

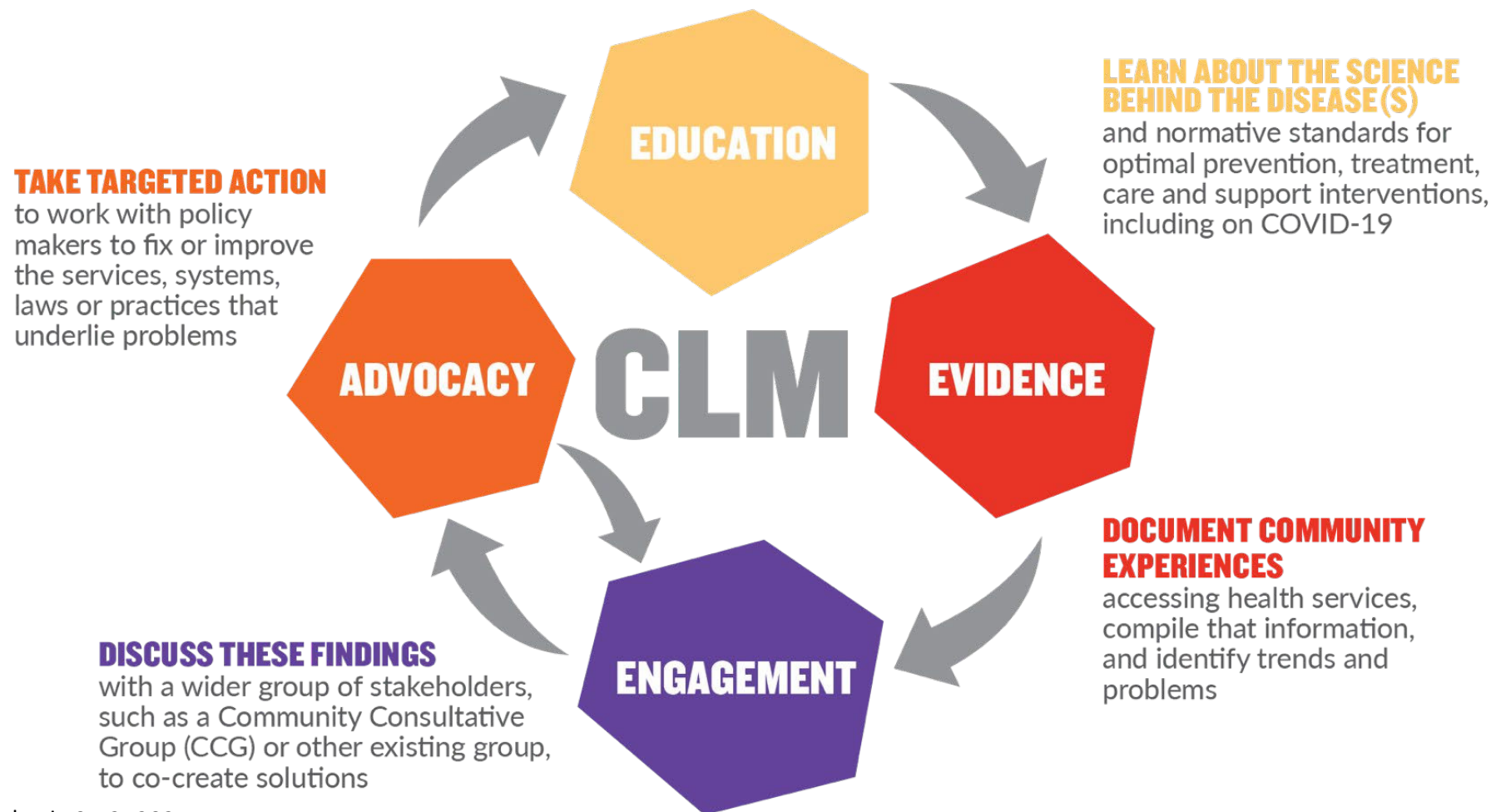
Community Advocacy Network Perspectives on Improving HIV Testing Coverage for Case Finding and Prevention

Lawrence Khonyongwa , MANET +, Malawi





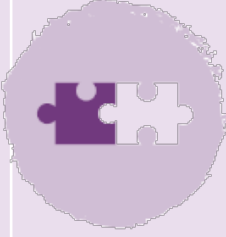


Impact and Outcomes of Community-Led Monitoring – The Citizen Science project in Malawi and South Africa

ITPC'S COMMUNITY-LED MONITORING MODEL



Applying CLM to HIV Testing and beyond (ie: Viral Load Testing and CD4 Counts ; Access to Prep ; Treatment Success rate ; Stigma and Discrimination)

Availability	Accessibility	Acceptability	Affordability	Appropriateness
				
<ul style="list-style-type: none"> • Do the required testing services, commodities and supplies exist? • If so, do they exist when they are needed and in adequate supply? 	<ul style="list-style-type: none"> • Are there long travel distances or wait times? (Capped # tests per day?) • Are hours of operation convenient? (Moonlight testing?) • Are testing referral processes smooth? 	<ul style="list-style-type: none"> • Is there a high quality of care? (Wait time to receive results?) • Are services provided free of stigma and discrimination? • Are the human rights of patients promoted and protected? 	<ul style="list-style-type: none"> • Do services require out-of-pocket spending on behalf of the client? • Is the service delivery model(s) efficient? • What is the sustainability of the response? 	<ul style="list-style-type: none"> • Are services tailored to the specific needs of key and vulnerable populations? • Are age and gender considered in service packages? • Are VLT and CD4 counts administered appropriately? Are treatment regimens adjusted based on results?

Communities collect and analyse data on **availability, accessibility, acceptability, affordability and appropriateness** of HIV testing

Vital Role of Communities for Monitoring and Improving Testing Services and Linkage to Care

- Community-led monitoring (CLM) allows recipients of care to carry out the process of:
 - Identifying gaps in health service access and/or quality
 - Developing relevant and context-specific indicators
 - Collecting and analyzing related data
 - Collaborating with relevant stakeholders in the co-creation of solutions
- CLM has successfully helped identify and address health service delivery gaps, along the HIV treatment and care cascade.
- Often, communities are limited by donor-defined required indicators that do not adequately address community pain points
- CLM allows us to focus on testing access and retention to care from a recipient of care perspective and not be limited by donors or existing indicators.
- Customized community-defined indicators have extremely high added value
- They capture often missing and relevant community data that can result in measurable change
- Allows communities to advocate for change, armed with evidence

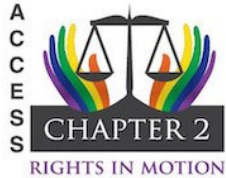
Community Partners for the Citizen Science Project (2020-2023)



SOUTH AFRICA

Access Chapter 2 and Rotanganedza Community Centre are the community partners leading this work, in partnership with NACOSA.

Implementing CLM focused on prevention among youth, integrating with efforts of the National Department of Health and West Rand District Health Services.



MALAWI

MANERELA+ is an interfaith and voluntary membership network of religious leaders living with or personally affected by HIV and AIDS in Malawi.

Implementing CLM, integrating with efforts of the Malawi Ministry of Health, and in collaboration with JONEHA (the Network of Journalists Living with HIV).

- 2 countries: Malawi and South Africa
- 33 health facilities:
 - 14 in Malawi (eight in Kasungu and six in Dedza)
 - 19 in South Africa (all on the West Rand)
 - INCLUDING: **4 non-governmental service providers** (two in Malawi and two in South Africa)
- 58 data collectors
- 989,848 beneficiaries in this catchment area
- 3 years of continuous monitoring (October 2020-December 2023)
- Monitoring: 34 indicators in Malawi and 20 indicators in South Africa.
- Qualitative Interviews:
 - 123 recipients of care (71 in Malawi and 52 in South Africa)
 - 64 healthcare workers (30 in Malawi and 34 in South Africa)
- 40 Life Maps participants: citizen journalists documenting the more personal aspects of how HIV, TB, and COVID-19 affect their daily lives, using photography, narrative, and textual tools.



CQUIN dHTS Meeting | July 9-12, 2024



Top-Line CLM Outcomes in 2023 – South Africa

- People who visited our 19 monitored sites were **32% more likely to initiate PrEP**
- The percentage of older men living with HIV who know their status **increased** from 86.8% in 2022 to 88.9% in 2023
- The **treatment success rate at our CLM sites increased** from 88% in 2022 to 91% in 2023
- In 2023, women at our monitored sites were **twice as likely to deliver in the health facility**
- In 2023, the **cost to diagnose one AGYW living with HIV was cheaper** at our CLM sites



Top-line CLM Outcomes in 2023 – Malawi

- People accessing ART at sites were six times more likely to be in a DSD model
- The number of **HIV tests among young sex workers doubled** as did HIV positivity (from 1.7% to 2.4%)
- CLM led to a 23.4% increase in condom distribution. This contributed to **fewer new infections** in the two districts.
- CLM advocacy secured a commitment from the Global Fund to procure 50 new GeneXpert machines.
- The proportion of **circumcisions among men aged 15 years and older increased** from 77% in 2022 to 82%.



Delivering Person-Centered Care for People Living with HIV

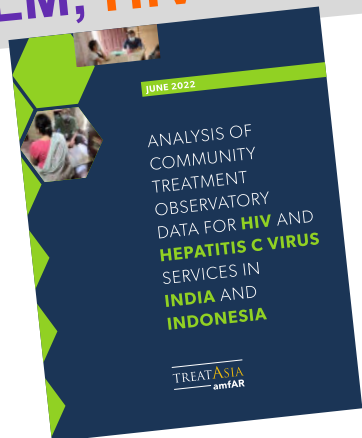
- **Person Centered approach** - responds to the needs of the ROC, mapping of needs prior to implementation.
- **ROC:** Person centered, family focused, multi-disciplinary, co-located, coordinated, fewer referrals “**one stop model**”, services throughout the lifecycle (even when needs change), seamless and easy to navigate.
- **Provider:** Team approach to service deliver, harmonized scheduling, unified medical chart, “**medical home**”.
- **Manager of health service:** one staffing, training and supervisory system, quality management system, one procurement system, one M&E and reporting system, one finance system.
- **Steward e.g. MOH:** Pillars of delivery - service delivery, health workforce, information

Key Messages

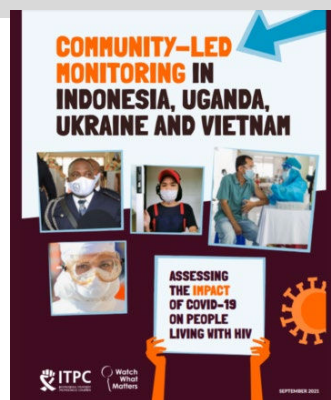
- CLC is a **science-based accountability innovation** that puts communities first
- Make **Community Engagement real** at policy, program and community level
- **Empowering community participants** and respecting their expertise is critical in achieving satisfactory service delivery
- **Improve integration** to achieve satisfactory health outcomes
- **External funding dependence:** incentivize governments to pay for community accountability innovations
- **DSD models should improve efficiency** within the health system
- **Community engagement requires funding to effect change** = the final phase of all CLM models is advocacy
- **CLM when applied to DSD** can help bring tangible solutions by ensuring strengthened community engagement

Applying CLM as a Model in **Varying Contexts**: www.clmhub.org

CLM, HIV & HCV



CLM, HIV & COVID 19



CLM & Tuberculosis



CLM, HIV Prevention

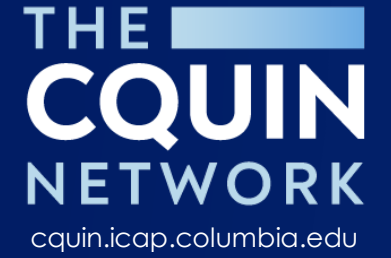


CLM, HIV & Human Rights



CLM, and Diagnostic





Thank You!

