

What does differentiated care look like in Malawi?

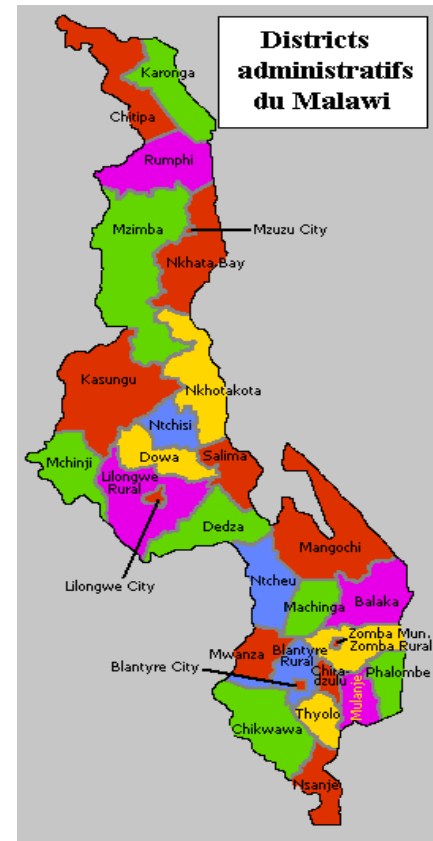
Supporting 90-90-90

INTEREST Workshop
16TH TO 19TH May 2017-Lilongwe

STANLEY NGOMA-DHA

Malawi Overview

- Population: 17 million
- HIV prevalence at 8.8% (DHS, 2015/16)
 - 788,275 HIV tests; 4% positivity, (Q4; Dec 2016 Report)
- **679,056 alive on ART** (69% of estimated HIV population)
- **732 (static) ART sites**
 - 83 sites with >2000 patients
 - 27 of these still without EMR



Document launched by the Minister

Engaging the community to reach 90-90-90

A review of evidence and implementation strategies in Malawi



Conclusion

“By enhancing the interaction between community actors and the health system, and ensuring that the PLHIV is placed firmly at the centre of all our interventions in the national response, the goals of the 2015-2020 Malawi NSP can be achieved”

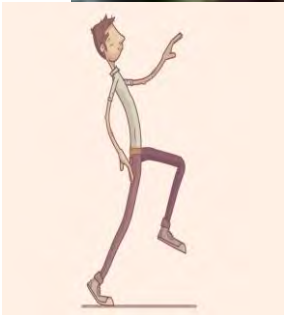
Why is Malawi adopting differentiated service delivery?

- Test and start policy
- Results from the CHAI study
- Community led nurse
 - Quality of services
 - Viral load monitoring
 - Standard patient monitoring
- MPHIA results on adolescents

Overcrowding



Fast track
refills Rocks!!!



DSD in Malawi

- **Fast track:** few sites
- **Multi month prescription**
- **Teen clubs:** adolescents
- **Drop in centres** linked to HF (key pops)
- **Moonlighting:** key pops
- **Evening ART clinics:** working pop
- **Weekend clinics:** AGYW (Research)

Teen Club at Dowa District Hospital

Teen Clubs are always fun & promotes adherence



Ministry of Health engaged in ongoing discussions on differentiated service delivery



Plan for phased implementation of differentiated service delivery

Phase 1

- **Increase # of clients on 3-monthly refills**
- Timeline: ongoing

Phase 2

- **Increase the # of clients received fast track ART refills**
 - High Volume Facilities : EMR (>2000 clients)
 - Phase 2.1 = None EMR Sites > 3,000 clients
 - Phase 2.2 = None EMR Sites > 2,000 clients
 - Timeline: When Fast Track EMR Module is deployed

Phase 3

- **Implement Nurse Led Community ART delivery models**

Policy & Guidelines

- Universal eligibility for ART ('Test & Treat')
- Decentralization of ART services
- Some DSD in guidelines
 - Multi month scripting
 - Teen club
- Coordination: TWG, National Task team & DSD focal point officer

Building DSD Capacity: Education and training

- Multi-months prescriptions available in ART/PMTCT guidelines
 - Not all DSDs included in-service training
 - Not all DSDs with SOPs and job aides
 - SOPs and Job AIDS to be developed and included in guidelines/training manuals.

Monitoring & Evaluation of DSD

- Patient Management: Tools to Document DSD Services
 - Registers available for piloted DSD (Teen club, drop in centers, fast track)
- Program Management: Defining Indicators
 - Specific indicators collected for drop in centers for Key pops
- Program Evaluation: Understanding Impact
 - Pilot data available from partner sites
 - CHAI evaluation study to describe patient satisfaction, provider satisfaction, patient outcomes, program costs

Government of Malawi



Ministry of Health

GUIDELINES FOR THE MANAGEMENT OF TASK SHIFTING TO HEALTH SURVEILLANCE ASSISTANTS IN MALAWI

“Moving towards equity and quality to basic community health services through
Rationalizing roles of community health workers”

Ministry of Health

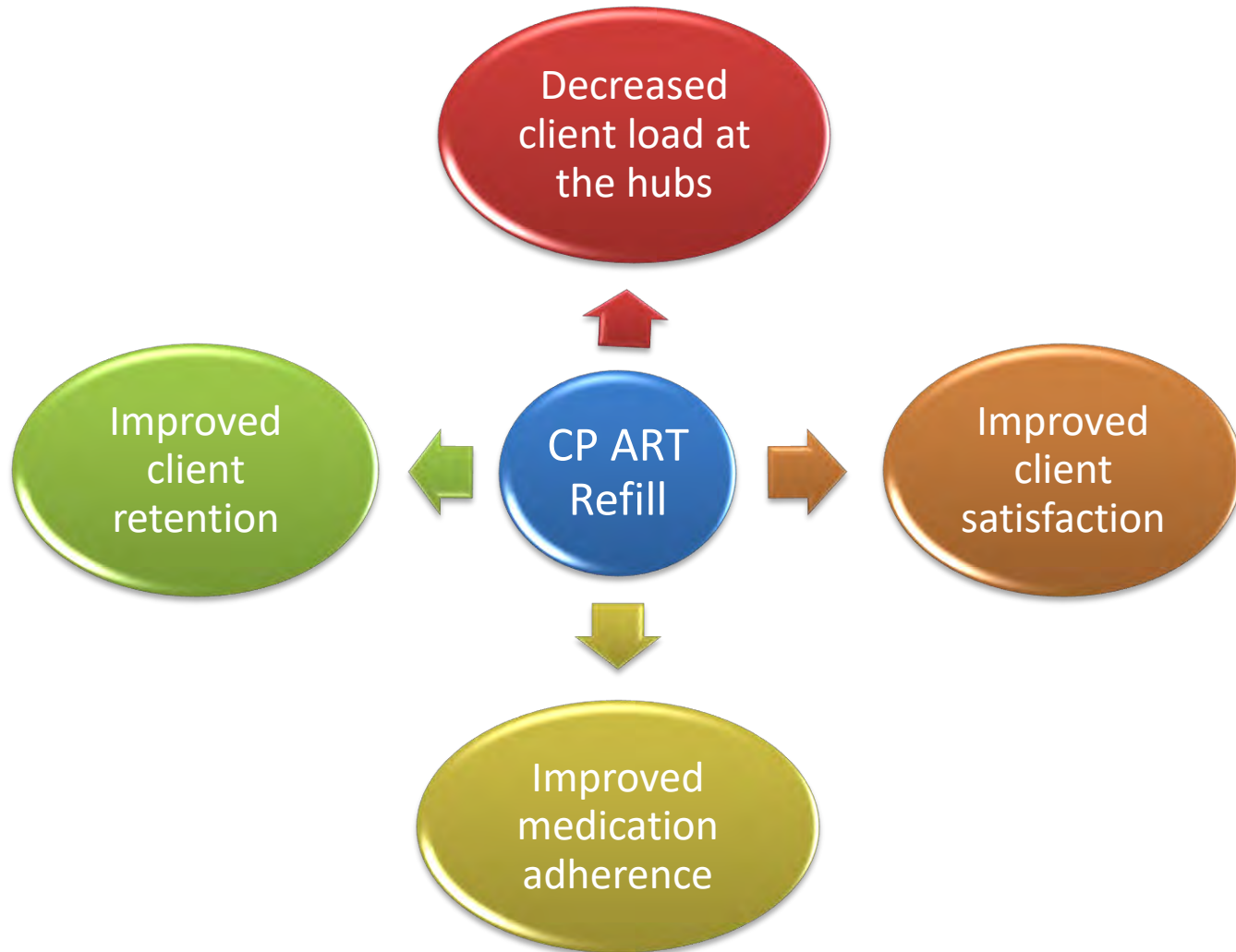
P O Box 30377

Lilongwe 3

Functions of HSAs

- Defaulter tracing
- IEC in HIV transmission
- Distribution and promotion of Condoms
- HTC at the facility
- Prevention of cultural practices leading to HIV
- Community education on ART adherence
- Counseling
- Provision of ART to stable patients (page 42)
- VL blood draw and EID
- IPT refill
- Refill OI stable patients
- Supplementary feeding

Expected Benefits



Next Steps

- Finalize fast Track refills addendum to new ART guidelines
- Integrate endorsed DSD models into already existing frameworks to guide implementation
- Development of SOP and Job AIDS for specific DSD models
- Development and sharing roll out plans: IPs



Acknowledgments

