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TB CARE II
MALAWI

INTRODUCING *FAST* IN MALAWI

Background

Malawi is a vibrant and diverse country with a population of 16.4 million in south-eastern Africa. The country continues to struggle with a range of health and development challenges. Critical among these are the TB and HIV epidemics which have resulted in a high degree of morbidity and mortality and continue to undermine growth in the Malawi is classified as a high burden TB/HIV country by the WHO country and nearly 54% of TB patients were co-infected with HIV. In 2014, 16,267 new cases of TB were reported.

FAST

FAST stands for **F**inding TB cases **A**ctively, **S**eparating safely, and **T**reating effectively. The core package was developed in June 2011, during a meeting of global stakeholders with expertise in TB and infection control who wanted to develop a package of infection control practices that was simple to implement and incorporate at health facilities and would be highly effective in high burden countries.

With support from USAID TB CARE II in Malawi, **FAST** was launched in Malawi in March 2015.

Highlights from the TB CARE II Interventions in Malawi

Increasing case finding and strengthening management of TB

Decentralization of TB services: TB CARE II worked with the NTP to plan and implement a decentralization policy to improve access to TB diagnosis and treatment. This involved strengthening active TB case finding, increasing routine TB screening at primary healthcare levels and in

ART sites, introducing additional “cough corners” in health facilities and drastically increasing the availability of TB registration and treatment sites.

Improving access to services for TB/HIV patients

Building systems for improved TB/HIV collaboration: To enhance TB/HIV collaboration and integration, TB CARE II supported the establishment of district TB/HIV Coordinating Committees in the project impact districts mandated to conduct joint TB/HIV planning, implementation, monitoring and evaluation.

Increasing TB screening for HIV patients: TB CARE II worked jointly with the NTP and the National AIDS Program to prioritize increased TB screening, working with managers and building the capacity of health care workers at HIV service sites to improve routine screening, targeting high volume sites at district hospitals.

Developing laboratory networks for routine TB diagnosis

Integrating and expanding the use of Xpert MTB/Rif machines: TB CARE II was a central partner to the NTP in the introduction and roll out of Xpert MTB/Rif machines. The project assisted the NTP and other stakeholders in developing a coordinated roll out framework for the introduction of the Xpert MTB/Rif machines and assisted in developing and building consensus around testing algorithms, protocols and reporting and recording tools.

Introducing *FAST* in Malawi

Setting: TB CARE II established two demonstration sites within current project target districts at HIV care settings in Mangochi and Machinga district hospitals. The hospitals see approximately 6,000 or more patients in a month and both have GeneXpert platforms on site.

SEPTEMBER 2016

This fact sheet has been developed by the TB CARE II project and is made possible by the generous support of the American people through the United States Agency for International Development. The contents of this fact sheet are the sole responsibility of University Research Co., LLC and do not necessarily reflect the views of USAID or the United States Government.

Process: FAST is more effective when implemented in the general medical area of a facility, outpatient or inpatient, where large numbers of people with diverse complaints are seen or admitted and contagious TB can be overlooked. The approach encourages actively looking for otherwise unsuspected TB patients through organized cough surveillance in general medical hospitals or clinics revealing many presumptive TB cases, some of which will have the disease.

In Malawi, the process included the following key elements:

1. Development of FAST implementation protocol in collaboration with the NTP, HIV/AIDS program, and district and hospital personnel
2. Development of core package and adaptation of materials
3. Training and introduction of FAST at the sites
4. Development of promotional materials
5. Development of data collection tools
6. Roll out and monitoring of FAST implementation
7. Documentation of process and outcomes
8. Progress review meetings

Results

- Increase in the number of TB treatment sites across the country: from 59 sites equipped to register and initiate TB patients on treatment to 277 sites. In total, the project established 177 new TB registration and initiation sites in Malawi and contributed to increasing the overall number of TB initiation and registration sites.
- Improvement in the integration of TB/HIV services: The proportion of HIV positive clients screened for TB was steadily above 90% in the project supported districts. This was also the case for registered TB patients with a recorded HIV test result. Significant achievement was observed in CPT and ART rates: the CPT uptake increased from 78% to 95%, and the ART uptake increased from 81% to 93% during the project life.
- Strengthened quality and access to TB diagnostic services: TB CARE II worked closely with the NTP and the NTRL to increase access to TB diagnostic

The **USAID TB CARE II Project** began in 2010 and is working in 15 countries. It is a cooperative agreement implemented by a wide consortium of health and development organizations led by University Research Co., LLC (URC). USAID TB CARE II Malawi goal is assisting the Ministry of Health (MOH) and the National TB Program (NTP) to improve TB service delivery systems and expand access to high-quality TB and TB/HIV services in the public sector. Working at the national level and in 12 critical intervention districts, the TB CARE II project provided a range of support services including assistance in policy development and formulation, support to develop management and supervision systems, clinical capacity building, community outreach and education, and stakeholder consensus building to increase commitment to combat TB and TB/HIV nationwide.

services by strengthening microscopy services and by supporting the adoption of GeneXpert® MTB/RIF (GXP) technology. Starting from 2012, 26,974 GeneXpert® tests were performed in the 12 districts supported by TB CARE II, and 2,368 (8.8%) MTB positives and 75 (0.3%) RIF Resistant cases were identified.

- Improvement in the management of MDR-TB patients: During the life of the project, the treatment success rate for MDR-TB patients was steadily around 69% nationwide while the mortality has decreased from 33% to 25%
- Strengthened systems and infrastructure for TB care and control: TB CARE II project worked hand in hand with NTP, providing routine support in a variety of ways.

Lessons Learnt

Based on initial experience of introducing FAST in Malawi, the following lessons learned may be useful for other sites:

1. Make sure there is a written authorization from government counterparts.
2. Make sure the existing country algorithm on use of MTB/Rif Xpert machine is flexible for FAST.
3. Make sure there is sufficient capacity of MTB/Rif Xpert machines and consumables to handle to increased caseload brought on by FAST implementation.

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