



IMPLEMENTATION OF AN ADAPTED RED CARPET PROGRAM MODEL IN MALAWI:

Supporting identification and treatment success among adolescents and youth living with HIV

MALAWI CONTEXT FOR ADOLESCENTS AND YOUTH INFECTED AND AFFECTED BY HIV

In Malawi, approximately 46% of the population is younger than 15 years and more than 25% are between 15 and 29 years of age.¹ Because of the overall high HIV prevalence in Malawi (10.6%)², the risk of HIV acquisition has been reported to be as high as 50% for adolescents between 15–17 years.³ Adolescents and youth 10–24 years of age living with HIV experience disproportionately worse outcomes along the HIV cascade, from knowledge of status to engagement in care to viral suppression.

EGPAF FOCUS IN MALAWI

EGPAF began work in Malawi in 2001 as one of the first programs to provide services for HIV prevention of mother-to-child transmission. The program has evolved to prioritize provision of comprehensive adult, adolescent, and pediatric HIV prevention, care, and treatment services.

In Malawi, adolescents and youth living with HIV (AYLHIV) face multiple vulnerabilities that directly affect their capacity to achieve and sustain treatment success, including suboptimal identification of HIV, linkage and retention in care. Prior to the COVID-19 pandemic, between January and March 2020, 65.4% of young adults (20–24 years), 18.6% of older adolescents (15–19 years), and 16.0% of young adolescents (10–14 years) living with HIV missed their scheduled clinic appointments.

In recognizing the need for tailored, youth-responsive programming to address the unique challenges of AYLHIV, EGPAF–Malawi, with support from ViiV Healthcare and in coordination with the Malawi Ministry of Health (MOH), adapted the evidence-based Red Carpet Program (RCP) from Kenya, which focuses on improving linkage and retention in care among AYLHIV.⁴ In 2020, EGPAF–Malawi contextualized and implemented the youth-driven and responsive facility-based initiative in Blantyre, Malawi.

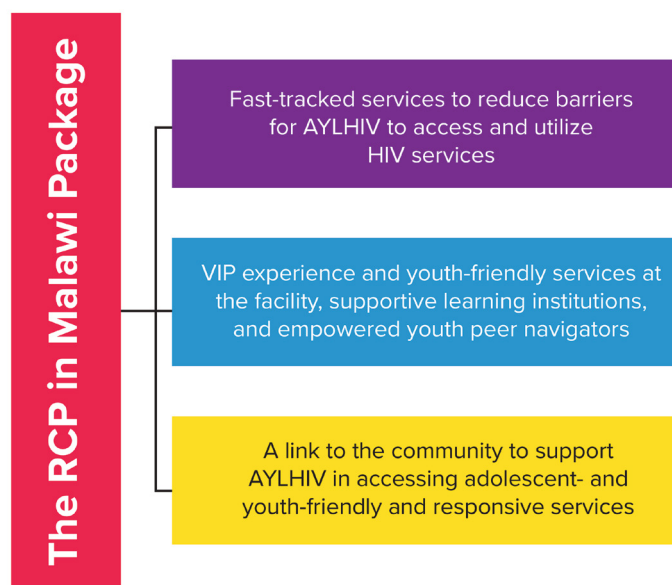


Figure 1. RCP Package in Malawi

RED CARPET PROGRAM IN MALAWI

The RCP in Malawi was adapted to address specific needs identified by young people. Four health facilities located in urban, high-burden areas in Blantyre were selected as pilot project sites (Limbe, Bangwe, Ndirande, and South Lunzu). The overarching goal of RCP in Malawi was to increase the HIV identification, linkage, and retention of AYLHIV in care.

Malawi's RCP model maintains the essential framework of the RCP model in providing fast-tracked, peer-led and *Very Important Person* (VIP) services at health facilities (Figure 1 illustrates the three-pronged RCP Malawi package of services). EGPAF Malawi intentionally engaged adolescents and youth in the adaptation of the package as well as in the development of program materials and resources to support implementation. EGPAF Malawi, jointly with the Malawi MOH, instituted a novel youth cadre called Youth Champions (YCs) who are 18–25 years old, to serve as peer navigators and

treatment supporters for adolescent and youth clients at RCP facilities.

RED CARPET IMPLEMENTATION IN MALAWI

Following recruitment and training of YCs (five per health facility), alongside a multidisciplinary red-carpet team termed RCP Response Teams, implementation began in July 2020. RCP Response Teams and YCs at facilities provide VIP, fast-tracked services with VIP express cards to identify AYLHIV enrolled in RCP. An RCP VIP express room provides fast-tracked, youth-friendly, responsive services in one accessible space.

YCs are strategically placed at different entry points across facilities to engage all adolescents and youth seeking services. These entry points include the outpatient department, the sexually transmitted infections clinic, the antenatal care clinic, the HIV testing and screening clinic, the family planning clinic, the maternity ward, and the antiretroviral therapy (ART) clinic. Using standardized scripts, YCs engage with adolescents and youth seeking services at the facility to screen for eligibility for HIV testing and to escort those eligible to testing.

For adolescents and youth who test positive for HIV, YCs escort them for counseling, ART initiation, and RCP enrollment. Adolescents and youth who test negative are escorted by YCs to risk reduction and prevention support, which includes pre-exposure prophylaxis. YCs engage AYLHIV through psychosocial support (PSS), adherence support, and retention activities, including appointment reminders, tracing clients who have missed appointments, and conducting home visits for those AYLHIV facing challenges in their care. Figure 2 (below) highlights the full spectrum of YCs roles.



Youth Champions in Malawi.

Photo: Prince Henderson/EGPAF, 2021



Figure 2. Roles of YCs

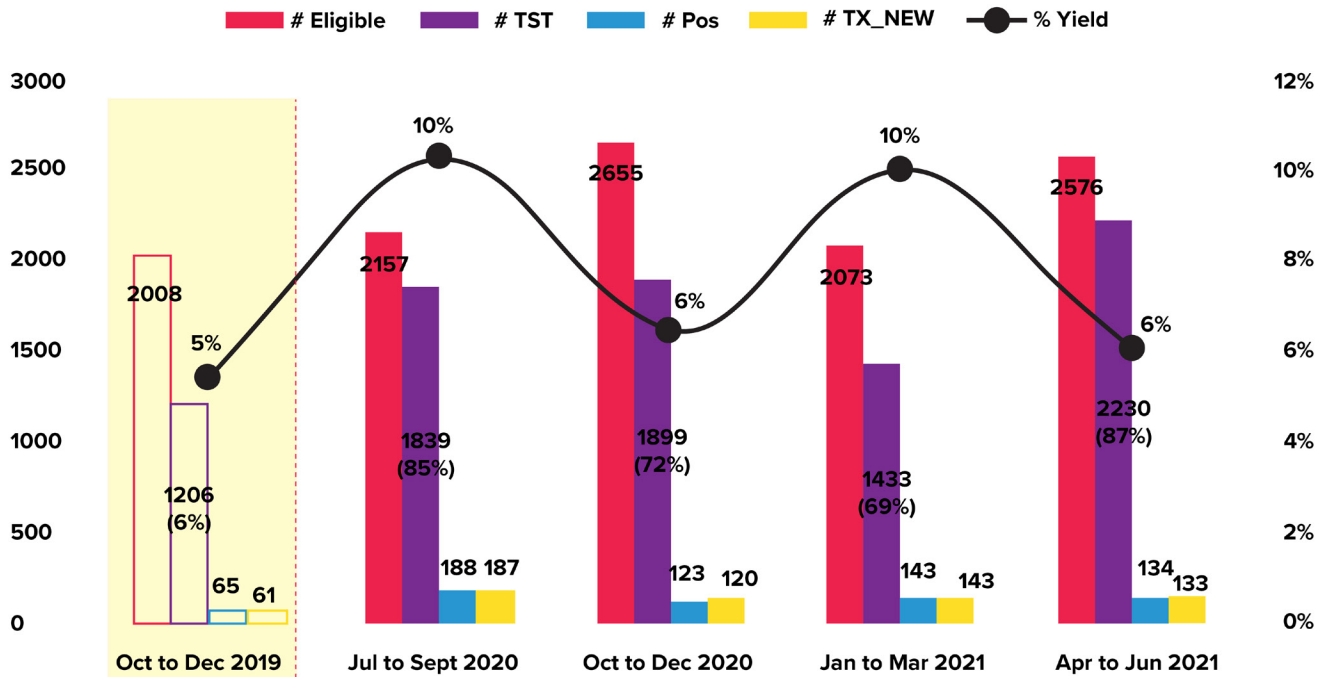


Figure 3. Trends of adolescents and youth reached at RCP sites and testing yield

ACHIEVEMENTS OF RCP MALAWI

Between July 2020 and July 2021, 24,062 adolescents and youth 10–24 years old were screened for HIV testing eligibility by YCs across service delivery points. Overall, HIV testing among eligible adolescent and youth patients improved from 60% (n=1208/2008) prior to the intervention (October–December 2019) to 87% (n=2230/2576) in April–June 2021. The HIV positivity yield of those tested post intervention ranged from 5%–16% among the four pilot sites, with an average of 8% (n=606/8222) of adolescent and youth testing positive for HIV. Ninety-nine percent of those tested positive were linked to care, initiated on ART and enrolled in RCP.

Figure 3 (above) displays the trends in testing and linkage in RCP over time. Despite the COVID-19 pandemic, the yield and linkage of newly identified AYLHIV was consistently higher from July 2020 to June 2021 compared to before RCP was implemented (October–December 2019).

Early retention, including for 1 month, 3 months, and 6 months, among AYLHIV enrolled by January 2021 was 100%, 83%, and 80%, respectively. This shows a 66% improvement compared to the 6-month retention of 48% of AYLHIV prior to RCP implementation in December 2019. Table 1 illustrates the retention of AYLHIV at 6 months prior to and during the RCP implementation period at the four pilot facilities.

For AYLHIV eligible to get a viral load test done, as of July 2021, 78% of those eligible had a viral load test,

and 60% received results. COVID-19 restrictions and response limited implementation of viral load testing and resulted in longer turnaround times for those tests that were conducted, causing delays in receipt of results. Of AYLHIV who had a viral load test done and who received their results, 93% (39/42) of AYLHIV were virally suppressed. This shows improvement compared to national statistics of 74% of children 0–14 years, 63% of young men 15–24 years, and 50% of young women ages 15–24 years living with HIV who are not virally suppressed.

A formal evaluation of the implementation of the four pilot RCP facilities is underway; however, in light of positive pilot RCP results, RCP has been scaled up to include an additional three facilities in Blantyre beginning in July 2021.

Table 1. Six months retention at RCP pilot facilities

	Baseline: October–December 2019	RCP period for those enrolled by January 2021
Bangwe	29%	55%
Limbe	60%	96%
Ndirande	44%	88%
South Lunzu	26%	73%
Total	48%	80%

LESSONS LEARNED

The design, adaptation, and implementation of RCP in Malawi has provided some insightful lessons that will inform adolescent and youth implementation and programming moving forwards. These lessons include the following:



The contextualization and adaptation of RCP model was critical to inform design of the RCP package in Malawi



The involvement of young people in designing and implementing RCP package positively impacted identification of HIV, retention in care and outcomes among AYLHIV



The coordination and support of the Malawi MOH was critical in the initial sensitization, roll out, and subsequent scale-up of the initiative



The inclusion of YCs as part of the RCP response teams at each facility ensured client flows and timely access to VIP services



Equipping and empowering YCs in their role supported their ability to identify and link eligible young people from different service delivery points for testing, leading to improved testing rates and higher yield.



The development of adolescent- and youth-tailored documentation systems that built on existing registers ensured coordinated and structured documentation of RCP services

CONTACT PERSONS

Tessa Musukwa (tmusukwa@pedaids.org), Lonjezo Mlongoti, Licy Khongonyowa, Millias Misoya, Andrew Chingati, Rachel Kanyenda

REFERENCES

- 1 <https://www.oecd.org/dev/inclusivesocietiesanddevelopment/Youth-well-being-policy-review-Malawi.pdf>
- 2 https://phia.icap.columbia.edu/wp-content/uploads/2018/10/MPHIA-SS_2018_FINAL.pdf
- 3 https://phia.icap.columbia.edu/wp-content/uploads/2018/10/MPHIA-SS_2018_FINAL.pdf
- 4 <https://www.pedaids.org/resource/optimizing-linkage-care-initiation-retention-treatment-adolescents-newly-diagnosed-hiv-infection/>



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

