

SUCCESS STORY

Drop-in centers: Now integrated into Malawi's health system and critical to closing the treatment gap among key populations

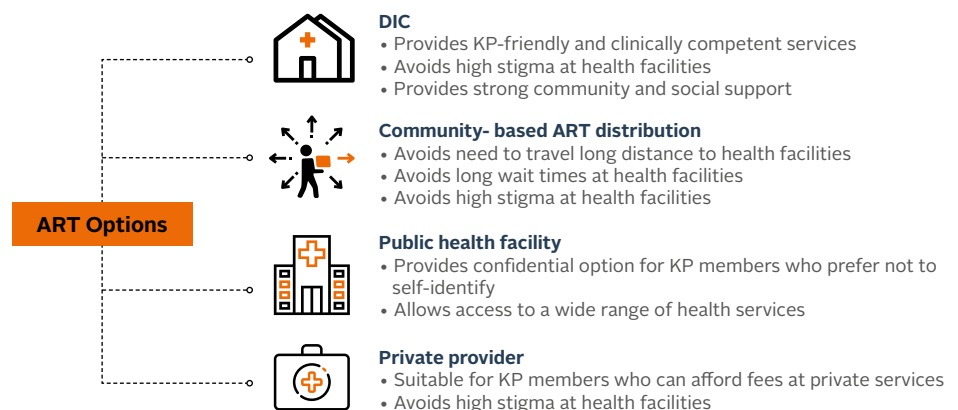


“We would rather miss or buy ART from dubious sources than queue at an ART clinic within a hospital facility to avoid meeting our clients or potential clients who would in turn dump us if they see us at an ART clinic.”

- FSW Malawi

Globally, the percentage of key population (KP) members who are aware of their HIV status ranges from the low teens to above 90 percent. Respondent-driven sampling surveys also indicate that the percentage of KP members who reported taking an HIV test and receiving the results within the past 12 months is between 50 and 75 percent. Although viral suppression data for specific KP groups are limited, available data from small-scale studies suggest that viral suppression is far below the target needed to slow transmission among these populations.¹ The need to improve antiretroviral therapy (ART) initiation and retention among KPs calls for expanding ART service delivery models to include those that appeal to KP members. In particular, programs must provide more customized, high-quality, and desirable services to meet the differentiated preferences and needs of those who would otherwise be “left behind” in order to close the treatment gap and reach the 95-95-95 targets. Differentiated ART service delivery models for KPs include public health facilities, drop-in centers (DICs), community-based ART distribution, and private-sector ART providers (Figure 1).

Figure 1. Differentiated ART service delivery offers choice to KPs



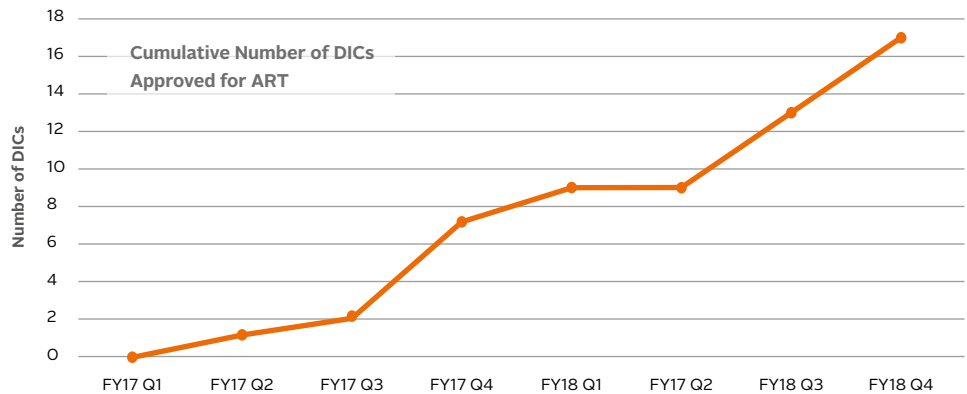
DICs provide a critical service option for KP members who are not willing to present at health facilities or disclose their sexual risk behaviors because of real or perceived stigma and discrimination of providers and a lack of KP-competent clinical care. Furthermore, DICs allow KPs to access testing and to be linked to ART as part of a one-stop shop.

In Malawi, HIV prevalence is 8.8 percent among the general population² and much higher among key populations: 17.5 percent for men who have sex with men (MSM)³ and 63 percent for female sex workers (FSWs).⁴ In addition, 27.3 percent of people do not know their HIV status, and an estimated 10.4 percent of those who know they are HIV positive, are not yet on treatment.⁵ The treatment gap among KPs is likely even greater given prevailing structural barriers such as stigma and discrimination, a hostile legal environment, and a lack of KP-competent health care services. In response, LINKAGES Malawi collaborated with the government's HIV/AIDS

1 Knowledge is Power, Joint United Nations Programme on HIV/AIDS (UNAIDS), Geneva, 2018.
 2 Malawi Demographic and Health Survey, 2016.
 3 Family Planning Association of Malawi, “Counting the Uncatchables”, 2011.
 4 Malawi Biological and Behavioral Surveillance Survey, 2013.
 5 Malawi Population-based HIV Impact Assessment, 2015-2016.

department and district health officers to develop and operate 17 DICs —13 for FSWs and four for MSM in Lilongwe, Blantyre, Mzuzu, Machinga, Mangochi, and Zomba districts. LINKAGES has expanded the range of services at the DICs over time. Initially, the services offered consisted of HIV counseling and testing, screening and management of sexually transmitted infections, post-exposure prophylaxis, referrals to ART, and other health services. Family planning and gender-based violence screening and response were added to the list as staff capacities were built. Later, LINKAGES integrated ART provision at the DICs over 18 months (Figure 2). The first 13 DICs approved for ART were the FSW DICs and the last four approved for ART were the MSM DICs.

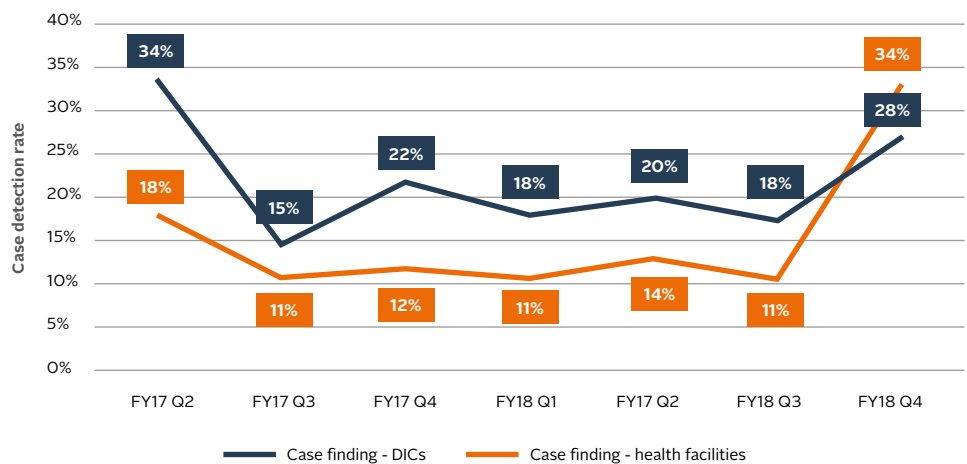
Figure 2. Scale up of ART provision at DICs



DICs successful at finding and treating KP members previously left behind

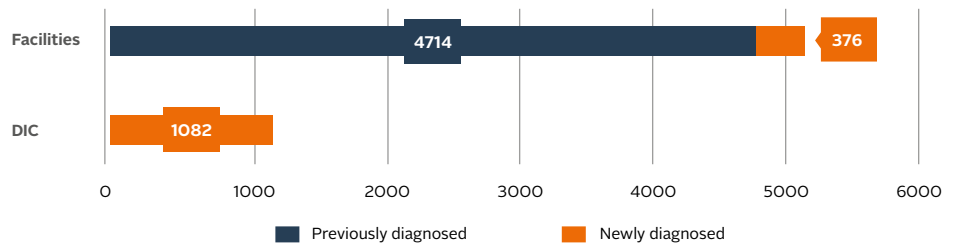
The DICs have been successful in reaching KPs most at risk and have had a higher case detection rate compared to health facilities (Figure 3).

Figure 3. HIV case detection at DICs vs. health facilities



The DICs also have been critical in reaching FSWs who had not been previously diagnosed. Between Q1 FY16 and Q4 FY18, 1,082 FSWs were newly diagnosed HIV positive in DICs, compared to just 376 in public health facilities (Figure 4).

Figure 4. Comparison of FSWs newly and previously diagnosed at DICs and health facilities



In addition, the introduction of DICs immediately increased the number of FSWs and MSM linked to treatment (Figures 5 and 6)— even before ART was provided at DICs.

Figure 5. Links to treatment among FSWs after introduction of DICs

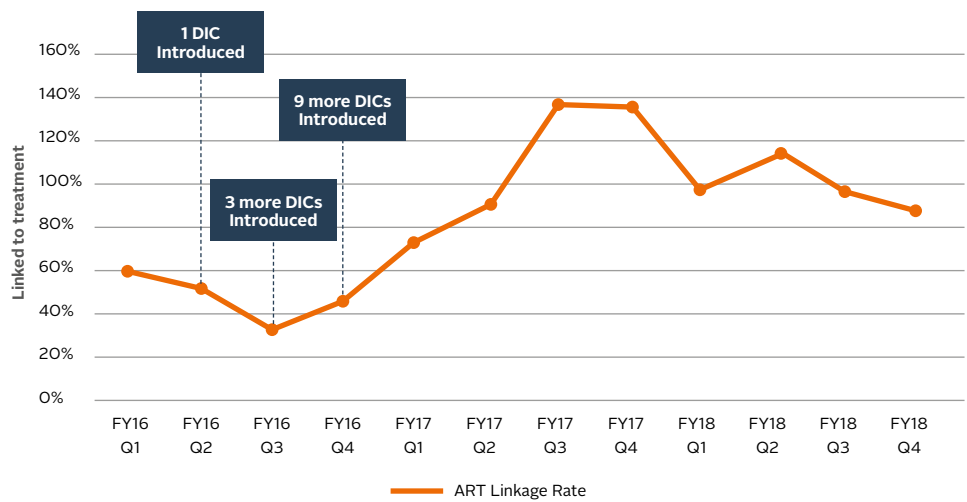
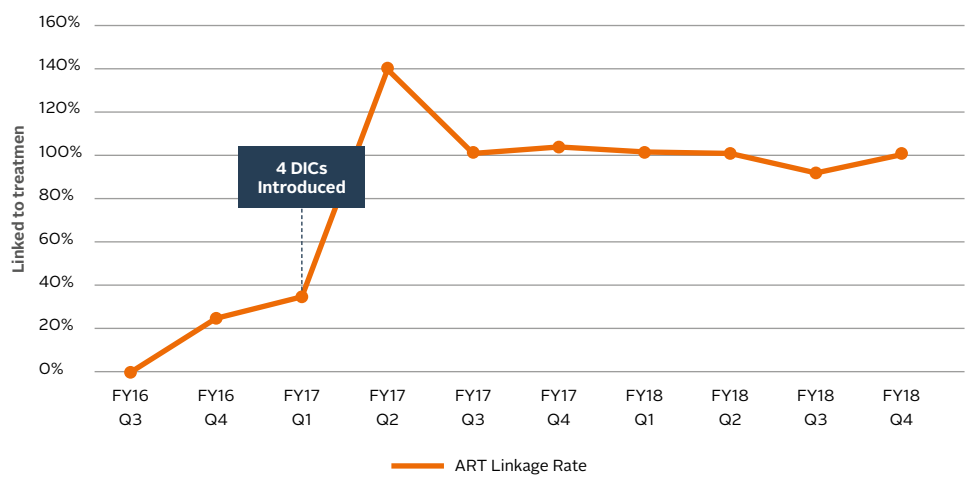


Figure 6. Links to treatment among MSM after introduction of DICs



“LINKAGES offers an excellent and unique approach to delivering the HIV prevention, care, and treatment package to complement the traditional public health approach, but as a country we need to improve the comprehensiveness of our business so that we adequately reach out to all unique groups, including key populations, with HIV services.”

***- Frank Chimbandira,
Deputy Director of
the Malawi HIV/AIDS
Department, during a visit
to some DICs***

After the DICs began to provide ART, of the 1,458 FSWs newly initiated on ART within the LINKAGES Malawi project in FY18, 74 percent were initiated and retained on treatment through the DICs and 26 percent through other facilities. At the DICs, links to ART among those who tested HIV positive was 97 percent, with 100 percent retained on treatment. This high success rate in treatment initiation and retention is largely due to the ability to provide treatment directly at the DICs.

DICs recognized as a vital service delivery model by the Malawi Government and integrated into the health system

Recognizing the vital role that DICs play in closing the treatment gap among KPs, particularly those who are not reached by the conventional health system, national Ministry of Health officials, district health authorities, and LINKAGES staff embarked on a successful collaboration to have all 17 DICs categorized as subunits of local government-run health facilities. The DICs are now an official part of the health facility hierarchy in the country. Each DIC is a supporting site for a health facility in the DIC catchment area, serving as a critical community-based service delivery point catering to the basic clinical needs of KPs in a stigma-free environment. In turn, the central health facilities support the DICs by (1) supplying commodities such as condoms and ART drugs and (2) providing clinicians and nurses to deliver services at the DIC on specific days of the week. These clinicians from the government-run or private-sector health care facilities complement the core services provided by LINKAGES clinical staff at the DICs. DICs represent an important service option for KPs that can be integrated into health systems in a sustainable way to help countries achieve 95-95-95.