



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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UNC
PROJECT
Lilongwe, Malawi

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

1. Malawi Ministry of Health: Quarterly HIV Programme Report July - September 2015. Lilongwe: Government of Malawi, Ministry of Health; 2015. Available from: <https://www.hiv.health.gov.mw/>. Accessed 30 May 2016.

2. Sugandhi N, et al. HIV-exposed infants: rethinking care for a lifelong condition. *AIDS (London, England)* 2013, 27 Suppl 2:S187-195.



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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