**12- and 6- month survival analyses through June 2005**

Hospital	HIV-related Diseases				12 month cohort analysis				6 month cohort analysis							
	TB	KS	CM	OC	No. Started	Alive on ART	Dead	DF	Stop	TO	No. Started	Alive on ART	Dead	DF	Stop	TO
QECH, Blantyre	928	19	104	173	0	0	0	0	0	0	398	365	26	0	2	5
Mlambe MH	142	6	8	6	0	0	0	0	0	0	0	0	0	0	0	0
Ndirande HC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mwanza DH	111	0	2	11	0	0	0	0	0	0	0	0	0	0	0	0
Nsanje DH	168	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sucoma Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Monfort MH	48	1	2	9	0	0	0	0	0	0	0	0	0	0	0	0
Chikwawa DH	199	10	2	25	0	0	0	0	0	0	0	0	0	0	0	0
Trinity MH	89	1	0	7	0	0	0	0	0	0	0	0	0	0	0	0
Malamulo MH	84	7	7	10	0	0	0	0	0	0	69	63	5	1	0	0
Thyolo DH	190	18	1	7	276	199	34	13	13	17	350	287	33	9	15	6
Chiradzulu DH	203	0	17	0	522	418	42	57	2	3	618	473	55	75	1	14
St. Joseph MH	82	9	18	20	61	54	7	0	0	0	96	88	8	0	0	0
Mulanje MH	120	3	1	4	35	22	12	0	1	0	115	75	32	2	3	3
Mulanje DH	116	2	4	19	0	0	0	0	0	0	0	0	0	0	0	0
Phalombe MH	112	0	5	3	0	0	0	0	0	0	0	0	0	0	0	0
Zomba CH	448	19	30	55	0	0	0	0	0	0	146	106	33	2	1	4
Zomba Barracks	0	2	6	1	0	0	0	0	0	0	22	14	2	2	1	3
Zomba Police	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Lukes MH	57	12	7	3	0	0	0	0	0	0	75	55	14	3	0	3
Balaka DH	221	1	5	4	0	0	0	0	0	0	0	0	0	0	0	0
Andiamu Clinic	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Machinga MH	152	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mangochi DH	458	16	11	17	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3928</b>	<b>129</b>	<b>230</b>	<b>374</b>	<b>894</b>	<b>693</b>	<b>95</b>	<b>70</b>	<b>16</b>	<b>20</b>	<b>1889</b>	<b>1526</b>	<b>208</b>	<b>94</b>	<b>23</b>	<b>38</b>

NS=Not Started (Sites not providing ART as of 30 June 2005)

ND=No Data (Sites providing ART but not collecting data on the specific variable)

N/A=Not Applicable

**Table 16: Stocks of ARV Drugs and HIV Test Kits as of August 2005**

	North	Central	South	Total
Lamivir 30--SP	1587	4394	4975	10956
Lamivir 40--SP	505	1147	1602	3254
Triommune 30--SP	1681	4390	4856	10927
Triommune 40--SP	515	1148	1652	3315
Triommune 30--CP	25990	49256	82421	157667
Triommune 40--CP	5394	12023	19847	37264
Duovir	353	405	1617	2375
Determine	14950	14318	17251	46519
Unigold	16935	10045	18547	45527
Bioline	11704	9587	13255	34546
Haemastrip	480	746	534	1760