



CQUIN Differentiated MCH Workshop

May 25-27, 2021

Together We Can:

14 years of Tingathe Community Health Workers as critical health workforce members to optimize PMTCT care in Malawi

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HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

Tingathe:

Community Health Workers as a Bridge between PMTCT, EID, and Pediatric services

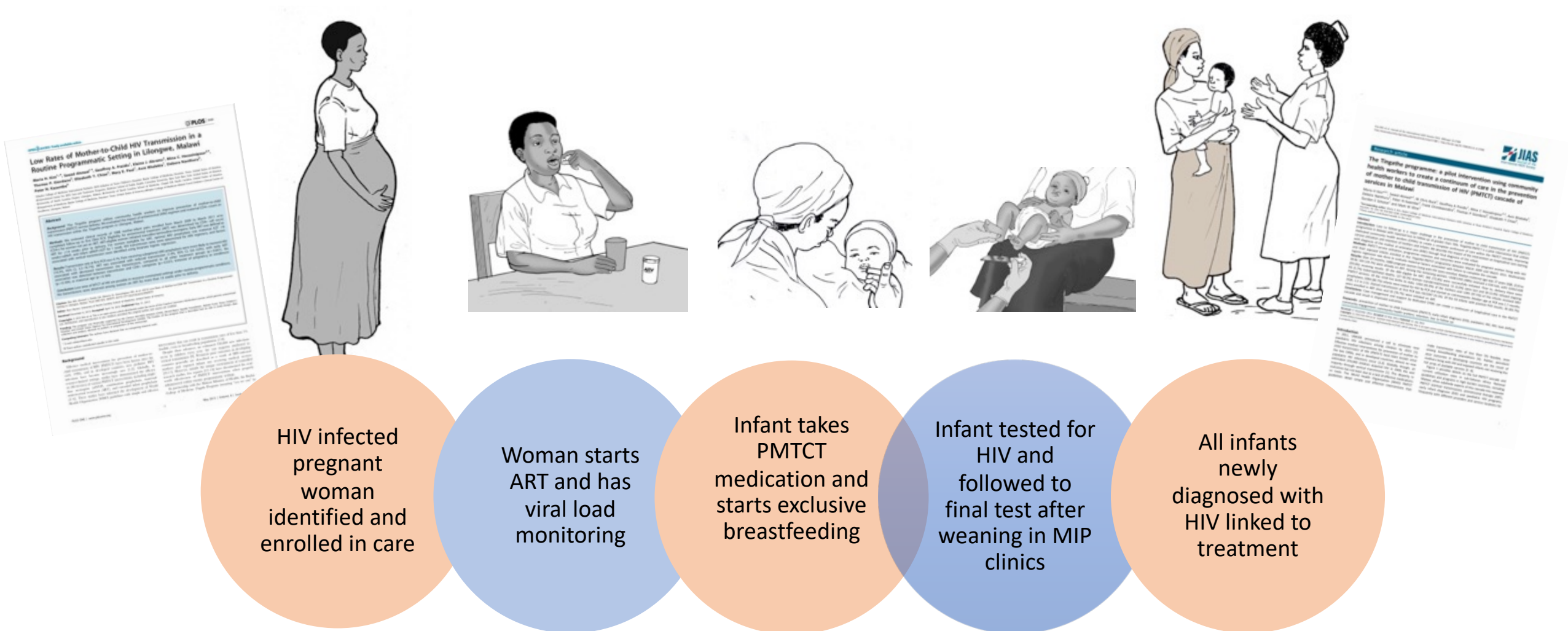
Task Shifting to Community Health Workers

- Malawi is financially resource-poor, yet human resource-rich!
- People = Untapped resource
- Capacity Building for CHWs with high school education
- Extensive program training
 - Client education
 - HIV Testing and Counselling services
 - Linkage to Care
 - Adherence and Treatment Support
 - Disclosure



Tingathe CHWs have been supporting HIV care in Malawi for nearly 15 years

CHWs as a bridge between PMTCT, EID, and Paediatric HIV Services



CHW support for pregnant and breastfeeding women remains critical for completion of PMTCT cascade

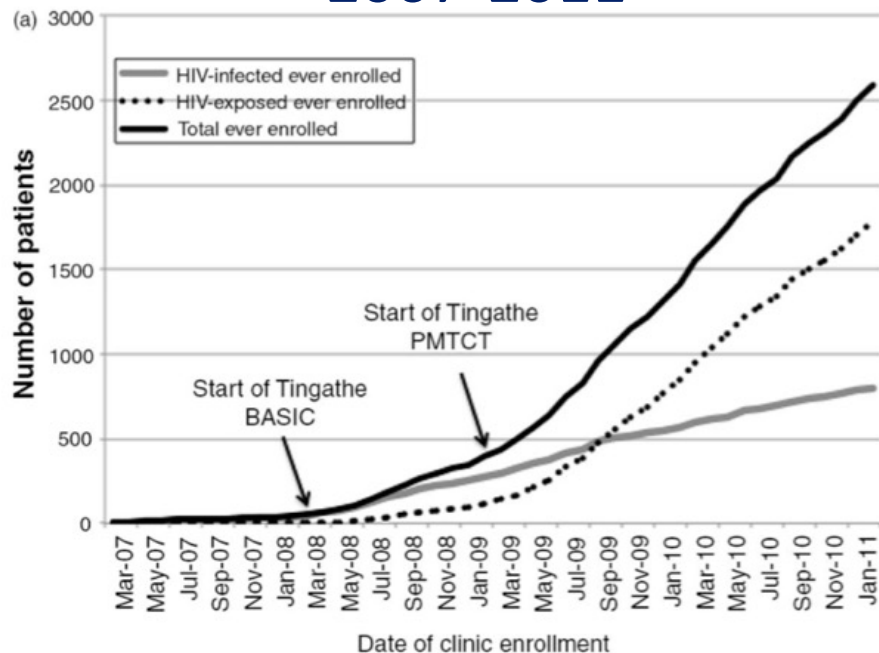
CHWs continue to help navigate the PMTCT cascade

- **HIV testing and counseling** at 1st and 3rd antenatal visit and maternity ward for all, and postpartum for high-risk women
- **Linkage** to ART via Takulandirani welcome service
- **EID testing** for infants
- **Appointment reminders** and **missed appointment tracing**
- **Viral load monitoring** at ANC and ART
- Support for pregnant and BF women with HVL:
 - Client-centered **Intensified adherence counseling**
 - Screening and referral to **psychosocial services**
- **Comprehensive counselling** package
 - Nutrition
 - Child growth and development

- **99% of women at ANC with known HIV status**
- **97% of women previously HIV negative at ANC receive retesting at maternity**
- **91% viral suppression** among women at ANC and maternity
- **82% OB retention**
- **83% of infants with confirmed HIV status by 2- and 12-month milestone**

From PMTCT/EID to PITC and ICT, CHWs improve identification and enrolment in care of HEI and HIV- infected infants and children

2007-2011



- 2007-2011: Door-to-door HTS and community education led to 6-fold increase in case identification
- 2021: EID, Index testing and PITC central to identification of CLHIV

Children Identified through ICT,
October 2020 – March 2021



56% of ICT contacts elicited from PLHIV enrolled in 118 health facilities were children 0-19 with unknown HIV status

8,609



Child Contacts received
HIV testing



189

CLHIV identified and
linked to ART

2.2% yield

Client education and support is key to engagement, retention, and viral suppression



Home / News / WHO welcomes FDA approval of new formulation of dolutegravir for young children living with HIV



Lessons Learned

- **People are an invaluable resource** in our setting – available, reliable
 - **Lay HW can effectively perform a variety of critical tasks** (education, testing, linkage, adherence/retention support)
- Lay HW play a critical role in PMTCT: they can help **bridge mother-infant linkage gaps** remaining in PMTCT programs by providing client-centered support through the cascade
 - HIV testing and counseling; linkage to ART; viral load screening and results delivery; adherence counseling for HVL; client-centered retention support for M-B pairs; client tracing
- Having lay HW as a resource equips HIV programs with the **flexibility to deploy for responses to emerging priorities** and mitigate the impact of the COVID-19 pandemic on health



TINGATHE: Achieving Our Mission

