

***Session Title, Resilience: The new normal?***

**Responding to the challenges of  
a dual pandemic:**

**How outreach mobile health  
clinics maintained HIV testing  
and linkage services in the face of  
COVID-19**

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** AIDS 2022**

# Conflict of interest disclosure

*The authors have no relevant financial relationships with ineligible companies to disclose.*



# Presentation Outline

- ☐ Background on the HIV and COVID-19 epidemics in Malawi
- ☐ Integrated HIV services at GAIA Mobile Health Clinics
- ☐ GAIA pivots in response to COVID-19
- ☐ Maintaining access to essential health care and integrated HIV services during COVID-19
- ☐ Lessons learned
- ☐ Conclusions

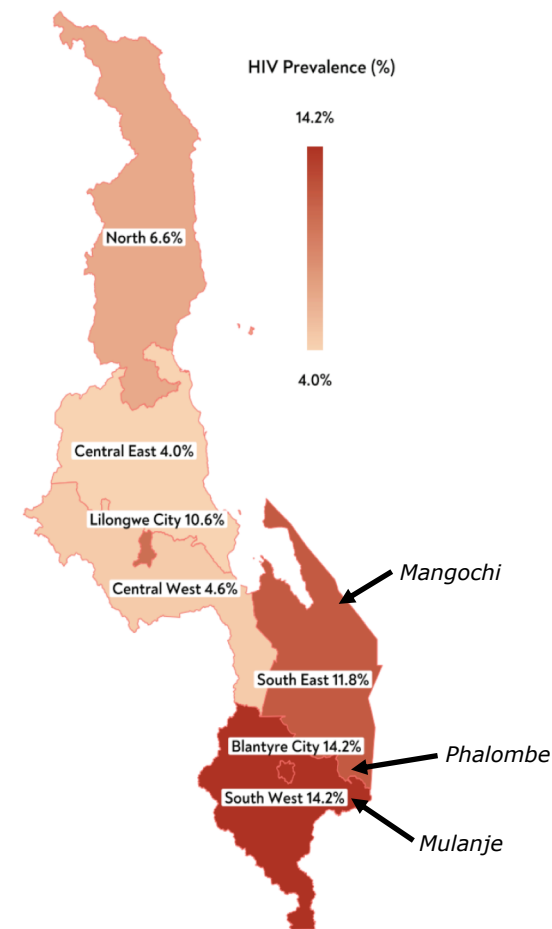
# HIV in Malawi

Nationally, **8.9% of adults are HIV positive**, or approximately **946,000 adults living with HIV**

In the southern districts in which GAIA works, HIV prevalence ranges from **11.8% - 14.2%**

Adult HIV prevalence is higher among women (10.5%) than among men (7.1%)

There are an estimated 21,000 new HIV infections annually



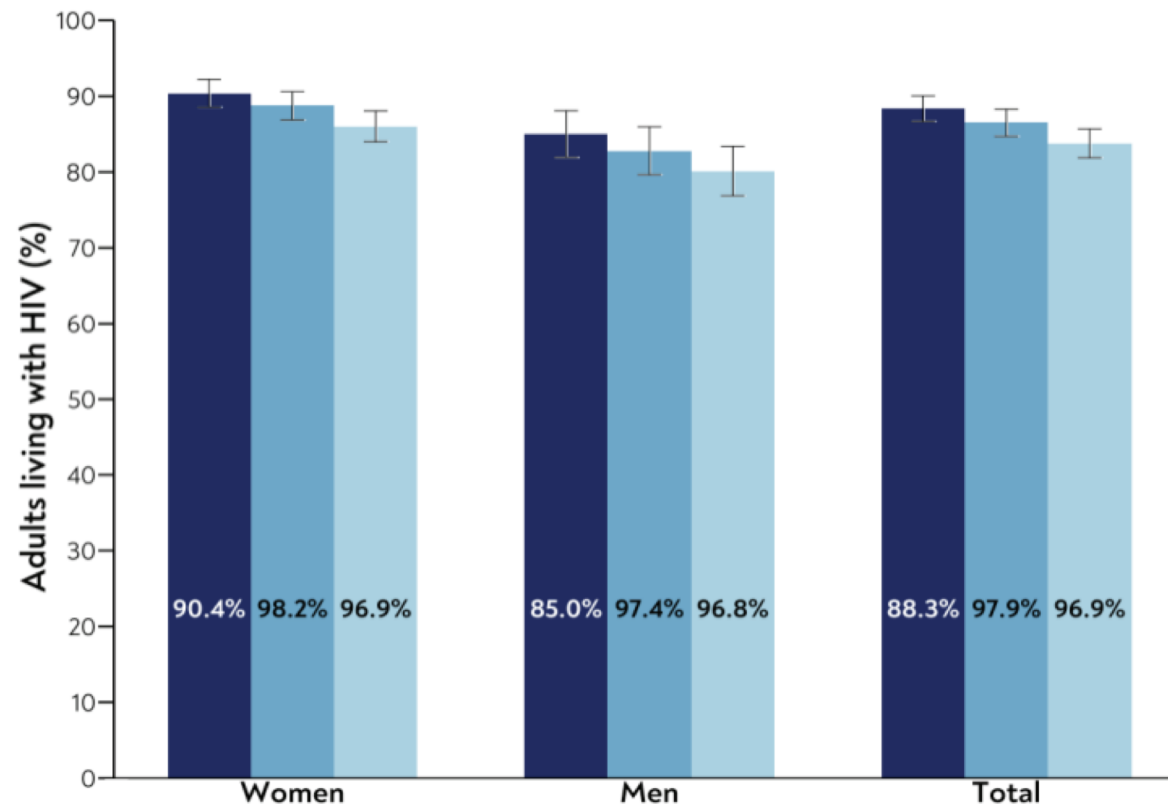
Source: MPHIA 2020-2021  
Summary Sheet, March 2022



# Malawi's Progress to 95-95-95

Malawi has met the 2nd and 3rd UNAIDS 95-95-95 targets well in advance of the 2025 target date

HIV testing remains the largest gap in the HIV treatment cascade



Source: MPHIA 2020-2021 Summary Sheet, March 2022

# COVID-19 Threatened HIV Progress Globally

## Global Fund Results Report Reveals COVID-19 Devastating Impact on HIV, TB and Malaria Programs

08 September 2021

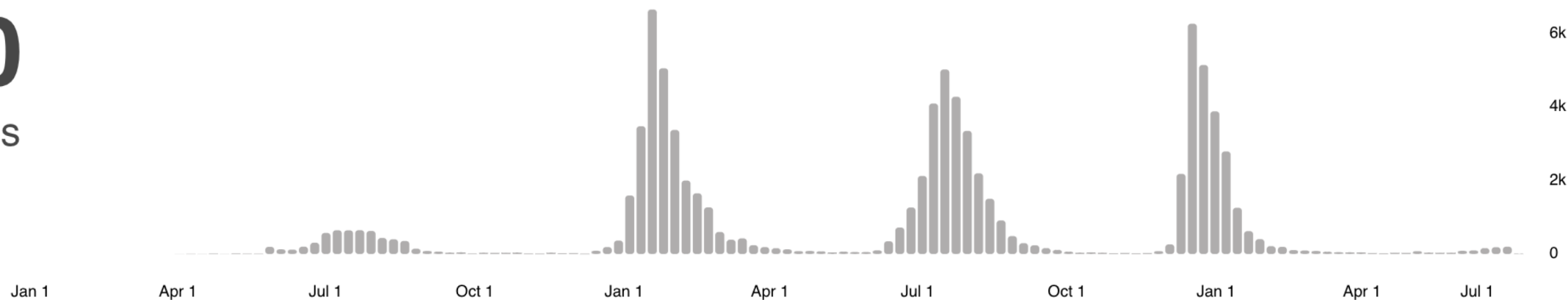
The report also highlights significant declines in HIV testing and prevention services for key and vulnerable populations who were already disproportionately affected. Compared with 2019, people reached with HIV prevention programs and services declined by 11% while young people reached with prevention services declined by 12%. Mothers receiving medicine to prevent transmitting HIV to their babies dropped by 4.5%. **HIV testing dropped by 22%, holding back treatment initiation in most countries.**

# COVID-19 in Malawi

In **Malawi**, from 3 January 2020 to 13 July 2022, there have **been 86,750 confirmed cases** of COVID-19 with **2,649 deaths**. As of 10 July 2022, a total of **3,171,945 vaccine doses** have been administered, **fully vaccinating 6%** of Malawi's 19 million population.

## Malawi Situation

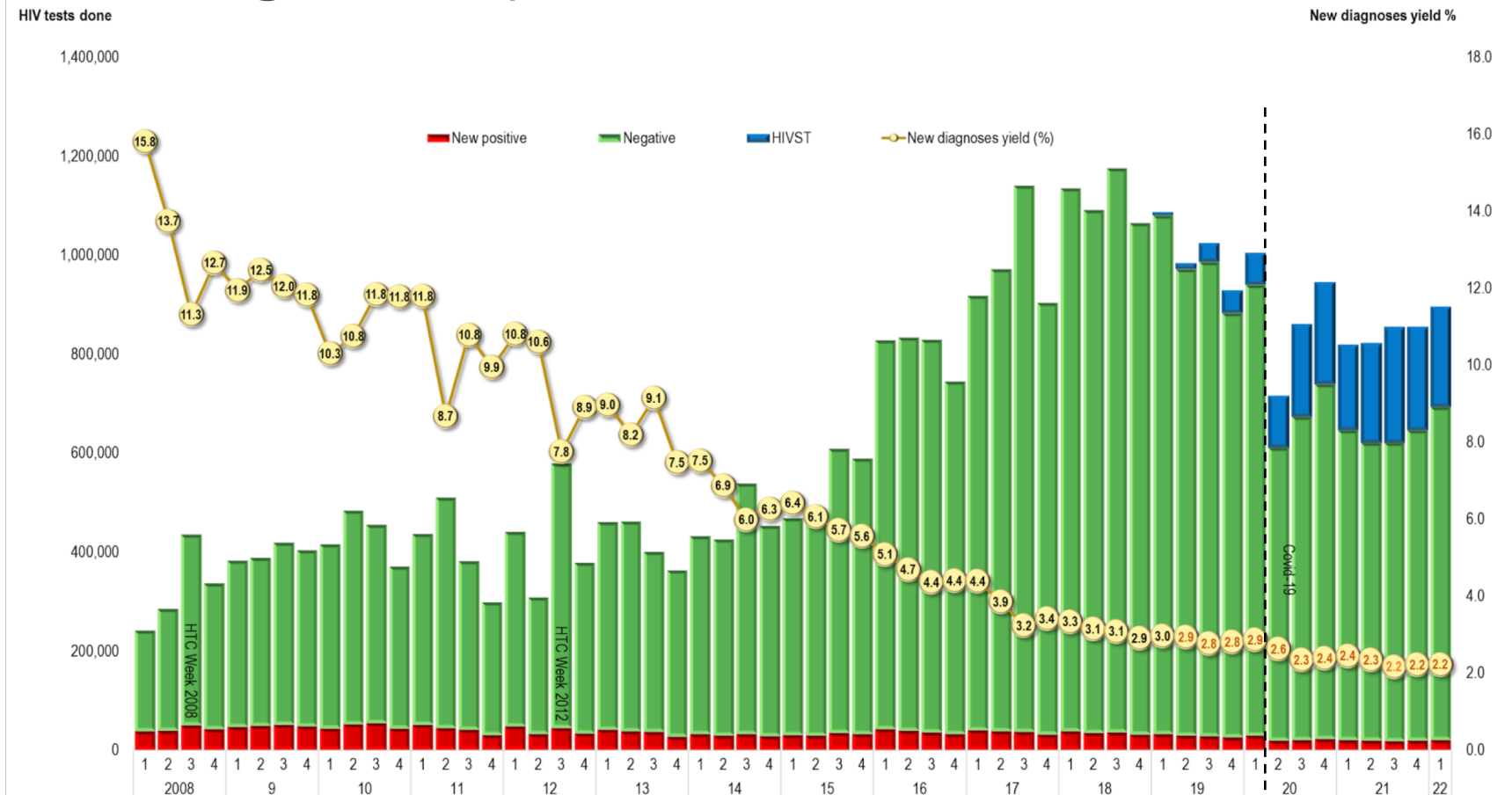
**86,750**  
confirmed cases



Source: World Health Organization

# Impact of COVID-19 on HIV Services in Malawi

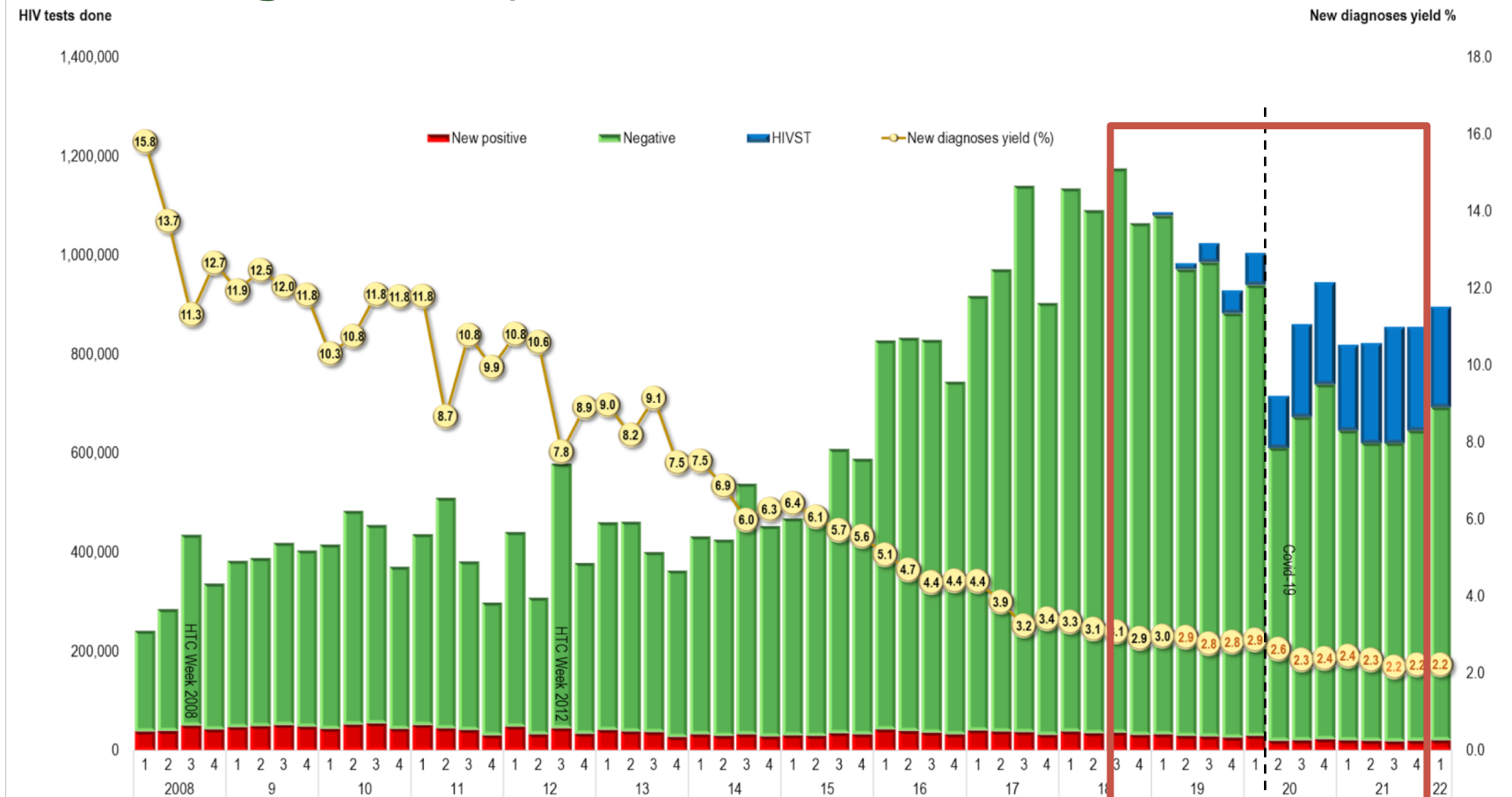
## *HIV Testing in Malawi, 2008 - 2022*



Source:  
Malawi Ministry of  
Health, Department of  
HIV and AIDS

# Impact of COVID-19 on HIV Services in Malawi

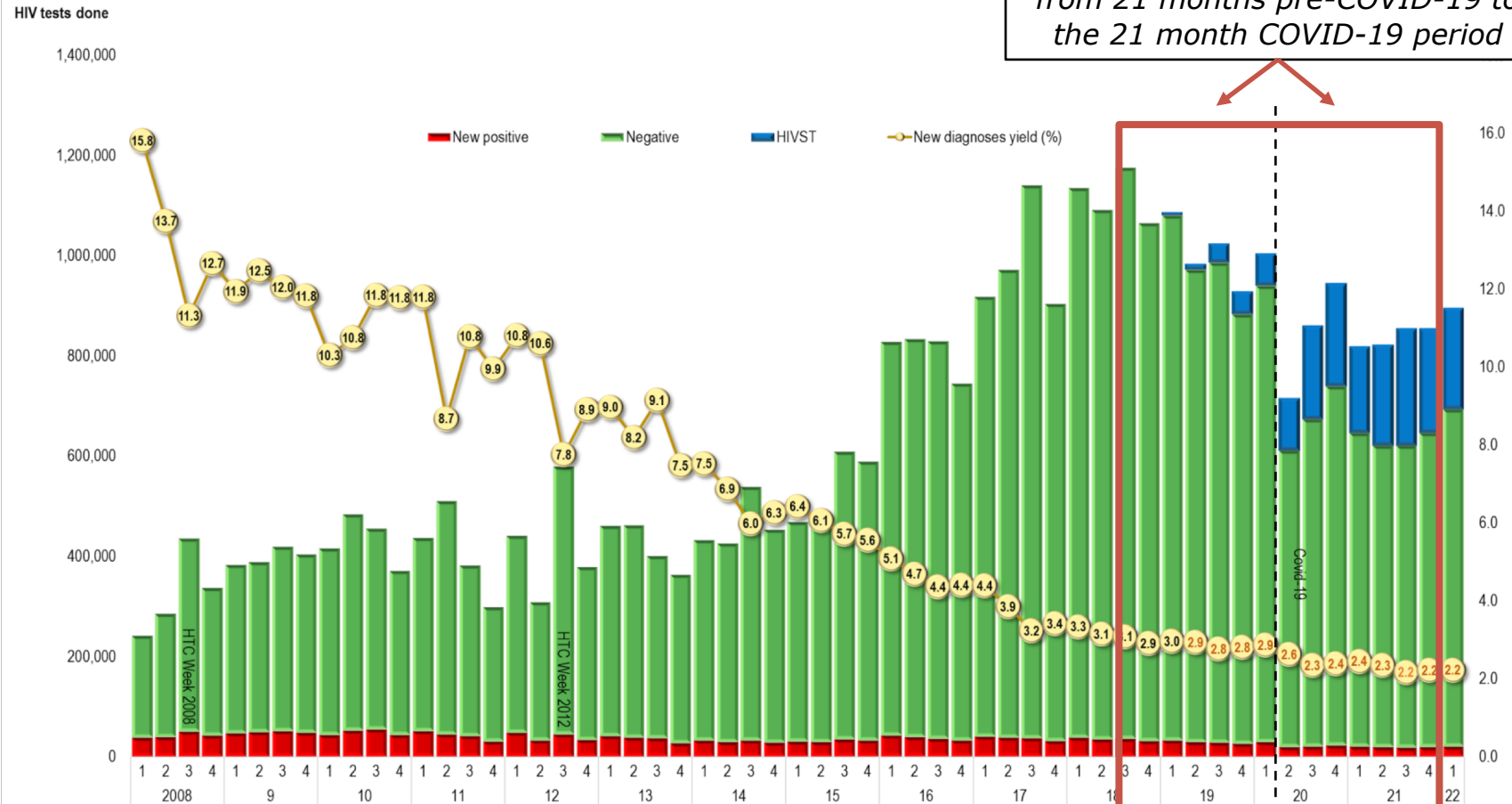
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# Impact of COVID-19 on HIV Services in Malawi

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# GAIA Mobile Health Clinics

*Expanding access to care through Mobile Health Clinics*



Mobile Health Clinic



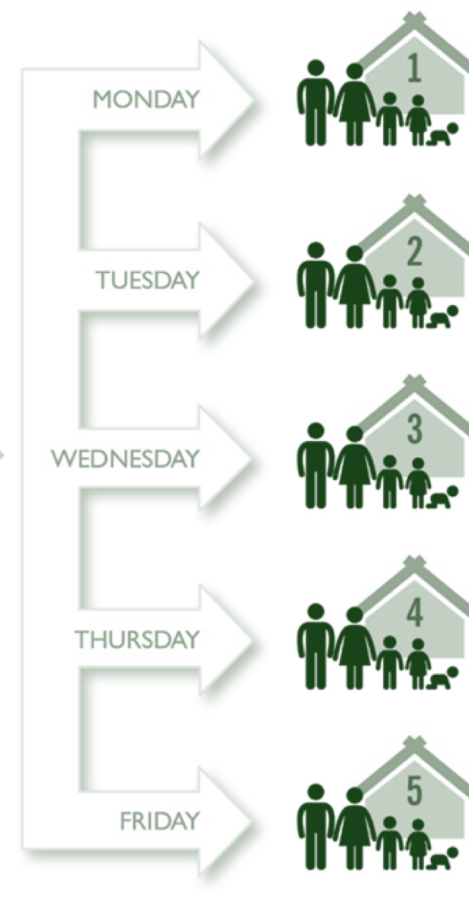
Clinical Officer,  
Nurse, Nurse aide,  
HIV diagnostic  
assistant, Driver



Community  
Outreach Nurse



*Bringing care to  
the community*



**1** Mobile Health Clinic + **6** Personnel + **5** Villages = **35,000+** client visits per Year

# Integrated HIV Services at GAIA Mobile Clinics

## HIV services, provided for free

Proactive, preventive care:

- individual HIV risk assessment, risk reduction counselling, and HIV testing
- HIV self-testing
- home based follow up care and index testing
- condom distribution
- sexual reproductive health
- screening and treatment for HIV comorbidities and other acute and chronic ailments

## 2022 HIV service expansion

In 2022, GAIA is working with partners to add and expand:

- community-based ART
- men's clinics, condom & lubricant provision
- outreach to sex workers and their clients
- antenatal Services
- cervical cancer screening & treatment
- targeted SBCC messages

*Activity expansion funded by  
**Gilead's Zeroing in Initiative***





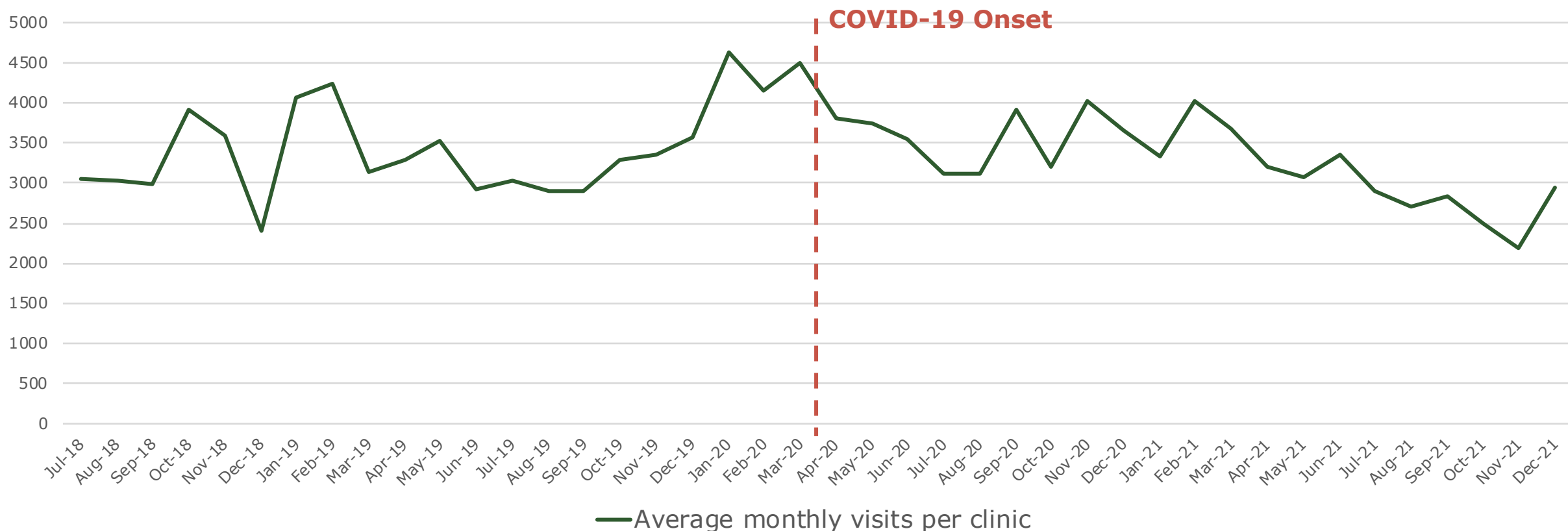
# Clinic Response to COVID-19

To maintain access to essential health services for HIV, malaria, and other illnesses, GAIA:

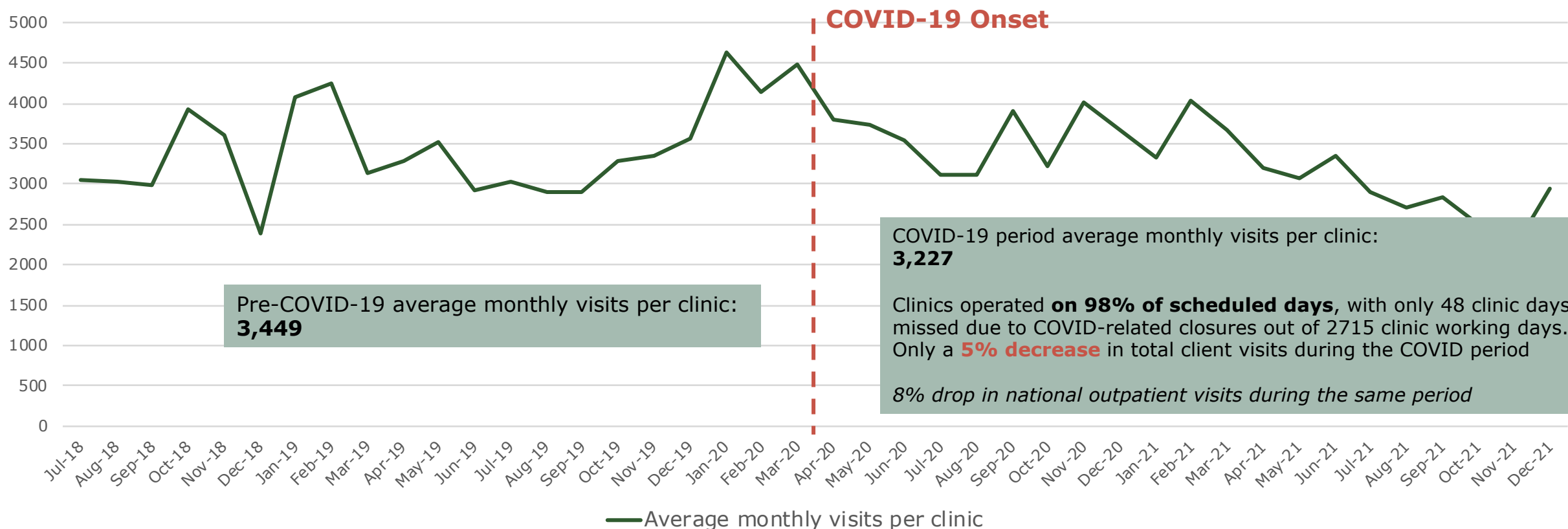
- ❑ Added health and lay personnel and trained in COVID-19 prevention protocols to manage patient flow, social distancing, hand hygiene, separate individuals with COVID-19 symptoms, and reduce waiting times
- ❑ Procured PPE for clinic personnel and government partners
- ❑ Increased COVID-19 awareness through education and communication strategies
- ❑ Delivered COVID-19 prevention supplies to the community



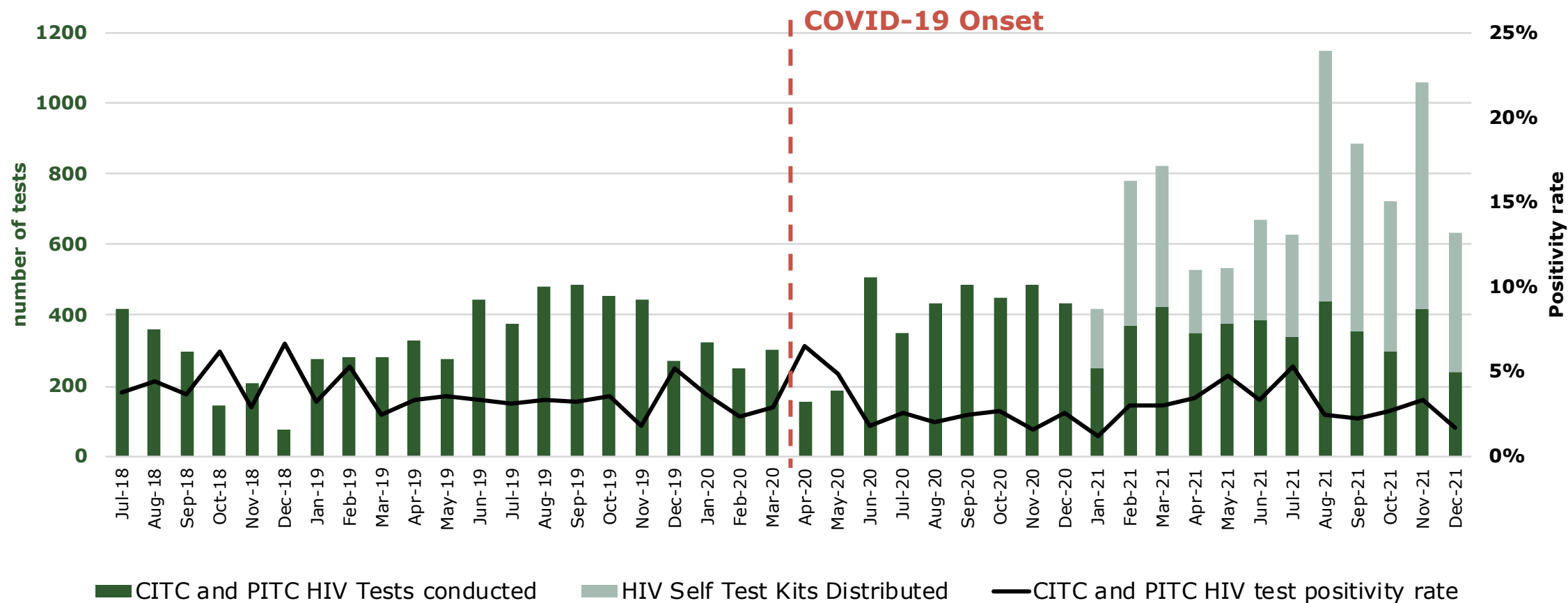
# Clinics Maintain Essential Services



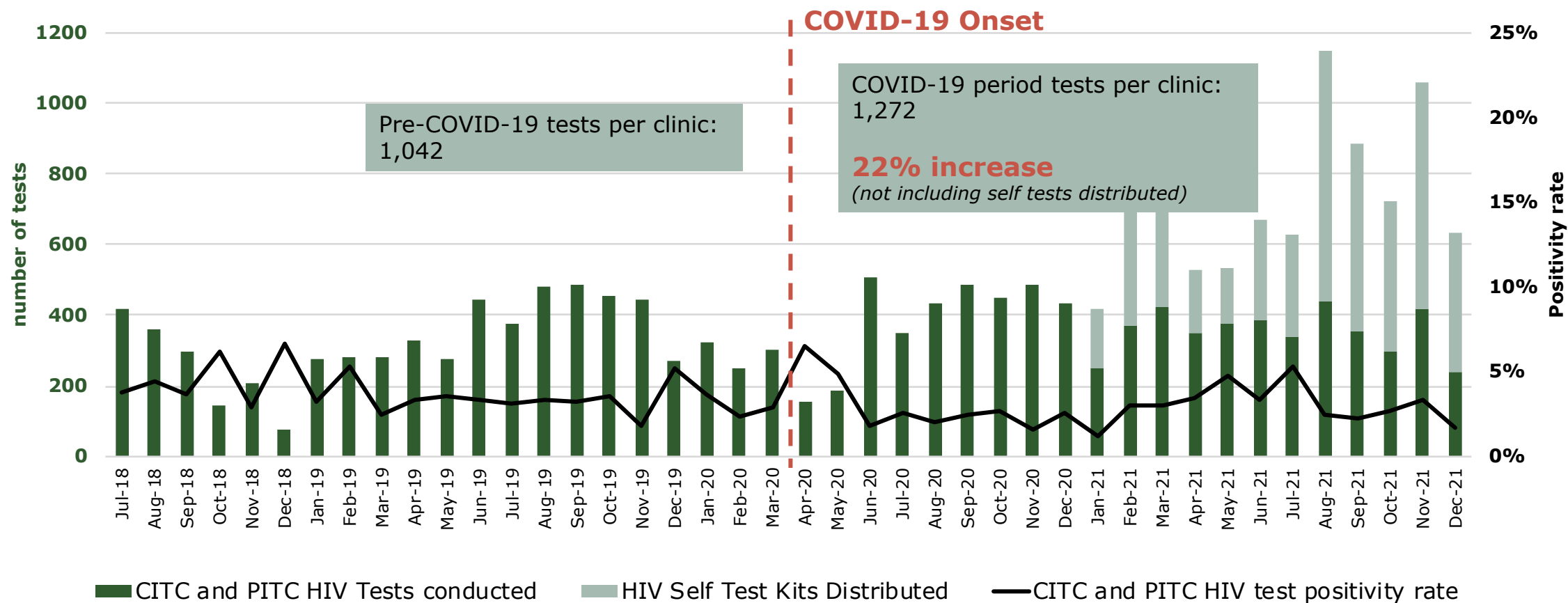
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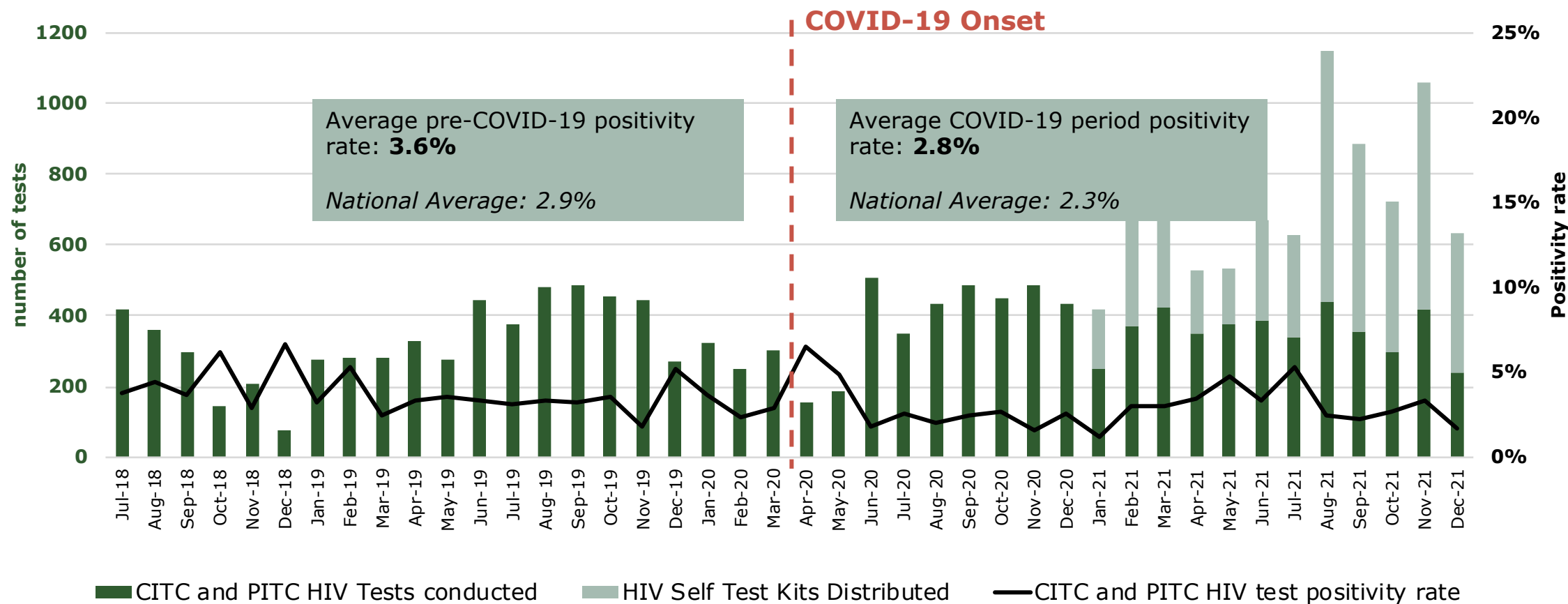
# HIV Testing at GAIA Mobile Clinics July 2018 - December 2021



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# Lessons Learned

**Services where people are:** Community-based care lowers access barriers to health care

**Flexibility:** Mobile Health Clinic model can adapt to community needs and health crises

**Community trust:** Over a decade of work in the communities we serve has built lasting community trust and enduring, productive relationships with community leaders, helping to blunt the impact of health crises

**Partnership:** Close collaboration with District Health Offices and local government ensured efficient and effective use of resources, avoided duplication or clinic closure or disruption





# Conclusions

Community-based care -- well-supported, equipped and integrated with the government health system -  
- can effectively blunt the impact of shocks to the health system such as the COVID-19 pandemic, and maintain essential services for rural and remote populations.

GAIA's mobile, community-based outreach approach to care provision is an effective complement to fixed facility health systems in rural areas, both strengthening the overall system and offering flexible rapid crisis response.





# Acknowledgements

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## *Program Partners*



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# ZIKOMO KWAMBIRI!

# THANK YOU!

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