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Track B - Health Systems and Delivery of ART II

WEPE0106 - Nurses and medical assistants taking charge: task-shifting HIV care and HAART initiation in resource-constrained and rural Malawi

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Background: Persistent healthcare worker shortages pose the greatest impediment to access to HAART and the scale-up of HIV services in resource poor settings. Malawi has one of the largest HIV-related health burdens in the world, with only 2 doctors per 100,000 people and an estimated 280,000 people in urgent need of treatment. In response, Médecins Sans Frontières, in collaboration with the Malawian Ministry of Health developed a task-shifting model, transferring HAART-naïve patient HAART initiation from Clinical Officers (COs) to Nurses/Medical Assistants (N/MAs) in rural health centers.

Methods: Data were analyzed on a sub-cohort of adult patients with symptomatic AIDS or CD4 count <250 cells/mm³. Patient ARV initiation indicators were compared, N/MAs-model versus COs; complicated patients, under-15, pregnant, diagnosed with Tuberculosis or Kaposi Sarcoma, were excluded for comparability. Data were extracted from the FUCHIA monitoring system (Epicentre-Paris).

Results: Between May and December 2007, 1676 HAART-naïve uncomplicated patients were initiated; 422 (25.2%) were by N/MAs. The mean age was 37.5; median time from enrollment to initiation was 21.5 days (IQR: 14-28) with N/MAs and 35 days (IQR: 27-147) with COs. At initiation, 40% of patients by N/MAs and COs were WHO Stage III/IV; the median CD4 count was 146 cells/mm³ (IQR: 88-201) for N/MAs and 175 cells/mm³ (IQR: 104-219) for COs. Of the 275 patients followed by N/MAs and 857 by COs for more than three months, 88% and 87% are still active. There was not significant difference between the outcomes of patients initiated by either group.

Conclusions: This preliminary review of Nurse/MA initiation of HAART in AIDS adult patients suggested that trained Nurses/MA's are capable of assessing and determining treatment appropriateness and sustaining follow-up compared to those achieved by COs. Additional operational research is needed to demonstrate that nurses/MA's can perform as safe, responsible, and suitable HIV/AIDS treatment and care than practitioners in resource-constrained settings.

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