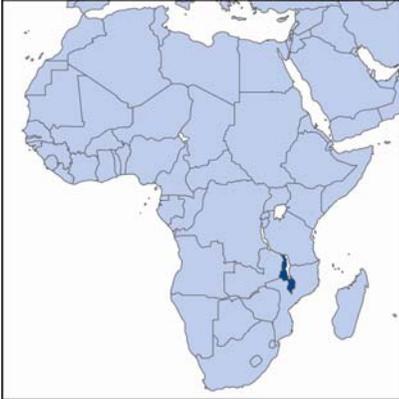




TUBERCULOSIS PROFILE



Tuberculosis continues to be a public health problem in Malawi. TB incidence has reached more than 52,000 new cases annually. The Malawi National TB Control Program (NTP) has been implementing Directly Observed Therapy, Short-Course (DOTS) for two decades, achieving nationwide coverage. The NTP 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 remained between 36 and 40 percent during the past five years, well below the 70 percent international standard. Treatment success has remained steady at about 73 percent over the past five years, which is below the 85 percent target.

In 2004, Malawi had an HIV/AIDS prevalence rate of 14 percent, and more than 1.7 million adults and children in the country were 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. High rates of HIV infection led to increasing numbers of patients with difficult-to-diagnose smear-negative pulmonary TB, an increasing case fatality rate in patients with all types of TB, and an increasing rate of recurrent disease. In 2002, the Malawi TB-HIV Technical Working Group began implementing a three-year plan for joint TB and HIV/AIDS services consistent with the WHO/UNAIDS recommendations for policies and TB-HIV/AIDS collaborative activities.

Country population	12,608,271
Estimated number of new TB cases	52,042
Estimated TB incidence (all cases per 100,000 pop.)	413
DOTS population coverage (%)	100
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	65
DOTS case detection rate (new SS+) (%)	40
DOTS treatment success rate in 2003 (new SS+) (%)	75
Estimated adult TB cases HIV+ (%)	52
New multidrug-resistant TB cases (%)	1.7

Note: All data are for 2004 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

USAID is helping the NTP combat TB in Malawi by supporting key national-level needs for equipment and transport as well as community-level TB treatment services. Between 2001 and 2005, USAID funds for TB programming in Malawi averaged \$1.2 million per year. USAID is supporting the following key activities:

- Strengthening national-level TB surveillance
- Supporting community-based TB care and TB-HIV co-infection activities
- Facilitating the NTP's efforts in eight target districts to improve and strengthen TB programs at the district level; to provide counseling and testing of TB patients for HIV infection; to train health care staff to administer TB treatment regimens; to explore nutrition support for TB patients; to support DOTS services through home-based care; and to improve referral mechanisms and links with community home-based care organizations

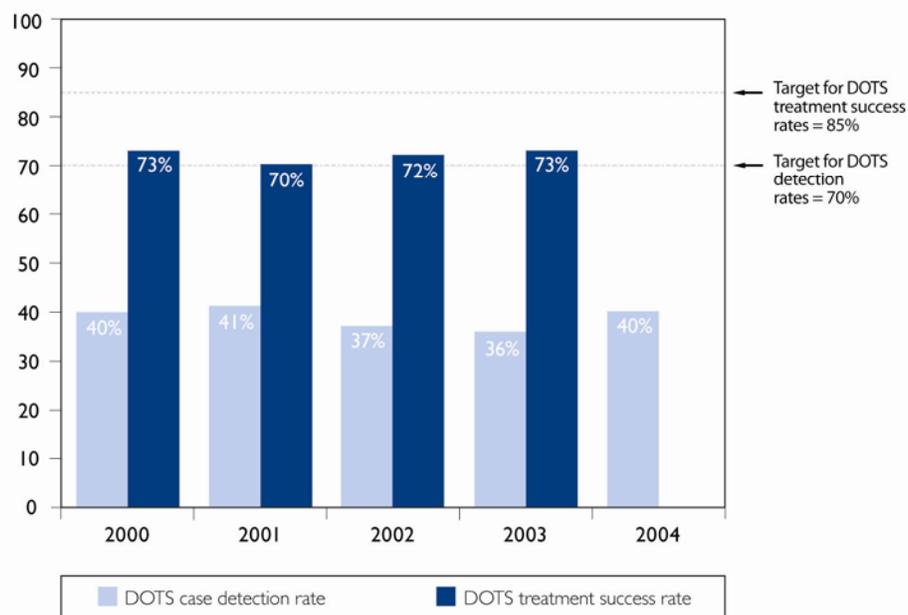
- Providing support to the NTP's effort to increase cross-referrals of TB cases for counseling and testing and to provide cotrimoxazole prophylaxis for HIV-positive TB patients
- Evaluating, through operations research, active TB case finding in voluntary counseling and testing (VCT) sites
- Providing technical assistance to the NTP to develop standards for TB laboratory services

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 seven out of eight districts to intensify TB case-finding activities at counseling and testing sites
- Provided assistance to counsel and test 613 TB patients for HIV under the MOH TB-HIV/AIDS policy on routine testing of TB patients and pregnant women (Mzimba, Mulanje, and Salima districts provided HIV testing to 100 percent of TB patients, while Balaka and Mangochi reached, respectively, 94 and 88 percent)
- Increased the percentage of TB patients tested for HIV from 44 percent in 2004 to 60 percent in 2005, allowing 1,714 newly diagnosed co-infected TB patients to commence cotrimoxazole prophylactic therapy (Malawi may become the first country in the world to implement routine counseling and testing of all TB patients)
- Continued to provide support for training and placement of lay counselors in eight districts to respond to the counseling and testing workload
- Provided seminars to support community-based TB care and involvement of traditional healers
- Introduced HIV testing of TB patients and cotrimoxazole for HIV-positive TB patients, including procurement of the initial supply of drugs to help initiate this intervention, and trained district-level staff to administer the cotrimoxazole treatment regimen to patients
- Supported TB-HIV/AIDS activities including provision of isoniazid preventive therapy (IPTTB) to VCT centers; registers for IPTTB; information, education, and communication; nutritional support for patients; and feasibility studies of IPTTB
- Strengthened systems to improve DOTS program performance (Between 2003 and 2004, three of the eight MSH priority districts, Mzimba, Ntcheu, and Mulanje, had decreased deaths among TB patients)

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.
Source: Global Tuberculosis Control: WHO Report 2006.

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 and the U.S. Centers for Disease Control and Prevention.