

Decentralizing HIV Testing Services to Enhance Coverage for Key and Priority Populations in Malawi

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CQUIN 6th Annual Meeting
December 6 – 9, 2022 | Durban, South Africa



Outline

- Overview of the HIV cascade in Malawi
- Why decentralize HTS?
- Forms of HTS decentralization
- Actors in HTS decentralization
- Case study of a successful community testing for Boys & Men
- Ethics in decentralizing HTS: 5 Cs
- Best practices

Malawi's HIV cascade: 2022

Total population: 19,400,000

PLHIV: 985,000

HIV prevalence (15+): 8.2%

(Spectrum & Naomi estimates)

	Male	Female	Total
Know status	89%	98%	93%
On ART	92%	>99%	97%
VLS	94%	95%	95%

District/City	PLHIV not yet diagnosed Naomi 2022 (Dec 2021)
Blantyre City	6,922
Lilongwe City	6,891
Thyolo	3,051
Lilongwe	2,967
Zomba	2,866
Mangochi	2,679
Mulanje	2,623
Chiradzulu	2,128
Blantyre	2,107
Ntcheu	1,699
Chikwawa	1,559
Phalombe	1,520
Dedza	1,427
Balaka	1,422
Machinga	1,412
Mzimba South	1,387
Mzuzu City	1,355
Kasungu	1,348
Mchinji	1,339
Dowa	1,268
Salima	1,171
Karonga	1,122
Nsanje	1,115
Nkhatabay	1,029
Nkhotakota	1,001
Zomba City	864
Mzimba North	741
Rumphi	603
Mwanza	430
Chitipa	382
Neno	330
Ntchisi	329
Likoma	49
Malawi	57,136



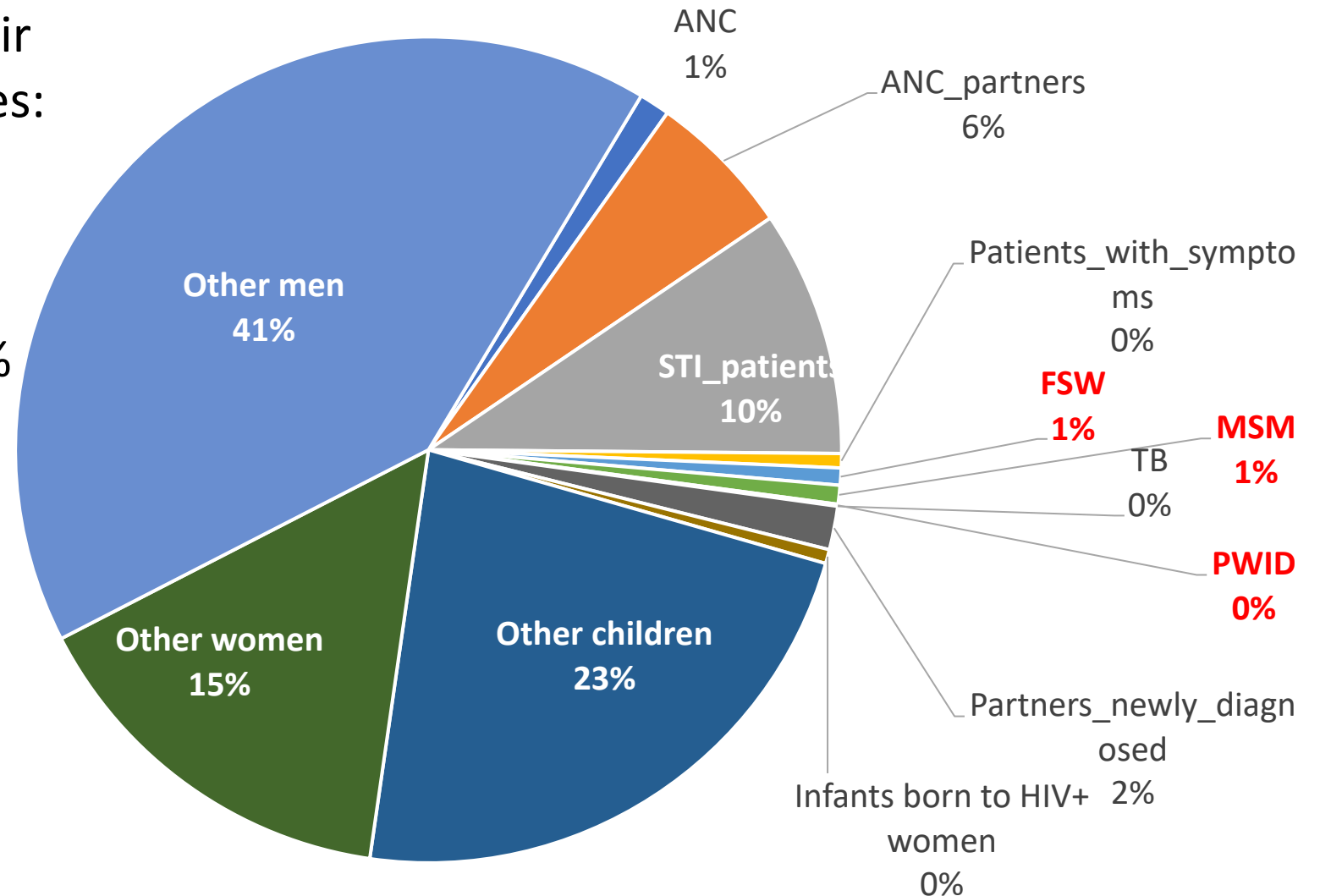
Distribution of Undiagnosed PLHIV by Age, Sex & Population

Overall, 93% of PLHIV know their status (KOS) Males:89%, Females: 98%

Of the undiagnosed:

- Other men represent 41%
- Other Children 23%
- Other women: 15%

(2022 Malawi GOALS model)



Why decentralize HTS?

- Most undiagnosed PLHIV belong to the general population
- Blantyre and Lilongwe Cities account for **24%** of all undiagnosed PLHIV, and **23** of 29 districts have **1000-3000** undiagnosed PLHIV
- **82%** of all undiagnosed PLHIV attend facilities (as patient or guardians) at least once each year¹⁾
 - Huge potential for PITC in OPD and other selected entry points
- Whilst facility-based testing is more cost-effective; community and index testing are still required to reach the remaining positives i.e., other men, women & children
- Hundreds of known venues (**hotspots**) in most districts
 - Higher HIV prevalence, but high VLS (same as in facility clients), very few recent infections: 90% of unsuppressed PLHIV at venues are long-term infected²⁾

1) Nichols BE et al. *Journal of the International AIDS Society* 2022, 25:e26020
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.26020/full> |
<https://doi.org/10.1002/jia2.26020>

2) CLOVE Study in Blantyre (in press)

How is HTS decentralized in Malawi?

A shift from:

- Lab testing to point of service testing
- Conventional/professional testing to a mix with HIVST
- Facility-based only testing to a mix with community testing
- Professional testers to lay cadres

Forms of HTS decentralization in Malawi-1/2

Facility based testing

- Conventional testing-includes-PITC, VCT which involve risk assessment
- Entry point testing-e.g., prioritized entry points-e.g., TB clinic, STI clinic, VMMC, <5 clinic, skin clinic, Nutrition ward, IPW, OPD, ANC, L&D PNC
- HIVST distribution:
 - ❖ Partners of clients on ART (via Index testing)
 - ❖ Partners of women in postnatal
 - ❖ Clients and guardians who do not opt for conventional testing
 - ❖ Partners of pregnant women
- Routine testing-lab-based testing (blood donors)
- Facility based Index testing

Forms of HTS decentralization in Malawi-2/2

Community based testing

- Workplace testing for migrant populations- e.g., Construction sites, Tea estates
- Targeted outreach testing (e.g. prisons)
- Drop-in Centers- targeting KPs
- Community index testing (children and partners)
- Moonlight at hotspots- for KPs

Model mix: Community index, HIVST, PITCT, VCT

Actors in HTS decentralization

- **Policy makers-** Develop policies that favour decentralization
- **Health Care Workers** – Provide services both at facility & community
- **Implementation Partners (IPs)**– support implementation of services both at facility & community
- **Civil Society Organizations** – advocate for equity in HTS
- **Support groups:**
 - Peers
 - Youth groups
 - Faith groups

Case study of successful community testing for Boys & Men (13+ years)

Project: The Faith Community Initiative (FCI) project (March 2020 to October 2021)

Theme: Incorporating HIV messaging into religious settings to increase access to HIV testing for boys & men

Focus: Muslim leaders in TA Chamba & Mposa in Machinga district

Interventions:

- Dissemination of HIV messages
- Community mobilization
- Distribution of HIVST kits by trained leaders & youth
- Airing of radio programmes using local stations,
- Zikili competition and football bonanzas
- Sexual violence protection against children
- Training of youths through their youth networks

Outcomes:

- Reached with HIV messages: 8,600,
- Received HIVST kits: 6,100
- Positives (confirmed at facility): 10
- Linked to care: 10
- Negatives referred for other services: 890

Lessons learned: Dissemination of HIV messages and HIVST distribution within the faith community is possible and sustainable



Ethics in decentralizing HTS (5Cs)

- **Counselling and Consent**
 - Provide policy guidance for implementation HTS model and approaches
 - Use of testing SOPs
- **Confidentiality:**
 - Proper record keeping, training and mentorship of providers on ethics
- **Correct results:**
 - Training of testers
 - Tester certification
 - Use of validated rapid testing algorithm
 - Verification testing before initiating ART
- **Connect to post test services:**
 - Use of standard linkage SoPs
- **Build trust among recipients of testing services**
 - Feedback mechanisms – Review meetings
 - Community led activities-advocacy for improved HTS
 - Mentorship and supportive supervision
 - Coordination meetings

Best Practices

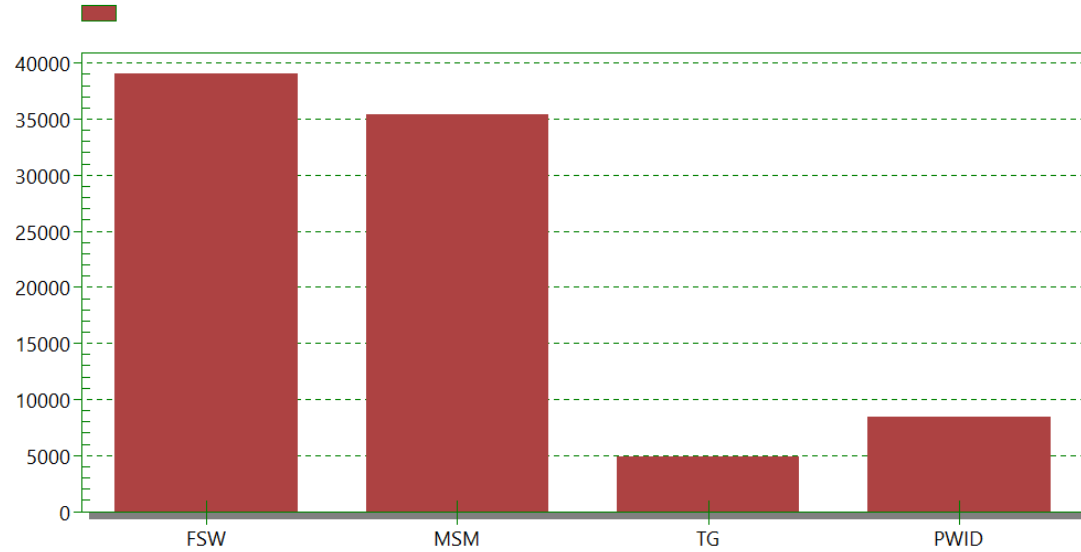
- Extensive use of epi estimates, survey and program data to identify gaps (sub-populations, geography)
- Capacity building for lay cadres to conduct testing
- Provision of counselling & testing services by lay cadres who may be based in communities: youth, faith and community groups
- Targeting formal and informal work-place programs
- Index testing to the 4th generation of the transmission chain
- Testing in Drop-in Centers for KPs

Thank you!

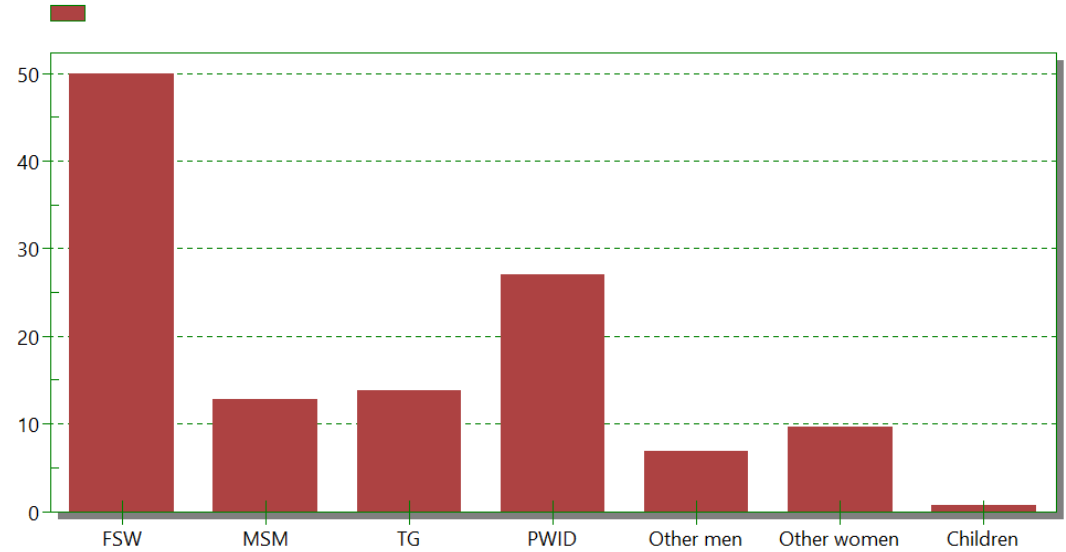


Backup: KP estimates (2022 Spectrum AIM + KP consensus estimates)

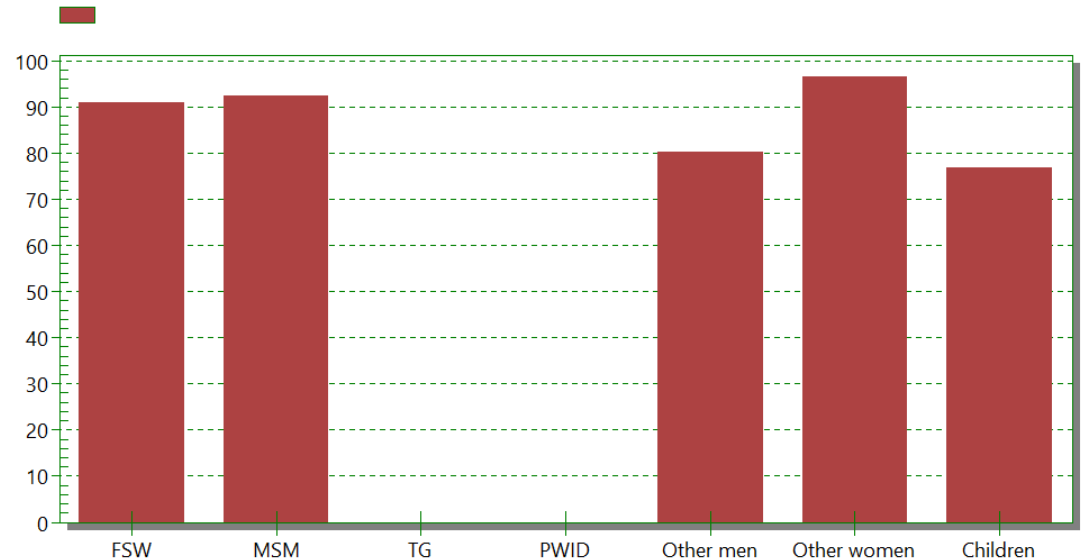
Population Size Estimates - 2021



HIV prevalence - 2021



ART Coverage - 2021



New infections - 2021

