

Advocating for Access to Viral Load Testing & PrEP in Malawi

Grace Kumwenda AVAC Fellow- Malawi

3 Key Premises



Overview

- 1.1 Million People in Malawi are living with HIV
- 775,203 PLHIV are expected to be on ART by 2018
- 56% are aware of their HIV status; 76 % of those who are HIV positive are on treatment; 78% are virally suppressed.
- Work to be done to achieve the 90:90:90 goal by 2020
- Keys strides have been made; HIV prevalence has gone down from 10.6% to 8.8% in 2016
- Existing gaps need to be addressed such as offering more biomedical prevention methods including PrEP
- In the case of treatment as prevention,

Achieving viral suppression among people living with HIV is a key step towards **treatment as** prevention

HIV transmission reduces by 96% if the person living with HIV is virally suppressed (HPTN 052, 2011)

Key Interventions

Engage Global Fund process (CCM and Concept Note drafting) and COP 2018 Process to support VL infrastructure: test kits, lab commodities and transport systems, and PrEP pilot for young women

Join NAC biomedical Technical Working Group and NAC KP task force to influence decision and/or expedite implementation of decisions around VLT and PrEP. Develop a leaflet on VL gaps, opportunities and demand for use as an advocacy tool

Objective 1

Objective 2

Objective 3

Conduct Stakeholder Workshop with Ministry of Health on PrEp to discuss gaps and seek buy in the advocacy process

- Advocacy targeting MOH and NAC to develop PrEP guidelines & adopt annual viral load monitoring policy
- TWG meeting with MoH: Ensure MOH approves proposal for PrEP demonstration studies (funded through PEPFAR) and pilot programs funded through GF

• Conduct Meetings with sex workers on PrEP, VLT and other biomedical prevention methods to raise their awareness and make champions out of them.



- /iral load testing need to be scaled up Only 27% of national VLT need is being met
- Scale Up plan exists since 2016 but funding gaps are a key challenge.

Biomedical prevention strategies such as PrEP, microbicides, treatment and vaccines offers an opportunity of reducing HIV transmission in Malawi

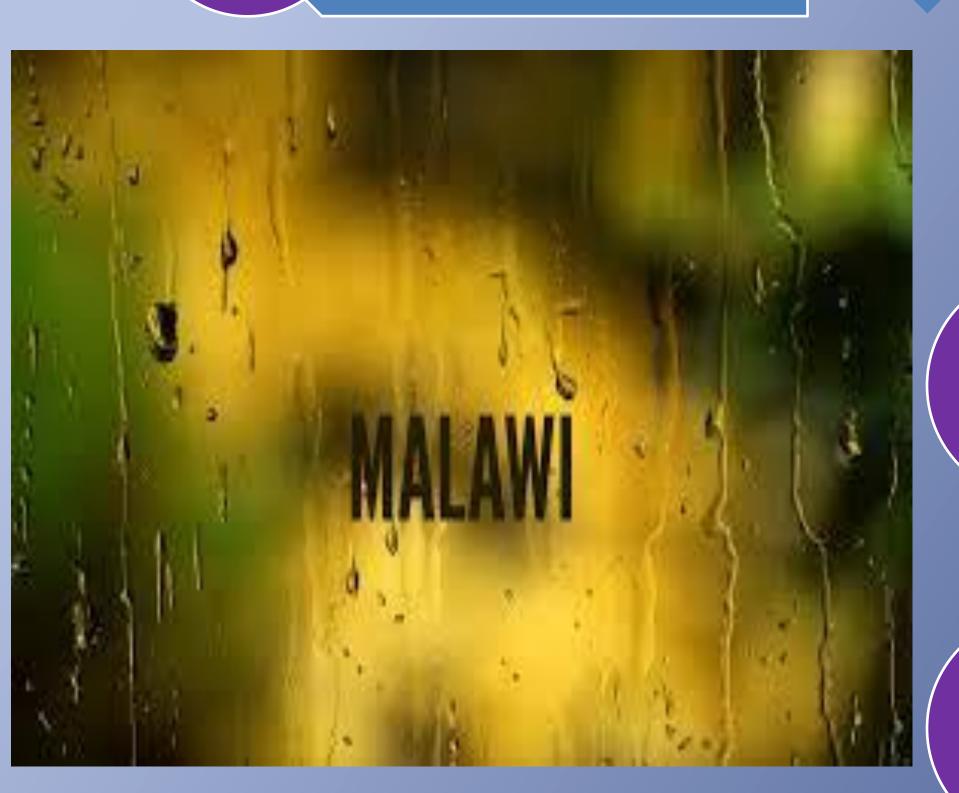
- Develop fact sheet on bio-medical prevention (PrEP) and treatment literacy to be used by sex workers to promote awareness
- Train sex workers around ongoing clinical trials in Malawi (HOPE, 085 long-acting injectables, vaccine and AMP)

Advocacy Gaps: Rationale

Access to routine VLT remain a huge gap because of costs, transportation systems for samples, stock outs of lab equipment and funding gap

Lack of policy on PrEP

Inadequate knowledge and awareness among key and general populations about new and upcoming bio-medical prevention methods including aspects of treatment as prevention (VLT)



Expected Outcomes

Development of Policy/Guidelines on PrEP

increased efforts and resources towards the scaling up of viral load testing in Malawi to bridge the 27-70% coverage gap

Review and Development of Guideline on Annual Routine VLT per WHO guidelines

Objectives

increased awareness and



To advocate for increased resources towards viral load testing in Malawi Enhance capacity of female sex workers To advocate for PrEP to demand for viral policy development load testing and **PrEP** services All Access:

VLT/PrEP

demand of viral load testing, PrEP and other approved biomedical prevention methods by key populations specifically sex workers

Anticipated Challenges

 \succ Lack of urgency by key stakeholders to fast track policy processes due to competing priorities

Once necessary laboratory capacity and resources are secured; Malawi may consider adopting the WHO recommendations and increasing frequency of VLT per patient from biannually to annually. MoH-VLT scale up plan-2016