

Malawi AHD Implementation Case Study

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Background

- Malawi is one of the sub-Saharan African countries on track to eliminate HIV/AIDS as a public health threat by 2030
- National HIV program data showed plateauing of death rates since 2013, despite adoption of HIV treatment strategies over the years expected to reduce mortality i.e., Option B+ & Test and treat
- Advanced HIV Disease management was included in Malawi's 2018 HIV Clinical guidelines & implementation started in January 2019



Methodology

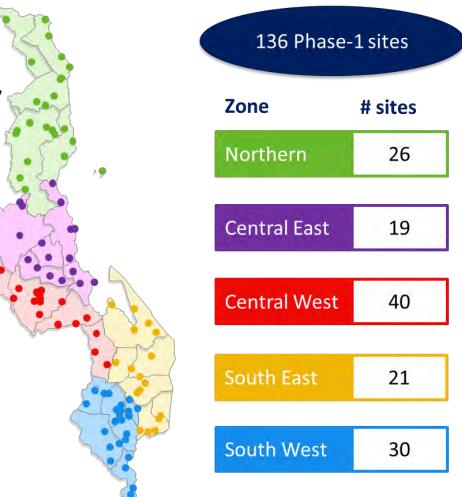
- Phased implementation
 Primarily guided by commodity availability
- National coverage 35% of ART facilities
- Hub and spoke model
 136 Hub sites

Tertiary or regional hospitals Secondary or district

Community hospitals

140 Spoke sites

Primary health centres Refer to hub for other tests and Rx





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Performance



CD4 Tests, 2020 Q3 to 2022 Q2



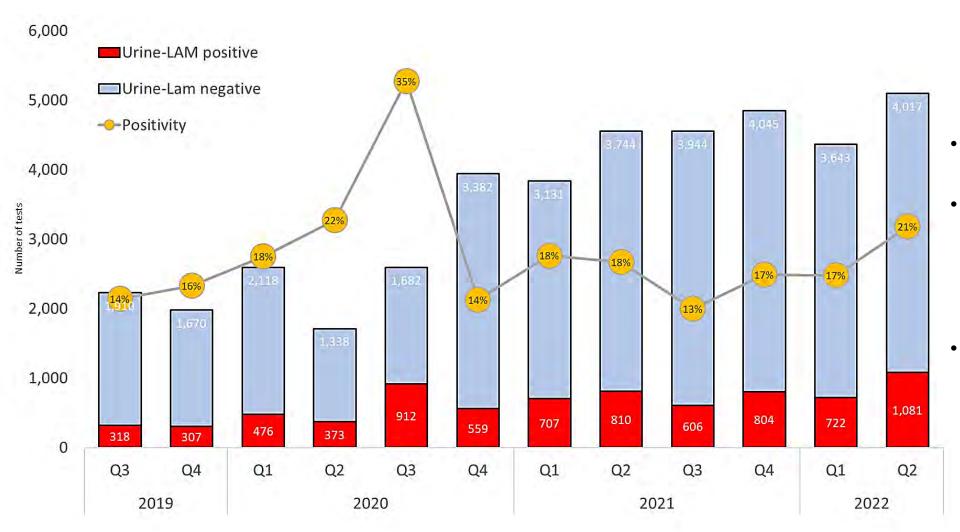
<u>2022 Q2</u>

9,642 tests conducted (shows a 17% decrease from 2022 Q1)

- 8,442 for PIMA
 - 31 % with <200 results
- 1,220 for VISITECT
 - 41% with < 200 results



Urine-TB LAM Tests, 2019 Q3 to 2022 Q2

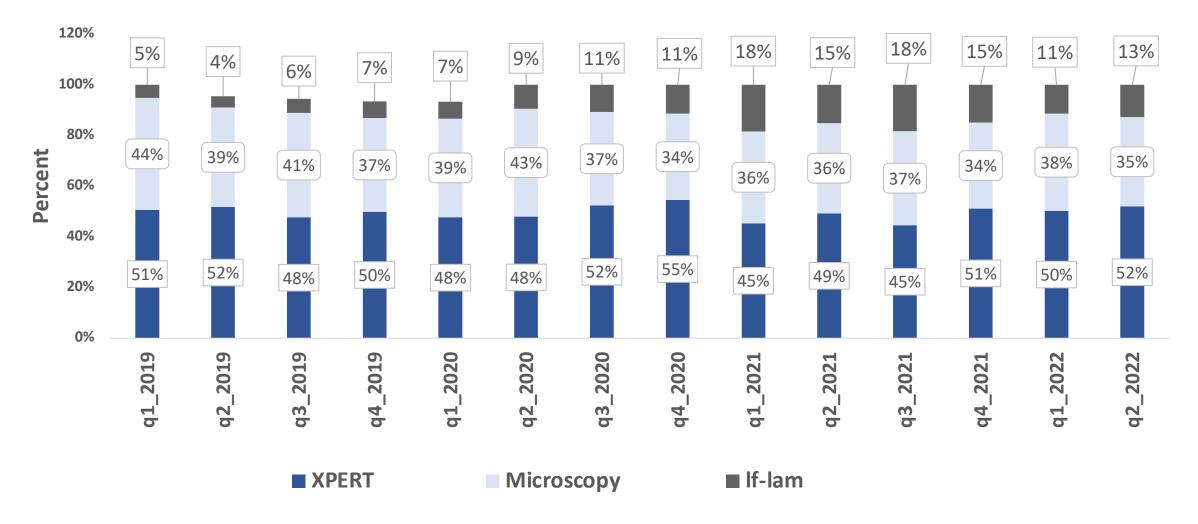


<u>2022 Q2</u>

- **5,098** tests conducted (14% increase from 2022 Q1)
- Urine-LAM tests exceeds by**39%** the equal or less than200 CD4 results
 - Implementation done according to guidelines
- Total tests have doubled compared to 2019



Contribution towards total TB tests





Cryptococcal tests, 2019 Q3 to 2022 Q2





Conclusion & way forward

Conclusion

- About a third of PLHIV present to HIV care clinics with a CD4<200
- Wide variation in urine TB-LAM positivity rate (13 35%)
- Decrease in the use of Xpert for TB diagnosis
- Decreasing positivity rate for CrAg (Serum & CSF)

Way forward

- Establish EQA system for urine TB-LAM test
 - Risk of false positives
- Scale up quality improvement for AHD services including in-patients
- Expand AHD services to phase two sites



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Thank you!

