

## KEY RECOMMENDATIONS

### For Ministry of Health and Population:

- Immediately fast-track rollout of PrEP and HIVST nationally.
- Train healthcare workers on KP- rights and competent service delivery and train peer educators to facilitate peer-led service delivery.
- Train more health care workers on human rights for key populations.
- Develop a KP comprehensive monitoring system as part of the national HIV program.
- Release the Malawi HIV Self-Testing Operational guidelines and improve provision of self-test kits specifically for KPs.
- Implement differentiated models in implementation of the KP services such as One-Stop centres and hybrid centres.
- Implement differentiated PrEP service delivery models for eligible clients such as multi month scripting and peer-led PrEP distribution
- Establish channels for follow up of clients accessing HIVST to link them with HIV prevention and care services.
- capacitate and integrate peer providers in the national healthcare system, particularly for services related to HIV/AIDS
- Develop a communications plan and disseminate IEC materials on HIV self-testing to address the knowledge gap among the KPs and the general population.
- Review and revise prison policies to accommodate HIV testing, prevention, treatment and care for the incarcerated.

### For The Law Commission

- Review laws that criminalize same sex conduct.
- Review and revise policies that deny gender recognition for transgender persons thereby making access to healthcare more challenging.
- Review and revise laws that criminalize sex work such as Section 145 and 146 of the Malawi Penal Code.

### For Civil Society

- Innovate to more effectively monitor rollout and scale up of PrEP and HIVST in Malawi.

## **Policy Brief** ***Making up for Lost Time: Increasing Access to PrEP and HIV Self-testing for Key Populations in Malawi***

June 2021

### ***A gap analysis and recommendations for fast-tracking the rollout out of pre-exposure prophylaxis and HIV self-testing for Key Populations in Malawi***

Key and vulnerable populations are at disproportionate risk of acquiring and transmitting HIV. Stigma, discrimination and criminalization are some of the barriers hindering their access and uptake of HIV services. Understanding the unique gaps and barriers to services among KPs is critical to identifying and articulating opportunities to rollout pre-exposure prophylaxis (PrEP) and HIV self-testing (HIVST) among them to ensure that no individual or group is left behind as Malawi works towards zero new HIV infections, zero discrimination and zero AIDS-related deaths. This brief focuses on service delivery gaps relating specifically to PrEP and HIVST for key populations, and recommends a way forward to overcome barriers and bridge these gaps.

In the months of June and December 2020, MANERELA+, in partnership with AVAC, conducted a mapping and gap analysis and community-led monitoring on the status of access to PrEP and HIVST among the KPs in their diversity as female sex workers (FSW), men who have sex with men (MSM) and transgender (TG) individuals. Other respondents who participated in the exercise were organizations providing KP services, namely Pakachere Institute for Health Development and Communication, Lighthouse Trust, Centre for the Development of People, Medicines Sans Frontiers and the Department of HIV and AIDS (DHA) under the Ministry of Health and Population and lastly healthcare workers in the selected facilities for community-led monitoring.

## Background

Malawi's National HIV and AIDS Strategic Plan (2020 – 2025) categorizes FSW, MSM, TG, people who use and inject drugs (PWIDs) and prisoners as key populations while migrants, laborers, displaced persons, adolescent girls and young women and persons with disabilities are considered as vulnerable populations. These are the populations at substantial risk of HIV—defined as communities with a background incidence of HIV infection higher than three percent. [World Health Organization recommends](#) that oral PrEP containing TDF should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches. Likewise, [WHO recommends HIV self-testing](#) be offered as an additional way of reaching those at risk.

Criminalization of same-sex conduct and sex work has a negative effect on access to health services, particularly in the prevention and treatment of HIV/AIDS and other sexually transmitted infections. Criminalization, which consequently results in fear of state run institutions such as the police, is linked to avoidance of health care services, and decreased access to HIV testing and other services. Same-sex conduct and aspects of sex work in

Malawi are criminalized in the Penal Code. Malawi is making progress in making HIV testing and treatment services available in Malawian prisons, however, since same sex conduct is criminalised, condom and lubricant distribution is prohibited.

There are even more challenges regarding population size estimates for transgender people, male sex workers and people who inject drugs, which in turn pose programming challenges. Additionally, KP interventions in Malawi are mostly limited to the districts supported by the Global Fund, Medicine Sans Frontiers and PEPFAR.

## The Approach

The mapping, gap analysis and community-led monitoring were conducted via interviews using questionnaires in the PrEP piloted districts of Lilongwe, Blantyre and non-piloted districts of Salima and Mangochi where KPs were randomly selected as respondents for the survey. Other key informants interviewed were KP-serving organizations, Department of HIV and AIDS and health care workers. This brief presents the survey and monitoring findings and attendant policy recommendations for the implementation of PrEP and HIVST in KP populations.

## *Situation Analysis: PrEP*

Access to PrEP is limited to PEPFAR supported districts where PrEP was piloted in addition to several other new sites whose whereabouts are yet to be made publically available. The PrEP pilot programs targeted AGYW, FSWs and other vulnerable women, leaving out MSM, TGs and inmates who are equally at high risk of acquiring and transmitting HIV.

Malawi lags behind neighboring countries in its rollout of PrEP, an intervention that has been proven effective for over a decade. To this day, its national PrEP implementation has mostly been limited to pilot sites. Although HIV programmes in Malawi are adopting implementation of

hybrid centres for KP service delivery in public and private facilities, the delayed scale up of PrEP is negatively affecting access to PrEP.

## Access to PrEP

- Access to PrEP is limited to PEPFAR supported districts where PrEP was piloted and few new sites.
- PrEP pilot programs were targeting AGYW, FSWs and other vulnerable women, leaving out MSM, TGs and inmates who are equally at high risk of acquiring and transmitting HIV.

Initially, PrEP roll-out was earmarked for October 2019—almost three years ago. However, the DHA then reported that the actual roll-out would take place in July 2020, then again in October 2020 to no avail. If PrEP had indeed been rolled out as planned, a large percentage of the 71, 000 new infections over the last two years could have been averted given PrEP's proven efficacy in decreasing HIV risk by almost 100 percent. This was also a missed opportunity to avoid the long term financial burden of providing lifetime ARV treatment for all those who seroconverted.

Finally, in December, 2020, the Ministry of Health approved Malawi's National PrEP Guidelines, paving the way for its immediate scale-up. In February 2021 six sites initiated clients on PrEP. However, the roll out has been slow with an urgent need to fast track the process. Even more importantly, data on the roll out, such as clients reached and facilities providing PrEP is currently difficult to access and therefore difficult to monitor.

## Impact of criminalisation on uptake of services

Criminalisation of same-sex conduct and aspects of sex work has a negative effect on access to health services, particularly in the prevention and treatment of HIV/AIDS and other sexually transmitted infections. Criminalisation, which consequently results in fear of state run institutions such as the police, is linked to avoidance of health care services, and decreased access to HIV testing and services.

In the meantime, the mapping and community-led monitoring (CLM) established that there is an information gap around PrEP because the demonstration studies were limited to Lilongwe and Blantyre. It was also observed that progress is being made as more health care workers are trained on PrEP and KP-friendly service provision in private and public facilities in the districts where PrEP rolled out.

There is however a lack of differentiated service delivery models that can help reach KPs. These include community service delivery, mobile outreach and one stop-centres, among others, that can be used to provide PrEP and HIV self-test kits to KPs by reaching them where they live and congregate. Similarly, sufficient, targeted information, education and communication (IEC) materials on HIV self-testing and PrEP are lacking for improved uptake.

Additionally, the analysis revealed that there is no comprehensive monitoring system of KP programs at a national level. Those available are project-based and therefore it may be difficult to access data on PrEP after the roll out. Data collection is necessary to determine which systems of delivery are working (or not) and can inform operational decisions for improved PrEP scale-up.

Malawi is a signatory to the Abuja Declaration held in 2001 where it pledged to allocate at least 15 percent of its annual national budget to improve the health sector. However, in the 2020/2021 national budget, the health sector allocated 11.5 percent of the national budget. Such shortages have led to domestic underfunding of some health programs such as HIV prevention. Currently, PrEP in Malawi is funded by PEPFAR, and other partners such as Clinton Health Access Initiative, Elizabeth Glaser Pediatric AIDS Foundation, and Baylor. Global Fund also committed to funding some components of PrEP. There is therefore, need for more funding for PrEP to cover more districts in Malawi.

The CLM exercise also revealed that most health care workers were not trained in PrEP provision or in providing health services to key

population, who usually have specific needs. Further, health care workers need to have an understanding of human rights in order to adequately serve key populations who are stigmatized and criminalized in Malawi. As such, the CLM exercise surveyed health care workers and found that the majority of those surveyed lack significant knowledge on human rights and have received no formal training on the rights afforded to the populations they serve.

Specifically, health care workers were lacking in understanding of sexual orientation, gender identity and expression (SOGIE) and the right to access to health services. Further, health care workers were asked about issues of index testing, gender based violence (GBV) and intimate partner violence (IPV). Malawi is obligated, under the Constitution to provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care. Everyone should have the opportunity to make an informed choice about their sexual health, including the option to access PrEP.

Focus group discussions with community members, particularly transgender people, indicated that they experience high rates of gender-based violence and intimate partner violence. When and if they go through referral systems, they usually do not receive any help, let alone culturally competent care. KPs further revealed that some of

### Key challenges

- A huge information gap around PrEP
- Inadequate number of healthcare workers trained on PrEP and in working with KPs
- Lack of differentiated service-provision models to help reach KPs
- Lack of Comprehensive monitoring systems

the GBV cases are not recorded in Drop-in Centres and, as such, perpetrators are not brought to justice. Here, it is clear that GBV and IPV are barriers to access to HIV prevention services. Global evidence indicates that GBV is both a cause and consequence of HIV.

### ***Situation Analysis: HIV Self-testing***

Scaling-up HIV testing among key populations remains urgent. In 2016, the World Health Organization (WHO) added HIV self-testing to its recommended testing approaches. The method may be particularly attractive to populations experiencing discrimination and stigma, including when seeking HIV testing. Despite this reality, Malawi has had challenges in implementing HIVST.

PEPFAR programmatic data from several countries in Africa show that HIV self-testing (which requires confirmation in a One Stop Shop or facility) is safe and strongly associated with linkage to HIV treatment for those who test HIV positive. Poor coverage and low uptake of HIV-testing services among key populations is not only related to availability but also to acceptability of health services. HIVST enables easier,

more efficient access to people at high risk of HIV, and so-called hard-to-reach populations. In general, the barriers to PrEP delivery cited above also apply to HIVST service delivery yet there are additional specific challenges for implementation.

Firstly, the Ministry of Health has delayed the release of the HIVST guidelines, initially slated for release in December, 2020. The guidelines are of importance as they offer guidance with regard to operations of HIVST in Malawi to ensure high quality HIVST services but also a standardized delivery of such service, hence the call for their release. For instance, without guidelines, there is lack of standard community outreach or provision of HIV self-test kits to KPs.

During CLM focus group discussion at one facility, sex workers indicated that they were unaware of the presence of HIVST kits at the facility. However, the facility had the kits in stock. This revealed an information gap regarding the availability and accessibility of the services to some communities.

It was also revealed that one of the challenges to HIVST implementation is the absence of linkage to HIV prevention and care. In this regard, there are limited or no follow-up for clients provided with self-test kits, especially for unassisted self-testing clients. Subsequently, there is need for peer providers or educators of HIVST who are instrumental in reaching out to clients with services as well as follow-up for linkage to care for those testing positive or to PrEP for those who are negative. One of the programs by Pakachere IHDC in Lilongwe, Local Endeavours for HIV Prevention, Care and Treatment (LEAP) works with peer educators, implementing HIV self-testing to improve case finding and linkage to care among key populations.

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## Conclusion

With new HIV infections at almost 33,000 in 2020, Malawi remains one of the countries hardest hit by HIV in Southern Africa and on the globe. Despite the country's great strides towards epidemic control through a well-coordinated multi-sectoral response, Malawi has yet to embrace a combination HIV prevention approach to end HIV, which includes roll out of tools such as PrEP and HIV self-testing. The mapping and community-led monitoring described above highlights some specific challenges to KPs who need targeted prevention programs with specific PrEP and HIVST services. Malawi must follow the lead of other African countries where [PrEP has reduced the risk of HIV by an estimated three quarters](#).

## Recommendations

The following are actions for immediate scale-up of PrEP programs targeted specifically to KPs who represent a high proportion of Malawi's HIV burden.

### For the Malawi Ministry of Health and Population

- Scale up the rollout of PrEP and HIVST nationally, according to the newly released "Guidelines for HIV Pre-Exposure Prophylaxis provision in Malawi", starting with the current PEPFAR-supported districts.
- Train more healthcare workers on KP-rights and competent service provision and train peer educators to facilitate peer-led service delivery.
- Implement differentiated service delivery model for PrEP such as multi-month scripting and dispensing for eligible clients.
- Explore event-driven PrEP as a prevention option for MSM
- Develop a KP comprehensive monitoring system as part of the national HIV program as opposed to project based. This system should have data including that of PrEP and HIVST for KPs to inform and improve delivery and programs for KPs.
- Release the Malawi HIV Self-Testing Operational guidelines and improve provision of self-test kits both In public facilities and drop-In centres specifically for KPs.
- Implement more differentiated models of KP services such as One-Stop Centres and hybrid centres. Differentiated approaches will increase service acceptability, quality and coverage, reduce costs and support KP members in leading the HIV response among their communities,
- Establish channels for follow up of HIVST clients to link them into prevention and care services.
- Develop a communications plan and disseminate IEC materials on HIV self-testing to address the knowledge gap among the KPs and others at risk for HIV.

- Coordinate with other government bodies to ensure that the government of Malawi meet its commitment to the Abuja Declaration and invest in PrEP domestically to complement the support provided by donors and partners, to achieve wider geographic reach and to have program sustainability.
- Remove barriers that prohibit condom and lubricant provision for the incarcerated.

### **For the Law Commission**

- Repeal laws that criminalize same sex conduct as the existence of such laws normalize stigma, violence and are a barrier to access to services for men who have sex with men.
- Review and revise policies that deny gender recognition for transgender persons thereby making access to healthcare more challenging.
- Review and revise laws that criminalize sex work such as Section 145 and 146 of the Malawi Penal Code.

### **For Civil Society**

- Innovate to more effectively monitor rollout and scale up of PrEP and HIVST in Malawi.
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This brief was developed as part of a mapping, gap analysis and community-led monitoring on the status of access to PrEP and HIVST among the KPs including female sex workers (FSW), men who have sex with men (MSM) and transgender (TG) individuals in Malawi. It was conducted between June and December 2020 by MANARELA+ in partnership with AVAC.

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