LESSONS LEARNED AND WAY FORWARD

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A great deal has been achieved in Malawi, largely through investigation and development of tools and by the collaboration of many international and national partnerships. Some of the key lessons and recommendations for the future are set out below.

Advocacy and policy

It is important to use advocacy to ensure that at the national and international level, treatment guidelines are written integrating HIV and malnutrition services for hospital and community based treatment. Advocacy is an important issue in nutrition and HIV, and some examples of good practice have been demonstrated in Malawi with motivation from national government and collaboration with a multitude of partners.

Programmes

It is essential that policies developed at national level are implemented as programmes. Many African countries now boast National Guidelines for HIV and Nutrition but the challenge is how to implement these guidelines into programmes. Malawi is developing integrated programmes for malnutrition and HIV/AIDS but scaling up these programmes nationally remains a challenge. Bottlenecks include resource mobilisation, human resources and training as well as commodities for service delivery. By far the biggest proportion of cost for rolling out ART is not the drugs, but these support costs for service delivery.

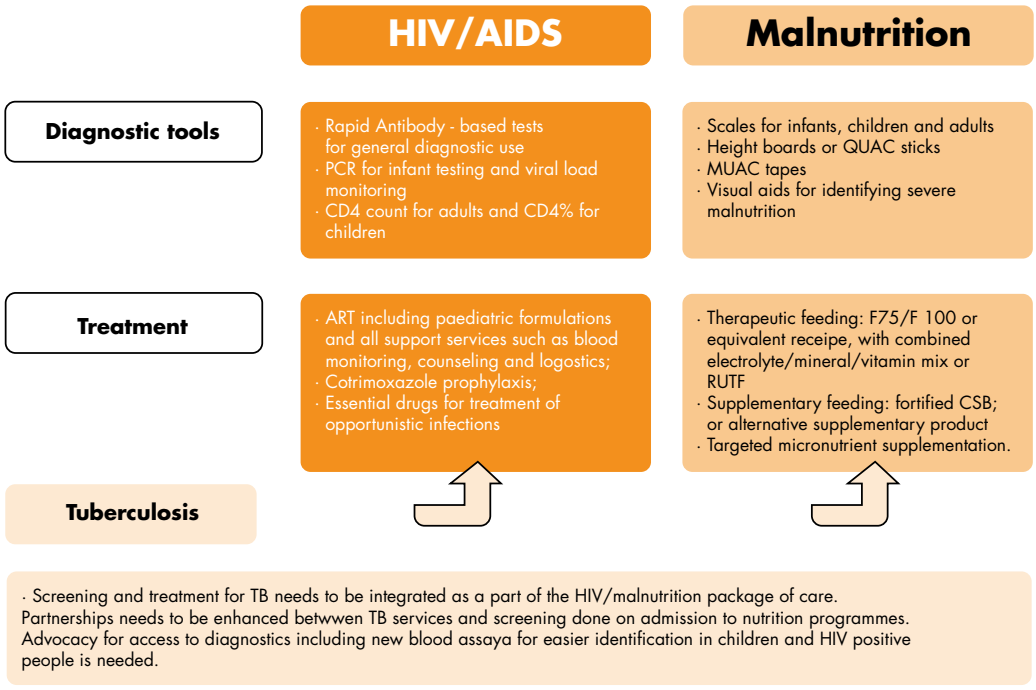
It is important to link family testing and care to malnutrition services to enable full benefits of screening for all family members. Psychosocial care should also be integrated into family treatment, particularly at time of diagnosis, pregnancy and illness.

HIV testing should be integrated into all nutrition programmes, at the moderate malnutrition as well as severe malnutrition level, to facilitate earlier diagnosis and treatment and be incorporated into community based approaches of nutrition care. At best this should be integrated with PMTCT referral and IMCI.

Commodities for service delivery

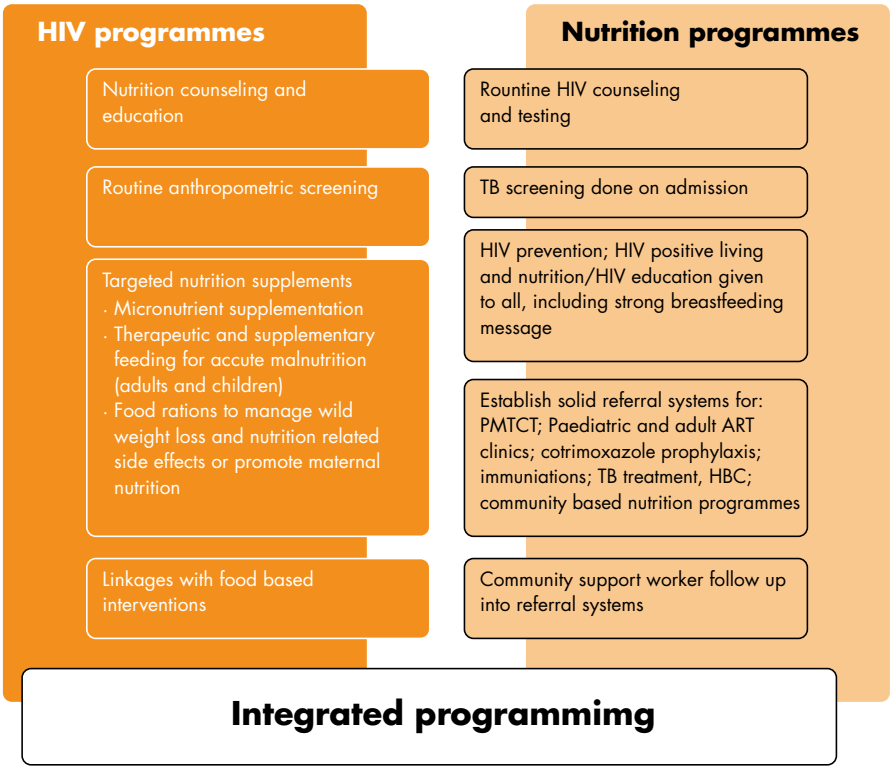
Without the availability of commodities to respond to identified needs, programmes are limited in their capacity to achieve improved health outcomes. Essential commodities to ensure the package of care in HIV and malnutrition, must include: the whole range care, starting by raising awareness to diagnostic services to clinical treatment, including the full integration of TB screening and treatment.
See figure 10.

Figure 10 Commodities for service delivery



The figure below demonstrates how HIV and nutrition can both be mainstreamed to produce integrated programming. On both sides, there will be a process of awareness raising, training, development of tools, system organisation and supply logistics in order to set up the referral systems and treatment services.

Figure 11 Minimum package of mainstreaming HIV and nutrition



Malawi has demonstrated good practice through an unbroken supply chain for commodities for the treatment of severe and moderate malnutrition. The Clinton Foundation is working with the Ministry of Health to scale up paediatric ART, CD4% testing and PCR for infant testing.

Human capacity development

It is important to recognise that capacity development goes beyond staff recruitment and training. While staff are at the centre of service delivery they cannot function without a strong infrastructure of policy, systems and well defined roles to guide and support their work. When well-trained staff work in a well resourced and structured environment they are able to develop and utilise their skills and available tools to best meet objectives. With both the high turnover of staff in HIV/AIDS affected countries and the constantly evolving field of knowledge around the virus, refresher training and staff updates must be integrated into all programme budgets.

Adequate numbers of and training for staff in malnutrition programmes remains a challenge in Malawi, and the government plan to train 8,000 community HIV and nutrition workers which may ease some of this burden. This should assist in the essential aspects of follow up care in the community for those referred to services and discharged from nutrition programmes.

Monitoring and evaluation

Monitoring and evaluation should be linked to policy and strategy and integrated into programmes. Where possible HIV, malnutrition and TB should be screened for and treated together. National reporting should also be integrated for best informational use. Paediatric indicators for monitoring programmes should be routinely included as services become more and more accessible. Analysis and response to monitoring and evaluation data is important, at the facility, district, provincial and national level to track progress and give valuable insight into which aspects of programmes can be improved or further developed. Updating of materials should also be monitored as key technical recommendations change. Guides such as the Referral Manual, also need to be monitored and updated to ensure usefulness to service providers who are caring for HIV affected clients.

Operational research

Operational research, and research-informed practice and policy, are essential to improving care in malnutrition and HIV. Forums must be developed where researchers and policy makers can meet and discuss issues, develop a research agenda and research-informed policy. Locally relevant research should be made available and accessible in paper and online formats. One such example of this was the Blantyre research dissemination meeting held in January of this year, which gathered a regional selection of experts working in the field to identify key challenges and possible solutions.