

# Malawi Update

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Malawi's approach to providing key population C&T Services

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# HIV Prevalence Among FSW and MSM in Malawi

- Malawi is approaching epidemic control levels with latest estimates of 94-99-95 (1) across UNAIDS 95-95-95 goals.
- HIV prevalence among general population aged 15 to 49 is estimated at 8.8% (~1 million PLHIV with 72.0% men & 89.0% women on ART%) (3)
- HIV prevalence among FSW – 55.0%, with 80.0% on ART (2)
- HIV prevalence among MSM in Malawi – 17.0% compared to 7.0% among men in the general population (FY20 data under EpiC)

1 HIV program routine Data

2 UNAIDS 2019

3 2020 National AIDS Spectrum Projection



## Addressing Structural Barriers

- Hostile legal and policy environment
- Stigma and discrimination
- Criminalization of MSM, sex work
- No DSD models for KP

## Implementation Strategies

- Partnership with MOH
- Structured needs assessments
- Identification of local implementing partners
- Programmatic mapping

## Local Drivers

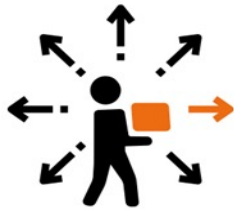
- Political will- from Central and Local Government
- Engagement of KP community
- Community Advisory Board

# EpiC Malawi DSD Model for Key Populations



## DIC

- Provides KP-friendly and clinically competent services
- Avoids high stigma at health facilities
- Provides strong community and social support



## Community-based ART distribution

- Avoids need to travel long distance to health facilities
- Avoids long wait times at health facilities
- Avoids high stigma at health facilities



## Public health facility

- Provides confidential option for KP members who prefer not to self-identify
- Allows access to a wide range of health services



## Private provider

- Suitable for KP members who can afford fees at private services
- Avoids high stigma at health facilities

## ART Options

# Drop-in Centres (DICs)

## Definition:

- DICs are key population (KP) 'safe spaces' designed to offer clinically competent, KP tailored, friendly and free of stigma HIV services through community engagement
- All DICs are created in the national HIV database and receive direct commodity delivery
- Established DICs between 2017 through 2019 in Blantyre, Lilongwe, Mangochi, Zomba , Machinga and Mzimba North in Mzuzu,
- EpiC Malawi currently supports 19 DICs, 4 for MSM and 15 for FSW, and are distributed across 6 districts and supported by 3 implementing partners

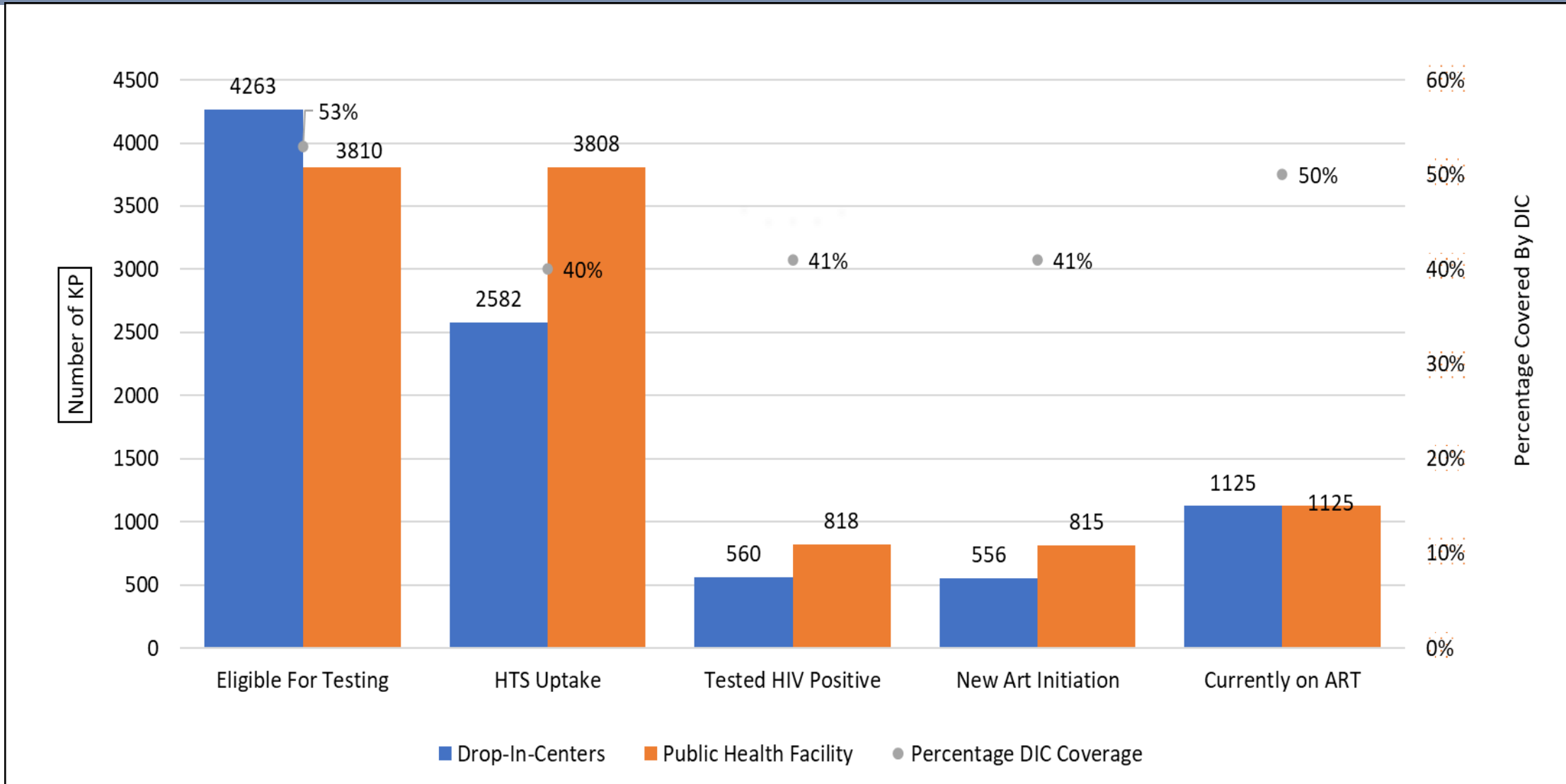
# Service Providers at DIC and their Roles

Staff	Roles and Responsibilities
<b>DIC Clinical Case Management</b>	
Project/District Coordinator	Technical oversight liaison with District Health Office
Clinical Officer/State Registered Nurse	In-charge and clinical management
ART Certified Clinician/Nurse ART	ART provider and integrated HIV services
HTS Counsellor	HTS services
M&E Officer	Data management
MoH Locum staff	Relief case management duties
<b>DIC Recreation</b>	
Skilled KP peer Volunteers	Beautician services- hair drying, hair do
	Gymnastic services, Net ball, table tennis
	Cookery -skill imparting services and conduct FSW Saving Loans
<b>DIC Support Staff</b>	
Front Office Manager	Receptionist services/ key population
Cleaner, Security	Support team
<b>Clinical Outreach Services</b>	
<ul style="list-style-type: none"> <li>Outreach workers- KP</li> </ul>	Supervise Peer Educators & Navigators
<ul style="list-style-type: none"> <li>Peer Educators- KP</li> </ul>	Mobilization peers
<ul style="list-style-type: none"> <li>Peer navigators (Known HIV positive)- KP</li> </ul>	Navigate PLHIV peer's positive living
MoH Locum staff	Relief outreach services
<b>DIC Community Advisory Board</b>	
KP Community Crisis Response team	Management of violence among KP

# Services Delivered at DICs

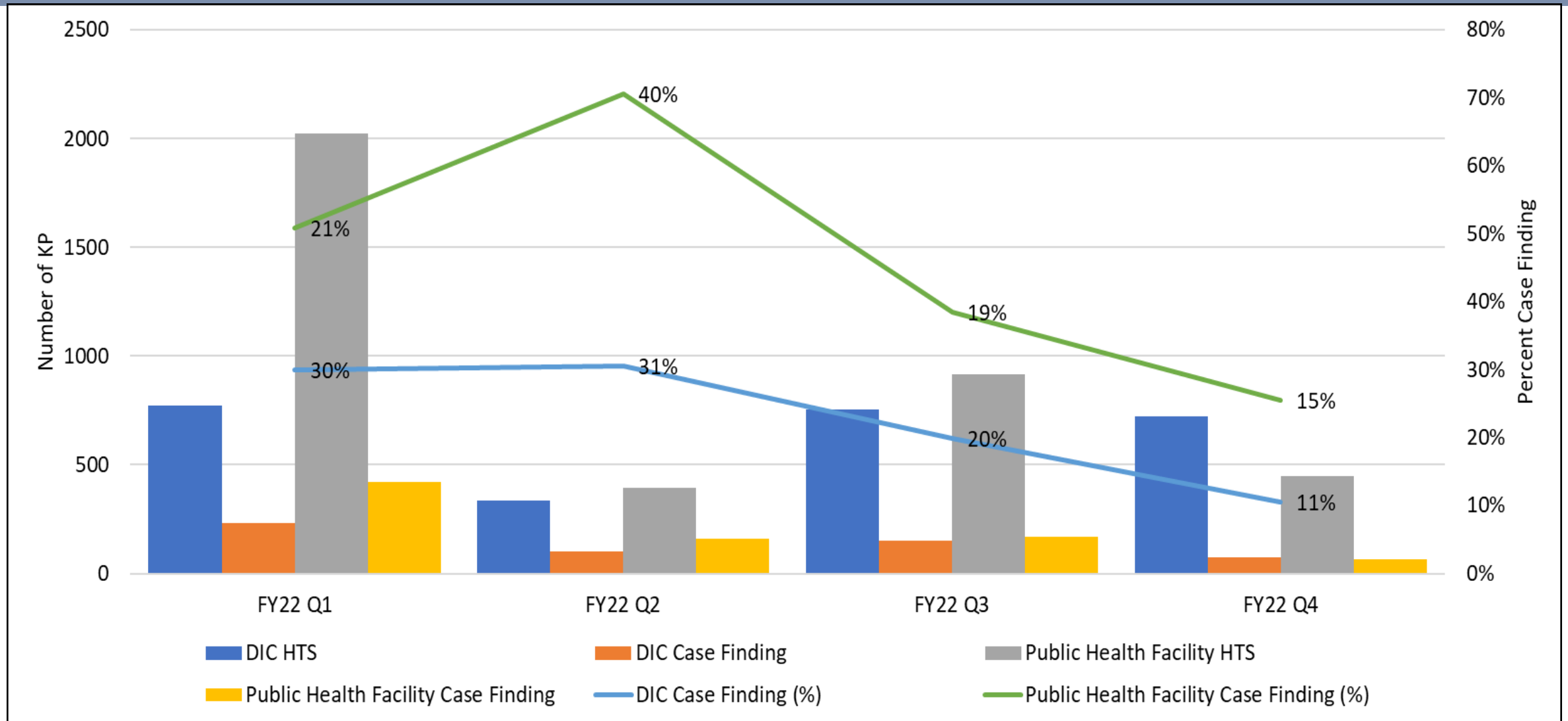
Recipient of Care	Service Package	Service Site	Service Provider		
All KP MSM, FSW, TG and Clients of FSW	HIV Prevention messages	DIC, Community based ART distribution, Public and Private clinics	Clinical service providers, Outreach workers (ORW), Peer Educator (PE) & Navigator (PN)		
	Condoms and lubricants				
	HIV testing services				
	STI screening, diagnosis, and treatment				
	TB screening and referral				
	Reduction of stigma and discrimination			DIC, Clinical outreach	HTS Counsellor and psychosocial support officers
	GBV screening and reporting			Key population Hotspots and 'safe spaces'	PE, PN and ORW
	Violence and crisis response team				Community violence crisis response
	PrEP			DIC, Public and Private clinics	PrEP service providers
	PEP				ART Providers
FSW Only	Family Planning Services	Community based ART distribution, in DIC, Public and Private clinics	FP, CA, PMRCT trained nurses		
	PMTCT				
	Cervical Cancer Screening				
Key population members living with HIV (KPLHIV)	ART initiation, Link and Viral Load (VL) testing, KPLHIV Community support groups	Community ART provided in DIC & DIC collect VL dry blood spots	DIC clinical Team, ORW, PN, MoH locum,		

# Comparative DIC Performance in all the sites, Oct 2021 to Sept 2022





# DICs successful at finding and treating KP members previously 'left behind'



# Viral load coverage and suppression among KPLHIV

District		TX_CURR	VL Eligible	VL Sample Taken	VL Results	VL Suppression
Zomba	DIC	130	117	117	117	117
	Public HF	480	398	398	397	396
Machinga	DIC	172	134	134	131	129
	Public HF	343	256	256	254	252
Blantyre		291	186	145	141	137
Lilongwe		208	130	112	96	86
Mzuzu		85	45	40	33	32
Mangochi		85	46	37	26	25
Balaka		205	196	135	142	132
Phalombe		251	207	173	167	158

**Total VL coverage 90%**

**Total VL suppression 97%**

# Is Integration of ART into DICs for MSM and FSW working?

## MoH recognized DICs

- DICs are now an official part of the health facility hierarchy in Malawi providing comprehensive prevention, care and treatment
- Each DIC serves as a critical community-based service delivery point catering to the basic clinical needs of KPs in a stigma-free environment.

## MoH sustained support to DICs

- Supply of ART drugs and commodities such as condoms and lubricants
- Providing clinicians and nurses to deliver services at the DIC on specific days of the week

## Community engagement through involvement of:

- KP Community Advisory Board
- KP Community Crisis Response

DICs represent an important service option for KPs that can be sustainably integrated into health systems

# Integrating ART into DICs: Challenges and Lessons Learned

## Challenges:

- Low coverage: 19 DICs in 6 districts out of 28
- High demand for DSD services among FSW and MSM to improve access to ART
- Service providers multi-tasking to provide a core package
- Larger pool of health care workers in hybrid and private clinics remain untrained to provide KP friendly services free of stigma

## Lessons:

- Political will is important
- Strong leadership facilitates successful change
- Community engagement: KP DIC Advisory Board and functional peer outreach
- Collaboration with district health offices and other stakeholder
- Process documentation and strategic information sharing



Thank you!

