Malawi’s Option B+

Key Considerations & Progress
HIV in Malawi

- 16 million population
- 1.1 million HIV population
- 10% adult HIV prevalence
- High rural burden
- 26,000 AIDS deaths
- 63,000 HIV+ pregn. women
- 5.7 Total Fertility Rate
- 700 health facilities
Introduction

• Malawi implemented the new integrated ART/PMTCT guidelines as from July 2011
• The implementation included:
  - Integrating ART/PMTCT services into MNCH services to facilitate implementation of Option B+ for PMTCT
  - Initiate life long ART for all HIV infected pregnant & breastfeeding women regardless of WHO and/or CD4 cell count (option B+)
Introduction cont’d

- Provide TDF based regimens (TDF/3TC/EFV) to HIV infected pregnant & lactating women

- Establish standard exposed infant follow up from birth to 24 months to facilitate Early Infant Diagnosis and Treatment

- Provider initiated Family Planning: provide dual contraceptives (including condoms) in HIV Care Clinics (HCC)
Why B+?

• HIV test the **only condition**
  – Can be done at the smallest/remotest health centre

• **Simple standard regimen:**
  – *One size fits (almost) all*
  – Simplification of supply chain

• Clear public health message: **ART is for life**
Why B+?

• Avoid **start – stop – start** approach
  – Birth intervals 2.5 years
  – Women will be eligible for ART after 3-4 years

• Making **breastfeeding safe**
  – Very few have any other option
  – Curtailing breastfeeding highly stigmatized
  – Many malnourished babies
Why B+?

• Keeping mothers alive
  – 6 x increase in postpartum deaths with high CD4 (1)
  – ART may avert 90% of these deaths

• Preventing sexual transmission
  – 96% reduced transmission to partner with early ART initiation (CD4 <500) (2)

**Option B+ as the *Game Changer***

Inevitable **integration of PMTCT and ART**

- Efficiency gains: 1 guideline, 1 training, 1 supervision system, 1 supply chain...

- **Accumulating benefits**
  - Growing proportion of HIV+ women already on ART when getting pregnant
Option B+ as the *Game Changer*

The last mile of **ART decentralization**
- ART at (almost) everybody’s doorstep
- Wave of ART patient transfers
- Weak staffing and infrastructure at remote HC

Universal **Test & Treat**
- Risk of starting false positives on ART for life
- Introduced confirmatory HIV rapid testing before initiating ART
Quarterly supervision visits to all sites

• Standard protocol and tools
  – Contact details of HIV service providers at each site
  – Service quality checklist
  – Follow up on action points
  – Next visit date
  – M&E reports from HTC, ANC, maternity, exposed child and pre-ART follow-up, ART and TB
  – Physical stock count for HIV commodities
  – Identification of sites as priority for Mentoring
Quarterly supervision visits to all sites

- **Logistics**
  - 75 (mostly district) staff for 3 weeks
  - 23 teams
  - 1,700 working hours at the sites
  - 2.6 hours average visit (1 hour – 2 days)
  - **USD 110,000** per round
Implementation of Option B+
Figure 3: Patients alive on ART in public and private sector clinics in Malawi

459,509
74% COVERAGE OF POP. NEEDING ART
Figure 2: 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.
Figure 1: Transition from prophylactic ARV regimens for PMTCT to Option B+ 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. Data on women already on ART when getting pregnant are only available from Q2 2012.

75% COVERAGE OF HIV+ PREG. WOMEN
## Results: Reasons for ART initiation

<table>
<thead>
<tr>
<th></th>
<th>Jan-Jun 2011 (Old ART and PMTCT guidelines)</th>
<th>Jan-Jun 2012 (New integrated guidelines)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregn. women</td>
<td>2,398</td>
<td>13,575</td>
</tr>
<tr>
<td>Breastf. women</td>
<td>0</td>
<td>7,176</td>
</tr>
</tbody>
</table>
Retention on Option B+

National cohort ‘survival’ analysis from Q2 2013

- 5,798 out of 7,952 (79%) retained at 6 months
- 5,280 out of 8,012 (73%) retained at 12 months
- 7,452 out of 11,714 (71%) retained at 24 months

• Most of those lost never came back after the ART initiation visit
• Many of these may have never started ART (uptake vs. retention)
Retention on Option B+

• 6 month retention, excl. women with only 1 visit (sample from large sites):
  – 90% of women started as pregnant (n = 2,775)
  – 95% of women started as breastfed. (n = 1,912)

• Retention much higher in women started while breastfeeding vs. during pregnancy
PMTCT Coverage and MTCT rates
What are the main bottlenecks for successful implementation of Option B+?
Contribution to remaining MTCT
(Estimates for Q2 2012 using avg. total transmission risk)

11,000 new infections from MTCT

- Not attending ANC: 5%
- HIV status not ascert: 8%
- False HIV neg: 15%
- Not started ART: 23%
- Defaulted from ART: 49%
Conclusions

• B+ policy has resulted in **doubling** of PMTCT coverage within <12 months

• Massive increase in enrolment of HIV exposed children (results not shown)

• TDF/3TC/EFV regimen well accepted, very few toxicity substitutions

• Main remaining bottlenecks related to HIV testing & retention in care (would have affected Option A, B, B+)
The End

Thank you for listening

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