

MALAWI

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) Malawi office opened in November 2001 and has collaborated with the Malawi Ministry of Health (MOH) and non-governmental organizations to implement high-impact HIV and TB initiatives. CDC Malawi continues to support HIV testing and counseling (HTC), prevention of mother-to-child HIV transmission (PMTCT), antiretroviral treatment (ART), and voluntary medical male circumcision (VMMC). In 2015, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in Malawi introduced the Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) program to address social risk factors that put adolescent girls and young women (AGYW) at risk for HIV disease.

CDC Malawi has worked, in collaboration with Malawian partners, to strategically focus on:

- Building public health capacity and infrastructure,
- Developing health policy initiatives for adoption by the national government, and
- Strengthening surveillance, and health information systems

KEY ACTIVITIES AND ACCOMPLISHMENTS

Blantyre Strategy Impact: Malawi Population-based HIV Impact Assessment (MPHIA) data show at the start of Fiscal Year (FY) 2018, the Blantyre district had the highest HIV prevalence (18%) and the lowest level of viral suppression among people living with HIV (PLHIV). In response, CDC Malawi developed the Blantyre Strategy consisting of: (1) video conference calls every two weeks with implementing partners (IPs) and the MOH to review testing and treatment goal progress, (2) use of standardized weekly data dashboards to assess trends and identify key bottlenecks for resolution, and (3) bi-weekly assessments of progress in overcoming bottlenecks. By the fourth quarter of FY 2018, this strategy achieved the highest new treatment enrollment rate in the history of Blantyre's epidemic response.

HIV Recency: In FY 2018, CDC Malawi and the MOH worked together to make Malawi one of the first two countries to implement a PEPFAR HIV recency pilot. Data from the pilot showed urban clusters of recent HIV infection among Adolescent Girls Young Women (AGYW) and supported an urban focus of HIV resources in both FY 2018 and FY 2019. Malawi remains on track to be one of the first countries in Africa to have a routine HIV recency surveillance system with near real-time response to hotspots of incident HIV infection.

Scale up of New HIV and TB Policies: CDC Malawi, through collaboration with MOH, launched changes in HIV program policy and scale-up of policy implementation. Key policy changes effected include: (1) active index testing, (2) HIV self-testing, (3) transition of women of reproductive age to Dolutegravir-containing regimens through an informed choice approach, (4) scale-up of six-month HIV treatment prescription refills, (5) use of annual, rather than biannual, viral load testing, (6) use of Pre-Exposure Prophylaxis (PrEP) for individuals at high risk of HIV infection, and (7) scale-up of lifelong isoniazid TB preventive treatment in five high TB/HIV burden districts.

Strengthened Laboratory Systems: CDC Malawi is the lead United States Government agency strengthening Malawi's laboratory infrastructure to support key health priorities. This includes strengthening all components of the viral load cascade from sample collection and sample transport to analysis at central molecular laboratories and finally returning the results to clients living with HIV to facilitate optimal health outcomes. In October 2018, CDC headquarters provided technical support during the World Health Organization Tuberculosis Epidemiological Review in Malawi.

Strengthening Surveillance and Health information System: CDC Malawi is supporting the rollout of electronic medical record (EMR) systems to 193 HIV treatment sites. The EMR has multiple purposes, including the facilitation of high-quality care and use of routine data to inform near real-time epidemic response decision-making efforts. CDC Malawi is collaborating with the MOH and the National Registration Board to scale up the country's first-ever routine birth and death registration system.

Key Country Leadership

President:
Peter Mutharika

Minister of Health:
Jappie Chancy Mtuwa Mhango

U.S. Ambassador:
Virginia Palmer

CDC/DGHT Director:
Andrew Auld

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$360 (2018)

Population (million):
18.14 (2018)

Under 5 Mortality:
55/1,000 live births (2017)

Life Expectancy:
64 years (2017)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 9.2% (2018)

Estimated AIDS Deaths
(Age ≥15): 10,000 (2018)

Estimated Orphans Due to
AIDS: 500,000 (2018)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
769,179 (2018)

**Global Tuberculosis
(TB) Epidemic**
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
131/100,000 population
(2017)

TB patients with known HIV
status who are HIV positive:
49% (2017)

TB Treatment Success Rate:
82% (2016)

TB Mortality:
11/100,000 population
(2017)

DGHT Country Staff: 38
Locally Employed Staff: 29
Direct Hires: 8
Fellows & Contactors: 1

Our success is built on the backbone of science and strong partnerships.

