Table 2: Access to HIV care and treatment

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| **Policy Indicator** | **Year of WHO guideline** | **Malawi policy** | **Practice: (i) Karonga HDSS facilities implementation, N=5 offering PMTCT and ART (number of facilities in parentheses), and (ii) insights from KIs.** |
| **Service coverage and access factors** | | | |
| Free PMTCT at public facilities | “Universal access” | PMTCT free at government facilities. Service level agreements between MoH and CHAM makes it free of charge at CHAM. | **COMPLIES:** All 5 facilities do not charge anything for PMTCT services (clinic registration, service fee, drugs, equipment).  KI: In practice, patients may have to pay a prescription fee at CHAM facilities, but they are not supposed to. \* |
| Free ART at public facilities | “Universal access” | ART to be provided free at point of delivery in public sector & CHAM to eligible persons([Ministry of Health Malawi, 2006a](#_ENREF_11), [2006c](#_ENREF_13)). In private sector, ARV drugs will be subsidized, with patients paying roughly equivalent of USD4([NAC Ministry of Health Malawi, 2005](#_ENREF_20)). Delivery of ART through private sector is to take load from public sector, thereby allowing it to concentrate on the free system. | **COMPLIES:** All 5 facilities do not charge for HIV care and treatment services, including clinic registration, HIV care and treatment service fee, fees for drugs, equipment fees, laboratory tests. |
| PMTCT available at all ANC facilities | 2010 | In ANC, there should be a range of PMTCT activities including HTC for mother, siblings & partners, dispensing of ARVs for mother and baby, CD4 count & staging([Ministry of Health Malawi, 2010](#_ENREF_16)), | **COMPLIES:** All 5 facilities providing ANC also provide PMTCT services. |
| Clinical officers, medical assistants and/or nurses initiate ART |  | All certified clinical PMTCT/ART providers are authorized to initiate, prescribe and dispense ART (Doctors, Clinical officers, Medical Assistants, Registered Nurses, Nurse/Midwife Technicians). They need to have a) attended a pre-service ART training module and passed the final exam, or b) attended an ART training course recognized by MoH, Medical Council of Malawi & Nursing Council of Malawi and passed an exam([Ministry of Health Malawi, 2008](#_ENREF_14)). | **COMPLIES:** All 5 facilities have nurses that can initiate. 3 facilities have clinical officers that can initiate. 1 facility has a medical assistant that can initiate. |
| All sites providing ART also initiate ART |  | All sites that provide ART also initiate ART. Facilities only provided with ARV drugs if formally assessed by MoH as ready to deliver ART. Readiness criteria include a) plans for recruitment & follow-up of patients, b) functioning CT services c) dedicated room for ART delivery, equipped & has monitoring tools & copies of guidelines d) trained staff e) secure storage for ARV drugs. | **COMPLIES:** All 5 facilities providing ART also initiate ART. |
| **Coordination of care and patient tracking factors** | | | |
| HIV positive clients followed-up to ensure registration at treatment site | 2004 | No clear follow-up policy. Counselors should have a directory of HIV-related prevention, treatment, care and support services available for clients in catchment area. Patients’ HIV test results and names will be documented for such referrals([Ministry of Health Malawi, 2009](#_ENREF_15)). | **EXCEEDS:** Referral to HIV care and treatment services is documented in a) patient notes (5 facilities), b) recorded on a referral form (1), c) referral letter with patient (3), register/logbook (2). Three facilities check if the HIV positive patients register in HIV care/treatment services. Internal referrals (pre-ART, monitoring, ART initiation, ART resupply) are documented by register/logbook (3), referral letter (2), facility-held patient cards/notes (2), patient-retained cards (3). |
| Clear guidance on when HIV+ pregnant women be referred to ART clinic | 2006 | At the time of change to Option B+ (mid-2011), it was left to sites to decide whether to refer women to ART or to continue treatment in ANC, i.e. no clear guidelines. In mid-2012, the MoH took stock of retention and found that the model of referral to ART did not work. New guidance stated that ART initiation AND follow-up during pregnancy should be in ANC. After delivery, referral to ART still varies. | **UNCLEAR:** Referral to ART clinics from ANC occurs in 3 facilities. Referral after delivery, and referral on the same day, occurs in 1 facility each, respectively. 4 facilities report that a health worker accompanies the woman to ART provider/unit. One facility reports sending the woman to ART provider/unit by herself. KI: Many keep providing ART to women post-partum up to 6 months before referral to ART. \* |
| 6 monthly CD4 testing in pre-ART with CD4<500 |  | Repeat CD4 counts for patients over 5 years in pre-ART follow-up every 6 months. Move to 3-monthly CD4 counts if last count was less than 500. Stop CD4 monitoring once patient is eligible for ART([Ministry of Health Malawi, 2011](#_ENREF_17)). | No data in facility survey. |
| **Medical management factors** | | | |
| WHO “Option B+” is standard (2012) (all HIV+ pregnant women initiate life-long ART) | 2012 | Option B+ since July 2011. TDF + 3TC (or FTC) + EFV([Ministry of Health Malawi, 2011](#_ENREF_17)). | **PARTIAL:** 4 facilities reported that all HIV+ pregnant women initiate. Regimen is TDF/3TC/EFV, for life. 3 facilities provide treatment in same building as ANC but different room. 2 facilities provide in same facility as ANC but different building. All facilities provide treatment on same day as ANC services. |
| All patients with TB eligible for ART initiation | 2009 | Since the beginning of the program, Malawi made TB a stage 3 condition. It was not a WHO stage 3 condition, so Malawi went beyond WHO guidelines, and now WHO have followed. \* | See cell below. |
| Co-infected TB/HIV should initiate ART on same day or within 2 wks of starting TB treatment | 2013 (ASAP within 8 weeks) | Initiate ART (regimen 5A) within 14 days of diagnosis of active TB. TBT & ART can be started on the same day if patient is stable. ([Ministry of Health Malawi, 2011](#_ENREF_17)). There was not clear guidance on timing prior to 2011. It was reasonable to start around the end of intensive phase of TB treatment (around 2 months) in order to avoid drug interactions. | **PARTIAL:** 4 facilities say that TB medication and ART can be initiated together, when patients present with TB. |
| Initiate ART at WHO stage 3/4; or 1/2 with CD4<=350 | 2009 | Initiate ART when WHO stage 1/2 and CD4≤350, or, WHO stage 3 or 4, regardless of CD4 count([Ministry of Health Malawi, 2011](#_ENREF_17)). Prior to 2011, it was a CD4 count of <250. | **PARTIAL:** All 5 facilities said they’d initiate ART if clinical stage 3 or 4. 4 facilities said they’d initiate ART if CD4 count<350. |
| Initiate ART within 7 days of ART eligibility |  | Patients who are clinically stable should start ART no later than 7 days after being found eligible([Ministry of Health Malawi, 2011](#_ENREF_17)). | **UNCLEAR:** 3 facilities said 2 separate visits to the clinic are required between ART eligibility and receiving ART drugs. 2 facilities said 1 visit is required. No time periods specified. |
| Lab tests not required to start ART (e.g. FBC, LFTS/RFTS) | Strongly recommended | Just clinical staging & CD4 testing, are needed (and a confirmatory HIV antibody test to rule out any possibility of mix-up of test results or fraudulent access to ART). FBC/LFTS/RFTS not required. | **COMPLIES:** All 5 facilities reported that LFT, RFT, FBC are not required before a patient can initiate ART at this facility. |
| Adherence counseling not compulsory before ART initiation | Strongly recommended | All patients must receive a) individual counseling at ART initiation and b) group counseling 0-5 days before day of initiation. Option B+ women who start ART on same day are allowed to have counseling on a later day. | **PARTIAL:** Before initiating ART, 4 facilities require at least 2 adherence counseling sessions, and one facility requires at least 1 adherence counseling session. |

\*Source: Key informant interview