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**Scaling HIVST Access to High Need Populations and Locations: What we Learn
from Implementing the UNITAID/PSI Project in Malawi**

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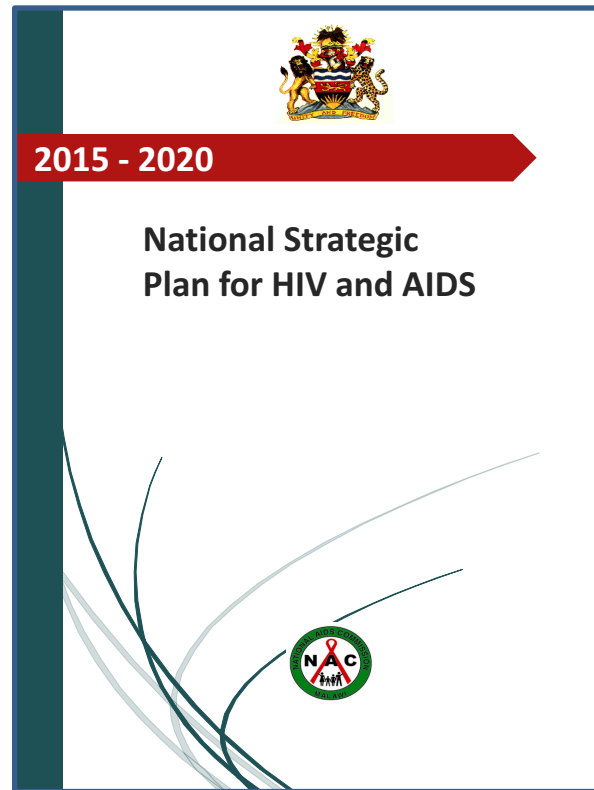


Why HIV self-testing for Malawi?



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- As Malawi makes significant strides in diagnosing PLHIV (~73% diagnosed) it is increasingly **challenging to diagnose the remaining 27%** of PLHIV who do not know their status. **Multiple approaches required.** (2016, MPHIA)
- Multiple barriers to testing for KP, men and young people --- **low uptake of HIV testing through conventional services by young people aged 15 – 24 years (~53%)** (2016, MPHIA)
- The Malawi Government recognized the potential of new HIV testing strategies to **accelerate case detection to reach the first 90.** (MW NSP 2015-2020 p. 23)



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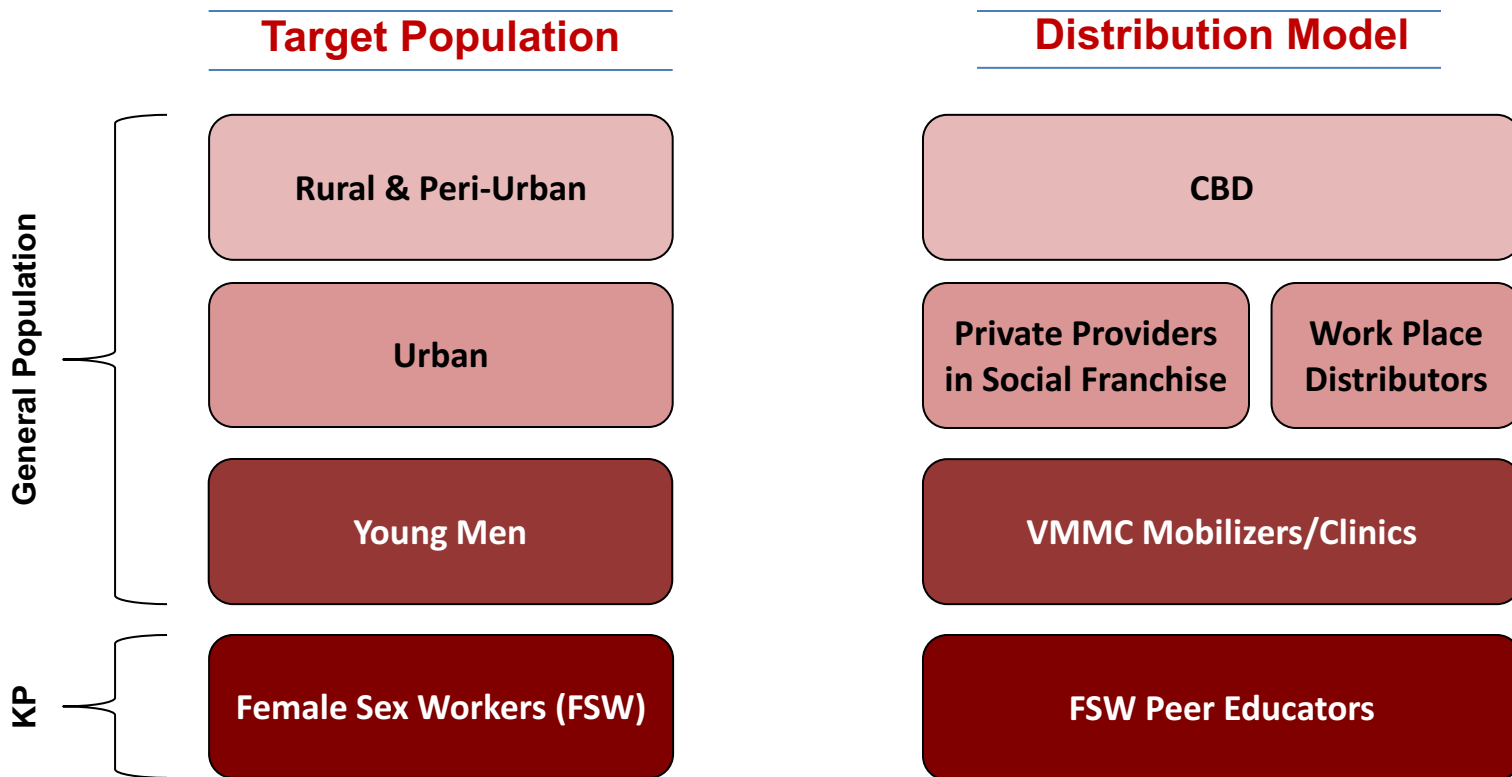
- Catalyze the market for HIVST
- Generate public health evidence feasibility, acceptability, costs, cost-effectiveness, scalability
- WHO normative guidance and national policies, country/regional regulatory framework
- Market size estimate and market landscape for HIVST



TARGET POPULATIONS AND MODELS USED



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DISTRIBUTION TARGET FOR MALAWI



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171,054
HIV Self-Test Kits

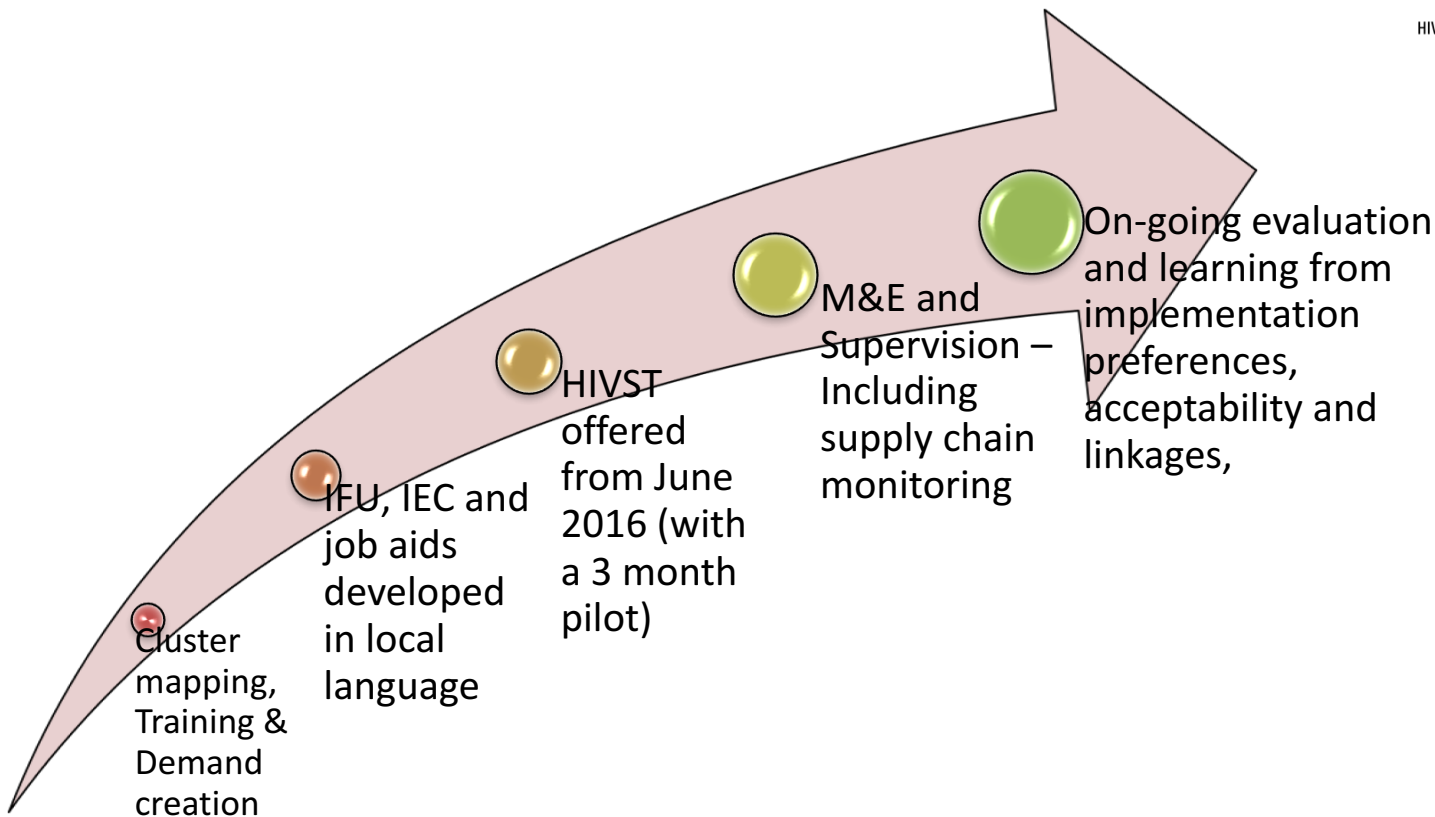


73% CBD

HIVST start-up Activities in Malawi



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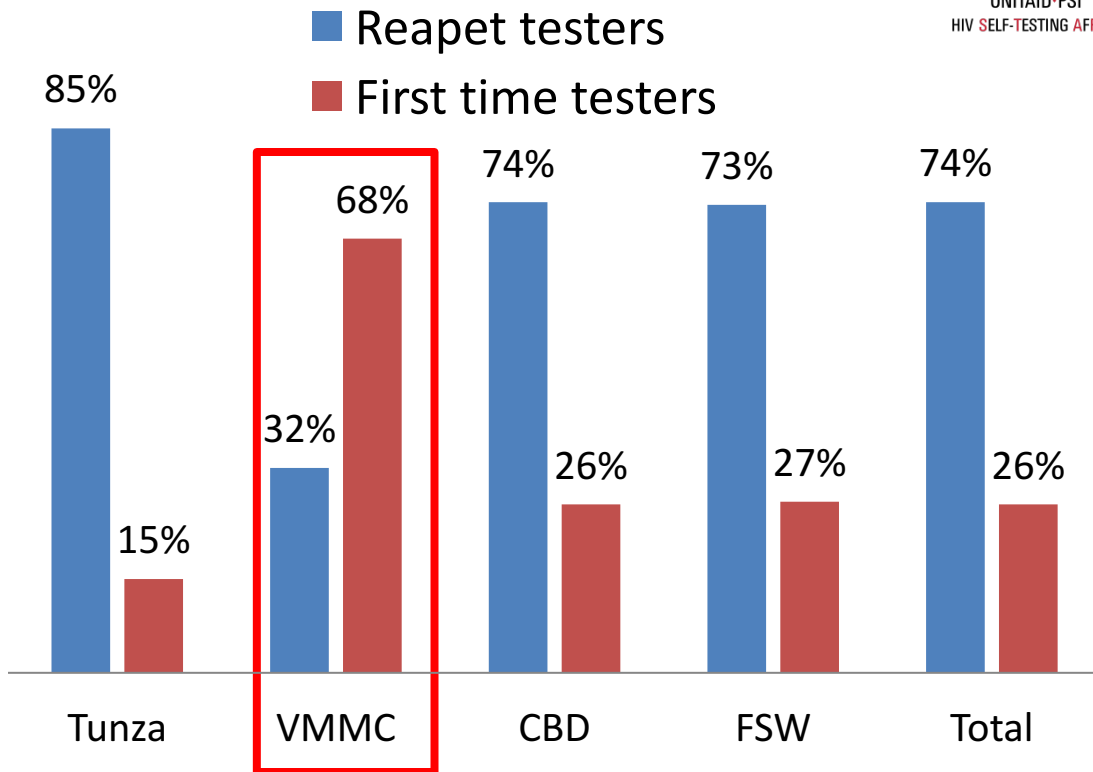


Outputs

HIVST reaches first time testers.

In Malawi

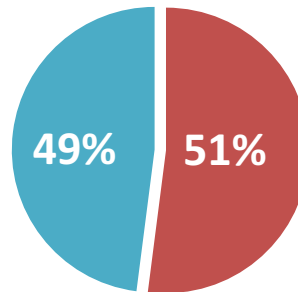
- **26%** of those who self-tested were first time testers
- Highest in VMMC model at **68%**
- Lowest in Tunza at **15%**



HIVST reaches men

.... In Malawi

- **49%** of self-testers are men



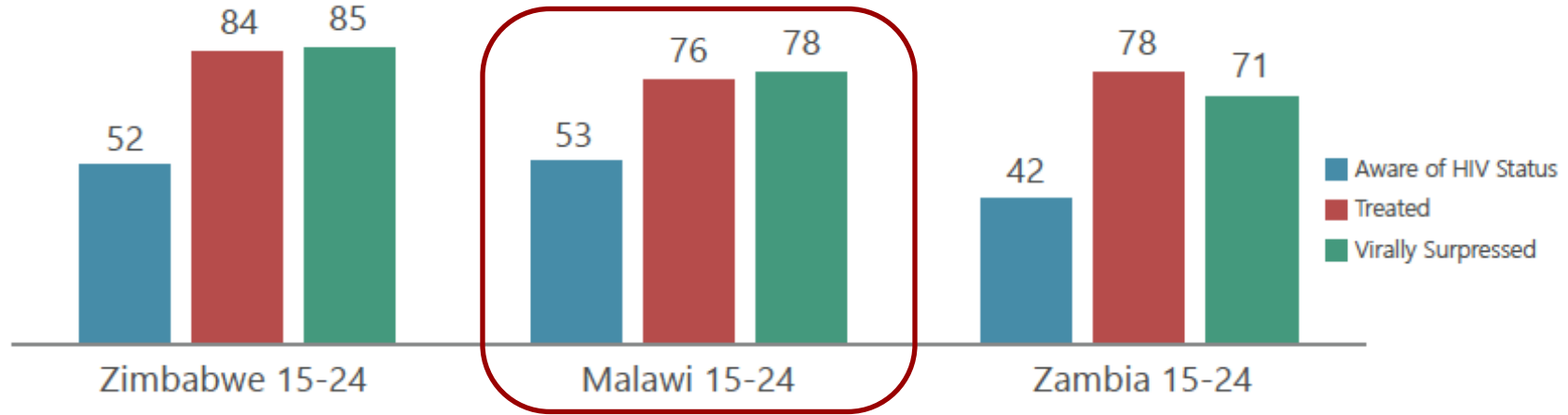
■ Female ■ Male



We especially need to reach young people



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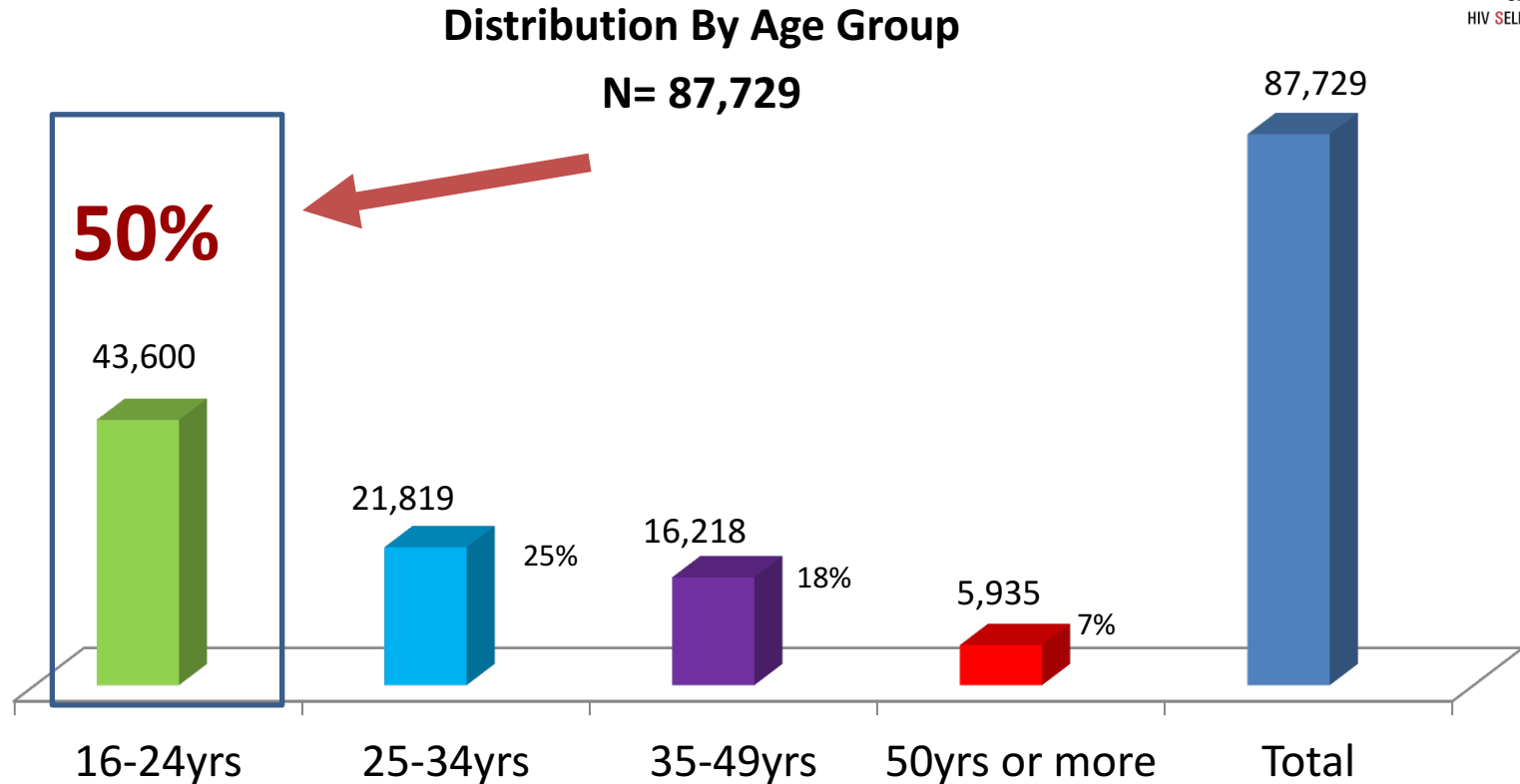


PBIA found that only 53% of people 15-24 know their status, presenting a major challenge to sustained epidemic control

High uptake of HIVST among youth



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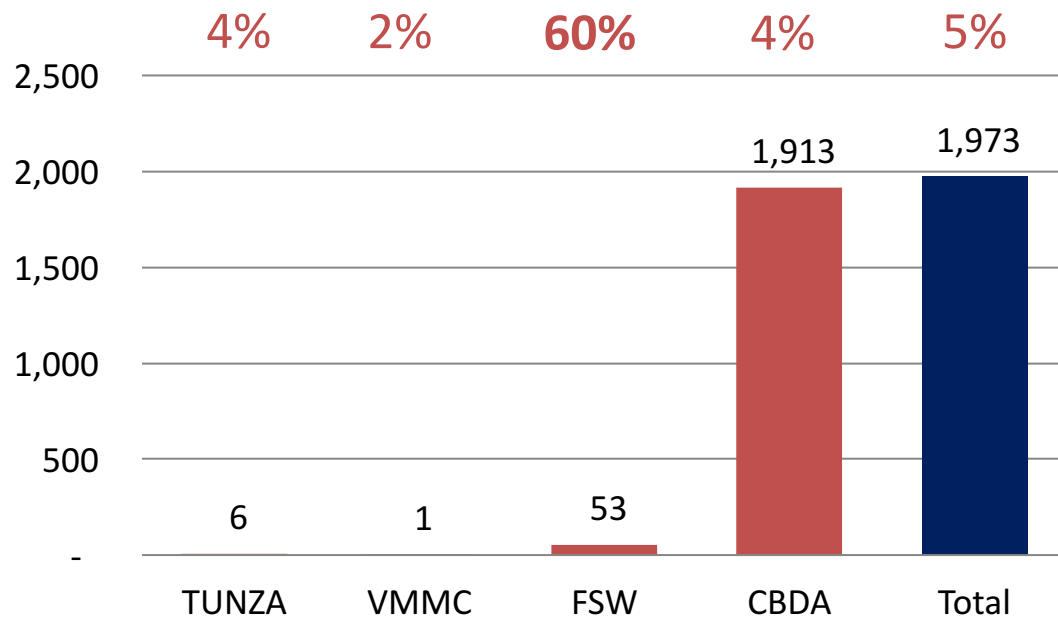




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Preliminary Data on Case Finding is Good

Positive Case per Model



- **5%** positive cases across models
- Based on 42,849 returned test kits, representing 49% of tests distributed.

Linkage

- Reported linkage data is low – 5%
 - Happening outside monitoring system
 - Anonymous linkage preferred
 - Clients not identifying themselves as self testers
 - Delayed linkage
- Home based ART initiation to be implemented and evaluated

Thank You



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