



# Malawi TB and TB/HIV Program

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HIV and TB State-of-the-Art Session  
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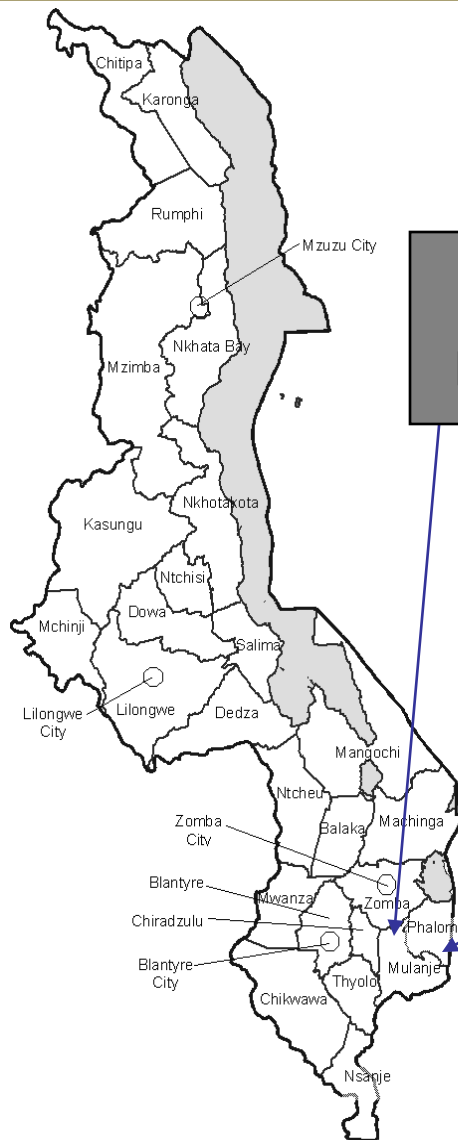
# Project HOPE TB/HIV Project in Malawi

## 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 & Program area



## 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

Indicator	Baseline, 2005		Year 2 2008 CDR, 2007 Cohort outcomes		
	Malawi <sup>1</sup>	2 Districts <sup>2</sup>	Malawi <sup>3</sup>	Phalombe <sup>4</sup>	Mulanje <sup>4</sup>
Case detection rate, new SS+	39%	29%	42%	34%	41%
Treatment success rate, new SS+	76%	76%	83%	83%	83%
Died, new SS+	16%	22%	15%	15%	14%
HIV Prevalence	14.1%	18.6%	14% <sup>5</sup>		20-22% <sup>5</sup>
HIV prevalence est. in incident TB Cases	50%		70%		

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



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# Program progress



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

# 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

# TB/HIV Improvements

- 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

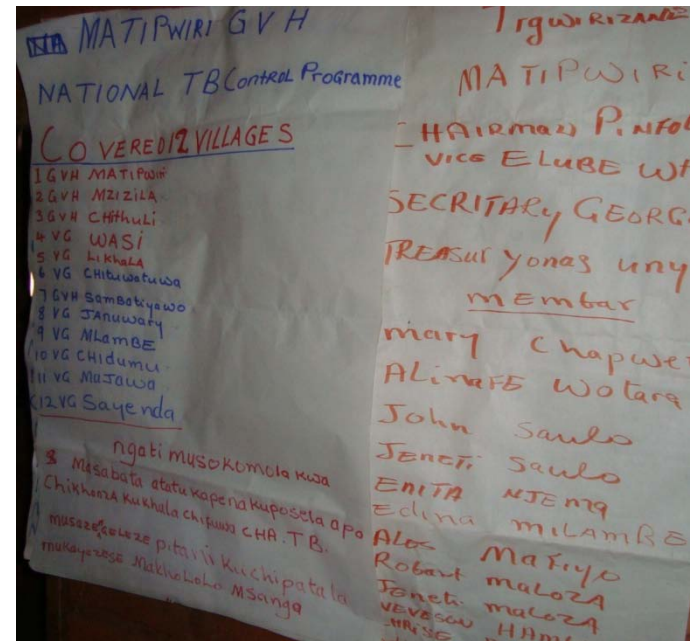
# Recommendations


- 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



A scenic landscape featuring a wide, green valley with a road in the foreground. The road is paved and has a concrete curb. In the background, there are large, rugged mountains with some greenery on their slopes. The sky is filled with white and grey clouds. The overall scene is bright and natural.

**Thank you!**  
**Any questions?**

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