

Category: D1 Strategies for increasing efficiency of service delivery, evaluation of different models of service delivery

Title: Optimizing patient monitoring after the first year of ART: three years of implementing 6-monthly clinical appointments in rural Malawi

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Text: Background: Most HIV programs require patients to attend clinics every 30-90 days even after clinical stabilization. The Chiradzulu HIV program has initiated 26,300 patients on ART since 2001 and 13,000 HIV/ART consultations are done monthly. To reduce patient waiting time and health staff workload, stable adults ($\geq 95\%$ adherence, current CD4 ≥ 300), not pregnant, on first-line ART for >1 year and not presenting drug intolerance's, tuberculosis or Kaposi's Sarcoma, are scheduled for clinical 6-month appointment by nurses and every 3 three months for drug refill (SMA program). We evaluated retention on treatment, mortality and lost to follow-up rates among SMA patients.

Methods: Longitudinal cohort analysis of adults enrolled in SMA. We describe duration of follow-up and CD4 cell counts over time and proportions of patients retained treated with ART, death and lost to follow-up 1-year probabilities using Kaplan-Meier methods.

Results: Between January 2008-December 2010, 3819 adults were enrolled in SMA, 2486 (69%) were female, median time on ART prior to SMA start was 27.2 [IQR 17.2-44.2] months and median CD4 count at SMA inclusion 534 [n=3274, IQR 420-692] cells/ μ l. Median follow-up in SMA was 14.7 [IQR 8.3-18.7] months. Cohort retention at 12 months after SMA start was 0.97 [0.96-0.97], however 521 patients returned to regular clinical follow-up. Of the 1,690 patients followed in the SMA program >1 year 1222 (95%) had a CD4 count >350 cells/ μ l, median CD4 gain since ART start +423 [276-600] cells/ μ l. 260 patients returned to regular clinical care after 12 months in SMA.

Conclusion:

Nearly 97% of patients remained in HIV care after 12 months of SMA program inclusion and those in care achieved satisfactory treatment outcomes. Better documentation of reasons for SMA discontinuation and long-term treatment outcomes are to be evaluated.

Keywords: 1. Health System
2. Malawi
3. Stable Patients