

# LINKAGES MALAWI

## *Summary of Achievements*

*February 2015–September 2019*

Between February 2015 and September 2019, the LINKAGES project – funded by the U.S. Agency for International Development (USAID) through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) – was a flagship project for addressing the HIV epidemic among key populations (KPs) in Malawi. The project enabled unprecedented access to differentiated, KP-friendly HIV prevention, care and treatment services for female sex workers (FSWs), men who have sex with men (MSM), and transgender people. In addition, the project brought greater recognition of the needs of KPs in national HIV policies and guidelines and, for the first time, provided the country with quality, KP-specific program data. This brief summarizes the achievements of the LINKAGES project in Malawi.

## BACKGROUND

According to the Malawi Population-Based HIV Impact Assessment 2015–2016, an estimated 72.7% of people living with HIV in Malawi know their status, 88.6% of them are on antiretroviral therapy (ART), and 90.8% of those who report being on ART are virally suppressed.<sup>1</sup> While these figures are encouraging, the country still faces an estimated 38,000 new infections annually.<sup>2</sup> Moreover, the gains for KPs lag behind those made among the general population. Compared to the general population HIV prevalence of 9.2%, the prevalence among female sex workers (FSWs) is 55%.<sup>2</sup> A recent study of MSM in Malawi found that nearly one in five live with HIV.<sup>3</sup>

From February 2015 to September 2019, the LINKAGES project implemented programming in Malawi designed to reach FSWs, MSM, transgender people, and other priority populations such as clients of FSWs with HIV prevention, testing, and treatment services. The project covered six of 28 districts and included major cities and urban centers where the HIV epidemic is higher than the national average (Figure 1).

LINKAGES partnered with four local civil society organizations (CSOs): (1) Pakachere Institute of Health and Development Communication (Pakachere), (2) Center for the Development of People (CEDEP), (3) Youth Net and Counseling Organization (YONECO), and (4) Family Planning Association of Malawi (FPAM).

## Highlights

- Supported civil society organization partners to establish 19 drop-in centers (DICs)—15 for FSWs and four for MSM and transgender people—and gradually expand service offerings, including the provision of antiretroviral therapy
- Newly diagnosed more than 7,200 individuals living with HIV and initiated nearly 90% of them on treatment
- Developed the capacity of peer outreach workers and clinical providers at DICs to assess violence exposure among KPs and provide appropriate support and referrals when violence was disclosed
- Provided technical assistance to the Ministry of Health to develop critical policy support for pre-exposure prophylaxis (PrEP) implementation
- LINKAGES package of services for KPs adopted by the National AIDS Commission as the standard KP service package and included in the national HIV prevention strategy
- Supported local partner Pakachere to grow into an independent nongovernmental organization now qualified to receive direct funding from the U.S. Government

In addition, LINKAGES collaborated closely with the Ministry of Health (MOH), particularly the Department of HIV and AIDS (DHA) and National AIDS Commission (NAC), working with their representatives to create an enabling environment for the delivery of services tailored to KPs.

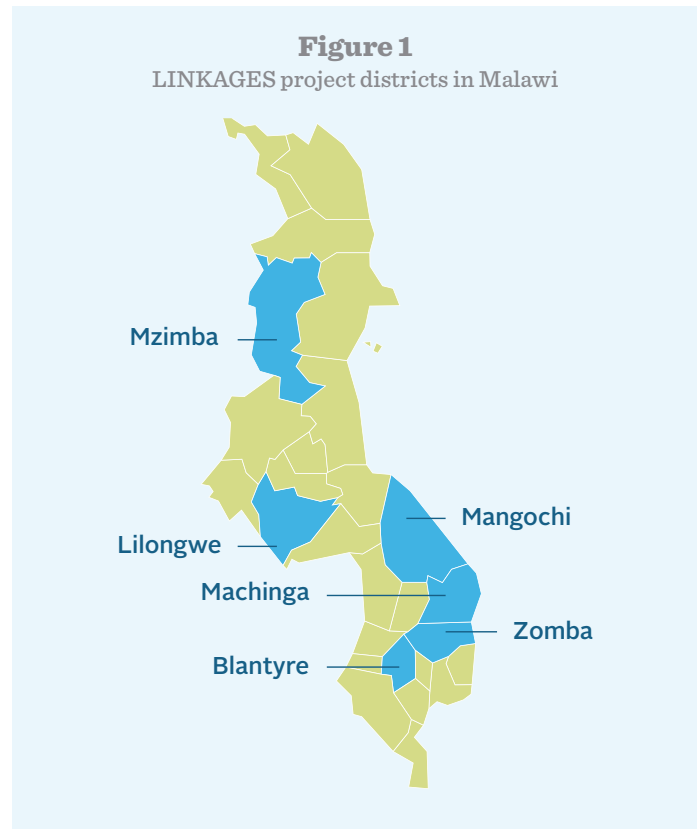
## KEY PROGRAMMATIC ELEMENTS

The LINKAGES project in Malawi delivered a comprehensive package of services across the entire HIV cascade of services including prevention interventions, HIV testing, linkages to and retention in care, initiation and adherence to ART, and viral load monitoring (Table 1). These services were delivered primarily through CSO-led drop-in centers (DICs) catering to KPs. Over the life of project, LINKAGES supported the CSO partners to establish 19 DICs — 15 for FSWs and four for MSM and transgender people — and gradually expand their service offerings. Initially, services at the DICs consisted of HIV testing and counseling (HTC), sexually transmitted infection (STI) screening and management, post-exposure prophylaxis (PEP), and referrals to ART. Family planning and gender-based violence (GBV) screening and response were later added as staff capacities were built. And, in 2016, LINKAGES began integrating ART provision at the DICs.

The LINKAGES Malawi team monitored service delivery via a web-based database they developed to track individual uptake of services among KPs, called “e-cascade.” They used a DHIS2 platform to create the e-cascade database and introduced unique identification codes (UIC) to track KP members reached by the project. The system enabled the team to conduct various individual-level data analyses (e.g., tracking those due for viral load testing) and generate dashboards that offered snapshots of program coverage, program performance on key outcomes, and performance by implementing partner. Guidance and technical assistance were provided every month to the partners based on gaps identified through analyses of the data.

## SERVICE DELIVERY IMPACT

Over the life of project, LINKAGES in Malawi newly diagnosed more than 7,200 individuals living with HIV and successfully initiated nearly 90% of them on treatment. Table 2 shows these figures by KP subgroup.



The vast majority served were FSWs, in line with recent population size estimates of KPs in Malawi and the disproportionate burden of HIV among FSWs.<sup>4</sup>

Figure 2 provides a snapshot of LINKAGES Malawi performance in its final year, FY19, across the entire HIV cascade. The project reached 28,885 individuals, exceeding the FY19 target. More than 8,000 of those reached were known positive, nearly 1,000 declined testing, and nearly 20,000 were referred for testing. The project tested 12,883 individuals (122% achievement of the FY19 target); 1,750 of those tested were diagnosed HIV positive, producing a case-finding rate of 14%. Of those diagnosed, 1,707 (98%) were initiated on treatment (achieving 102% of the FY19 treatment initiation target).

**“ This program has changed many people’s lives- both HIV- and HIV+. I know who I am now. I know my status and I can teach my friends. ”**

**FSW peer navigator, Lilongwe**

**Table 1:** LINKAGES Malawi core package of services for FSWs, MSM, and transgender people

## Reach, Test, and Prevent

- Peer education, risk assessment, counseling, risk reduction planning
- Condon use promotion; distribution of condoms and lubricant
- HIV testing and counseling (HTC), including index testing and HIV self-testing
- Violence screening, post-exposure prophylaxis (PEP) services, and referral to medical, psychosocial, and legal services
- Family planning services for FSWs (education, counseling, screening for risk of unintended pregnancy, provision of short-acting methods, and referral for long-acting and permanent methods)
- Syndromic screening and referral for sexually transmitted infections (STIs)
- Pre-exposure prophylaxis (PrEP) services

## Care and Treatment

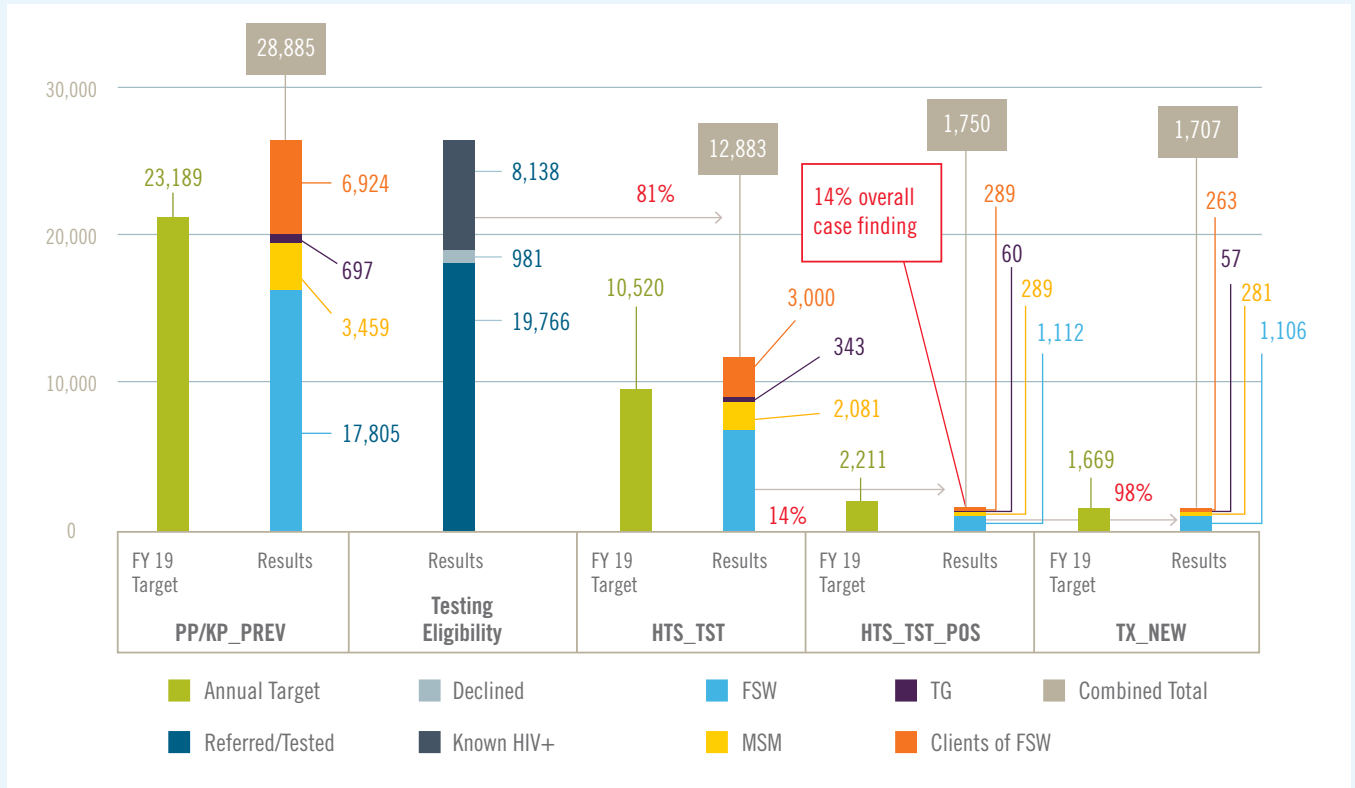
- Link to care and treatment services, including ART initiation and re-initiation
- Peer navigation to support treatment initiation and adherence
- Viral load testing and monitoring
- Tuberculosis (TB) screening and referral for treatment
- Assessment for STIs and other opportunistic infections (OIs) and referral
- Referral for prevention of mother-to-child transmission (PMTCT) services for FSWs who are pregnant
- Index testing
- People living with HIV (PLHIV) support groups for psychosocial support and to improve ART adherence
- Multi-month dispensing of ART for stable clients
- Switching of stable clients to the tenofovir, lamivudine, and dolutegravir (TLD) regimen

**Table 2:** Cumulative performance of LINKAGES by KP sub-group, FY15-FY19

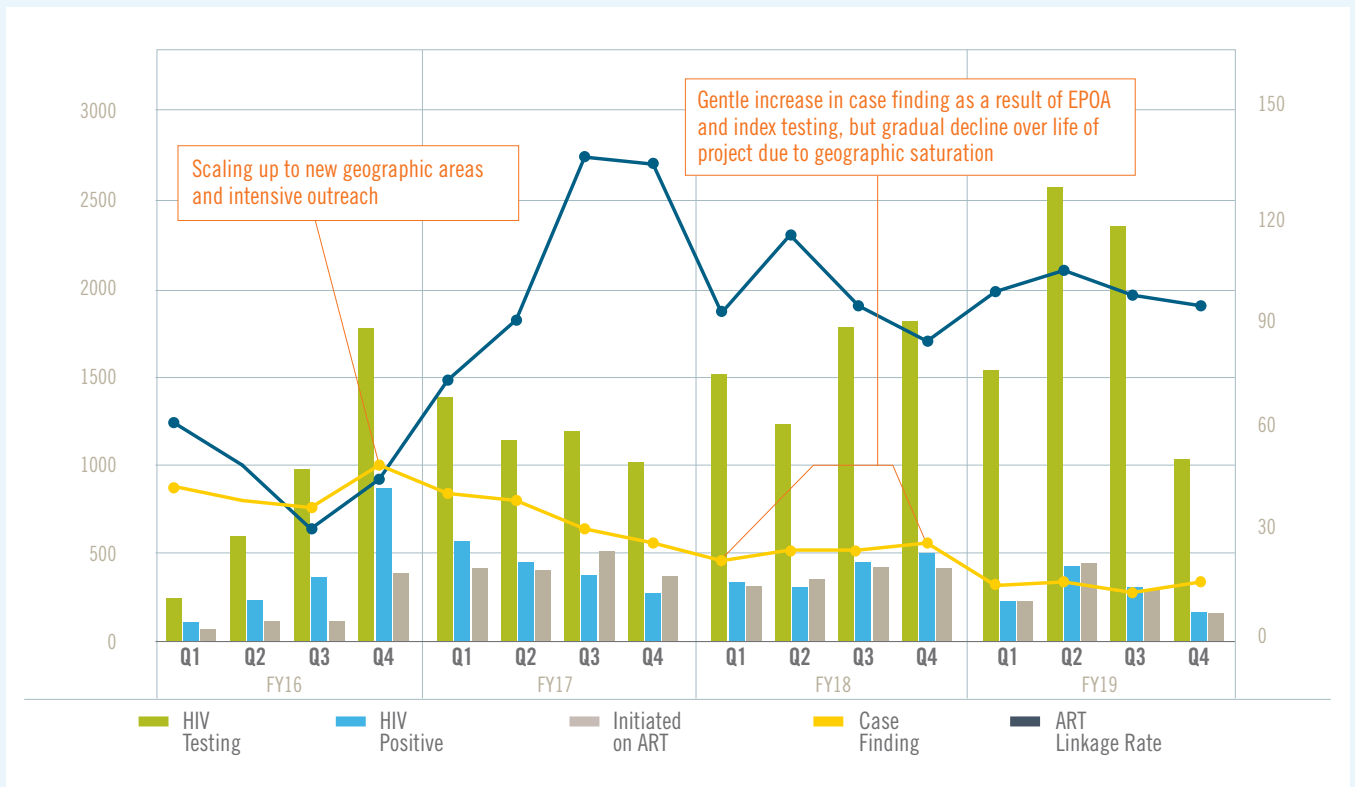
	Total # individuals newly diagnosed HIV positive	Total # and percentage of individuals diagnosed initiated on ART
FSWs (FY15-FY19)	5,885	4,935 (84%)
MSM (FY16-FY19)	713	614 (86%)
TG people (FY18-FY19)	69	65 (94%)
FSW clients (FY18-FY19)	572	591 (>100%)

Figures 3, 4, and 5 summarize the trends in HIV testing uptake, case finding, and linkage to treatment among the different KP groups over the life of the project. Committed to adaptive management, the team continuously used its routine data to pinpoint challenges, guide program adjustments, and introduce innovations and promising practices to resolve weaknesses across the service delivery cascade. The figures also indicate where specific innovations, such as index testing and the enhanced peer outreach approach (EPOA), were introduced to explain increases in case finding and other trends.

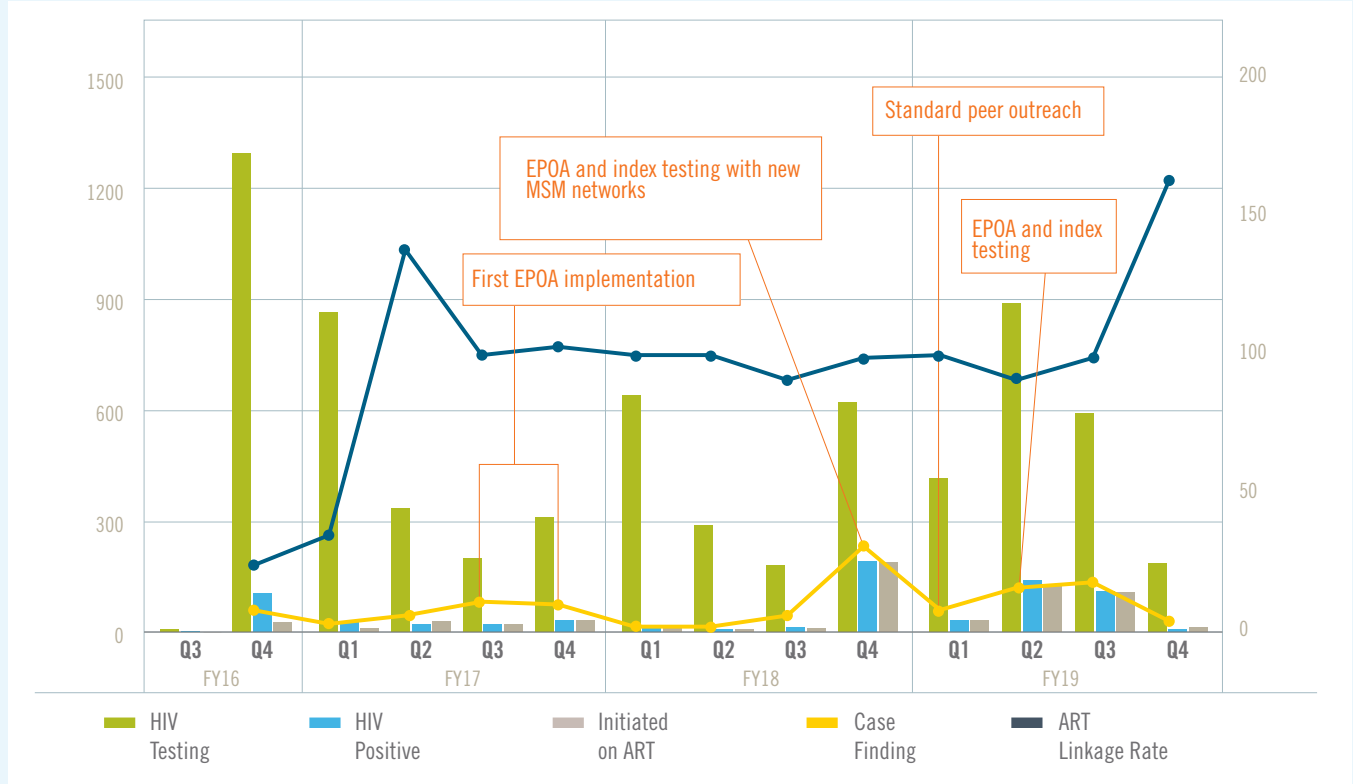
**Figure 2:** LINKAGES Malawi cascade, FY19



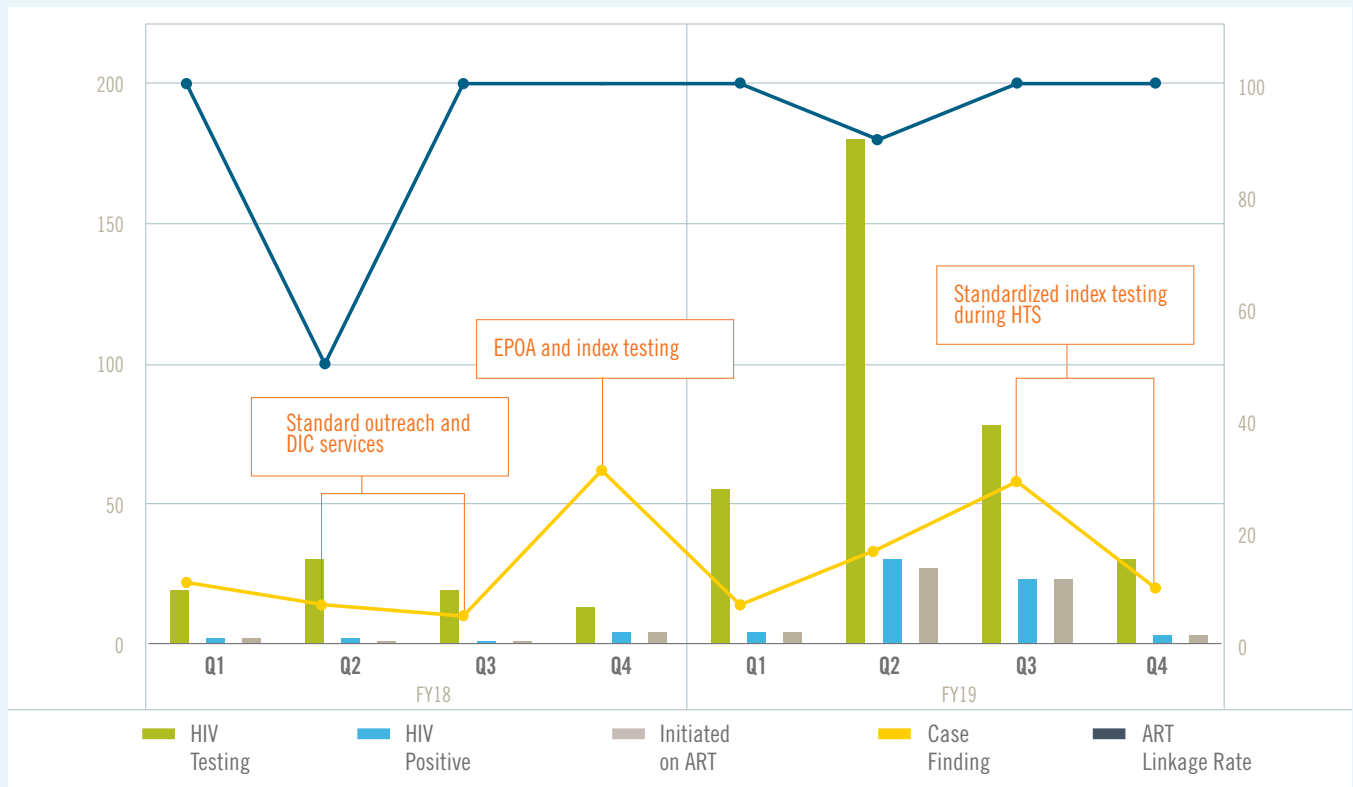
**Figure 3:** Trends in uptake of HIV testing, case finding, and linkage to ART among FSWs, FY16–FY19



**Figure 4:** Trends in uptake of HIV testing, case finding, and linkage to ART among MSM, FY16–FY19



**Figure 5:** Trends in uptake of HIV testing, case finding, and linkage to ART among transgender people, FY18–FY19



**“ I rank LINKAGES as the best program of all others going on here because it reaches out to people whom we had failed to reach. ”**

**Blantyre District Health Officer**

## TECHNICAL HIGHLIGHTS

The LINKAGES Malawi team worked in a state of perpetual innovation and self-improvement. In addition to delivering a core package of HIV prevention, care, and treatment services, the team introduced new technical strategies to strengthen program performance and modernize KP programming in the country.

### ENHANCED PEER OUTREACH APPROACH (EPOA)

EPOA<sup>5</sup> is a peer-led, coupon-based referral network approach used to access hard-to-reach networks of KPs to offer HIV prevention, testing, and treatment services in ways that ensure their privacy. LINKAGES Malawi started implementing EPOA in FY17 with the goal of increasing HIV case finding among MSM. Through EPOA, the project was able to (1) identify new MSM networks and enroll additional MSM into the LINKAGES program, (2) improve the HIV case-finding rate for MSM, and (3) reinstate on ART HIV-positive MSM who defaulted. Five EPOA campaigns were implemented with MSM, resulting in an increase in case finding among MSM from 4% in FY16 to 17% in FY17, FY18, and FY19 (Figure 3). EPOA was later extended to FSWs in FY18 with the aim of reaching home-based FSWs, resulting in an increase in case finding from 22% to 27% (Figure 3).

### HIV SELF-TESTING SERVICES

Beginning in February 2019, LINKAGES supported the Ministry of Health (MOH) to introduce HIV self-testing (HIVST) to reach KPs and clients of KPs unlikely to test through conventional clinical settings. This included making HIVST services available at 15 DICs in five districts and establishing quality control sites for HIVST in two districts. LINKAGES staff trained DIC clinicians and peer outreach teams in HIVST distribution and service provision, including both assisted and unassisted HIVST

strategies, per MOH guidelines. With assisted HIVST, the client receives support and guidance from the HIVST distributor to conduct the test, while unassisted HIVST is self-administered privately by the client. All clients who screen positive for HIV through self-testing are supposed to receive a confirmatory blood-based test at the DIC or other health facility. Most clients reached through LINKAGES opted for unassisted HIVST. Unfortunately, the project was not able to track the majority of those results since Malawi's HIVST policy does not require HIVST users to report their results. In total, the project distributed 4,896 HIVST kits to KPs and was able to confirm 95 new diagnoses through HIVST.

### DIFFERENTIATED ART SERVICES

One of the most significant achievements of the LINKAGES project in Malawi was negotiating the provision of ART at the local partner-run DICs. DICs were initially not permitted to provide ART because they are not considered part of the national health infrastructure in Malawi. However, LINKAGES Malawi staff advocated with the District Health Offices (DHOs), arguing that this differentiated approach to ART services was critical for two reasons: (1) it would decongest the traditional ART sites where long wait times were a deterrent to accessing services and (2) it would ensure that KPs within the vicinity of the DICs could access ART in a stigma-free environment. In March 2016, the DHOs agreed to have five of the DICs categorized as subunits of the local government-run health facilities. This led to immediate improvements in enrollment in care and treatment among KPs found to be living with HIV, and reductions in loss to follow-up. As the project closes, all 19 DICs are now providing ART on site and more than 1,300 KP members are accessing ART services at the DICs.

### VIRAL LOAD MONITORING

A major challenge the LINKAGES Malawi team encountered was a widespread lack of awareness among KP community members about the importance of viral load monitoring and achieving viral suppression, as well as limited access to viral load testing services.

To improve viral load monitoring, the LINKAGES Malawi team employed a multipronged strategy. First, the team trained DIC clinical staff and worked with public facilities to conduct dried blood spot (DBS) testing among KPs living with HIV who were due for viral load testing in the DIC and outreach clinics. Second, the team

**Table 3:** Viral load testing uptake and viral suppression by KP group, FY19 Q1-Q4

KP type	Number eligible	Number DBS samples taken	Viral load results	Number virally suppressed	Percent virally suppressed
FSW	1,680	1,387	201	186	93%
MSM	220	162	111	96	86%
TG	34	28	13	12	92%
Clients of FSW	271	253	16	14	88%

collaborated with Riders for Health to ship the samples to viral load testing sites to be processed. Riders for Health is a nongovernmental organization (NGO) contracted by the MOH to establish a well-coordinated, reliable transportation mechanism for moving viral load samples and results between the point of collection and a centralized laboratory. Third, the project conducted routine active identification of clients due for viral load testing and conducted periodic campaigns to collect samples from those who missed viral load testing appointments or were lost to follow-up. Finally, the team worked with its peer navigators to generate demand for viral load testing during support groups for PLHIV and one-on-one adherence support for KP members on ART.

Uptake of viral load testing gradually improved over time, but critical gaps in coverage remain. Among those KP members whose viral load was tested and results returned through LINKAGES, viral suppression ranged from 86% among MSM to 93% among FSWs (Table 3).

### INTEGRATION OF VIOLENCE PREVENTION AND RESPONSE SERVICES

In line with normative guidance for KP programming, LINKAGES Malawi integrated violence prevention and response into its core package of services. LINKAGES equipped peer outreach workers to ask about violence during interactions with KP clients in the community, to accompany survivors to services, and to conduct active follow-up with individuals who they heard may have experienced assault. LINKAGES also trained health care workers at the DICs to ask about violence when KPs came for services and to provide first-line response when violence is disclosed. To assess violence exposure, peers and DIC staff used a standardized tool developed

by LINKAGES, and disclosures of violence were recorded in a peer calendar (used by peer educators when in the community) and in the crisis management register (used by outreach workers and collated at the DIC level). If physical or sexual violence was reported to a peer, a violence referral was made to the outreach worker that supervises the peer, who then used an algorithm to determine where to refer the survivor. The minimum service package for sexual violence offered at all LINKAGES DICs included STI testing, pregnancy screening and emergency contraception, PEP or ART medication, and referral for legal and additional support (e.g., child protection, economic empowerment, legal counsel). LINKAGES Malawi also trained member of the police to reduce violence against KPs and increase their access to HIV and justice services.

**“ The police provide an enabling environment that accommodates everyone to live positively, including female sex workers. They are human beings. ”**  
Police officer, Mangochi district

### TACKLING STIGMA AND DISCRIMINATION IN PUBLIC HEALTH FACILITIES

LINKAGES worked to address stigma and discrimination against KPs in public health facilities by introducing an innovative monitoring system called “LINK.” LINK is a



technology-based system developed by LINKAGES to routinely monitor clients' satisfaction with HIV services. Recurring surveys are administered to identify barriers to care, initiate feedback loops between clients and providers, and generate easily understandable and actionable data. LINK was specifically designed so KP individuals could share their experiences and perceptions of HIV-related care to inform and improve HIV services delivered to them. In Malawi, LINKAGES' peer outreach workers used the LINK system on their smartphones to conduct 1,378 surveys over the life of the project; 872 with FSWs, 497 with MSM, and nine with transgender people. The data were used to identify the most KP-friendly facilities where KP members could be referred for clinical treatment and to devise appropriate solutions—such as training on providing stigma-free services to KPs—for facilities in need of improvement.

### RESEARCH TO GUIDE PREP INTRODUCTION

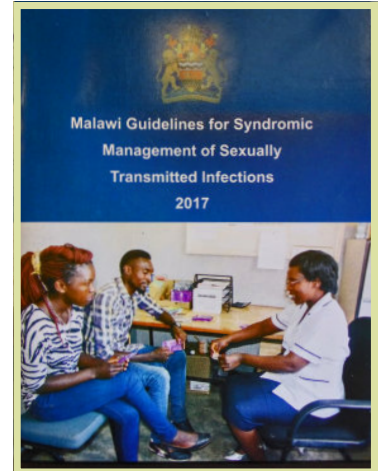
When LINKAGES launched in Malawi, PrEP services were nonexistent. However, the project supported the MOH to take important steps to prepare for PrEP introduction. As noted below, LINKAGES provided technical assistance to the MOH to develop critical policy support for PrEP implementation. In addition, at the request of the MOH, LINKAGES implemented a qualitative study to explore PrEP readiness among MSM. The study included 13 in-depth interviews (IDIs) and eight focus group discussions (FGDs) with MSM in Blantyre, Lilongwe, Mzimba North, and Mangochi. Most participants were aware of PrEP as a new HIV prevention intervention but had limited knowledge and varying concerns related to its use. Concerns included side effects, stigma, frequency of dose, and costs associated with ongoing use. The study also revealed the need to ensure availability of PrEP-related services in safe spaces and from MSM-friendly health workers, as well as the need to promote PrEP for everyone at risk and avoid stigmatizing PrEP as an intervention only for KPs.

LINKAGES was also asked by the MOH to conduct a PrEP implementation science study to gather evidence on the acceptability, feasibility, and tolerability of PrEP among FSWs in Malawi. The study, which is ongoing, started in February 2019 and is being implemented at three DICs in Blantyre. To date, 391 FSWs have been offered PrEP through the study, 336 of whom accepted to undertake a risk assessment and eligibility screening. Of the 321 eligible, all initiated PrEP. Both studies are being used to guide the country's PrEP implementation

strategy. In FY20, the MOH will begin rolling out PrEP nationwide to all individuals at high risk of HIV acquisition including FSWs, MSM, and transgender individuals

## POLICY IMPACT

In addition to expanding access to high-quality services among KPs, the LINKAGES team in Malawi worked closely with the MOH to develop evidence-based policies and guidelines inclusive of KPs. Key contributions of the LINKAGES project to the policy environment include:



- Adoption (in 2018) of the LINKAGES package of services provided to KPs by NAC as the standard KP service package and inclusion in the national HIV prevention strategy
- Technical assistance to the MOH to write the National PrEP Protocol, PrEP National Implementation Plan, and PrEP Standard Operating Procedure
- Development assistance for the National HIV and AIDS Strategic Plan 2020–2025, ensuring appropriate focus and evidence-based recommendations for KPs
- Support to the MOH for update of the Malawi Guidelines for Syndromic Management of Sexually Transmitted Infections 2017 to include a chapter on the management of anal STIs and other syndromes relevant to KPs
- Support to the MOH for update of the National Condom Strategy

## STRENGTHENING OF LOCAL PARTNER CAPACITY

Throughout the project, the LINKAGES team provided technical assistance to its local implementing partners not only to improve program performance but also to



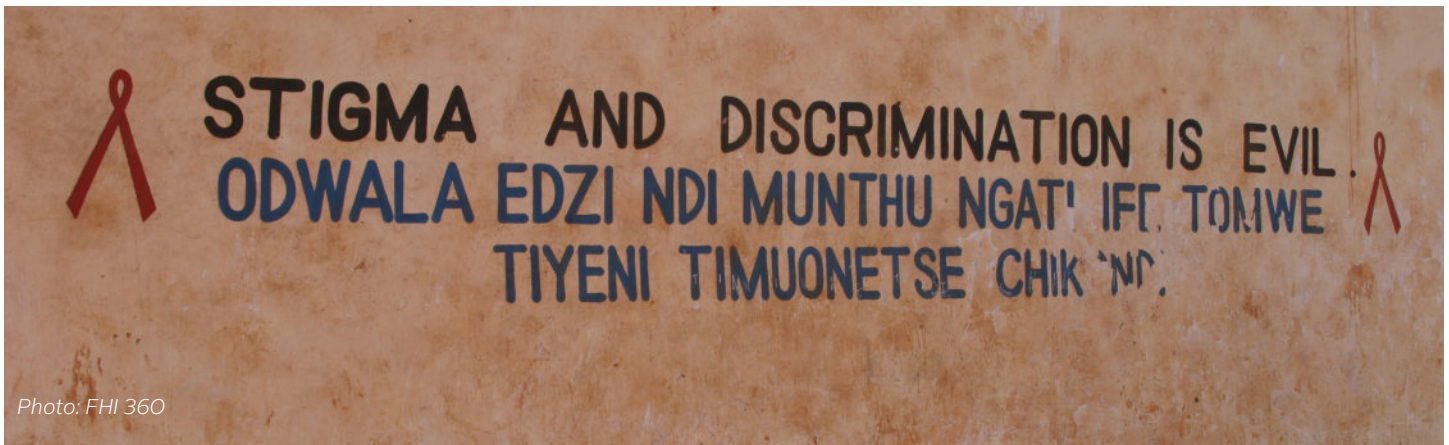


Photo: FHI 360

develop organizational capacity. Through training and mentorship, LINKAGES has built sustainable project management systems with the implementing partners, better positioning them to support the HIV response in Malawi over the long-term. Notably, with support from LINKAGES, local partner Pakachere has grown into an independent local NGO that is now qualified to receive direct funding from the U.S. Government. USAID will begin to fund Pakachere directly in FY20.

## FUTURE DIRECTIONS

By targeting KPs with comprehensive services, LINKAGES has supported Malawi's progress toward its 95-95-95 targets. However, more work remains to achieve epidemic control. Much of the work supported by LINKAGES in Malawi will continue under the USAID- and PEPFAR-supported Meeting Targets and Maintaining Epidemic Control (EpiC) project. Through EpiC, FHI 360 and local partners will expand access to differentiated services that meet the needs and preferences of KPs and other priority populations; engage communities, providers, and policymakers to dismantle structural obstacles to progress; and continue to support an effective, locally led, data-driven response to achieving and maintaining epidemic control.

### *Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)*

is a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES has worked in more than 30 countries since 2014 to reduce HIV transmission among key populations — sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

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- For more information about EPOA, please see [LINKAGES Enhanced Peer Outreach Approach Implementation Guide](#).
- For more information on LINKAGES' approach to violence prevention and response, please see [A Guide to Comprehensive Violence Prevention and Response in Key Population Programs](#).