

## Malawi Republic Tuberculosis Roadmap Overview, Fiscal Year 2022

This is an overview of the USAID/Malawi FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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.

While there have been significant achievements over the past two decades in Malawi's TB response, TB remains a major public health problem. Malawi has an estimated TB burden of 27,000 cases.<sup>1</sup> In 2020, of these cases, 15,133 (56 percent) were notified to the NTCP and enrolled on treatment.<sup>2</sup> More than 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.<sup>3</sup> HIV coinfection is an important risk factor in developing active TB disease, and nearly half (45 percent) of notified individuals with TB in Malawi are HIV positive. 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). Despite this, only 108 DR-TB cases were reported in 2020; it is estimated that 2.3 percent of new and 6.1 percent of previously treated cases are drug-resistant.<sup>4</sup>

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 household income by 2025.<sup>5</sup> To achieve these goals the NSP will focus on:

- Improving access to high-quality, people-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.<sup>6</sup>

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<sup>1</sup> World Health Organization. Global Tuberculosis Report, 2020.

<sup>2</sup> Ibid.

<sup>3</sup> National TB Control Program. Annual National TB Program Report, 2019.

<sup>4</sup> World Health Organization. Global Tuberculosis Report, 2020.

<sup>5</sup> Ministry of Health and Population. National TB and Leprosy Control Programme Strategic Plan 2021-2025.

<sup>6</sup> Ibid.

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019—representing a more than 20 percent decline. In Malawi, there was a 23 percent decline in TB case notifications, compared to 2019. The pandemic increased public anxiety against COVID-19 infection and weakened demand for other health services, and also disrupted TB care and services as health staff and resources were diverted towards COVID-19 responses. Additionally, as a COVID-19 mitigation measure, the Ministry of Health twice issued service delivery guidance that de-prioritised provision of TB preventive therapy (TPT) to HIV-positive patients to minimize patients’ frequent visits to health facilities. As outlined in this Roadmap, USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time, and to build more resilient TB programming.

The proposed FY 2021 USAID TB budget for Malawi is \$4 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

### *TB diagnosis*

With FY 2021 resources, USAID will support the NTCP’s efforts to maintain a high-quality TB diagnostic network: expanding implementation of systematic TB screening and contact investigation particularly in districts with low case notification rates; implementation of simultaneous TB and COVID-19 testing and contact investigation activities in selected high-burden sites; expand coverage of new TB diagnostics, including Xpert® MTB/RIF (GeneXpert), Truenat® (TrueNat), digital Chest X-ray (CXR) coupled with artificial intelligence capacity to read X-ray; and strengthen utilization of culture and drug-susceptibility testing including the line probe assay (LPA). Further, FY 2021 funds will also be used to strengthen the TB laboratory and diagnostic network for drug-sensitivity testing, patient monitoring, and test results delivery to carers, and support the National TB Reference Laboratory (NTRL) in introducing new diagnostic tools and tests. USAID, through embedded NTCP advisors, will build the capacity of the NTCP and laboratory staff by training and mentorship of staff overseeing the TB diagnostic network and 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 molecular testing (e.g. GeneXpert) as the initial TB diagnostic test.

### *Engaging all care providers*

The Government of Malawi owns and manages over half (62 percent) of all health facilities in the country. The remaining facilities are operated by the Christian Health Association of Malawi

(CHAM), as well as private for-profit providers, non-governmental organizations (NGOs), and corporate entities (36 percent). Unfortunately, the private sector is still not fully engaged in TB elimination 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 capacity of the private sector to provide quality TB services including TB diagnosis, treatment, prevention, and care. With FY 2021 funds, USAID will work with the NTCP, private sector leadership, and other stakeholders to introduce the FAST (Find cases Actively, Separate safely and Treat effectively) approach at selected CHAM and Ministry of Health and Population sites; integrate intensified TB screening in out-patient clinics and in-patient wards; and build capacities of the private health facilities and linking them to the national sample referral system and GeneXpert/molecular testing hubs. Additionally, USAID will provide mentorship to health facility staff on various aspects of TB including data management and ensure private providers meet TB programming reporting requirements.

### *Community TB care delivery*

With less than half the people with TB 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) and supported door-to-door screening of contacts and contact investigations of TB patients. However, these interventions were suspended as a COVID-19 mitigation measure. An analysis of 2020 TB case finding data has shown that while facility-based screening declined during the COVID-19 pandemic, community-based TB case finding through the mobile diagnostic units (MDUs) increased. With FY 2021 funding, USAID will implement the following strategic approaches: utilize MDUs to conduct active case finding (ACF) in selected TB hotspots including mines and prison facilities; expand contact investigation coverage for people with TB, and promote health-seeking behavior using community-based volunteers including survivors. Moving forward, USAID will continue to support CSCPs, local organizations, and CSOs in addressing existing stigma and gender issues to promote health-seeking behaviors and increase demand for TB services.

## **CURE**

### *Drug-susceptible TB (DS-TB) treatment*

While the treatment success rate (TSR) is high in Malawi, it varies by region. Individuals with TB presenting late at facilities and delays in the TB diagnostic cascade have contributed to higher TB mortality. Positively, 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 prioritize the following strategic approaches to achieve and maintain DS-TB treatment success: ensuring availability of TB medicines and quality of care; support for health facility teams in conducting death audits on individuals with TB that will help inform ways to improve patient outcomes; and capacity training and support for service providers on TB case management and monitoring of adverse events during treatment. Additionally, to alleviate the impact of COVID-19 related restrictions, USAID will also support the scale up of multi-month TB drug dispensing to minimize the need for in-person health facility visits.

### *Multidrug-resistant TB (MDR-TB) treatment*

Ineffective treatment regimens with high levels of toxicity and suboptimal technical and programmatic management capacity have in the past contributed to the low treatment success rate (TSR) for individuals with DR-TB. To address this, USAID investments worked to build the capacity of DR-TB case management at the national and district level, including supporting the roll-out of shorter treatment regimens and introduction of novel TB drugs. In recent years, the combined efforts of USAID and other partners have helped the NTCP improve DR-TB treatment outcomes. For example, the DR-TB TSR increased from 55 percent in 2017 to 73 percent in 2019. As part of the new NSP, the NTCP plans to introduce and scale up all-oral treatment regimens for people with DR-TB. Moving forward, USAID will support the NTCP in the scale-up of all-oral, shorter treatment regimens for DR-TB and continue to provide TA to further strengthen DR-TB case management, including strengthening the capacity of providers for active drug-safety monitoring and management (aDSM). Additionally, USAID will collaborate with the NTCP and other stakeholders to provide people with TB and their families treatment support to ensure treatment completion by ensuring access to psychosocial and financial services to reduce patients' catastrophic costs and ensure proper linkage to treatment and care services.

## **PREVENT**

### *Prevention*

The NTCP is already providing TB preventive therapy (TPT) to children under five who are household contacts of individuals with bacteriologically confirmed pulmonary TB. Yet, only 68 percent of children under five who are household contacts of individuals with TB are initiated on TPT. For those who are initiated on TPT, the completion rate is high, at 90 percent.<sup>7</sup> TPT policy was expanded to include people living with HIV (PLHIV) and adolescent and adult household contacts of individuals with TB. However, implementation guidelines have not yet been developed and the budget for TPT commodities has been limited, thereby limiting TPT provision to eligible individuals. Additionally, scale-up of TPT has also been hampered by the

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<sup>7</sup> Ministry of Health and Population. National TB and Leprosy Control Programme Strategic Plan, 2021-2025.

COVID-19 pandemic, particularly among PLHIV due to the temporary guidance issued to stop TPT among PLHIV. Moving forward, USAID will support the implementation of the TPT guidelines to incorporate TPT coverage for PLHIV and adolescent and adult household contacts of those with TB. USAID will also support the integration of TB and COVID-19 screening and contact investigation efforts, wherever feasible. When drugs become available, USAID will work with partners to oversee implementation of newer, shorter TPT regimens. Additionally, USAID will work with partners and health facilities to build on current TB infection prevention and control practices to incorporate COVID-19. USAID will also continue to support efforts to ensure TB screening among high-risk populations like prisoners.

## **SUSTAINABLE SYSTEMS**

### *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 High-Level Meeting on TB (UNHLM). Moving forward, the NTP will be convening quarterly meetings with USAID to review and discuss progress made towards commitments outlined in the partnership statement. USAID will work with the NTCP and other donors and 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. To ensure sustainability of programming, USAID will engage with senior government officials and the Parliamentary committee on Health to lobby and advocate for increased domestic financial resource allocation for TB control, as well as support building the ownership and capacity of the NTCP and local organizations to address TB and participate in the development process of the TB Roadmap.

### *Capacity and functioning systems*

USAID investments in TB in Malawi have always heavily contributed to strengthening overall health systems. Moving forward, USAID will continue 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; provide training, mentorship, and TA to improve supply chain management, case management, and scale-up of prevention efforts; and support development and integration of an electronic reporting module for TB to help ensure the collections, analysis, and use of data to guide TB programming. USAID will also continue to strengthen TB human resources for health (HRH) by building the capacity of existing staff and working with the NTCP and partners to find ways to fill staffing gaps.