

Track: D13 (Integration of HIV Services with other Health Services)

Title: A situational analysis of the facilitators and barriers to integrating ART with MCH services in Malawi

Authors: A. Yemaneberhan¹, C. Mazzeo², P. Smith², M. Gill^{2,3}, P. Mbetu¹

Authors' affiliations: ¹Elizabeth Glaser Pediatric AIDS Foundation, Malawi; ²Elizabeth Glaser Pediatric AIDS Foundation, USA; ³The George Washington University School of Public Health and Health Services, USA

Background: Malawi's decision to adopt "Option B-plus"—initiating HIV-positive pregnant and lactating women on antiretroviral therapy (ART) regardless of CD4 count and maintaining them on treatment for life—provided an opportunity to examine the Ministry of Health's (MOH's) proposed plan to integrate ART with maternal-child health (MCH) services. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) conducted a situational analysis of currently integrated Malawi PMTCT-MCH services in August 2010 to explore benefits and barriers to ART-MCH integration.

Methods: A desk review explored the extent of current MOH planning, budgeting and/or monitoring of broad HIV-MCH service integration. Semi-structured interviews were conducted with national-, district-, and facility-level informants (n=19) in three districts, using convenience sampling of EGPAF-supported facilities. Interviews focused on seven thematic areas: policies and guidelines; service delivery linkage and integration; co-location of services; supply chain management; workforce capacity; monitoring and evaluation; and community engagement.

Results: PMTCT-MCH service integration has contributed to high counseling, testing and antiretroviral prophylaxis uptake in antenatal care (ANC) and maternity. National policies are supportive of ART-MCH integration; however, interdepartmental planning, budgeting and implementation are limited. Identified barriers to integration include: high workloads; data collection challenges; inadequate space to accommodate clients while ensuring privacy; and poor supply chain management. Despite space and staff shortages at many facilities, informants felt that providing ART in MCH would facilitate uptake and adherence while reducing stigma; a variety of potential models for successful ART-MCH integration were suggested by informants.

Conclusion: Malawi has successfully integrated PMTCT into MCH settings; together with policies supporting combination prophylaxis for PMTCT and nurse-initiated ART, this will facilitate Option B-plus and ART-MCH integration. Several elements, including infrastructure, task-sharing and managerial capacity, must be strengthened to ensure successful integration. Operations research should be conducted to examine client perspectives on ART-MCH integration and to determine the most effective model(s) of integrated service delivery.