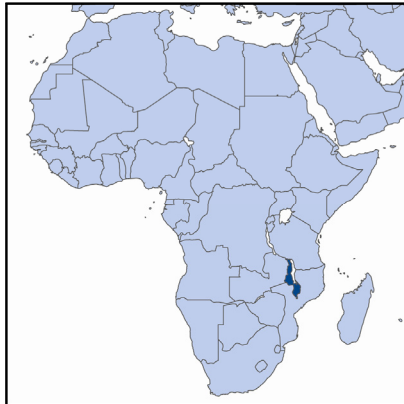




## TUBERCULOSIS PROFILE



Tuberculosis (TB) continues to be a public health problem in Malawi. According to the World Health Organization’s (WHO’s) Global TB Report 2009, there were an estimated 48,144 new cases of TB, but Malawi’s National TB Control Program (NTCP) estimates are around half that. The NTCP has been implementing DOTS (the internationally recommended strategy for TB control) for two decades, achieving nationwide coverage. The NTCP also provides for home-based care using community “guardians” to observe and follow up with TB patients. Despite these advances, the high HIV/AIDS prevalence has had an impact on the success of the TB program. Case detection has averaged 42 percent during the past five years (2003–2007), well below WHO’s target of 70 percent. The treatment success rate rose to 78 percent in 2006, after averaging 72 percent between 2002 and 2005, yet this is still below WHO’s target of 85 percent.

In 2004, Malawi had an HIV/AIDS prevalence rate of 14 percent, and more recently, a 2007 HIV sero-survey of antenatal clinics estimated a national prevalence of 12 percent, for a total of roughly 900,000 Malawians living with HIV/AIDS. An independent, countrywide survey indicated that 72 percent of all TB patients were HIV positive, a much higher percentage than previous estimates. This finding is similar to the 2009 WHO estimate that 68 percent of new TB patients have HIV. Some 872 cases of MDR-TB were reported in 2007, but extensively drug-resistant (XDR) TB has not been reported in Malawi. In 2002, the Malawi TB-HIV/AIDS Technical Working Group began implementing a three-year plan for joint TB and HIV/AIDS services, consistent with WHO/UNAIDS recommendations for policies and TB-HIV/AIDS collaborative activities.

### USAID Approach and Key Activities

Through the Tuberculosis Control Assistance Program (TB CAP) and its partners, USAID is helping the NTCP combat TB in Malawi by providing key national-level needs for equipment and transport, increasing case detection and treatment success, and supporting prevention and control of MDR-TB and TB-HIV/AIDS co-infection. USAID is also supporting community-level TB treatment services. In fiscal year 2008, USAID funds for TB programming in Malawi totaled \$1.4 million. USAID is supporting the following key activities:

- Strengthening national-level TB surveillance
- Supporting the goal of universal access to TB diagnosis through expansion of laboratory networks (TB microscopy centers) at the health center level and sputum collection points at the community level
- Providing technical assistance to the NTCP to develop standards for TB laboratory services, survey protocols, and implementation of the XDR-TB survey
- Refurbishing the National Reference Laboratory
- Supporting community-based TB care and TB-HIV/AIDS co-infection activities
- Providing support to the NTCP’s efforts to increase cross-referrals of TB cases for CT and to provide cotrimoxazole prophylaxis for HIV-positive TB patients
- Evaluating, through operations research, active TB case finding at CT sites

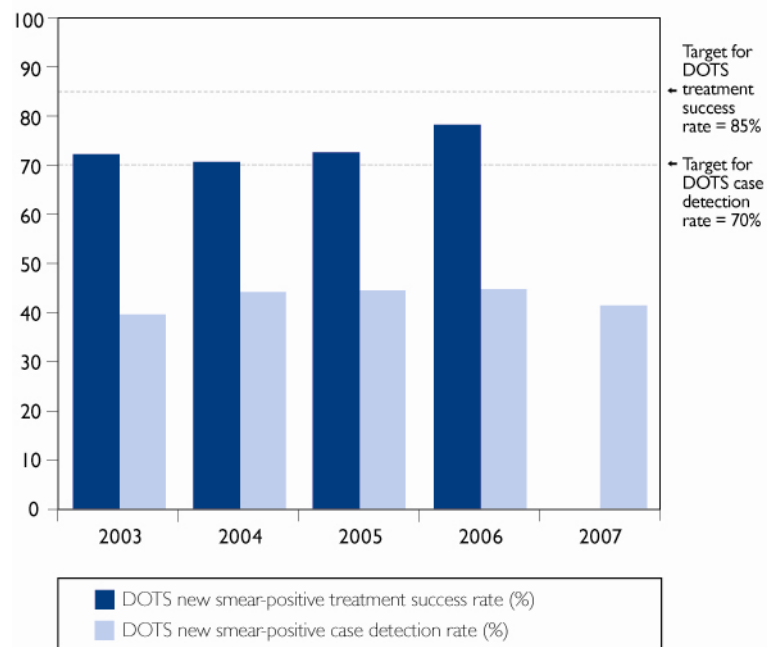
<b>Country Population</b>	<b>13,925,000</b>
<b>Est. number of new TB cases</b>	<b>48,144</b>
<b>Est. TB incidence (all cases per 100,000 pop)</b>	<b>346</b>
<b>DOTS population coverage (%)</b>	<b>100</b>
<b>Rate of new SS+ cases (per 100,000 pop)</b>	<b>132</b>
<b>DOTS case detection rate (new SS+) (%)</b>	<b>41</b>
<b>DOTS treatment success rate, 2006 (new SS+) (%)</b>	<b>78</b>
<b>Est. new adult TB cases (HIV) + (%)</b>	<b>68.1</b>
<b>MDR-TB among all new TB cases (%)</b>	<b>2.3</b>
All data are for 2007 except where otherwise noted. WHO Global TB Report 2009	

## USAID Program Achievements

USAID assistance and support of partners have contributed to significant improvements in TB control in Malawi. Achievements include the following:

- Supported activities in two districts to intensify TB case finding activities at CT sites
- Provided assistance to counsel and test 2,806 TB patients for HIV and provided cotrimoxazole treatment to 2,300 patients from July 2007 to September 2008, in accordance with the Ministry of Health's TB-HIV/AIDS policy of routine testing of TB patients and pregnant women; and enabled three districts to provide HIV testing to 100 percent of TB patients and two others to reach 94 and 88 percent of patients
- Assisted in auditing TB deaths in two districts, which resulted in increased staff in TB wards, improved provision of care among TB patients, and a reduction in the death rate among TB patients
- Increased active case finding by training 48 facility managers and 237 health workers on techniques to identify unreported cases
- Continued to provide support for training and placement of lay counselors in eight districts to respond to the CT workload
- Held community sensitization meetings for 600 community leaders and provided seminars to support community-based TB care and involvement of traditional healers
- Supported TB-HIV/AIDS activities, including provision of isoniazid preventive therapy (IPT) to CT centers; registers for IPT; information, education, and communication; and nutritional support for patients
- Strengthened systems to improve DOTS program performance and implemented the revised recording and reporting systems
- Developed a comprehensive human resource development plan to increase service capacity

### Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2007 will be reported in the WHO Report 2010.  
Source: Global Tuberculosis Control WHO Report 2009

## Partnerships

International donor assistance is an important element in combating TB in Malawi. Donors include the Norwegian Agency for Development Cooperation and the U.K. Department for International Development. Partners include the KNCV Tuberculosis Foundation, which manages TB CAP, and the U.S. CDC. In 2008, Malawi received \$7.8 million in Round 7 funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria for Phase One of TB control activities.