

# Healthcare facility linked differentiated service delivery for HIV testing in Malawi, South Africa, and Zambia: a landscape analysis

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## Background

- As differentiated service delivery (DSD) models for HIV treatment have shown success, countries in sub-Saharan Africa are also beginning to differentiate delivery of HIV testing services (HTS).
- DSD testing models offer a client-centered approach from facility and out-of-facility locations that can be used to target marginalised populations.
- We characterise HTS services currently implemented in Malawi, South Africa, and Zambia.

## Methods

- From November 2021 to February 2022, we surveyed 45 public healthcare facilities in Malawi (n=12), South Africa (n=21), and Zambia (n=12)
- We collected data on HTS models, including types of tests (standard /self-test), location (facility/community), involvement of an implementing partner (IP), and target populations.

## Results

- All sites offered facility-based, conventional HTS, utilizing provider and client-initiated testing and counselling approaches in multiple facility departments (e.g. ART clinic, ANC clinic, etc) (Table 1).
- Community-based outreach HTS was offered by 75% of the sites in Malawi and Zambia and 86% of sites in South Africa.
- Self-tests, which could be either assisted or unassisted, were distributed by six facilities in Malawi (50%), 2 in South Africa (10%), and 4 in Zambia (33%).
- All models of HTS included active index and infant testing.
- Community-based outreach HTS was associated with external IP support (89% of sites in Malawi, 56% South Africa, 78% Zambia)
- Self-testing provision was mainly supported by government (Table 2).

## Conclusions

- In all three countries, public sector healthcare facilities continue to provide conventional, on-site HIV testing and most offer some community outreach HTS.
- Self-testing is becoming more common in Malawi and Zambia but not in South Africa, and most facilities continue to rely on partner support for community HTS.

**In Malawi, South Africa, and Zambia, public sector healthcare facilities continue to provide conventional, on-site HIV testing and community outreach testing, but self-test distribution was relatively rare**

**Table 1: The landscape of DSD for HIV testing**

HTS per facility	Country			
	Total	Malawi	South Africa	Zambia
<b>Facilities (N)</b>	<b>45</b>	12	21	12
<b>HIV testing services modalities*</b>				
Facility standard HTS	45	12	21	12
<b>DSD for HTS</b>				
Community outreach HTS	30	8	16	6
Targeted: community outreach	6	1	2	3
Self-testing: assisted/unassisted	12	6	2	4

\*Active case index testing and infant testing linked to facility standard HTS

**Table 2: HTS implementer by HTS model per site**

Country	DSD for Testing modality	Implementing Partner			
		Total sites (N)	MoH/ DoH	External Partner	Both
<b>Malawi</b>	Community outreach HTS	8	1	6	1
	Targeted community outreach	1	-	1	-
	Self-testing (assisted/unassisted)	6	3	-	3
	Facility conventional HTS	12	3	4	5
<b>South Africa</b>	Community outreach HTS	16	7	8	1
	Targeted community outreach	2	1	1	-
	Self-testing (assisted/unassisted)	2	2	-	-
	Facility conventional HTS	21	16	2	3
<b>Zambia</b>	Community outreach HTS	6	1	4	1
	Targeted community outreach	3	1	1	1
	Self-testing (assisted/unassisted)	4	2	-	2
	Facility conventional HTS	12	4	2	6