# MALAWI POPULATION-BASED HIV IMPACT ASSESSMENT MPHIA 2015-2016



The Malawi Population-Based HIV Impact Assessment (MPHIA), a household-based national survey, was conducted between November 2015 and August 2016 in order to

measure the status of Malawi's national HIV response. MPHIA offered HIV counseling and testing with return of results, and collected information about uptake of care and treatment services. This survey is the first in Malawi to measure national HIV incidence, pediatric HIV prevalence, and viral load suppression. The results provide information on national and subnational progress toward control of the HIV epidemic.

MPHIA was led by the Government of Malawi through the Ministry of Health (MOH), conducted with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and technical assistance through the U.S. Centers for Disease Control and Prevention (CDC). The survey was implemented by ICAP at Columbia University in collaboration with local partners, including the Centre for Social Research (CSR) at the University of Malawi, the National Statistics Office (NSO), and the College of Medicine-Johns Hopkins Project (COM-JHP) at the University of Malawi.

### **KEY FINDINGS**

Female	95% CI	Male	95% CI	Total	95% CI
0.39	0.15-0.63	0.24	0.03-0.46	0.32	0.16-0.48
0.48	0.20-0.76	0.25	0.05-0.46	0.37	0.20-0.53
12.4	11.4-13.4	7.5	6.8-8.3	10.0	9.4-10.7
12.8	11.9-13.7	8.2	7.5-8.9	10.6	9.9-11.2
				1.6	1.2-2.0
72.9	69.9-75.9	58.6	54.3-63.0	67.6	65.0-70.2
	0.39 0.48 12.4 12.8	0.39	0.39       0.15-0.63       0.24         0.48       0.20-0.76       0.25         12.4       11.4-13.4       7.5         12.8       11.9-13.7       8.2	0.39       0.15-0.63       0.24       0.03-0.46         0.48       0.20-0.76       0.25       0.05-0.46         12.4       11.4-13.4       7.5       6.8-8.3         12.8       11.9-13.7       8.2       7.5-8.9	0.39       0.15-0.63       0.24       0.03-0.46       0.32         0.48       0.20-0.76       0.25       0.05-0.46       0.37         12.4       11.4-13.4       7.5       6.8-8.3       10.0         12.8       11.9-13.7       8.2       7.5-8.9       10.6            1.6

95% CI (confidence interval) indicates the interval within which the true population parameter is expected to fall 95% of the time. Viral load suppression is defined as HIV RNA <1,000 copies per ml of plasma among HIV-positive adults.

Annual incidence of HIV among adults ages 15 to 64 years in Malawi is 0.37 percent: 0.48 percent among females and 0.25 percent among males. This corresponds to approximately 28,000 new cases of HIV annually among adults ages 15 to 64 years in Malawi.

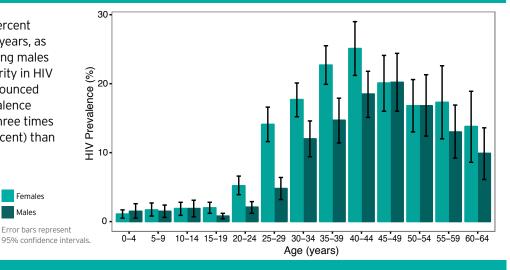
Prevalence of HIV among adults ages 15 to 64 years in Malawi is 10.6 percent: 12.8 percent among females and 8.2 percent among males. This corresponds to approximately 900,000 people living with HIV (PLHIV) ages 15 to 64 years in Malawi.

Prevalence of viral load suppression (VLS) among HIV-positive adults ages 15 to 64 years in Malawi is 67.6 percent: 72.9 percent among females and 58.6 percent among males.

1

## **HIV PREVALENCE, BY AGE AND SEX**

HIV prevalence peaks at 25.1 percent among females ages 40 to 44 years, as compared to 20.2 percent among males ages 45 to 49 years. The disparity in HIV prevalence by sex is most pronounced among young adults: HIV prevalence among 25- to 29-year-olds is three times higher among females (14.1 percent) than males (4.8 percent).

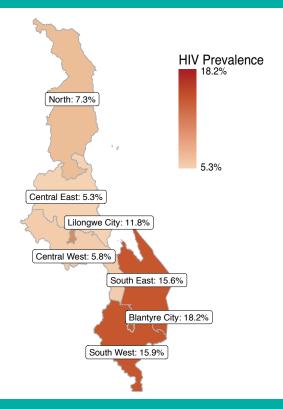


## HIV PREVALENCE AMONG ADULTS, BY ZONE

Females Males

Among adults ages 15 to 64 years, prevalence of HIV varies geographically across Malawi, ranging from 5.3 percent in the Central East to 18.2 percent in Blantyre City.

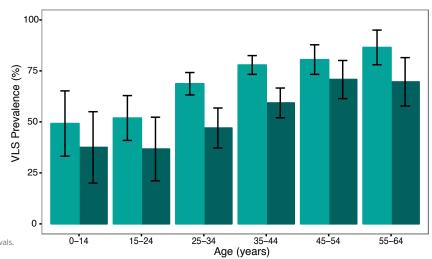
Zone	HIV Prevalence	95% CI
North	7.3	5.8-8.7
Central East	5.3	4.0-6.6
Central West	5.8	4.9-6.8
Lilongwe City	11.8	10.4-13.1
South East	15.6	13.4-17.8
South West	15.9	14.0-17.8
Blantyre City	18.2	16.4-19.9



# VIRAL LOAD SUPPRESSION AMONG HIV-POSITIVE PEOPLE, BY AGE AND SEX

Prevalence of VLS among HIV-positive people in Malawi is highest among older adults: 86.5 percent among HIV-positive females ages 55 to 64 years and 70.8 percent among HIV-positive males age 45 to 54 years. In contrast, prevalence of VLS is distinctly lower among younger adults: 51.9 percent among HIV-positive females and 36.7 percent among HIV-positive males ages 15 to 24 years.

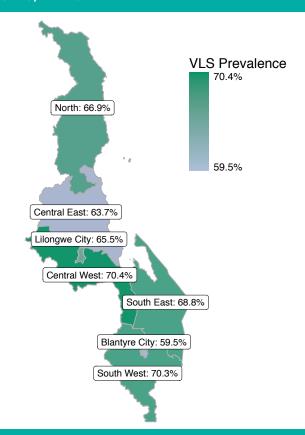




## VIRAL LOAD SUPPRESSION AMONG HIV-POSITIVE ADULTS, BY ZONE

Among HIV-positive adults ages 15 to 64 years, prevalence of VLS varies geographically across Malawi, ranging from 59.5 percent in Blantyre City to 70.3 percent in the South West and 70.4 percent in the Central West.

Zone	VLS Prevalence	95% CI
North	66.9	60.7-73.1
Central East	63.7	51.1-76.3
Central West	70.4	63.0-77.9
Lilongwe City	65.5	60.3-70.7
South East	68.8	62.3-75.3
South West	70.3	65.4-75.1
Blantyre City	59.5	53.6-65.5



## ACHIEVEMENT OF THE 90-90-90 GOALS AMONG HIV-POSITIVE ADULTS, BY SEX

## 90-90-90: an ambitious treatment target to help end the AIDS epidemic

By 2020, 90 percent of all PLHIV will know their HIV status; 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and 90 percent of all people receiving ART will have viral suppression.

#### Diagnosed

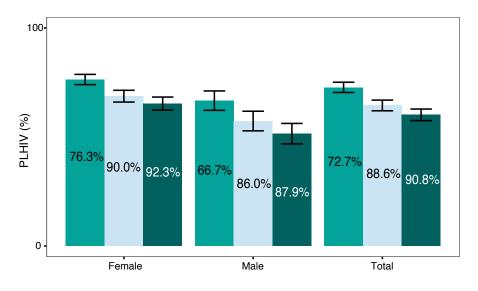
In Malawi, 72.7 percent of PLHIV ages 15 to 64 years report knowing their HIV status: 76.3 percent of HIV-positive females and 66.7 percent of HIV-positive males know their HIV status.

# On Treatment

Among PLHIV ages 15 to 64 years who know their HIV status, 88.6 percent self-report current use of ART: 90.0 percent of HIV-positive females and 86.0 percent of HIV-positive males who know their HIV status self-report current use of ART.

### **Virally Suppressed**

Among PLHIV ages 15 to 64 years who self-report current use of ART, 90.8 percent are virally suppressed: 92.3 percent of HIV-positive females and 87.9 percent of HIV-positive males who self-report current use of ART are virally suppressed.



Diagnosed
On treatment\*
Virally suppressed\*
Error bars represent
95% confidence intervals.

\*Inset numbers are conditional proportions. See text above.

### SELF-REPORTED HIV STATUS AMONG ADULTS WHO TESTED HIV POSITIVE IN MPHIA, BY SEX AND ZONE

Nearly three-quarters of adults living with HIV (73.4 percent) were aware of their status. More women (77.1 percent) were aware of their status than men (67.1 percent). The majority of PLHIV who were unaware of their status reported that they had tested negative, suggesting they may not have tested recently. Only a small percentage, ranging from 4.6 percent in the North to 11.6 percent in Blantyre City, reported that they had never tested or received a result. More than twice as many men (12.4 percent) as women (5.1 percent) reported that they had never tested or received a result.

	Ever	Tested	Solf-reported	
	Self-reported HIV positive (%)	Self-reported HIV negative (%)	Self-reported never tested or never received result (%)	
Sex				
Female	77.1	17.7	5.1	
Male	67.1	20.4	12.4	
Zone				
North	74.8	20.5	4.6	
Central East	64.6	25.4	10.0	
Central West	70.1	22.5	7.4	
Lilongwe City	70.8	20.2	9.0	
South East	76.4	16.9	6.7	
South West	76.9	15.3	7.8	
Blantyre City	68.6	19.8	11.6	
Total	73.4	18.7	7.9	

Row percentages may not add to 100 percent due to rounding.

## CONCLUSIONS

- Progress toward the 90-90-90 goals in Malawi demonstrates that the national HIV program has made great strides in responding to its HIV epidemic.
- MPHIA's estimate of national HIV incidence provides further evidence of an improving epidemic.
- The goal of ending the AIDS epidemic in Malawi by 2030 is within reach, provided there is continued expansion of HIV treatment programs and targeted HIV testing, especially for men and young women.

#### RESPONSE RATES AND HIV TESTING METHODS

Of 12,859 eligible households, 88.5 percent completed a household interview. Of 12,231 eligible women and 10,165 eligible men ages 15 to 64 years, 81.4 percent of women and 70.6 percent of men were both interviewed and tested for HIV. Of 9,952 eligible children ages 0 to 14 years, 61.7 percent were tested for HIV.

HIV prevalence testing was conducted in each household using a serological rapid diagnostic testing algorithm based on Malawi's national guidelines, with laboratory confirmation using a supplemental assay. A laboratory-based incidence testing algorithm (HIV-1 LAg avidity plus viral load) was used to distinguish recent from long-term infection, and incidence estimates were obtained using the CDC Incidence Calculator, which uses the formula recommended by the WHO Incidence Working Group and Consortium for Evaluation and Performance of Incidence Assays, with time cutoff (T)=1.0 year and residual proportion false recent (PFR)=0.00. Survey weights are utilized for all estimates.

The PHIA Project is a multi-country project funded by PEPFAR to conduct national HIV-focused surveys that describe the status of the HIV epidemic. Results will measure important national and regional HIV-related parameters, including progress toward 90-90-90 goals, and will guide policy and funding priorities. ICAP at Columbia University is implementing the PHIA Project in close collaboration with CDC and other partners.

See <u>phia.icap.columbia.edu</u> for more details.

















The mark "CDC" is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

This project is supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through CDC under the terms of cooperative agreement #U2GGH001226. The contents of this document do not necessarily reflect the views of the United States Government. The results presented should be considered preliminary and are subject to change.