

District overview of travel time to ART facilities: Ntchisi

Kevin Lam, Jeffrey W. Eaton, Stone Mbiriya, Brown Chiwandira, Tiwonge Chimpanzule, Thokozani Kalua, Rose Nyirenda, Andreas Jahn. *Department of HIV and AIDS, Ministry of Health, Government of Malawi; MRC Centre for Global Infectious Disease Analysis, School of Public Health, Imperial College London*

Version: 05 March 2022; Correspondence to: Andreas Jahn (ajahn@hivmw.org)

Objectives

- Map the estimated prevalence and number of people living with HIV (PLHIV) by approximately 1 km grid cells.
- Estimate the travel time to the nearest ART facility for PLHIV in Malawi.
- Identify optimal locations for additional facilities with ART service to reach PLHIV with long travel times to existing ART facilities (>60, 90, or 120 minutes).

Interactive results are available at: https://mrc-ide.github.io/mwi-hiv/ART_facilities/index.html.

HIV prevalence and PLHIV estimates

Figure 2 illustrates estimates for spatial HIV prevalence for adults aged 15–49 years. Figure 3 shows the estimated number of PLHIV (all ages), and the locations of health facilities with ART services (labelled with A) and without current ART services (labelled with F).

Table 1: Summary estimates for Ntchisi, September 2020.

Total PLHIV (all ages)	6,203 (5,054–7,567)
HIV prevalence, age 15–49 years	2.7% (2.2%–3.4%)
Total patients receiving ART	9,322
Average walking time to nearest ART (minutes)	46 (45–48)
Number PLHIV > 60 minutes walking time	1,711 (1,359–2,104)
Percentage PLHIV > 60 minutes walking time	28.2% (25.9%–30.7%)

Table 2: Traditional authorities with the lowest and highest estimated number of PLHIV, 15-49 Prevalence, and average walking time, respectively.

	Lowest TA	Largest TA
PLHIV	Ntchisi Boma: 249 (170–364)	TA Chiloko: 1,865 (1,350–2,529)
15-49 Prevalence	TA Chikho: 2.3% (1.6%–3.3%)	Ntchisi Boma: 3.2% (2.2%–4.6%)
Average Walking Time	Ntchisi Boma: 17 min (16–17 min)	TA Vuso Jere: 63 min (60–66 min)

Travel time to existing ART facilities

In Ntchisi, there are 12 ART facilities that had at least 1 patient in September 2020. The median number of ART patients per facility was 250. The list of *active ART facilities* is in Table 4. Private not-for-profit facilities have been excluded from the analysis. Figure 4 shows the modelled travel times to the nearest active ART facility. The average walking time to the nearest facility for residents in each traditional authority are in (Figure 5).

- The estimated average walking time for PLHIV to the closest ART facility across Ntchisi is 46 minutes (45-48 min).
- The shortest estimated average walking time to the closest ART facility is in Ntchisi Boma (17 minutes (16-17 min)).
- The longest estimated average walking time to the closest ART facility is in TA Vuso Jere (63 minutes (60-66 min)).

An estimated 28.2% (25.9%–30.7%) of PLHIV reside more than 60 minutes walking time to their nearest ART facility, compared to 28.7% of the total population. This decreases to 6.3% (5.2%–7.6%) of PLHIV and 6.4% of the total population residing more than 90 minutes walking time to their nearest ART facility. More details are provided in Table 3.

Table 3: Estimated PLHIV and population not reached at different thresholds

Threshold (minutes)	Population not reached	As % of total population	PLHIV not reached	As % of total estimated PLHIV
45	171,227	50.9%	3,039 (2,472–3,655)	50.1% (48.0%–52.2%)
60	96,590	28.7%	1,711 (1,359–2,104)	28.2% (25.9%–30.7%)
90	21,669	6.4%	381 (287–505)	6.3% (5.2%–7.6%)
120	862	0.3%	15 (9–23)	0.2% (0.2%–0.4%)

Proposed facilities for new ART services

A list of 3 *non-ART facilities* were considered to identify existing health facility locations for expanding ART services, listed in Table 5. Figure 6 shows the number of PLHIV in grid cells where the estimated travel time is longer than 60 minutes and candidate new ART facilities.

- The TA with the largest number of PLHIV residing more than 60 minutes from their closest ART facility is TA Chilooko (616 PLHIV (442-848) with walking time > 60 minutes).
- The facility that can reach the most PLHIV residing outside 60 minutes travel time is **SAMBAKUSI**, with 143 PLHIV (97-203) reached.

Limitations

There are several important limitations to this analysis:

- Travel time surfaces and catchments may not optimally reflect typical routine travel or movement patterns, for example for work or other activities.
- Results do not represent uncertainty in the 1km gridded maps of PLHIV arising from uncertainty about the gridded populations.
- There are discrepancies in the gridded HIV prevalence estimates from the Bayesian geostatistical model and the Naomi estimates for some districts which should be further reviewed, especially neighbouring urban and rural districts.
- Geographic locations of some health facilities are discrepant between multiple data sources and need to be confirmed.
- The physical infrastructure and suitability of candidate health facilities for supporting an ART service is unknown.
- Optimisation analysis for locations for new facilities has not considered overcrowding, wait times, or other barriers to access at existing facilities. It could be more optimal to expand services in some geographically dense locations to address barriers to access.

Summary figures and maps

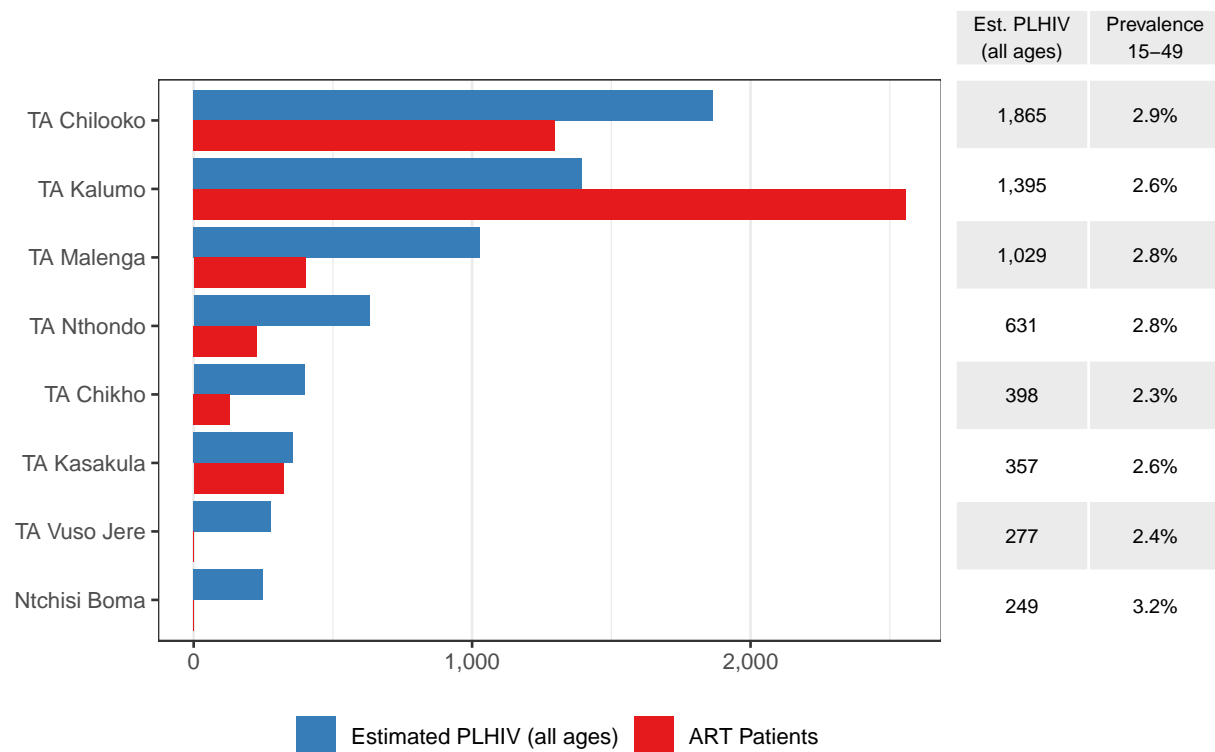


Figure 1: Number registered ART clients within each TA and estimated number of PLHIV within the TA. The right table indicates the estimated 15-49 HIV prevalence.

HIV prevalence in ages 15-49

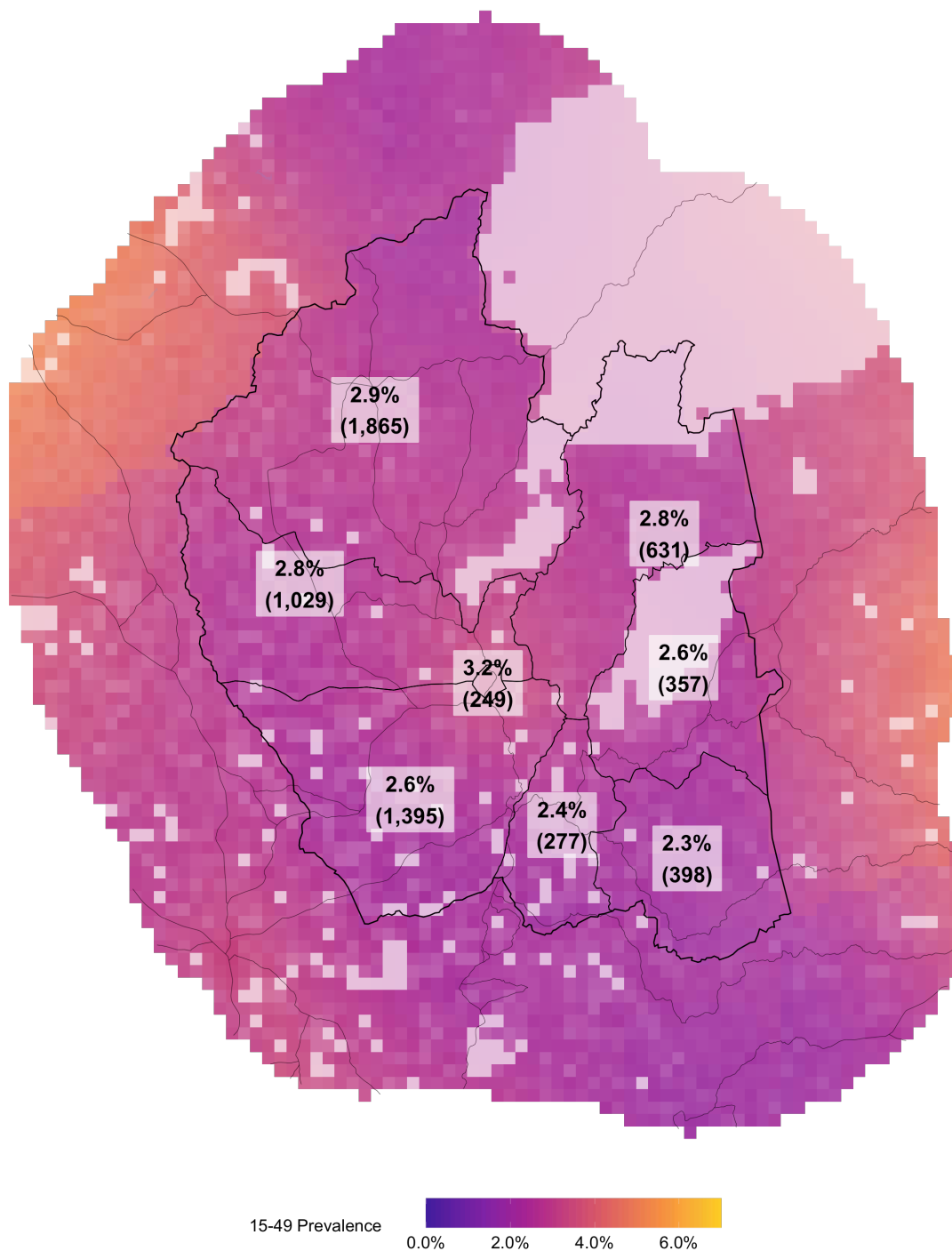


Figure 2: Estimated spatial HIV prevalence. Percentages correspond to TA level 15-49 HIV prevalence and numbers in brackets indicate the estimated number of PLHIV overall.

Estimated number of PLHIV at 1km square

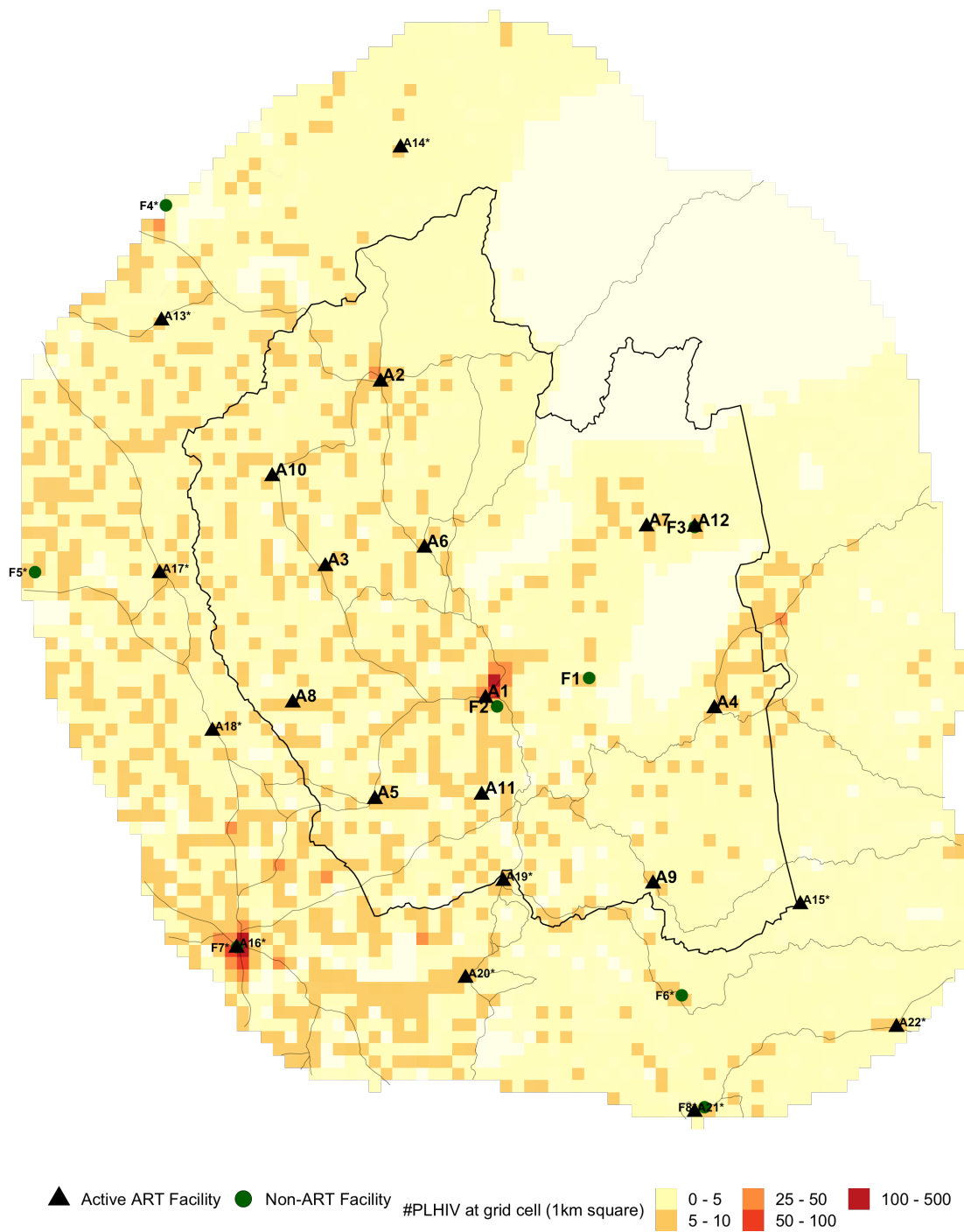


Figure 3: Estimated number of PLHIV on a 1km square.

Table 4: List of active ART facilities that had at least 1 registered ART patient in September 2020. The column "ART" indicates how many ART patients are registered at the ART facility. Facilities outside the district boundaries that may be accessible to residents within the district are marked with "**".

ID	District	TA	Name	Type	Authority	Long.	Lat.	ART
A1	Ntchisi	TA Kalumo	Ntchisi District Hosp.	District hospital	Government	33.91	-13.36	2100
A2	Ntchisi	TA Chilooko	Malomo HC	Health centre	Government	33.84	-13.15	890
A3	Ntchisi	TA Malenga	Kansonga HC Ntchisi	Health centre	Government	33.80	-13.27	402
A4	Ntchisi	TA Kasakula	Kangolwa HC	Health centre	Government	34.07	-13.37	323
A5	Ntchisi	TA Kalumo	Khuwi HC	Health centre	Government	33.83	-13.43	288
A6	Ntchisi	TA Chilooko	Chinguluwe HC Ntchisi	Health centre	Government	33.87	-13.26	285
A7	Ntchisi	TA Nthondo	Nthondo HC	Health centre	Government	34.02	-13.25	215
A8	Ntchisi	TA Kalumo	Mkhuzi HC	Health centre	Government	33.78	-13.37	148
A9	Ntchisi	TA Chikho	Mzandu HC	Health centre	Government	34.03	-13.49	130
A10	Ntchisi	TA Chilooko	Malambo St Theresa HC	Health centre	CHAM	33.76	-13.21	123
A11	Ntchisi	TA Kalumo	Chinthembwe HC	Health centre	CHAM	33.91	-13.43	23
A12	Ntchisi	TA Nthondo	Mndinda HC	Health centre	Government	34.06	-13.25	12
A13*	Kasungu	TA Chilowamatambe	Chamwabvi Disp.	Dispensary	Government	33.69	-13.11	323
A14*	Kasungu	STA Mdunga	Mdunga HC	Health centre	Government	33.85	-12.99	132
A15*	Nkhotakota	TA Mwadzama	Mwansambo HC	Health centre	Government	34.13	-13.50	334
A16*	Dowa	Mponela Urban	Mponela Rural Hosp.	Rural/Community	Government	33.74	-13.53	2293
A17*	Dowa	TA Chakhaza	Bowe HC	Health centre	Government	33.68	-13.28	364
A18*	Dowa	TA Chakhaza	Chinkhwiri HC	Health centre	Government	33.72	-13.39	204
A19*	Dowa	TA Msakambewa	Mwangala HC	Health centre	Government	33.92	-13.49	134
A20*	Dowa	TA Msakambewa	Msakambewa HC	Health centre	Government	33.90	-13.55	124
A21*	Dowa	TA Chiwere	Nalunga Mafika HC	Health centre	Government	34.06	-13.64	98
A22*	Salima	TA Mwanza	Makiyoni HC	Health centre	Government	34.20	-13.59	377

Table 5: List of non-ART facilities considered in the analysis. The column "PLHIV" indicates the number of PLHIV that currently need more than 60 minutes to walk to the closest ART facility but less than 60 minutes to the listed health facility in the table. Facilities outside the district boundaries that may be accessible to residents within the district are marked with "**".

ID	District	TA	Name	Type	Authority	Long.	Lat.	PLHIV	95% CI
F1	Ntchisi	TA Nthondo	SAMBAKUSI	Health Post	Government	33.98	-13.35	143	(97-203)
F2	Ntchisi	TA Kalumo	Mpherere HC	Health Centre	Government	33.92	-13.37	16	(11-23)
F3	Ntchisi	TA Nthondo	Mndinda Disp.	Dispensary	Government	34.06	-13.25	0	(0-0)
F4*	Kasungu	TA Wimbe	Kamuzu Academy Clinic	Clinic	Company	33.69	-13.03	17	(12-24)
F5*	Dowa	TA Chakhaza	MTAMBALIKA	Health Post	Other	33.60	-13.28	252	(173-366)
F6*	Dowa	TA Msakambewa	MATEKENYA	Dispensary	Government	34.05	-13.56	177	(121-251)
F7*	Dowa	Mponela Urban	BLM Mponela	Special	NGO	33.74	-13.53	79	(58-106)
F8*	Dowa	TA Chiwere	Nalunga HC	Health Centre	Government	34.06	-13.64	0	(0-0)

Travel Times to Closest ART Facilities

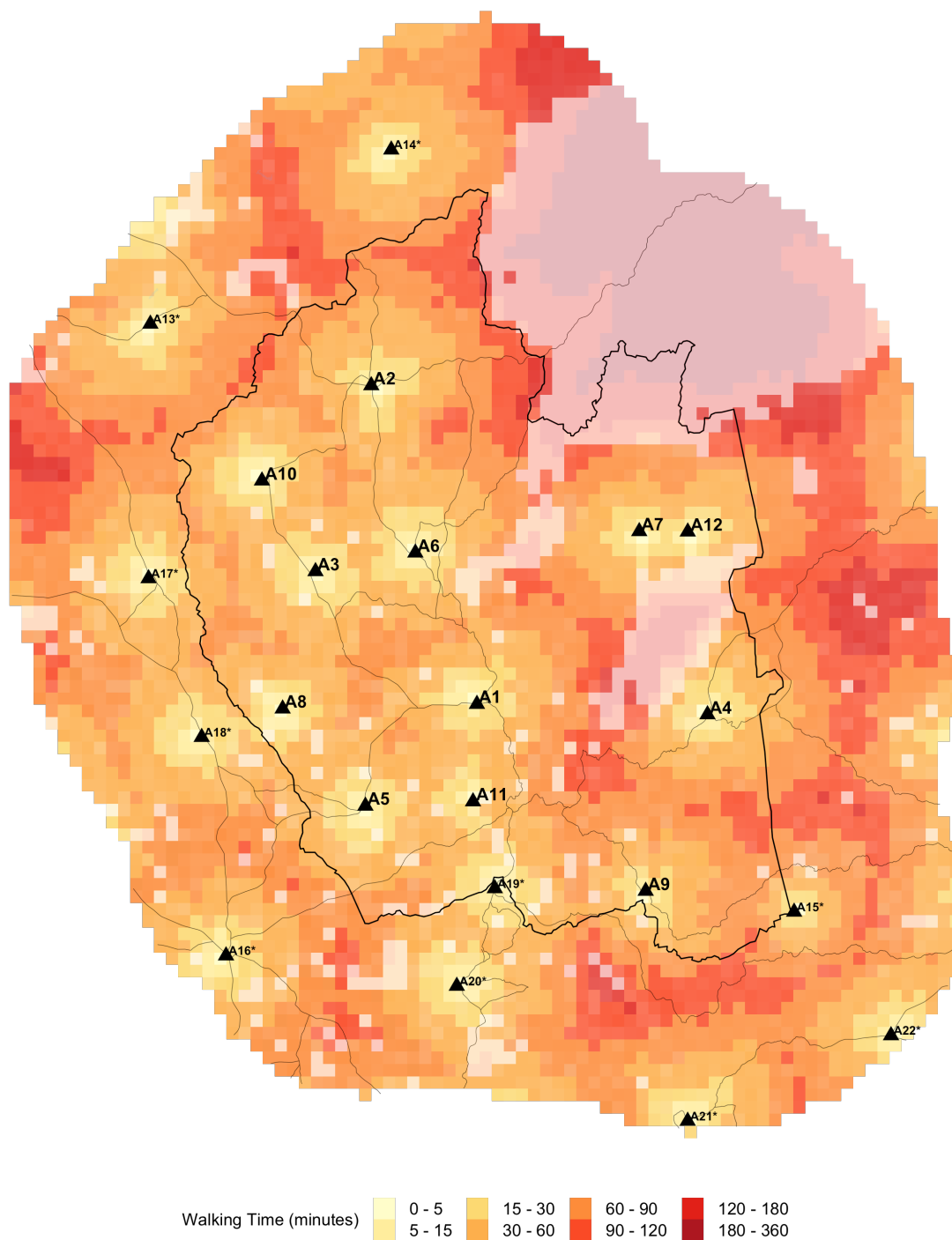


Figure 4: Estimated travel times to the closest ART facility. Travel times were calculated using data on road infrastructure, types of terrain and land elevation.

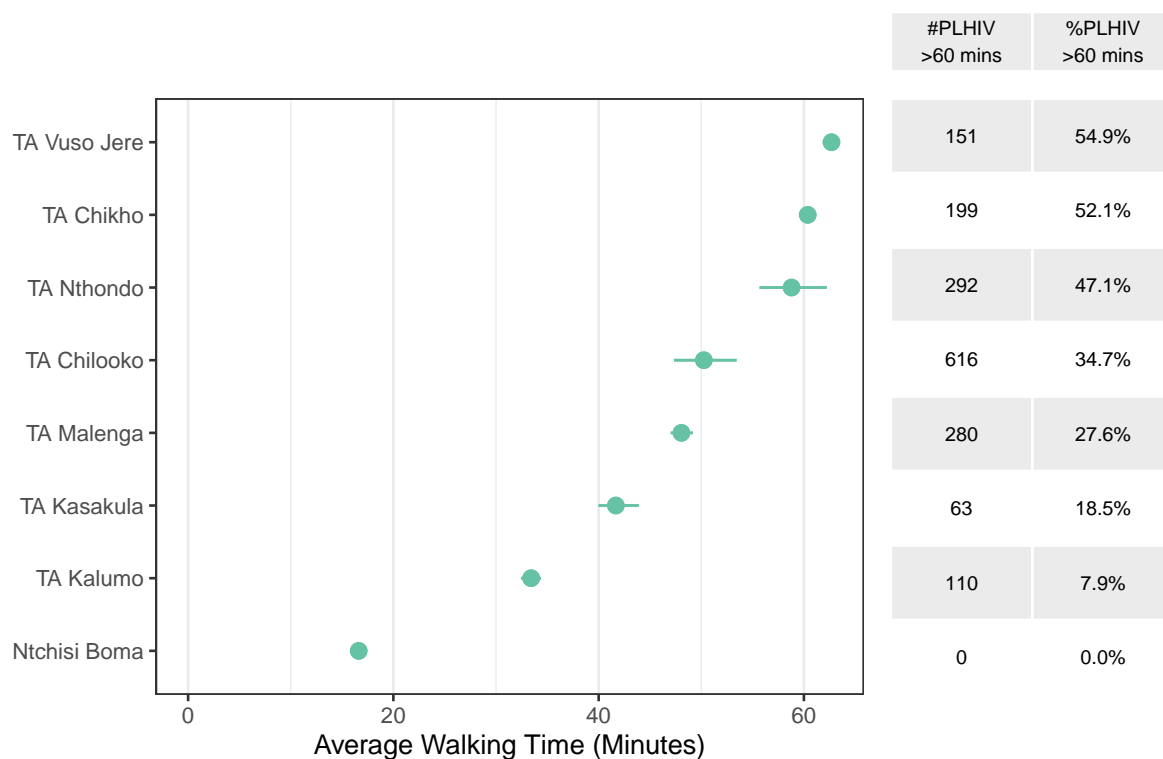


Figure 5: Estimated average walking time to the closest ART facility, weighted by the estimated number of PLHIV within the traditional authority. The right table indicates estimated number and proportion of PLHIV that need more than 60 minutes to travel to the closest ART facility, respectively.

Areas outside 60 minutes travel

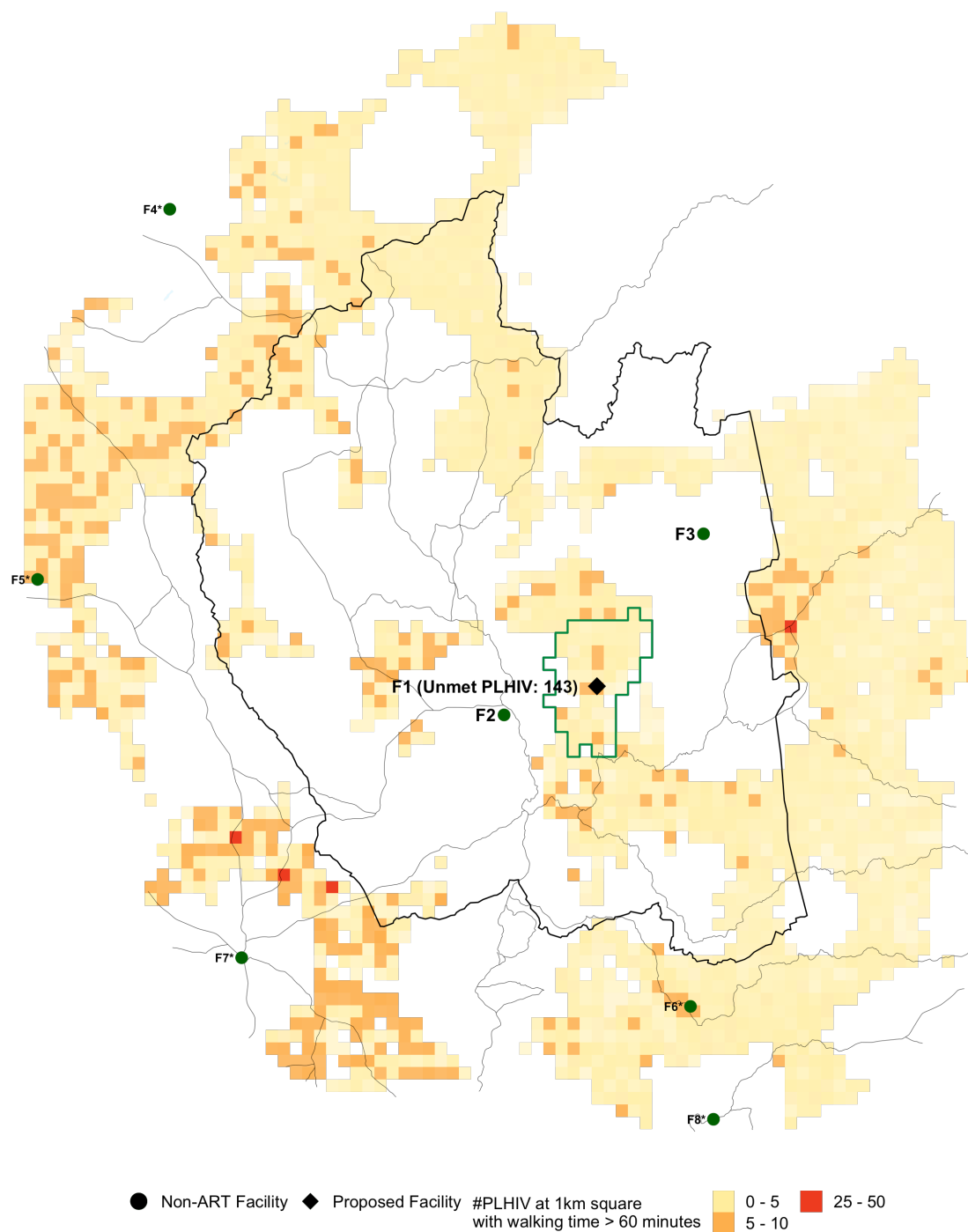


Figure 6: Proposed facility locations. Areas where the walking time to the closest ART facility is <60 minutes have been removed. Green lines indicate the 60-minutes catchment area of the proposed facility.

Appendix (Methods Summary)

The analysis involved several steps:

1. **Creating a map of spatial prevalence by approximately 1km grid cells.** We used cluster-level survey data from the 2015/16 MDHS and MPHIA household surveys and HIV prevalence amongst ANC clients from routine health facility data to obtain a gridded PLHIV prevalence map (1km grid cells).
2. **Calculate the estimated number of PLHIV in each 1km grid cell.**
 - Modelled estimates of total population by 1km grid cell were sourced from the WorldPop project (<https://www.worldpop.org/geodata/summary?id=49698>). Gridded populations are constrained to only grid cells containing built settlements based on satellite imagery.
 - Gridded populations were adjusted to match traditional authority (TA) population data from the 2018 household census, projected forward to 2020 based on district population projections.
 - Gridded HIV prevalence (step 1) was multiplied by population for estimates of the distribution of PLHIV by 1km grid cell.
 - The gridded PLHIV in each district were scaled to align to total PLHIV in each district from the 2020 Naomi model estimates.
3. **Calculate walking travel time for PLHIV to existing ART services.** We used data on land cover terrain type (Global Land Cover 2000), roads (OpenStreetMap), elevation (GMTED2010), and water bodies (NASA Shuttle Radar Topography Mission) to model walking time from each grid cell to 757 public or not-for-profit health facilities providing ART services using the AccessMod software. Walking speed was assumed to be 6-7km/h on roads and 2-3 km/h on non-road surfaces.
4. **Analyse the number and locations of PLHIV residing greater than 60, 90, or 120 minutes walking time from existing ART facilities.** Grid cells were classified by the travel time to the nearest public or not-for-profit ART facility using the travel time model. Maps were filtered for PLHIV residing greater than 60, 90, or 120 minutes, thresholds of interest defined based on discussions with the Department of HIV and AIDS (DHA).
5. **Identify optimal locations to reach the most PLHIV who currently reside greater than 60 or 90 minutes from ART services.** An optimisation algorithm was implemented to systematically select the best facilities and locations where ART service delivery can be introduced to reach the most PLHIV residing outside travel time thresholds.

The list of 757 active facilities currently providing ART services was sourced from DHA-MIS database. Facilities that were private-for-profit were excluded from the analysis of travel time catchments. Health facilities which do not currently provide an ART service, which are candidate locations for expanding ART services, were sourced from facilities visited during the 2018/19 Service Availability and Readiness Assessment (SARA). Candidate facilities included existing health posts which are not staffed full time.