

MALAWI REPUBLIC TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Malawi FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB Control Program (NTCP) and with the participation of national and international partners involved in TB prevention and care in the country.

TB remains a major public health problem in Malawi. Malawi has an estimated TB burden of 27,000 cases.¹ In 2019, of these cases, 16,902 (63 percent) were notified to the NTCP and enrolled on treatment.² In 2019, 40 percent of the notified cases came from two urban districts: Lilongwe (24 percent) located in the central region and Blantyre (16 percent) located in the southern region of the country.³ Additionally, drug-resistant TB (DR-TB) is an emerging issue in Malawi, with an estimated 750 incident cases of rifampicin-resistant TB (RR-TB) and multidrug-resistant TB (MDR-TB); however, only 104 DR-TB cases were reported in 2019; it is estimated that 2.3 percent of new and 6.1 percent of previously treated cases are drug-resistant.⁴

The NTCP and the global TB community share a vision of a world, and country, free of TB. To achieve this vision and end all TB deaths in Malawi, the NTCP will work with stakeholders to ensure effective, equitable, and accessible TB prevention, diagnosis, treatment, and care services. In the National Strategic Plan (NSP) for TB 2021-2025, the NTCP set the ambitious goals to reduce TB incidence by 50 percent, TB mortality by 75 percent, and catastrophic costs due to TB to less than 20 percent of the annual income by 2024.⁵ To achieve these goals the NSP will focus on:

- Improving access to high-quality, patient-centered diagnosis, treatment, care, and prevention for all forms of TB and all patient categories;
- Collaborative interventions for TB co-morbidities and key populations;
- Enacting bold policies and establishing supportive systems to end TB, including coordination structures, engaging all service providers, and enhancing patient social support; and
- Strengthening programmatic management and monitoring and evaluation of research and innovation.⁶

The proposed FY20 USAID TB budget for Malawi is \$3.5 million. With this level of funding, USAID will support the following technical areas:

¹ World Health Organization. *Global Tuberculosis Report, 2020*.

² Ibid.

³ National TB Control Program. *Annual National TB Program Report, 2019*.

⁴ World Health Organization. *Global Tuberculosis Report, 2020*.

⁵ Ministry of Health and Population. *National TB and Leprosy Control Programme Strategic Plan 2021-2025*.

⁶ Ibid.

REACH

TB diagnosis

With 392 TB diagnostic sites in Malawi, including 81 Xpert® MTB/RIF (GeneXpert) sites, ensuring appropriate quality testing for all TB patients is a priority. Additionally, one national and two regional reference laboratories conduct culture and drug-susceptibility testing (DST). However, DST coverage is only 39 percent among all notified TB cases. Other challenges include the limited use of the new urinary lateral flow lipoarabinomannan assay (LF-LAM) at central and district hospitals as well as over-reliance on smear microscopy. In past years, USAID has supported the decentralization of TB diagnostic services, including the on-the-job training of lab staff; procurement and installation of GeneXpert instruments; provision of quality assurance; and the renovation, equipping, and upgrading of the National TB Reference Laboratory (NTRL). USAID is currently supporting GxAlert connectivity for all GeneXpert instruments at the public and Christian Health Association of Malawi (CHAM) health facilities, but persisting challenges continue with test cartridge inventory accuracy and high error rates for test results at some of the health facilities due to unreliable power supply. An independent external evaluation of the national program led by the World Health Organization (WHO) recommended that the country adopt universal use of GeneXpert to conform with WHO guidance.⁷ The NTCP has adopted this policy guideline and intends to implement the recommendation in a phased manner.

Moving forward, USAID resources will be used to support the NTCP's efforts to introduce phased universal access to DST, including updating policy guidelines to include GeneXpert as the primary test for TB diagnosis among all presumptive TB cases. USAID, through an embedded NTCP advisor, will also help to mentor staff overseeing the TB diagnostic network and support three laboratory technologists at the reference labs to help reduce turnaround times for culture and DST and to support the NTRL's ongoing efforts towards international accreditation. Additionally, USAID resources will be utilized to provide quality assurance for smear microscopy as the program transitions to the use of GeneXpert as the initial diagnostic test for TB.

Engaging all care providers

The Government of Malawi owns and manages about half (52 percent) of all health facilities in the country. The remaining facilities are operated by the private, not-for-profit, CHAM; the private for-profit sector; non-governmental organizations (NGOs); and corporate entities. Unfortunately, the private sector is still not fully engaged in TB control efforts. To address this issue, the NTCP established a public-private mix secretariat to lead the engagement and coordination efforts across different private sector providers and partners. Moving forward, USAID will support this effort by helping to build the

⁷ *Report of the Joint Review of the HIV, TB and Viral Hepatitis Programs in Malawi, June 2019.*

capacity of the private sector to provide quality TB services including TB diagnosis, treatment, prevention, and care. USAID will work with the NTCP, private sector leadership, and other stakeholders to provide access to diagnostic equipment, train staff on TB treatment and prevention, scale-up access to TB preventive therapy (TPT), connect private providers with specimen transport networks, and ensure private providers meet TB programming reporting requirements.

Community TB care delivery

With less than half of TB patients being diagnosed and treated through the formal Malawi health system, in its NSP, the NTCP has emphasized the importance of engaging community organizations, volunteers, and civil society organizations (CSOs) in TB control efforts. In the past, USAID worked to strengthen community TB engagement through the participation of community volunteers who managed community sputum collection points (CSCPs); USAID provided volunteers with training and job enablers (e.g., bicycles, sputum collection equipment, and personal protective equipment). Moving forward, USAID will continue to support CSCPs in selected areas and will also support local organizations and CSOs in addressing existing stigma and gender issues and demand creation for TB services. USAID will also collaborate with mobile diagnostic unit teams to provide systematic TB screening in prisons and other TB hotspots.

CURE

Drug-susceptible TB (DS-TB) treatment

While the treatment success rate (TSR) is high in Malawi, it varies greatly by region. Additionally, patients presenting late at facilities and delays in the TB diagnostic cascade have contributed to higher TB mortality. On the other hand, procurement and supply chain management of TB commodities is a success story in Malawi, with no stockouts of first-line TB medicines reported in the last four years. USAID investments have contributed greatly to this success. More specifically, USAID, through an embedded NTCP advisor, provided essential technical assistance (TA) to the NTP to help build procurement and supply chain capacity. Moving forward, USAID will continue to provide this TA to further enhance forecasting, quantification, and management of TB commodities. Additionally, USAID will support health facility teams in conducting death audits on TB patients that will help inform ways to improve patient outcomes.

Multidrug-resistant TB (MDR-TB) treatment

For DR-TB, the TSR has remained unacceptably low (55 percent) and far from achieving the intended 2021 target of 80 percent.⁸ The high death rate of DR-TB patients has been cited as an important contributor to the low DR-TB TSR. To address this, USAID investments worked to build the capacity of DR-TB case management at the national

⁸ World Health Organization. *Global Tuberculosis Report, 2019*.

and district level, including supporting the roll-out of shorter treatment regimens. Moving forward, USAID will support the NTCP in the roll-out of all-oral, shorter treatment regimens for DR-TB and continue to provide TA to further strengthen DR-TB case management, including by implementing an active drug-safety monitoring and management (aDSM) system. Additionally, USAID will increase treatment adherence, reduce patients' catastrophic costs, and ensure diagnosed TB patients are linked to treatment and care by providing nutritional and transportation support services.

PREVENT

Prevention

The NTCP is already providing TB preventive therapy (TPT) to under-five children who are household contacts of bacteriologically confirmed pulmonary TB patients. Yet, only 61 percent of children under-five who are household contacts to TB cases are initiated on TPT. For those who are initiated on TPT the completion rate is high, at 90 percent.⁹ The NTCP recently decided to expand the provision of TPT to include adolescent and adult household contacts of TB patients. Moving forward, USAID will support the revision of TPT guidelines to incorporate TPT coverage for adolescent and adult household contacts of TB patients. Additionally, USAID will work with health facility staff and community volunteers to conduct systematic TB screening and contact investigation activities and ensure that eligible persons are linked to TPT provision.

SELF-RELIANCE

Commitment and sustainability

In November 2019, USAID and the Ministry of Health and Population (MOHP) signed a partnership statement that represents the continued commitment to work together to fight TB and establishes an alignment between the MOHP and USAID expectations and activities required to achieve the commitments made at the United Nations General Assembly (UNGA) High-Level Meeting on TB. Moving forward, USAID will work with the NTCP and other donors and multilateral partners to develop a monitoring framework for TB, and support the operationalization of the existing inter-ministerial committee on TB to function as an accountability mechanism. Ideally, this committee will meet regularly to review progress made towards achieving the NSP and UNGA targets. To ensure sustainability of programming, USAID will also continue to support building the ownership and capacity of the NTCP and local organizations to address TB.

⁹ Ministry of Health and Population. *National TB and Leprosy Control Programme Strategic Plan, 2021-2025*.

Capacity and functioning systems

USAID investments in TB in Malawi have always focused on strengthening overall health systems. Moving forward, USAID will continue to prioritize health system strengthening by working closely with the NTCP, development partners, and other TB stakeholders to support systemic capacity building activities. More specifically, USAID will continue to strengthen the TB diagnostic network and provide training, mentorship, and TA to improve supply chain management, case management, and scale-up of prevention efforts.