Malawi’s Option B+ 2011-2015: The Impact of Rapid ART Decentralization

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Objective

- To describe the program level outcomes and impact of Option B+ in Malawi

Methods

- Program level data is from Malawi’s national quarterly HIV MME and supervision system
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Option B+

- Lifelong ART offered to all HIV-infected pregnant or breastfeeding women
- WHO recommended Options A and B not considered feasible in Malawi context
- Designed in 2010, and rolled out in July 2011
- Integration of ART into PMTCT settings
- Decentralization of ART to all PMTCT sites

Critical Enablers

- Name ART initiation and maintenance
- Systematic quarterly supervision to all sites:
  - Ensure data and service quality
  - ART initiation and monitoring
  - ART-related documentation
  - Simplified guidelines to eliminate barriers to ART
  - Nationalized standard application of guidelines
  - Encouraged provision of ARVs at ANC

Malawi Population

17,435,280

GDP per capita

$255

Life expectancy at birth

61 years

Fertility rate

5.2

Total Fertility

5.0016

HIV prevalence

9.5%

Annual new HIV infections

23,684

Annual AIDS deaths

39,836

Health Centers by Facility ART Volume

Malawi, 2010-2015

Data by site characteristics, health system, commodities, quality

Health Centers by Facility ART Volume

Malawi, 2010-2015

% of ANC attendees for which HIV status ascertained by time of first ANC visit — 2010-2015

% ART coverage and retention for known HIV-infected programmates — Malawi, 2010-2015

% of ART patients with viral suppression (VL <50 copies/ml)

Program indicators tallied systematically at the bottom of each page

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- Malawi Ministry of Health
- Malawi's Option B+ 2011
- MSF Malawi and University of Washington
- Malawi’s PMTCT Option B+ Program
- Option B+ ART initiation appears to remain high
- Program indicators tallied systematically at the bottom of each page

Results for increases of maternal ART at ANC:

- Increased ART initiation and follow-up ART treatment

Conclusions

- ART HIV rates remained improved during Option B+ roll out
- Full decentralization of ART and integration into ANC led to rapid ART implementation and expansion to rural and health center sites
- Gradually increased ART initiation and coverage in ANC
- Low ART at 1.1 to 1.6 months

- Option B ART initiation appears to remain high
- Through quarterly supervision, service delivery quality sharply improved
- Malawi’s Option B+ 2011

Increased pediatric ART initiations

- Dramatically increased ART initiations and coverage in ANC

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