



# XVII INTERNATIONAL AIDS CONFERENCE

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## Poster Exhibition

### Track B - Health Systems and Delivery of ART I

#### MOPE0059 - HIV/AIDS survival in adults and children under HAART in rural Malawi

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**Background:** The range of estimated median survival rates of patients diagnosed with acquired immunodeficiency syndrome (AIDS), without antiretroviral therapy is 2.2 to 23 months in Africa. This cohort represent a long-term (60+ months) and large scale (n=9479) project for delivering HAART in a decentralized, rural setting in sub-Saharan Africa. Comparable data demonstrating effectiveness is limited.

**Methods:** We assessed survival rates of patients on HAART from August 2001 to January 2007 in Chiradzulu, Malawi. Patient data was extracted from FUCHIA monitoring system (Epicentre-MSF) and analyzed using STATA (Version 9).

**Results:** Over 66-months, HAART was initiated in 9,479 patients (64.8% female, 358 under 5 and 441 between 5-15); 91.7% were HAART naïve. At initiation, 70.3% of adults/adolescents were WHO Stage III/IV, 21.4% had a BMI < 17.5. When available, median CD4 count was 136 cells/mm<sup>3</sup> (IQR, 73-199); in children, median CD4 cell percentage was 10% (IQR, 6-14%). Most adults/adolescents received [D4T-3TC-NVP] fixed dose combination. Median duration of follow-up on HAART was 20.2 months (range 0 - 64.9 months); 1361 (14.3%) died and 1,406 (14.8%) defaulted. At last visit, 1131 adults (12%) were on a first-line alternative regimen, including EFV- related to Tuberculosis treatment, 80 patients were on second-line regimen.

Kaplan Meier Probability of Remaining in Care					
	12-Months	24-Months	36-Months	48-Months	60-Months
Adult	79.30%	73%	68.60%	65.20%	62%
Adolescent	82.80%	78.2	73.5	68.40%	N/A
Child	82%	76.60%	69.6	68%	N/A

[Kaplan Meier Probability of Remaining in Care]

**Conclusions:** Treating a large cohort of patients in rural sub-Saharan is possible and access to HAART greatly improves survival rates. Challenges still persist including complicated co-infections, attrition, and limited human resources. As cohorts grow and survival rates improve, strategies for treating and monitoring patients living with HIV long-term are needed.

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