



INTERNATIONAL AIDS CONFERENCE

3-8 August 2008 | Mexico City

Oral Abstract Session

TUAB03 - Access and coverage in Resource Limited Settings

TUAB0303 - Achieving universal access to antiretroviral therapy in a rural district in Malawi: how was it done?

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Background: Malawi's antiretroviral treatment (ART) scale-up plan aims at placing 250,000 people on ART by 2010. The country has currently achieved approximately half of this target (125,610).

Thyolo, a rural district in Malawi, has approximately 600,000 inhabitants and an adult HIV prevalence rate of 21%. There are about 60,000 people living with HIV/AIDS of whom about 11,250 are in urgent need of ART. The district managed to achieve its universal coverage target of placing 80% of these individuals on ART.

Methods: To describe the process, outcomes, and lessons learnt in achieving universal access in Thyolo. Scale-up was achieved by using a standardized public-health approach viz:

- Single first-line ART regimen & standardized treatment protocols
- Clinical eligibility criteria for ART initiation
- Decentralized ART access
- Task-shifting
- Active community involvement

Results: From April 2003 to January 2008, a total of 11,932 were initiated on ART, of whom 9046 (76%) are alive. Overall death and defaulter rates are 11.4% and 7.9% respectively. Task-shifting increased monthly ART initiation capacity from an average of 100 patients/month in 2004 using a doctor-based approach to 400/month in 2007 using a team that included medical assistants, nurses and lay counselors. This also allowed decentralization to health centres. A community network comprising 675 volunteers, 9 community nurses and family care givers is actively involved in the symptomatic treatment of opportunistic infections, early referrals, defaulter tracing, adherence counseling and social support.

Conclusions: It is feasible to achieve a universal ART coverage target of 80% or more with acceptable outcomes in a district setting in sub-Saharan Africa by adhering to a public-health approach with active community involvement. Sustaining universal access is now faced with the challenges of lack of human resources, ensuring quality services and providing adequate coverage for those requiring second line therapy.

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