



Implementing Status Neutral HIV Testing Services in Malawi: Challenges and Lessons Learned

Khumbo Namachapa

HTS Coordinator

Ministry of Health, Malawi

CQUIN 7th Annual Meeting

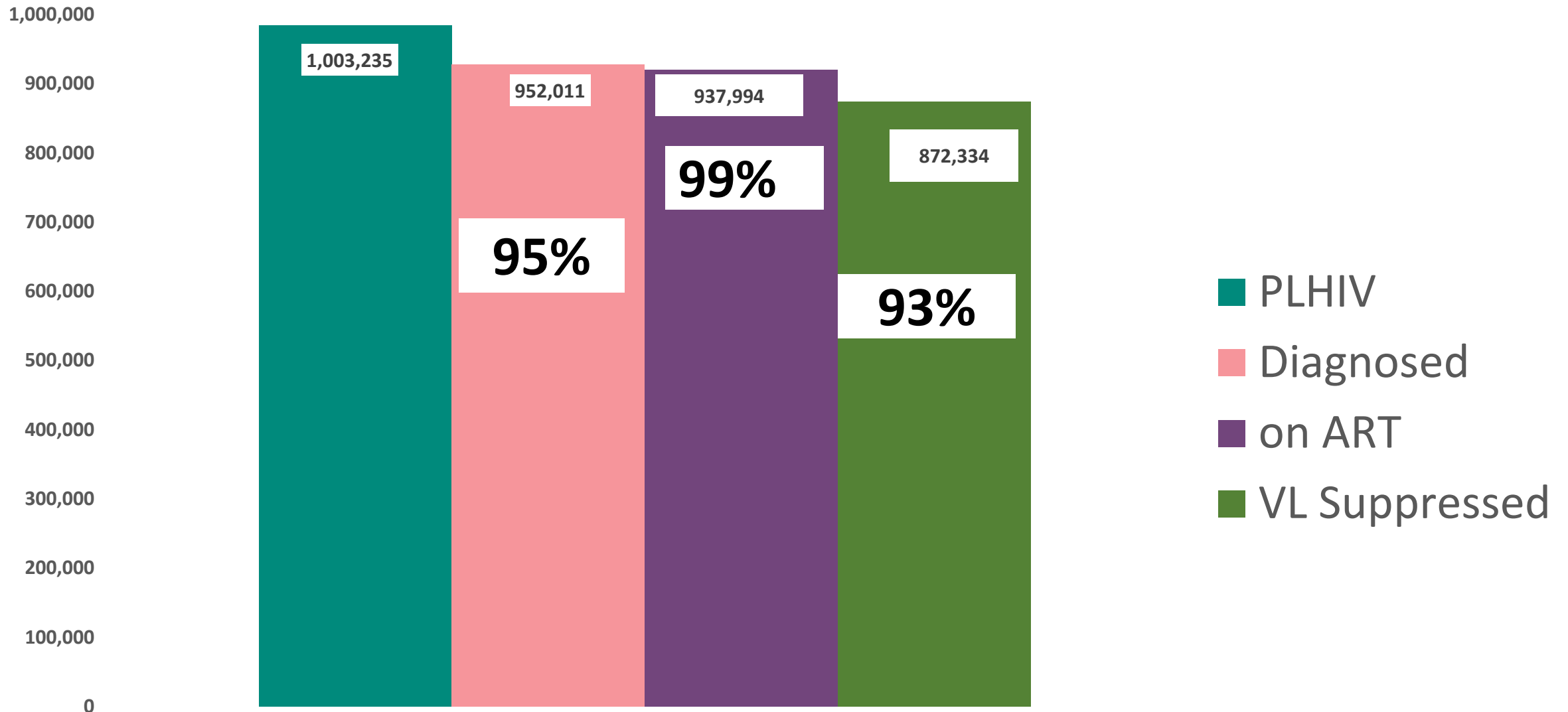
November 13 – 17, 2023 | Johannesburg, South Africa



Outline

- Progress towards 95:95:95 targets
- dHTS capability maturity model self-staging results
- Implementing Status Neutral Testing approach in Malawi
- Next Steps

Progress Towards the 95:95:95 Targets: June, 2023



dHTS Capability Maturity Model Self-staging Results (January 2023)

Policy: Strategic Model Mix
Policy: Linkage
Financing and Resource Allocation
SOPs
Implementation and Scale-Up Plan
Meaningful CE
Private Sector Engagement/Oversight
Coordination
dHTS Training
Population Coverage
Linkage Tx: Confirm/Verification Testing
EQA/IQC
Proficiency Testing
Clinical Services


- 16 out of 22 (73%) of the domains are in the most mature stage
- 6 out of 22 (27%) of the domains are in the least mature stage

Policy: Optimizing HIV Testing
Linkage to Tx: Timely Linkage

M&E
Linkage to Prevention and Other Services

Procurement & Supply Chain Management
Impact: Knowledge of HIV Status
Impact: Linkage to Treatment
Impact: Linkage to Prevention

Implementation of Status Neutral Testing in Malawi

- Incorporated in the **2023 Malawi Integrated Testing and Counselling Services Guidelines – HIV, Syphilis, Hepatitis B**
 - Focuses on **welcoming all clients to HIV Testing Services** regardless of:
 - Testing history
 - HIV status
 - **Embraced all 3 components**
 - Case finding and linkage to Treatment
 - Re-diagnosis and re-engagement
 - Linkage to combination prevention services
- 

- 1. Case finding & linkage to treatment, care & support services**
 - Targeted testing according to age, sex and geographic location
 - Test & Treat policy (link within 14 days)
 - Provision for recording ART number in the testing register to ensure complete linkage
- 2. Re-diagnosis for re-engagement (back to care)**
 - Malawi testing policy allows for re-diagnosis for re-engagement
 - ScanForm registers customized to capture clients with last professional positive test
 - Last positive flow charts used for testing of clients who are re-engaging
- 3. Linkage to prevention services**
 - All HIV negative clients referred to appropriate prevention services such as PEP, PrEP, STI, TB, VMMC

Updates on Status Neutral Testing –M&E tools

F. ART (Re-)Initiation

Referral for ART (Re-)Initiation? * **ONE**

If "Yes" specify the intended site.

No Yes

Appointment Date for ART Referral **123**

dd mm yy
1 / 5 / 22

Intended Site for Re-Testing/ART Referral:

Last HIV Test* ONE									Time Since Last HIV Test Write number. Specify unit with one letter: Days, Weeks, Months or Years 123 ABC	Ever Taken ARVs?* ONE				
Negative (-)			Positive (+)			Invalid or Inconclusive		Exposed Infant		No	If yes, cross the most recent ARV taker			
Never tested	Self-Test	Professional Test	Self-Test	Initial Professional	Professional Test	Self-Test	Professional Test		Exposed Infant	No	PrEP or Inf. Prophylaxis	PEP	ART	
lev.	Self-	Prof.-	Self+	Init.+	Prof.+	Self?	Inc?	Inf.	number	D/W/M/Y	No	PrEP	PEP	ART
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	Y	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Referral for Prevention Services **MULTI**

PrEP	PEP	VMMC	STI	TB
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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The Malawi Ministry of Health through DHA introduced sections in the revised testing registers - scan form registers - to capture the following data:

- Client link ID
- Last HIV test
- History of ART use
- Time since last taken ARVs
- Referral to prevention services
- Referral for re-initiation

Updates on Status Neutral Testing (Dec,2022- Sept 2023)

From 492/800 sites implementing 3 test algorithm and ScanForm technology

HIV Tests

1. Total HIV tests conducted: 1,710, 534
2. Never tested before: 252,457
3. Ever tested before: 1,458,077
 - Prof-Positive: 15,447
 - Other : 1,442,630

HIV test results

1. **New positives: 34,811**
 - Linked to care : 31,319
 - Other : 3,492
2. **Pos Re-test: 1,699**
 - Already on ART: 538
 - Re-engaged: 942
 - Other: 219
3. **Negatives: 1,643,121**
 - Referred for prevention services: 208,158
 - PrEP: 73,576 (35%)
 - PEP: 11,809 (7%)
 - VMMC: 23,085 (11%)
 - Other: 94,688 (47%)

dHTS CMM Gaps Affecting Status Neutral Testing Implementation

Domain	MAL
Policies 1. Strategic model mix and decentralization	Green
Policies 2. Optimizing HIV Testing	Light Green
Policies 3: Linkage	Green
Transparency of financing and resource allocation	Green
SOPs	Green
Implementation and scale up plan	Green
Meaningful community engagement	Green
Private sector engagement/oversight	Green
Coordination	Green
dHTS Training	Green
M&E	Yellow
Procurement & supply chain management	Red
Population coverage	Green
Linkage to Rx 1: Timely Linkage	Light Green
Linkage to Rx 2: Confirmatory/ Verification testing	Green
Linkage to prevention and other services	Yellow
Quality 1: EQA/IQC	Green
Quality 2: Proficiency Testing	Green
Quality 3: Clinical services	Green
Impact 1: Knowledge of HIV status	Red
Impact 2: Linkage to treatment	Red
Impact 3: Linkage to prevention	Red

- **Linkage to prevention and other support services**

- Linkage to prevention rates are not routinely monitored since the data tools do not capture if the referred individual was indeed linked to the appropriate service.

Action: We are working on redesigning some prevention services M&E tools starting with PrEP and STI so that we use ScanForm. This will allow cross program tracking of clients (using the robust link ID in HTS register) to confirm actual access to prevention services each negative client was referred to.

- **M&E**

- Tools to capture all national priority indicators for dHTS had not been integrated into the national Health Information System (HIS) during staging.

Action: ScanForm Technology now fully interoperable with the national health information system. This means all ScanForm aggregate data automatically being pushed to DHIS2

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- **Impact 1: Knowledge of HIV status**
- **Impact 2: Linkage to treatment**
- **Impact 3: Linkage to prevention**

- The country has identified priority groups for testing but there are no data to determine what proportion of each priority group is aware of their HIV status

Action 1: MOH through the Department of HIV, STIs & Viral Hepatitis (DHA) and the National AIDS Commission (NAC) has developed patient level database (Tracker) on DHIS2. All KP_IPs have been oriented. Currently working on integrating legacy data from different KP databases(FHI 360, Pakachere, etc) and enforcing use of one database/ interoperability.

Action 2: To start using KP program (including Projects) data as inputs into the Spectrum model to increase number of indicators on KP in the model. Previously , only survey data was used hence limited KP indicators (PLHIV, ART coverage, new infections, HIV Prevalence).

Challenges

- The 2023 Malawi Integrated Testing and Counselling Services Guidelines – HIV, Syphilis, Hepatitis B have not yet been widely disseminated for the public to embrace status neutral testing approach.
- Though linkage to prevention services is addressed in the revised HTS registers, the actual access to the services is documented in other different registers after further assessment by another cadre of health workers to confirm if the client is indeed eligible for the prevention services (e.g. PrEP) the client was referred to.

Lessons Learned

- Status neutral testing especially re-diagnosis for re-engagement (back to care) becomes handy when dealing with clients who dis-engage and even during natural disasters when client records are lost ie. This approach was used during cyclone Freddy.

Next Steps

Focus and improve on dHTS domains with least maturity scores

- M&E
- Procurement and supply chain management
- Linkage to prevention services

Acknowledgements





Thank you!

