Returning HIV-exposed infants to care in Lilongwe, Malawi

Results from a pilot integrating infant defaulter tracing into the Malawi Option B+ programme

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Disclosure

• The co-authors have no conflicts of interest to disclose.
Objective

• To describe a promising practice to promote retention of HIV-exposed infants (HEIs) in the post-natal care continuum
Background

• Despite high uptake of services in the early PMTCT care continuum in Malawi’s Option B+ Programme, loss to follow-up for HEIs remains high:
  – 7%, 21%, and 40% by 2, 12, and 24 months of age, respectively¹

• Sub-optimal retention in care for HIV-exposed infants:
  – Undermines early HIV diagnosis and treatment²
  – Threatens progress in reducing vertical HIV transmission in Malawi and other high-burden settings

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Background

• In October 2013, in collaboration with the Lilongwe District Health Office (DHO), we launched an HEI “defaulter” tracing program
  – Part of the UNICEF Optimizing HIV Treatment Access (OHTA) Initiative to increase timely uptake, adherence, and retention along the PMTCT care continuum
  – For OHTA program purposes, we defined a “defaulter” as any HEI who missed a scheduled follow-up appointment by ≥14 days
Intervention Description

• 20 public health centres in Lilongwe, Malawi
• Established and implemented a paper-based HEI appointment register, HEI defaulter register, and HEI tracing M&E form
• Trained and mentored 737 community-based MOH Health Surveillance Assistants (HSAs) to perform tracing procedures
• Prioritized HEIs who missed milestone visits for HIV-1 testing (at 2, 12 and 24 months)
• Any HEI in the MOH follow-up program who missed a routine visit by 14 or more days was eligible to be in the program, independent of birth date
Intervention Description

Pre-tracing activities included HCWs reviewing MOH treatment cards and registers to identify “defaulter” HEIs.
Intervention Description

HSA HEI tracing involved the following procedures:
1. Initial client phone contact
2. Failing phone contact, a home visit was initiated
3. Review of both mother and infant passport books for last clinic visit, HEI milestone EID testing, and sufficient maternal ART supply and infant CPT supply
4. Field-based psychosocial counseling
5. Return appointment date provision to both mother and infant
6. Accurate reporting using data collection tools from the MOH National HIV Care Clinic (HCC) and OHTA defaulter-tracing programme
Intervention Description

- Provided 30 push bicycles to the 20 pilot health facilities
- All HSAs received a modest lunch allowance/enabler (~$2 USD) following successful completion and documentation of a day’s worth of field tracing activities
Methods

• Retrospective chart review
  – MOH HIV Care Clinic patient cards and registers
  – OHTA registers and M&E tools

• 2,707 HEIs who had missed a scheduled appointment by ≥14 days
  – Reviewed records for the period October 2013 to September 2015
Results

• 2,078 of 2,707 HEIs (76.8%) were successfully reached by phone contact or home visit
• Following tracing, 1,969 of 2,078 reached HEIs (94.8%) were returned to care
Results

• Of 1,969 HEIs returned to care, all underwent HIV testing per national guidelines
• Of these, 50 HIV-infected infants were identified (2.5%, 50/1,969)
• All 50 HIV-infected HEIs initiated ART (100%, 50/50)
Limitations

• Retrospective, routinely collected program data
• Issues of sustainability surrounding health worker enablers
• Descriptive study not designed to ascertain which sub-groups or age bands of HEIs most likely to be traced and re-engaged into care
Conclusions

• Integrating HEI defaulter tracing into the health system facilitated improved HIV care retention for HEIs, and successful HIV diagnosis and ART initiation for HIV-infected infants

• Our approach—engaging existing health workers, giving enablers, and providing field supervision and mentorship—may be a feasible and low-resource strategy to strengthen HEI care retention in Malawi
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