



Returning adults and children on ART and HIV-exposed infants to care within the national HIV program in Lilongwe, Malawi: Results from an expert client-led intervention

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Introduction

Malawi has made strides in delivering services to persons living with HIV (PLHIV), with 73% and 89% of adult PLHIV knowing their status and reporting current ART use, respectively. Despite this, achieving epidemic control in Malawi remains challenging, particularly retaining clients in care. Only 78% of children living with HIV and 75% of adult PLHIV remain on ART at 12 months. Loss to follow up (LTFU) at 12 months is also high for mothers on ART (27%) and HIV-exposed infants (HEI) (15%). Poor retention threatens HIV diagnosis, viral suppression, and progress in reducing onward transmission. In Malawi, follow up of LTFU clients has been a core function of Ministry of Health (MOH) Health Surveillance Assistants (HSAs), which is an understaffed and overburdened cadre. In response to these challenges, beginning in 2015, the SIDA-funded Optimizing HIV Treatment Access (OHTA) Initiative supported collaboration among MOH, UNICEF, and UNC to introduce a community-based Expert Client (EC) intervention to improve retention and return to care for PLHIV in the national program with a particular focus on HEIs and mothers enrolled in the national PMTCT program.

Materials and Methods

In 2016, the OHTA project supported training of 118 stable male and female PLHIV volunteers as ECs to follow up HEI, Option B+ mothers and other ART clients who disengaged from care in 15 facility catchment areas in Lilongwe. ECs worked with their UNC nurse supervisor and health workers in each facility to review medical records and identify clients for tracing through home visits. Individual records for clients enrolled in the national HIV program between October 2015 and March 2017 were reviewed; program outcomes are presented here.

Results

Out of 118 ECs trained, 98 (83%) were still active as of July 2017. In the 15 facilities, 1,133 clients were identified as disengaged from care, of whom 682 (60%) met the MOH LTFU definition. Of clients who disengaged from care, 104 (9%) were HEI, 208 (18%) were mothers on ART; 141 (12%) were children on ART; and 680 (60%) were other adults on ART. Of the 1,133 clients, 942 (83%) were successfully traced with an outcome ascertained; 191 (17%) were assumed LTFU. Of those with an outcome, 595 (63%) were returned to care, including 68% of HEI, 50% of mothers on ART, 59% of children on ART and 49% of other adults on ART. Of the remainder, 167 (18%) self-transferred, 113 (12%) stopped ART, and 67 (7%) died.

Fig. 1: Tracing Process Outcomes

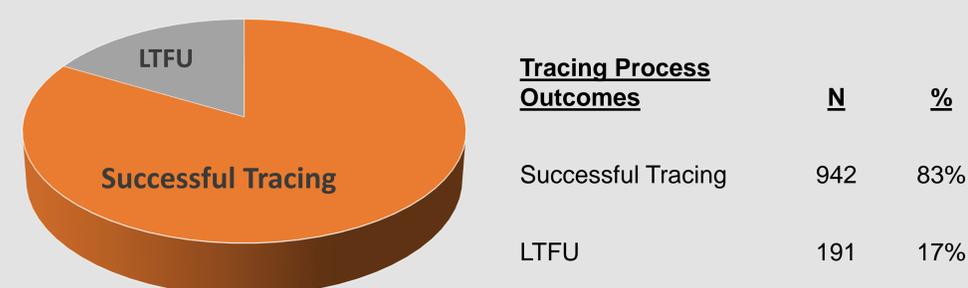


Fig. 2: Breakdown of Patient Population Disengaged from Care

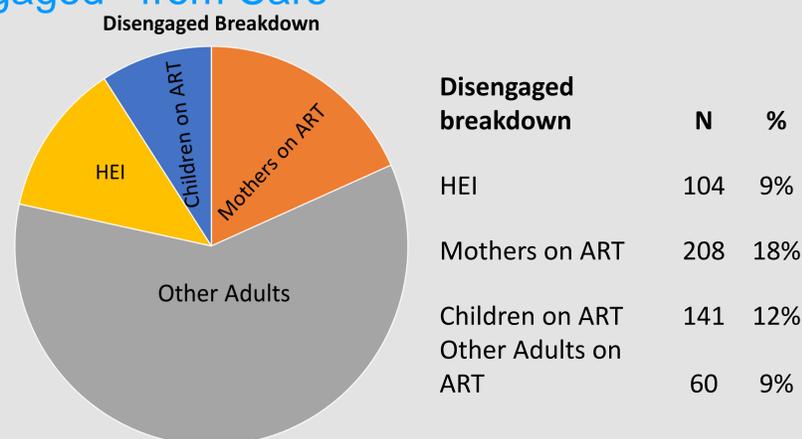


Fig. 3: Final Outcomes Among Patients Successfully Traced



Conclusions and Recommendations

The EC model is a promising approach for improving client retention in HIV programs. Regular training, mentorship, and support are essential to ensure EC volunteer retention.

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