

ARE VENUE-BASED STRATEGIES THE TICKET TO THE LAST MILE IN HIV PREVENTION IN MALAWI

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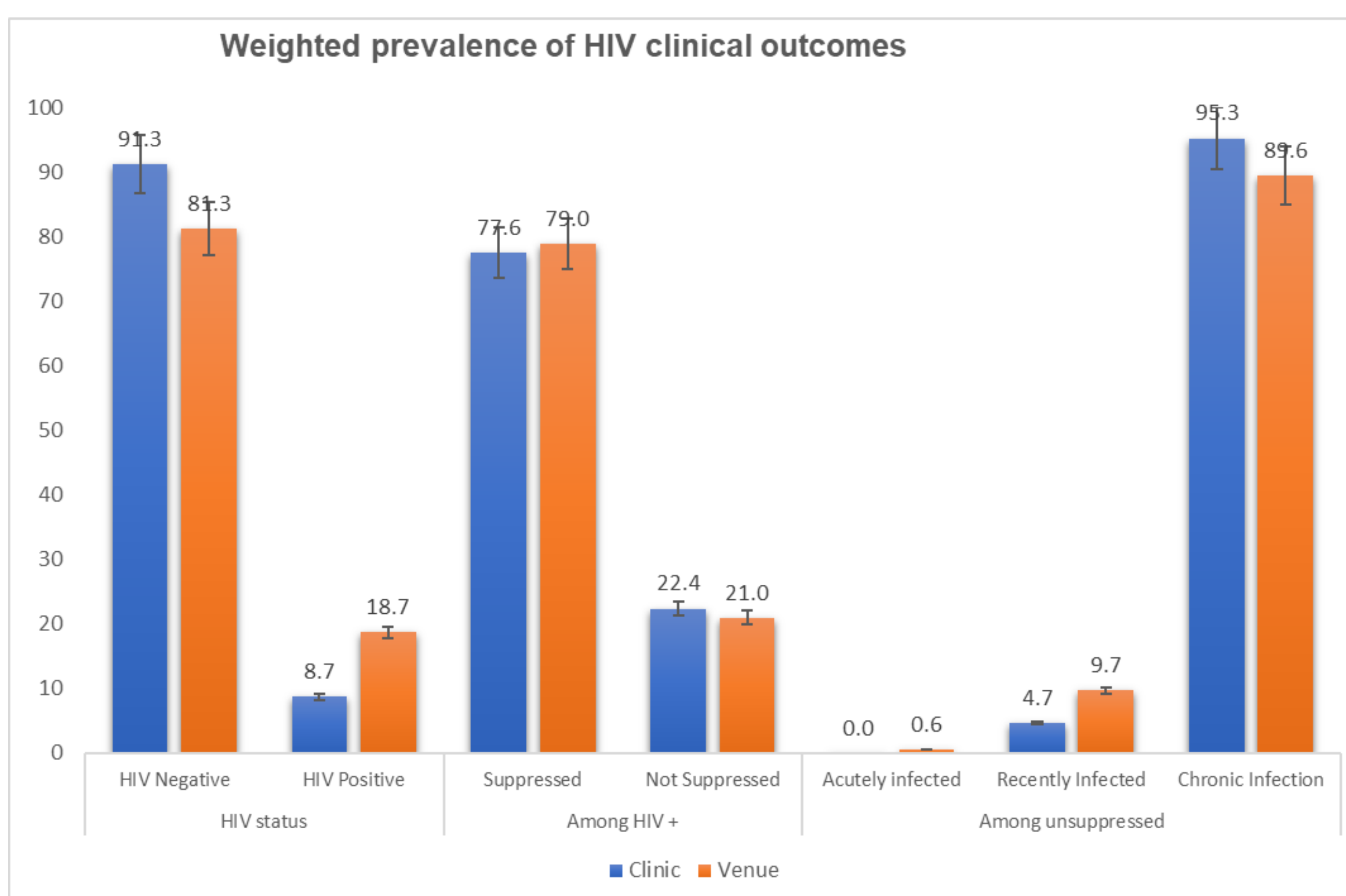
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BACKGROUND

- In 2016, Blantyre District had the highest adult HIV prevalence in Malawi (17% overall; 22% in women) and the lowest viral suppression rate (60%).
- In response, the MOH expanded prevention and treatment strategies.
- We hypothesized that social venues patronized by people with high sexual partnerships rates could identify sub-groups currently missed.

METHODS

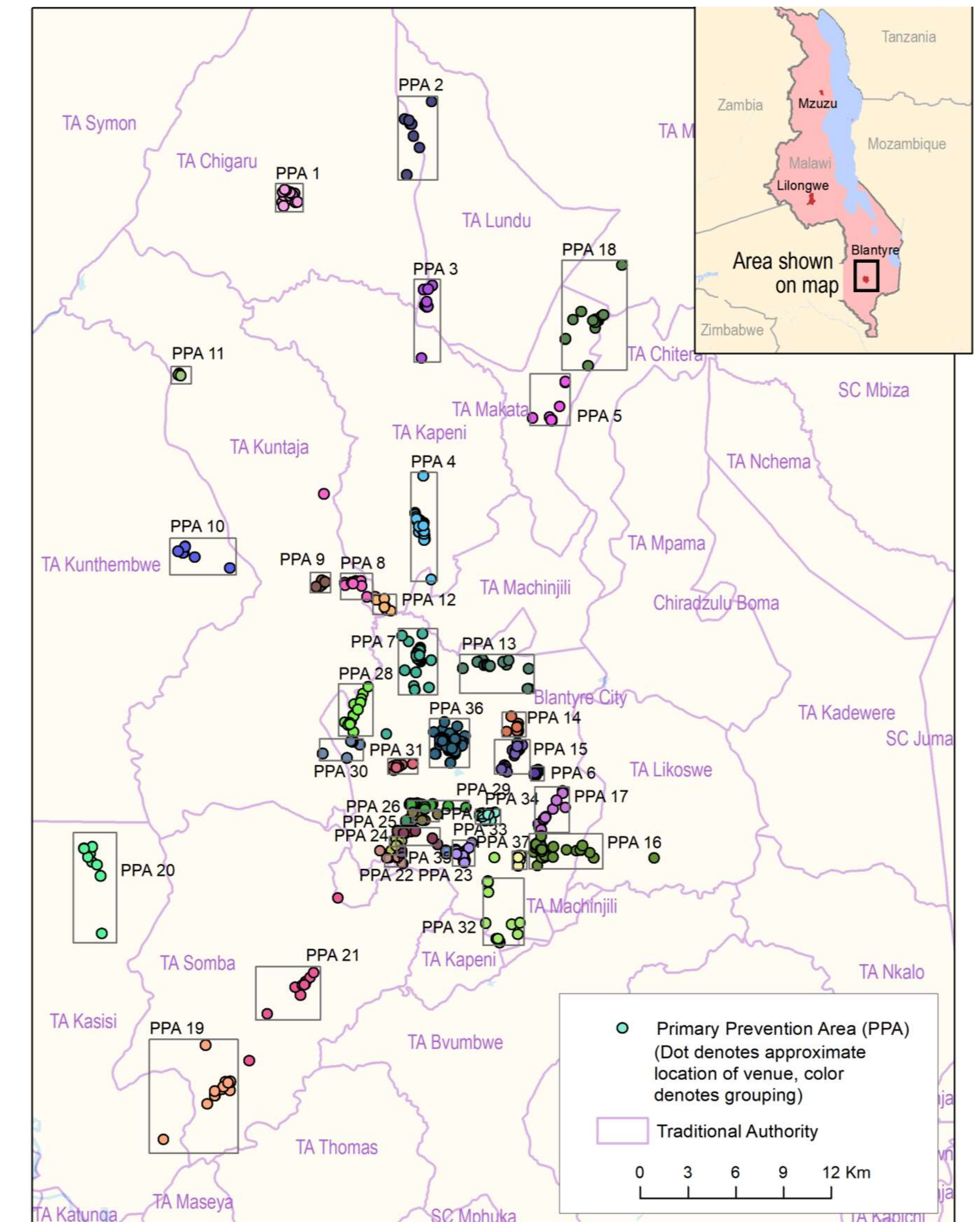
- We conducted cross-sectional bio-behavioral surveys of representative samples of individuals seeking care in government clinics (n=2313) and social venue patrons (n=1802) Jan-Mar 2022.
- Clinics were randomly selected from government clinics providing HIV testing.
- Venues were randomly sampled from urban and rural strata with oversampling of rural venues.
- Sampling weights were based on 2-stage sampling probabilities.
- We followed national testing protocols for rapid tests, recency testing and viral load measurements.
- Acute infections were identified by pooling dried blood spots from persons with an HIV- rapid test.



Along with other proven strategies, venue-based testing has an important role in reaching the last mile in HIV prevention among high risk populations. In Blantyre, approximately 900 people with unsuppressed HIV infection could be reached at social venues during a peak social time. Over half could be reached in 4 of 37 identified venue clusters. 40% of men and 33% of women with unsuppressed HIV at venues reported a new sexual partner in the past 4 weeks. Of the people at social venues who are HIV negative, 21% reported having a new sexual partner in the past 4 weeks and were either not using condoms at all or using them inconsistently.

RESULTS

- Compared to the clinic population, the venue population was more likely to: be male (69% vs 28%); aged >25 years (61% vs 51%); unmarried (62% vs 40%); drink alcohol daily (44% vs 8%); have more sexual partners in the last year (mean 16 vs 2); report a new sex partner in the past 4 weeks (42% vs 15%); and report transactional sex (52% vs 12%).
- HIV prevalence (Table 1) was higher among the venue population (19% vs 9%); the proportion HIV+ suppressed was similar (78% vs 79%).
- Among women recruited at venues, prevalence increased by age: 0% among age 15-17 to 43% among age 18-21.
- At venues, factors associated with HIV infection include being female (39% vs 10%); having a new partner in the past 4 weeks (28% vs 13%) and transactional sex (25% vs 12%).
- Acute (0% vs 0.6%) and recent infections (4.7% vs 9.7%) were uncommon in clinics and venues respectively.
- Clinic participants who reported visiting venues were less likely to have a suppressed viral load compared to other PLHIV clinic participants (53% vs 81%).
- Among both populations, reporting a genital sore in the past 4 weeks was associated with non-suppression (40% vs 20% in clinic; 48% vs 20% in venues).



CONCLUSIONS

- Lower HIV prevalence and greater viral suppression suggests that Blantyre's HIV epidemic is slowing.
- Strategies to further reduce transmission should include outreach to venues with higher prevalence of unsuppressed infection and to young women at venues.
- Testing for acute or recent infection yielded few cases and thus did not provide sufficient value to warrant the cost.

ACKNOWLEDGEMENTS

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