ENDING TB AND AIDS
AN INTEGRATED MULTISECTORAL RESPONSE
THE MALAWI EXPERIENCE

MALAWI

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Presentation outline

• Background
• Key governance issues
• Key programmatic interventions
Background – Malawi

- Population – 18 million
- 1.1 million people living with HIV
- In 2016, TB incidence 29 000, of whom 15 000 occurred among people living with HIV
  - 2900 TB deaths among people who were HIV negative plus an additional 6000 TB deaths among people living
  - 78% of TB patients were living with HIV in 2006, now down to 49% in 2016
- ProTEST studies in 1996/1997 (Malawi, South Africa and Zambia)
  - formed the evidence base for WHO policy on collaborative TB/HIV activities.
  - studying TB/HIV integration, IPT, CPT and community involvement in care –
Key governance issues

- Malawi Growth and Development Strategy III
  - Health and Nutrition are core pillars.
- Workplace HIV programmes 2% of budget in all government departments.
- HIV governance structures at levels
  - National level TWGs develop and review policy and undertake technical review
- District level TB/HIV coordinator
- Policy documents at all levels
  - National Strategic Plans (HSSP),
  - Costed National Community Health Strategy,
  - TB/HIV operational framework;
  - Community and Treatment Guidelines
- CHWs are on government payroll
- Partner collaboration through national reviews, TWGs, research dissemination fora, district implementation etc
Access to care

• 732 health facilities (private and public sector)
  • TB services in 342 facilities mostly public sector
• TB and HIV services provided in a ‘one-stop shop’ by environmental health officer (CHW), who supervises health surveillance assistants (HSA)
• TB/HIV/Malaria treatment and care is free at public facilities
• Private facilities have a Malawi Business Coalition on HIV Care
Key programmatic interventions

• Joint TB and HIV planning
  • Development of NSPs
  • Funding concepts (Global Fund)
  • Guidelines
• Joint TB/HIV supervision at facility and community levels
• Joint TB/HIV mentorship programs which follow on supervisions targeting specific areas of need
• Isoniazid Preventive Therapy (IPT) for children and adults
  • NTP leading in the former while DHA leads in the latter
Mobile health vans

• Health education
• TB screening with presumptive cases going to digital Xray and GeneXpert TB testing
• HIV testing and counselling
• Patient referral
• Service urban areas with high TB prevalence (1000/100,0000)
• Reduce patient cost by bringing the services to communities.
• District level coordination with community structures to create demand
eHealth intervention

• Community volunteers screening at door step
• Information transmitted to next level at facility
• Facility expects specimen within a recommended period otherwise follow ups are made
• Laboratory linked and reports back to referring volunteer and client through sms
• HIV module is being piloted
e-Health Innovation linked to mobile van

• Visiting World Bank mission being taken through the app by an elderly volunteer at one rural area
Stakeholder engagement

• Anti-microbial resistance (AMR) - Africa CDC
• TB in the mines, cross-border disease surveillance, one-stop border clinics
  • SADC, NEPAD and Economic Community of East and Southern Africa (Zambia, Mozambique, Lesotho, Malawi)
  • Engagement between mine owners, miners and mining communities promoting TB and HIV- screening and referrals
• Community level activities - ActionAid, PARADISO patient trust, MANASO
• Media trainings and fora on TB and HIV
• Education - primary school teachers and teaching materials on TB and HIV
• Engaging of private providers and traditional healers
Selected results ...

• TB screening among PLHIV - 98%
• Rapid rise of community referrals
• TB/HIV coinfection at around 49% a decline from over 70% in 2008
• HIV testing among presumptive TB cases is at 85%
• TB incidence declined by 40% over the last 4 years of implementation of these initiatives (without the vans) and community referrals improved thereby narrowing the gap in missed TB patients among PLHIV (<40%).
• HIV testing among TB patients is at 99% (TB cases with documented HIV status)
Malawi Progress Towards 90-90-90 HIV Treatment Goals (March 2018)

- **Final Goal (2020 Q4)**
  - PLHIV: 1,088,849
  - Diagnosed: 979,964
  - On ART: 881,968
  - VL supp.: 793,771
  - Target: 90%

- **Target for 2018 Q1**
  - PLHIV: 1,054,760
  - Diagnosed: 842,430
  - On ART: 758,187
  - VL supp.: 682,368
  - Target: 80%

- **Achievement 2018 Q1**
  - PLHIV: 1,054,760
  - Diagnosed: 960,115
  - On ART: 767,452
  - VL supp.: 663,769
  - Target: 86%
As ART coverage increases and integrated services improve TB mortality declines
Trends in TB Case Notification Malawi
2008-2016

Key lessons

• TB/HIV integration is key to implementation of TB and HIV services and reaching populations left behind
• Government leadership is critical in the success of TB/HIV integrated delivery
• Partner support is key
  • technical, donor, academic and civil society
• Communities and facility staff welcome the community integrated implementation; patient costs reduced
• Strong governance structures at all levels
Finally

Ending TB and AIDS by 2030 is possible only through closer collaboration between TB/HIV programs and strengthening community engagement and empowerment.
Thank you very much

Zikomo kwambili
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