



Malawi TB and TB/HIV Program

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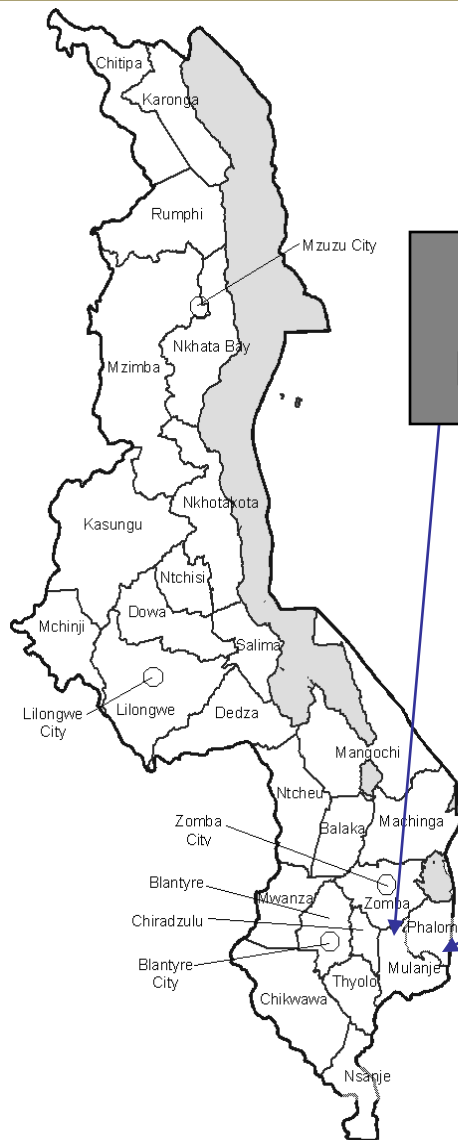
Project HOPE TB/HIV Project in Malawi

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 ¹	2 Districts ²	Malawi ³	Phalombe ⁴	Mulanje ⁴
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% ⁵		20-22% ⁵
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

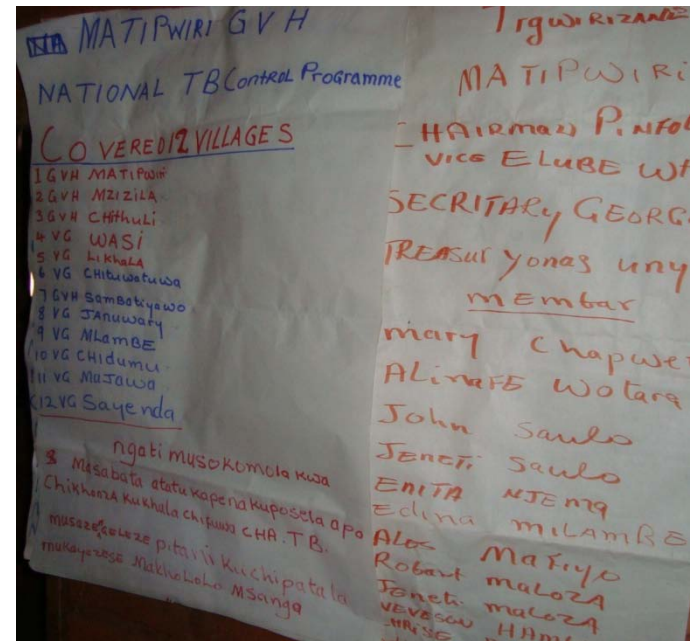
Recommendations


- 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





Thank you!
Any questions?

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