

Assessment of a Community-based ART Service Model Linking Female Sex Workers to HIV Care and Treatment in Malawi

Female sex workers (FSWs) living with HIV face significant challenges in accessing HIV care and treatment services and, once started on antiretroviral therapy (ART), remaining in care and adhering to treatment. These challenges include difficulty in attending regular medical appointments because of time and cost constraints, providers' stigmatizing attitudes, and poor service quality due to crowded ART clinics, long waiting times, and a lack of clinicians.

Project SOAR in collaboration with the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project led by FHI 360, and the University of Malawi, College of Medicine, are investigating the feasibility, acceptability, and effects of a community-based ART service delivery model using FSW-friendly drop-in centers. FHI 360 provides technical support to the key population-focused, drop-in service model through the USAID-funded LINKAGES Project.

Research Partners: FHI 360, Pakachere Institute of Health and Development Communication (Pakachere), University of Malawi, College of Medicine, Ministry of Health of Malawi, and USAID Malawi

Location: Blantyre and Mangochi, Malawi

Study Duration: 2016–2019

For more information, contact **Lung Vu** (lvu@popcouncil.org).



© BRIAN DELL

Evidence generated will inform the government's and PEPFAR's FSW strategy in Malawi and identify how best to contribute toward meeting UNAIDS' 90-90-90 goals.

This study aims to generate and disseminate evidence of effective strategies to link and retain HIV-positive FSWs in care and treatment. Such evidence will help inform the President's Emergency Plan for AIDS Relief (PEPFAR) strategy in Malawi and contribute toward meeting UNAIDS' 90-90-90 targets of knowing one's HIV status, adhering to ART treatment, and achieving viral suppression.

Our Research

This is a cohort study in which we will recruit approximately 200 FSWs in the cities of Blantyre and Mangochi through LINKAGES HIV testing and counseling community outreach activities (mainly through "moonlight" and "daylight" testing and peer-outreach events). Positive FSWs not on ART will be referred to ART services at (a) LINKAGES-supported, community-based drop-in centers operated by Pakachere, or (b) mainstream government facilities in the catchment areas.



Comparison of ART service models

	Drop-in centers	Government
Populations targeted or prioritized for services	Key populations	General population (i.e., key populations attend but are not prioritized)
Staff training and sensitization to key populations	Staff sensitized/trained	Staff not typically sensitized/trained
Client flow	Low client volume	Medium to high client volume
Peer/community involvement in supporting services	Peer educator and outreach workers are available onsite: 1 peer educator/40 FSWs	Peer educator and outreach workers are not available onsite
Staffing	Clinical staff include a doctor and nurses who periodically visit to provide ART services	Clinical staff include doctor and nurses
ART prescribing	Doctor and nurses	Doctor and nurses
ART drug pick-ups	1 month for new patients 3 months for stable patients	1 month for new patients 3 months for stable patients

FSW cohort participants will have the opportunity to choose an ART service to attend based on their personal preference, and the study will follow up and interview them at 12 months post-enrolment. Behavioral, psychosocial, and treatment-related outcomes will be measured at baseline and again after a 12-month follow-up period. Viral load measurements will be extracted from clinic records at 12 months. To increase the statistical power for detecting the effects of community ART on key outcomes, we will also review the health records of FSWs who received ART through drop-in centers, but were not part of the cohort. Additionally, we will conduct qualitative interviews with health care providers to understand the operational aspects of providing HIV care via the drop-in model, and in-depth interviews with HIV-positive FSW clients to understand their service choices and experience with the ART services they received.

Research Utilization

The research team is forming a research advisory committee consisting of stakeholders such as FSW representatives, implementing partners, and government officials. The committee is tasked with providing input into the research design and implementation, and ensuring that the study addresses evidence gaps they deem relevant. The committee will meet twice a year in order to be continually apprised of the study's progress and to have the opportunity to provide input into its implementation. Near the end of the study, the committee will help interpret the findings and derive their implications for programs and policy. We will also convene a national stakeholders meeting to share research results in order to formulate realistic and achievable recommendations regarding ART delivery to FSWs.