

Notes from GiveWell Meeting with Head of Mission, MSF Belgium in Malawi, 10/26/2011

MSF Belgium has had a mission in the Thyolo district of southern Malawi working on HIV since 1997. MSF France is working on HIV in the nearby Chiradzulu district. These programs are different from the shorter-term, emergency-oriented programs typically associated with MSF. MSF chose Thyolo at a time when need for ART in poor settings was so great that they could have equally chosen many other areas. Thyolo was a high-need area and they wanted a proof of concept.

Prior to the introduction of anti-retroviral drugs (ARVs) for the treatment of HIV/AIDS, the mission in Thyolo district focused on prevention and palliative care. In 2003, MSF decided to begin distributing ARVs in resource poor contexts, something that had not been done before because of the expense and technical sophistication required. The Thyolo mission was one of the first where they rolled out ARVs. Two years later, in 2005, Malawi began a national HIV/AIDS treatment program, and MSF helped get that started. Now Malawi has a relatively strong national HIV/AIDS treatment program, given its limited resources. In 2007, MSF's work in Thyolo and Chiradzulu accounted for 25% of ARV initiations, but by 2010 that number had dropped to 7% because of growth in the national program. There are still challenges, however, including a critical shortage of health workers and a near complete (98%) dependence on aid for HIV/AIDS treatment funding. Malawi is very dependent on each new round of Global Fund funding. The current round looks like it will fall short of what is needed, so MSF is developing an advocacy strategy.

As a result of problems in the medical supply chain some donors have created parallel drug distribution systems. With UNICEF, for instance, distributes ARVs for the Global Fund directly to health facilities.

MSF's role in Malawi has evolved quite a bit over the duration of the mission. In 2005, as the national treatment program was beginning, MSF set a goal of universal coverage for ARVs (defined as >80% of those eligible receiving treatment), which was achieved in Thyolo in 2007. In 2008, they began to transition from a vertical HIV intervention to a more integrated program working in concert with the Ministry of Health, with a 5 year plan for handing over full responsibility to the MoH. In June 2011, they launched a 2.5 year handover strategy, which will be continually updated and monitored. This represents a shift for the MSF Belgium mission in Malawi, which has been more focused on implementation, towards a more supportive role.

In the new support role, MSF is focusing on areas where the government program is still weak, for instance, viral load diagnostics, integration of TB/HIV services, and pediatric HIV. Nationally, 67% of adults eligible for ARV treatment are covered, but only 32% of children. The Thyolo hospital now has the first viral load machine (used to measure the amount of HIV virus in a blood sample, which can determine whether ARV treatment is effective) in any Malawi district hospital. With the viral load machine in place, MSF is able to determine when second line drugs are needed and to use them appropriately; right now, not enough people are on them. MSF is also conducting operational research in Thyolo, which they then disseminate both nationally and internationally. Currently, for instance, they are doing a 5-6 year research project on a program called PMTCT-B+, which starts mothers on treatment regardless of whether their CD4 counts are low enough to traditionally justify treatment; the goal is to reduce maternal attrition from PMTCT. MSF Belgium is also providing light-touch aid to two other districts near Thyolo, in the form of workshops, technical training, mentoring, and access to the viral load machine. They are also planning research on viral load testing on paper blood strips (which only require a finger prick, done by very low-level staff), rather than

venous blood (which has to be drawn by a nurse, who currently typically sees 300 patients a day). MSF has started using SMS to transmit diagnostic information from the hospital to the health center, and they are teaching other district hospitals how to do this, to make the wait for diagnosis for patients shorter.

MSF is different from other NGOs because it has a much higher proportion of unrestricted funding, so it is less susceptible to the desires of institutional donors. There is some institutional funding in the mix, but MSF aims to make it a minority, and it is not used at all in some places where it would have dangerous political implications (e.g. Iraq, Afghanistan, Sudan). The different operational sections (e.g. MSF Belgium, MSF France) have different funding streams, though they sometimes also run concurrent projects in the same countries (all five operational sections were working in South Sudan, for instance). MSF USA is an affiliate of MSF France. The different operational sections occasionally harmonize their programs to ensure that they're not doing anything redundant; this has led to one MSF section leaving Haiti before.

Thyolo district was selected for the program back in 1997 because of its high prevalence of HIV. The southern part of the country, in general, has a larger population and more HIV, and Thyolo is particularly stricken because of the large number of migrant workers who work on tea plantations. HIV is considered an emergency by MSF Belgium with funding for HIV projects accounting for up to 25% of the budget of MSF Belgium, with the rest falling more clearly in the emergency, one-off type work. Each year, MSF Belgium produces a report on "operational prospects" which assesses needs around the world and determines where they will focus their efforts. Advocacy is also an integral aspect of MSF's work including raising awareness about issues impacting on the health of the poorest populations around the world.

Sheila has worked for MSF for ten years on nine different missions, ranging from 3 to 18 months apiece. She's been in Malawi for a year, and will leave her current post in another six months. The MSF Belgium mission currently has around 250 national staff and more than 10 expats, though these numbers are going down as the program transitions. Because of MSF's associational structure, the expats are called volunteers, though they draw small salaries (perhaps 25% as much as comparable staff in other NGOs). Expat staff sign individual contracts for each mission. MSF is trying to keep the associational culture alive while professionalizing, and continues to hold votes on important motions and to elect board members.

Other large NGOs working in Thyolo include World Vision and Save the Children. Most of the HIV work by other NGOs is on prevention, not treatment.

Funders of MSF Belgium's work in Malawi include NORAD and the Belgian government.