Malawi
TB and TB/HIV Program

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HIV and TB State-of-the-Art Session
October 6, 2009
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Project HOPE TB/HIV Project in Malawi

Tuberculosis Control in Southern Malawi

Child Survival TB & TB/HIV Grant funded by USAID

Dates: Oct 2006-2011

Location: 2 Districts in Southeastern Malawi

Mulanje pop. 548,250

Phalombe pop. 296,960
Malawi

- Country in Southern Africa, 13 million population
- Health services provided mainly by Government, also Mission Hospitals and private sector

Mulanje and Phalombe districts
- Shared border with Mozambique
- Population over 845,000
- Largely rural, with inconsistent distribution of health facilities
- Communicable diseases are common – TB, HIV and Malaria
Malawi TB Goal & Objectives

Goal: To reduce morbidity and mortality due to TB and TB cases with HIV co-infection in the Mulanje and Phalombe Districts

Objectives:

1. **Improve treatment outcomes** of TB cases and TB cases with TB/HIV co-infection

2. **Increase case detection** of TB, including among people with TB/HIV co-infection
**TB & HIV Epidemiologic data**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline, 2005</th>
<th>Year 2 2008 CDR, 2007 Cohort outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Malawi¹</td>
<td>2 Districts²</td>
</tr>
<tr>
<td>Case detection rate, new SS+</td>
<td>39%</td>
<td>29%</td>
</tr>
<tr>
<td>Treatment success rate, new SS+</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>Died, new SS+</td>
<td>16%</td>
<td>22%</td>
</tr>
<tr>
<td>HIV Prevalence</td>
<td>14.1%</td>
<td>18.6%</td>
</tr>
<tr>
<td>HIV prevalence est. in incident TB Cases</td>
<td>50%</td>
<td></td>
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1, 2, 3 – NTP Central Unit
4 Mulanje & Phalombe District Health Office (CD 2008, Treatment outcomes 2007)
5 2007 AIDS Epidemic Update, Africa (2005 data)
Interventions

• Clinical
  – Improve case management for TB, TB/HIV
  – Supportive supervision

• Capacity Building
  – Health Care Workers (HCW), Health Surveillance Assistants (HSA), Microscopists
  – Community members - Guardians, community leaders, community volunteers, traditional healers, shopkeepers

• Community
  – Community health education campaigns, drama groups
Select interventions

- Community sputum collection points
- Community leaders, Traditional healers & Shopkeepers
Community members

Traditional healers & shop keepers

- Trained in TB and TB/HIV co-infection
- Treatment availability
- Improving community awareness, stigma reduction
- Reporting tools - Cough registers and referral slips
- Sharing lessons with colleagues
Community Sputum Collection Points (CSCP)

- New NTP policy of Universal Access to TB diagnosis
- Sputum collection at the community level
- Links to labs, sputum fixing points
- Run by community volunteers, and supervised by HSAs
## Program progress

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<tr>
<th>Indicator</th>
<th>Baseline, 2005</th>
<th>Year 2, 2008</th>
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<tbody>
<tr>
<td>% of TB suspects reporting to health facility within 8 weeks of cough</td>
<td>0%</td>
<td>71%</td>
</tr>
<tr>
<td>% registered TB patients who are tested for HIV</td>
<td>15%</td>
<td>96%</td>
</tr>
<tr>
<td>% TB/HIV Patients referred for HIV support services during TB treatment</td>
<td>15%</td>
<td>97%</td>
</tr>
<tr>
<td>Proportion of registered TB patients with HIV given ART during TB treatment</td>
<td>13%</td>
<td>15%</td>
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</table>
TB/HIV Challenges

• Challenges
  – TB and HIV services for co-infected patients not coordinated; Insufficient access points for ART
  – Poor ART uptake among TB/HIV patients
    • More cases identified through testing in TB services
    • Initiation of ART in TB/HIV co-infected only starts after two months on TB treatment, by policy
  – Inadequate infection control
  – No guidance for SS- patients
  – Stigma remains, but is being reduced
• Improvements
  – Cure rates improving; Slow decrease in death rates
  – Program supervision and support improving, standardized checklists available
  – Improved recording and reporting
  – Increased HCT among TB patients
  – Stigma reduction with improved knowledge of HIV and links between TB and HIV
  – First TB/HIV training conducted for HSAs
Recommendations

- Support supervision, regular M&E
- Strengthen recording and reporting
- Follow-up on ART initiation for co-infected patients
- Improve collaboration between TB and HIV Counseling and Testing (HCT) – ART services at all levels
- TB and TB/HIV training for more HSAs
- Include ART service providers in TB service locations
- Adapt/develop more IEC materials for in-patient counseling, community education
Recommendations

- Work with district to set up system for monitoring CSCPs, walk-ins, etc.
- Consider incentives for community volunteers (bikes, identification, etc.)
- Support community volunteers in recording and reporting to capture volunteer activities
Thank you!
Any questions?

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