Early Infant Diagnosis-Malawi Experience

P.N. Kazembe
MALAWI HIV/AIDS DATA

- Total population 12.8 million
- HIV prevalence 14% (15-49 yrs)
- Antenatal HIV prevalence 15%.
- 81,000 HIV infected women deliver/yr
- 81,000 HIV exposed children/yr
- 30,000 babies infected/yr
ARV programme

- By September 2007, 125,000 individuals have ever been started on ARV’s.

- Only 8% of these are children

- WHO and UNICEF recommends programmes to aspire for 10-15%.
Pediatric HIV treatment

- More adults on ART treatment than children
- National plan initially did not include treatment goals for children
- Reasons for few children on treatment
  - Late diagnosis (available test was only valid from 18 months)
  - Little guidance on pediatric testing
  - Lack of resources
MOH recognises that;

The key to a successful HIV care and treatment programme is early identification of HIV infected and exposed children.

Delayed diagnosis leads to increased morbidity and mortality.
Need for Early access to care

- Average age of children on ART: 7 years
  - HIV-related mortality rates
    - 34% by 12 months
    - 50% by 24 months
    - 75% by 5-7 years

- MOH has made a commitment to increase the number of children on ART significantly
Early Infant Diagnosis Pilot Program

- A Ministry of Health Pilot Program to:
  - Allow early diagnosis of HIV-infected infants and referral to life-saving care
  - Strengthen PMTCT services for prevention of new pediatric HIV infections
  - Strengthen linkages between antenatal clinic, maternity, under-5 clinic, pediatric ward, and ARV clinic services
  - Strengthen laboratory services for routine medical care
DBS PCR Testing
Early Infant Diagnosis Programme has to be seen as an extension of PMTCT programme—beneficiaries of the programme are best identified through the status of their mothers.
Early Infant diagnosis programme has to be a collaborative programme between ministry of health and other partners. The MOH does not have all the resources required to initiate/run this programme.
Coordinated Services in Infant Diagnosis Pilot Program

- ARV Clinic
- Infant Diagnosis
  - CD4
  - Routine Counseling and Testing
  - Antenatal
  - Maternity
  - Under-5
  - Pediatric Ward
  - VCT
  - Routine Counseling and Testing
- PMTCT
Initial considerations

- Convincing MOH policy makers on the need for EID
- Production of data collection tools
- Training of health workers-clinic, outreach and lab staff
- Procurement of equipment
- Procurement of Reagents
- Appointment of courier service
Progress so far-9 months

- 15 pilot sites on Central and Northern region
- 12% of women tested in ANC were infected (less than national avg of 15%)
- 3,478 pregnant women have been registered
- 2,178 infants registered (most from under 5 clinic)
Progress

- HTC has been institutionalised in ANC
- More infants are accessing CPT and ART
- Lab technicians have been trained in “new” technology
Trends in EID Registration of pregnant women and infants since April 2007
Provision of services to HIV-exposed infants

- April 07 to July 07
- Aug to Oct 07
- Nov to Jan 08
- Target

- CPT
- Clinical Review
- Rapid test
Challenges

- Expensive programme, equipment, reagents, transportation-
  PROJECTED budget for the national programme for 2008 is $946,379.00.
- Overburdened healthcare workers
- High defaulter rates for both mother and baby (CD4 and DBS result respectively
Possible solution

- Collaborative effort between MOH and development partners to share costs
- Shifting from multi-tasking to task shifting for health workers
- Outreach/patient tracing by community health workers has to be part of the programme.
Early Infant diagnosis is feasible even in resource limited countries.