



# EGPAF-Malawi: HIV Care and Treatment Program

## EGPAF: Who We Are

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a global leader in the fight to end HIV and AIDS. With 30 years of experience, EGPAF currently supports the delivery of lifesaving HIV prevention, diagnosis and treatment services across 17 countries.

### EGPAF-Malawi

EGPAF is a key partner to the Ministry of Health (MOH) and a cornerstone of Malawi's HIV Program. EGPAF has worked in Malawi since 2001, initially helping to carve the pathway towards ending HIV by initiating the first prevention of mother-to-child HIV transmission (PMTCT) program, contributing to Option B+, and scaling up Test and Start. Now, surging forward towards epidemic control, EGPAF supports comprehensive HIV services at 179 PEPFAR priority sites across nine districts through the U.S. Centers for Disease Control and Prevention (CDC)-funded Project.

### REACH- 90: To achieve HIV epidemic control in focus districts and priority sites through intensified and targeted HIV testing, prevention, care, and treatment services

In April 2017, the U.S. Centers for Disease Control and Prevention (CDC) with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) funding and in close collaboration with the Malawi Ministry of Health (MOH), awarded the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) a five-year project entitled Achieving HIV Epidemic Control through Scaling up Quality Testing, Care and Treatment in Malawi under PEPFAR (REACH 90). Under CDC and MOH guidance, EGPAF-Malawi implements the project in nine districts and 178 PEPFAR priority health facilities (HFs) in Blantyre, Thyolo, Zomba, and Chiradzulu, which are scale-up districts, while Mchinji, Dedza, Ntcheu, Neno, and Mwanza, considered as sustained districts.

### EGPAF is on track to achieve 95% HIV detection among HIV-positive individuals

In targeted catchment areas, EGPAF has improved the quality of HIV testing services (HTS), provided targeted HIV case finding, and improved linkages to HIV care. To support the MOH with dedicated testing services, EGPAF, in partnership with Malawi AIDS Counseling and Resource Organization (MACRO) have both hired, trained, and mentored HIV diagnostics assistants (HDAs) to complement MOH services to improve access to HIV testing.

As of June 2021, EGPAF deployed 285 HDAs, 193 Adherence Support Officers (ASOs), and 23 HDA supervisors across project-supported clinics.



### EGPAF provides efficient screening and provider-initiated testing and counseling (PITC) for HIV at high-risk entry points for all at-risk persons

EGPAF has intensified PITC in TB, antenatal care (ANC), maternity, pediatric wards, sexually transmitted infection (STI) clinics, and nutritional rehabilitation units (NRUs). EGPAF has optimized PITC through the use of the HTS screening tool to assess eligibility and risk of infection.

#### From October 1, 2020 to June 30, 2021

	Limbe	Blantyre	Nine districts supported by EGPAF
Number of individuals tested and received results	9,573	103,912	455,116
Number of individuals newly identified HIV-positive	676	7,092	20,993



## EGPAF has scaled up active index case testing (ICT)

In 2019, Malawi adopted assisted partner notification services (active index testing), a process in which the index clients list their sexual partners and children below 12 years of age, who are then offered HTS either at the community or facility levels as a standard of MOH care. Through index testing, those at risk are identified and immediately supported with access to treatment.

In Blantyre, from October 1, 2020 to June 30, 2021, EGPAF-supported clinics have tested 13,673 individuals through index testing and identified 3,009 newly positive individuals through index testing.

### From October 1, 2020 to June 30, 2021

	Limbe	Blantyre	Nine districts supported by EGPAF
Number of individuals tested as a contact	1,277	13,673	43,064
Number of individuals newly identified as HIV-positive	311	3,009	9,320



## EGPAF has accelerated the use of self-tests within the HIV Program

EGPAF focuses on the secondary distribution of HIV self-testing (HIVST) kits through facility distribution models targeting partners of index clients in ART, ANC, and STI clinics. EGPAF integrated HIVST services with index testing to provide individuals at risk with more options to access testing.

### From October 1, 2020 to June 30, 2021

	Limbe	Blantyre	Nine districts supported by EGPAF
Distributed HIVST	1,120	14,205	62,417



## EGPAF has targeted testing strategies to reach men under 40

To reach more men, EGPAF introduced male-friendly clinics (MFCs), staffed by only male providers, and offered weekend services, as well as a male-friendly service package that includes screening for other diseases (STIs, diabetes, and hypertension) as well as HIV testing and referrals. As more men have been put on treatment, the clinics have evolved to male adherence and ART clinics.



## EGPAF has increased access to high-quality adolescent and young person services

EGPAF supported 58 high volume health facilities in Blantyre and Zomba districts, as guided by PEPFAR's scale-up plan, targeting adolescent girls and young women (AGYW) and their sexual partners.

### EGPAF enables DREAMS-supported clinics to provide youth-friendly health services:

Through the DREAMS initiative, the sites offer comprehensive sexual and reproductive health (SRH) services at youth corners on dedicated days and hours. Adolescent-led YFHS clinics increase access to SRH services and link HIV-negative AGYW to DREAMS screening and enrollment in Girls Clubs.

### Improving HTS among adolescents, especially AGYW, at all EGPAF-supported sites providing gender-based violence (GBV) care through onsite support and referrals:

#### From October 1 2020 to 30 June 2021

	Blantyre	58 facilities supported by EGPAF
Young people at youth-friendly corners	87	2073
Young people who are AGYW	72	1343
HTS for AGYW	52	643
Post violence care provided	1,056	2,117

### Red Carpet Project: October 2020 to June 2021 (7 sites in Blantyre)

Indicator	Limbe	All Sites (7 in Blantyre)
Total AYLHIV registered	1,552	3,911
# of AYLHIV retained in care at 1 month	107	248
# of AYLHIV retained in care at 3 months	104	213
# of AYLHIV retained in care at 6 months	100	203
# of AYLHIV on ART who have VL test	98	212

EGPAF collaborates with other PEPFAR implementing partners who are implementing DREAMS in the catchment areas of the facilities in Zomba and Blantyre to ensure the full DREAMS core package is provided with a focus on ensuring sexually active AGYW have access to SRH and GBV services.



## EGPAF has initiated access to PrEP

As of June 2021, 82 clients are enrolled in PrEP in Limbe while all of Blantyre has enrolled 497 patients. With improved support for diagnostic commodities and transportation, further acceleration of PrEP uptake is underway.



## EGPAF has supported the prevention of mother-to-child transmission of HIV

EGPAF ensures risk reduction counseling and conducts dual HIV-syphilis testing at ANC clinics, including treatment of partners. We conduct retests in antenatal and postnatal care and expand the use of HIVST for women and men attending ANC. EGPAF also supports the roll-out of PrEP for pregnant and breastfeeding women in discordant relationships as a bridge strategy until the HIV-positive partner achieves viral load (VL) suppression. This is also provided for those with partners of unknown status (especially in higher prevalence scale-up districts), per PEPFAR guidance and the national roll-out plan.

### From October 1 2020 to 30 June 2021

	Limbe	Blantyre	EGPAF
Pregnant women were tested for HIV	2,280	31,029	122,975
Had a documented HIV-positive status (either known positive or newly diagnosed with HIV).	299	3,261	9,411

EGPAF continues to strengthen the retention of mother-infant pairs (MIPs) in care through routine adherence and psychosocial support (PSS) within the MIP clinics. EGPAF also provides quality clinical services and defaulter tracing activities.

### From October 1, 2020 to June 30, 2021

	Limbe	Blantyre	EGPAF
Exposed infants tested at 12 months	607	4,901	17,326
Infants tested positive from the exposed infants cohort	8	84	223



## EGPAF works to ensure 95% of people living with HIV (PLHIV) are initiated on antiretroviral treatment (ART)

Same-day ART initiation with physical client accompaniment from HTS to ART as well as ART counseling is standard practice at EGPAF supported clinics. EGPAF actively addresses the existing district, site-level, age, and gender variations to tailor support as needed. EGPAF program data from 1 October 2020 to 30 June 2021 show the overall linkage rate in EGPAF-supported districts is **93%** at the end of June 2021, and the biggest gap is community-facility linkage as well as tracking inter-facility referrals and linkages.

### As of 30 June 2021, EGPAF-supported clinics retained the following in HIV treatment

	Limbe	Blantyre	EGPAF-Malawi
TX_CURR	9,151	81,042	289,189



## EGPAF improves ART coverage and quality of care through optimizing ARV regimens

EGPAF trained health care workers (HCWs) on revised guidelines, conducted joint development of site-specific plans with facilities to execute the DTG transition process based on facility size/workload, and provided supportive supervision and site-level mentorship. As of June 30, 2021, EGPAF program data shows the majority (97%) of eligible ART clients in EGPAF-supported districts were on DTG-based regimens with 97% of these clients on TDF/3TC/DTG (TLD), in line with the PEPFAR minimum program requirements.



## EGPAF scales up differentiated service delivery (DSD) models for comprehensive, integrated, and client-centered care

**Pediatric Focused Care:** To close the gap in pediatric access to treatment and provide comprehensive care to children, EGPAF has supported HCWs' growth in pediatric treatment skills through training and mentorship, the provision of standard operating procedures (SOPs), and tools to standardize care. A total of 25 providers were trained in pediatric services while 10 providers participated in formal mentorship at Limbe Health Centre. The teams provided pediatric-focused care clinics which support guardians and parents with PSS support in addition to treatment literacy for child care.

Between October 2020 and June 2021, a total of 707 children were tested at Limbe Health Centre, of which, 30 were identified to be HIV-positive, representing a yield of 4%. A total of 26 HIV-positive children were put on treatment, representing 85% linkage. As a district, Blantyre tested 9,764 children, of which, 347 were identified as HIV-positive, representing a yield of 3.5% and with a linkage of 80% (278/347).

**Teen/Ariel Clubs:** EGPAF supports teens clubs in high-volume facilities and facilitates age-appropriate PSS groups, fast-tracked services using peer supporters, and ensures adolescent clinics with flexible hours are staffed by specially trained HCWs to meet the needs of younger clients.

Indicator	Limbe	Blantyre	All sites (21)
# on treatment	669	4421	10,298
# newly registered	42	179	367
# on 6MMR	94	632	1,394
# transitioned to adult care	11	164	399
# eligible for VL	159	1,670	2,974
# VL samples collected	154	1,294	2,109

### Male ART adherence clubs (MAAC):

A differentiated service delivery model to improve the treatment uptake, the retention in care, and the viral suppression of men on ART. MAAC offers the following services to support men in HIV care: Group counseling, psych social support, ART refills, Viral Load sample collection and referral

### Male ART Adherence Club – MAAC (Jan–June 2021)

Indicator	Limbe	Blantyre	All sites (38)
# of clients registered in MAAC	270	924	2,155
# of clients who attended the clinic	201	743	1,869
# newly initiated on ART	116	214	579



## Ensure retention in HIV care through 6MMRs, active tracing, and Back to Care initiatives

**At the end of June 2021, EGPAF-supported clinics in Blantyre supported 81,042 recipients of HIV care, as well as 298,000 recipients across nine districts.**

In line with MOH guidance and as a response to decongesting facilities during the COVID-19 pandemic, EGPAF rapidly scaled up 6MMRs in all EGPAF-supported districts. The number of clients with 6MMRs increased from 0.3% (229/78,536) in the first quarter (Q1) to 53% (143,858/270,332) by the end of Q3.

To improve retention in care, EGPAF partners with m2m who hire, train, and supervise expert clients deployed at high-volume facilities. Currently, 303 expert clients support health services by conducting health talks, peer-to-peer adherence counseling, gender-specific messaging, as well as tracking clients that have missed appointments. EGPAF has strengthened client tracking through the use of defaulter tracking registers, locator forms, and SOPs for tracing.

With COVID-19, EGPAF has also scaled up the use of SMS reminders, follow-up phone calls for missed appointments, virtual clinical support from ART providers for newly diagnosed children and adolescents, and extended/flexible hours for ART distribution.

EGPAF has also developed a risk stratification tool to guide the profiling of clients who are at risk of defaulting. Through this case management approach, clients were offered adherence counseling and PSS based on their risk category.



## EGPAF has scaled up access to high-quality VL testing according to national guidelines to reach eligible clients with a VL test

EGPAF works closely with the MOH and PEPFAR's lab partner to expand routine VL testing (VLT) to achieve >95% coverage for eligible patients by reducing result turnaround times and ensuring site- and lab-level optimization for VLT. To increase VLT, EGPAF ensured PLHIV were screened for eligibility for VLT by ECs before ART provision. Those eligible provided their samples before proceeding to access other services in the facility. Other activities aimed at scaling up VLT included facility-level QI projects on VLT uptake, ensuring the availability of dried blood spot bundles, tools, SOPs, and registers. These also included health talks on annual VL milestones to empower clients to demand tests and weekly tracking of VLT via Power BI dashboards followed by facility-level remediation.



## EGPAF ensures reduction in HIV/TB coinfection

EGPAF strengthened TB case identification, diagnosis, treatment as well as TB preventive treatment.

- **1st 95** - Prioritized PITC among TB presumptive and confirmed TB cases and integrated TB screening with HTS
- **2nd 95** - Ensured all TB/HIV patients received ART and provided extra DTG (50 mg) for TB/HIV patients on TLD
- **3rd 95** - Integrated TB/HIV care and improved retention and adherence by ensuring all PLHIV with TB are managed in one clinic



## EGPAF implements timely case finding and treatment of clients with advanced HIV disease

EGPAF will reduce the high mortality and morbidity associated with patients living with AHD by improving early identification and rapid ART initiation via enhanced approaches that are in line with WHO-recommended packages of care for clients of all ages.



## EGPAF integrates Cervical Cancer screening & treatment for WLHIV:

EGPAF will continue to provide quality CaCx services and improve access to services using the hub-and-spoke model in addition to scaling up to additional sites (as agreed upon with CDC). Beyond screening, EGPAF supports the provision of cryotherapy or thermal coagulation at some sites along with loop electrical excision procedures at select high-volume sites, for which referral and follow-up SOPs for women referred for LEEP will be developed.

Indicator	Limbe	Blantyre	All supported sites (29 sites)
Number of women screened	CaCx service provided by MSF	5,830	35,669
Identified CXCA positive		131	768
Put on treatment		107	678

**EGPAF screened 35,669 women in 29 sites, reaching 95% (35,669/37,478) of its annual targets.**



## EGPAF maximizes program impact and efficiency to accelerate progress toward epidemic control through aggressive data use, evaluation, Quality Management and Quality Improvement

- Provision of monitoring and evaluation (M&E) tools, stationery, and SOPs to priority sites
- Routine data collection and reporting
- Data-driven mentorship and data review meetings
- Data quality audits
- Extra efforts to clean data in EMRS systems to accurately reflect the program
- Certificates of Excellence (CoEs) awarded by DHA
- Informatics and mobile health applications to support high-frequency reporting and mentorship
- Expanding site-level quality improvement interventions for program optimization
- Virtual quality improvement collaboration sessions