

STRATEGIC FOCUS

Public Health Program Implementation: The CDC-Malawi office opened in November 2001, and works with the Ministry of Health (MOH) to build their health system capacity and implement high-impact HIV programs, including HIV testing and counseling (HTC), prevention of mother-to-child transmission (PMTCT), antiretroviral therapy (ART), and the voluntary medical male circumcision (VMMC) program.

Building Workforce Capacity: CDC works with the MOH, Christian Health Assoc. of Malawi (CHAM) and College of Medicine (COM) (training institutions) to address healthcare workforce shortages by investing in pre- and in-service training through support of student bursaries, revision of pre-service training curricula, improvement of training colleges infrastructure, and mentoring of teaching staff. CDC has also helped establish residency programs for Obstetrics and Family Medicine, and is collaborating with MOH to institute the Field Epidemiology Training Program (FETP).

Strengthening Laboratory Systems: CDC supports the MOH in establishing and sustaining a four tiered approach (Central, District, Facility and Community) to strengthen laboratory capacity through an international accreditation process. National diagnostics standards and guidelines have also been developed to assure the quality of laboratory test results throughout the country. Supporting the national sample transportation system that is now up and running this includes Viral Load, EID and TB.

Strengthening Surveillance and Health Information Systems: CDC continues to provide technical assistance (TA) to help build the country's capacity to collect and analyze data for improved program decision-making. CDC provides technical and financial support to monitor transmission and emergence of HIV drug resistant strains, and monitors the impact of HIV interventions on prevalence and incidence.

KEY ACTIVITIES AND ACCOMPLISHMENTS

Test and Start: CDC provided TA to the MOH to update National Guidelines to include Test and Start; revisions to the training curriculum, funded training, and provided support to monitoring the rollout. By the end of 2016 all priority sites were offering Test and Start.

Completed First Population-based HIV Impact Assessment: In December 2016, Malawi completed the Population-based HIV Impact Assessment. Progress towards the 90-90-90 goals in Malawi demonstrates that the national HIV program has made great strides in responding to its HIV epidemic.

Improved HIV Prevention through Voluntary Medical Male Circumcision: CDC continues to play a critical role in supporting scale up of the VMMC program in Malawi. CDC supports VMMC in Lilongwe district with 2016 achievement of 14, 071 and a cumulative achievement of 57,296 VMMC procedures since the program started in 2012.

Strengthened Health Systems: CDC has supported the establishment of Malawi's first obstetrics residency program which just enrolled the fourth of class of resident physicians (total 16), the first cohort of two are graduating this year. In 2016 CDC launched its first Field Epidemiology Training Program (FETP) in Malawi. FETP is a three month in service training for health professions who provide surveillance and monitoring services to the MOH and Ministry of Agriculture (MOA). Trainees 'learn by doing' with 75% of time spent in the field conducting data quality audits, and assisting in disease surveillance and outbreak investigation. 23 trainee's graduated from FETP Frontline in 2016. In August 2016, the CDC supported the National Registration Bureau (NRB), printed Malawi's first ever birth certificate. Since then, 52,000 births have been registered, 43,000 birth certificates have been printed and 1,200 deaths have been registered and certificates printed. With NRB management, electronic birth registration is currently happening in all districts.

Electronic Medical Records: CDC supports Baobab Health Trust in the expansion of Electronic Medical Records Systems, including the National ART module to 72 health facilities and the Out Patient Department module to 75 health facilities, the creation of the MOH National Quarterly M&E System and the Laboratory Information Management System.

Key Country Leadership

President:
Arthur Peter Mutharika

Minister of Health:
Peter Kumpalume

U.S. Ambassador:
Virginia E. Palmer

PEPFAR Coordinator:
Emily Hughes

CDC/DGHT Director:
Andrew Auld

Country Quick Facts

Per Capita GNI:
\$350 (2015)

Population:
17.2 million (2015)

Under 5 Mortality:
64 / 1,000 live births
(2015)

Life Expectancy:
63 years (2014)

Global HIV/AIDS Epidemic

Estimated HIV Prevalence
(Ages 15-49): 9.1% (2015)

Estimated AIDS Deaths
(Age ≥15): 23,000 (2015)

Estimated Orphans Due to
AIDS: 530,000 (2015)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
543,699 (2015)

Global Tuberculosis (TB) Epidemic

TB Treatment Success Rate:
85% (2015)

Estimated TB Incidence:
193 / 100,000 (2015)

Estimated Who are HIV
Positive: 53% (2015)

Country Staff: 35

Locally Employed Staff: 27
Direct Hires: 8
Fellows & Contactors: 3

