Malawi & Mozambique working groups

Building upon Malawi experience in designing and rolling out B+ model
Universal ART access & delivery model of care

• define delivery model extensively (integrated working group and guidelines, training modele and curriculum, mentoring component and intensive supervision, ...)
• Task-shifted model: train all staff (implies major funding procurement needs);
• CHW and NGO role to clarify / strengthen: no HIV without TB component
• leave local condition and health management teams (facility, district level) determine model
• Clear policy statement that CD4 count result is not a requisite for ART initiation
Universal ART access & delivery model of care (2)

• Quick start of ARV while counseling continues and support mechanism establish
• Multiprong approach: media IEC, peer support group to fight stigma, treatment supporter identification (proposed to do HCT also)
• Case finding for HIV around pregnant women (family testing)
Infection Control

• Fight stigma around TB/HIV in health personnel
• Integrated clinics for staff
• Prioritize effective IC measures, as a condition for authorising TB&HIV care (accreditation)
ICF

• Mainstreaming TB case finding:
  – PPP: pharmacies, traditional healers
  – Community-based (volunteers, CHW, tt supporters)
  – Nutrition rehabilitation program
  – At OPD level (incl. HTC)
  – Contact investigation within families for MARP (miners, HCW)

• Learning from leprosy program: spread message from school

• Prisons: screening on admission and at least once or twice in a year
IPT

• TST could help with cost effectiveness but generally NOT recommended (barrier)
• Lighten follow-up protocol / aline with HIV (same as CPT)
• Referral for starting and monitoring IPT by CHW
• Ensure piridoxin availability
• Change IEC strategy to promote the policy to colleagues –how did RSA do ? champions ? Included in early HCW training curriculum
• Less indicators, more focused on delivery
• Breakdown (big) list of indicators according to level of use
• Design data collection/record according to need (frequency, modality) + DQC
• Donor-driven demand... harmonise!
• Invest in M&E system +++
• Mapping partners for HSS at local level