JOINING FORCES TO COMBAT CO-INFECTION
Implementing a one-stop approach to TB/HIV in Malawi

When someone is HIV positive, he or she runs a 26 to 31 times greater risk of becoming a TB patient as well, the WHO estimates. Worse still, in the case of such a co-infection, the diseases intensify each other. In many developing countries TB is the major cause of death for HIV patients. In Malawi, 54% of the TB patients are co-infected with HIV. To save more lives, the TB and the HIV program has to work hand in hand. This is why KNCV is working in Malawi to realize one stop TB/HIV care.

When did KNCV start working in Malawi?
KNCV has provided technical assistance to Malawi since the early 80’s. In 2015 we opened a country office with a number of permanent staff to implement the Challenge TB (CTB) project.

How severe is the co-infection in Malawi?
Among all Malawians, the HIV prevalence is 10.8% and remains the most important risk factor for developing active TB disease. In 2015, 54% of TB patients were co-infected with HIV. To reduce the risk to die, those patients who are dually infected require both treatment for TB as well as antiretroviral treatment for HIV. To save lives, we have to combat both diseases together, starting with testing and diagnoses.

Fighting the diseases simultaneously calls for close cooperation. How exactly does that go about?
Under CTB, we have extended our reach from central to the zonal and district levels, closer to the facilities where services are provided. From the facility level into the communities we support the National TB Program in their efforts to expand a well-coordinated and integrated approach to prevention, diagnosis and care of both diseases. Together with staff of the HIV and TB program our KNCV country staff visit facilities that provide services either in TB, HIV or both. We learn from each other, cooperate, and work with local staff gaining new perspectives on the TB/HIV situation, discover problems and discuss solutions on the spot.

Sounds like a true investment ...
Yes, it is. Together we need to develop a shared understanding of the complexities of dealing with TB/HIV.

The three strategic objectives of KNCV in Malawi
1. Reduction of TB related mortality by 50% by the end of 2020 from the 2014 baseline.
2. Increase in Case Notification Rate (CNR) from 121 per 100,000 (2013) to 252/100,000 in 2020.
3. Increase treatment success rate for new smear positive TB cases from 84% in 2014 to 90% by the end of 2020.

To achieve this KNCV works closely together with the Malawi Ministry of Health, PEPFAR and USAID.

Our impact in short
As over half of Malawi’s TB patients suffer from a HIV co-infection, KNCV supports the National TB Program to better integrate both TB and HIV programs. This will help to improve access to quality TB/HIV care, that ultimately will reduce the burden of disease and mortality.
two diseases in one patient. Timely access to reliable information on all patients is very important for all of us – without this information, we quite simply can’t be efficient in combating TB and HIV. Collecting data for both TB and HIV needs to be well supervised, well planned, well organized – and resources need to be well harmonized. Now data gathering is being integrated. This means the HIV and TB information now enters into one single data governmental system. Collecting, analyzing and sharing results have become more efficient and accessible for professionals.

How about drug management, is that also integrated?

Unfortunately, to a large degree this is not yet the case. Both HIV and TB medicines and supplies are managed separately. However, the project has made this one of the first priorities. We contracted a procurement and supply chain expert, who works in the NTP office to help strengthening all aspects of the supply chain for TB medicines and supplies. Proper drug management is very important, to prevent stock out drugs in the facilities and ultimately interruptions in patients’ treatment. Moreover, KNCV will support the procurement of life saving medicines for drug sensitive and drug resistant TB which is funded through the Global Fund. Timely quantification, procurement and distribution systems are key to ensure that the right drugs get to the right patient.

What about preventing people from getting co-infected? What does KNCV do to improve infection control?

The policies and practices of infection and prevention control have been scaled up into health facilities across Malawi, although they still have to be integrated. KNCV continues to support improving the health care workers’ capacity to assess and implement infection control measures.

Malawi isn’t the largest of countries, but North to South still covers a great distance. How does KNCV deal with this?

Malawi indeed has a very characteristic, ‘thin’ shape, almost like Chile. A car ride from East to West might take two hours, but from North to South it is a fifteen hour drive. The country is divided into three administrative regions and five zones. These zones are subdivided into 28 districts. We have appoint-I