

Using Sub-National Community-led Monitoring Data to Enhance Gender and Population Equity in HIV Testing in Malawi and South Africa

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BACKGROUND

HIV testing is a critical entry point into prevention and treatment programs. Yet, there are marked inequalities in access to this service. In South Africa, 81.8% of women have ever tested for HIV versus 69.0% of men. In Malawi, the most recent biological and behavioral survey found that 27.7% of sex workers living with HIV were unaware of their status, compared to 6% of the general population. A better understanding of human rights and gender-related barriers for HIV testing is needed to improve service equity.



CITIZEN SCIENCE DATA COLLECTION, WEST RAND DISTRICT, SOUTH AFRICA

DESCRIPTION

The Citizen Science project employs people living with HIV, young people, and key populations to monitor HIV services at 33 health facilities in Malawi (Dedza and Kasungu) and South Africa (West Rand). Those accessing services at these sites is significant at the district level (95% Confidence Interval [CI]). For this sub-analysis, we conducted monthly clinic records surveys of HIV testing services and analyzed age-, sex- and population-disaggregated data for 75,062 tests conducted from January-October 2022.



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LESSONS LEARNED

In West Rand, 67.4% of all people who tested for HIV in 2022 were young women aged 15-24 years (95% CI: 65.4-69.4), while 14.7% were young men (95% CI: 12.7-16.7). Young women have an HIV prevalence three times higher than their male peers (9.6% prevalence vs. 3.2%), yet they are 4.6 times more likely to test for HIV. We found a positive correlation between provider-initiated HIV testing and uptake among young men ($r = 0.36$, $p < 0.001$), potentially indicating a preference for this testing modality over others examined. In Dedza and Kasungu, COVID-19-related disruptions caused HIV testing to fall by 25.4% (99% CI: 23.4-27.4) among the general population compared with 79.5% (95% CI, 74.5-84.5) among sex workers. Following the appointment of key populations focal points in health facilities and five sex workers as CLM data collectors, HIV testing increased. In 2022, 120 (95% CI: 114-126) sex workers tested quarterly compared to 36 (95% CI: 34-38) in 2019.



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CONCLUSION

Community-led monitoring data can shed light on service inequalities and provide insight into mediating actions. Prioritisation of preferred testing modalities, population-specific services, and community leadership can help address stigma and reduce inequalities.