The Centers for Disease Control and Prevention (CDC) established an office in Malawi in 2001. CDC works with local and international partners to strengthen health systems to prevent, detect and respond to diseases. CDC’s office in Malawi has become a key partner in the COVID-19 response. CDC helps implement high-impact HIV and TB programs through the President’s Emergency Plan for AIDS Relief (PEPFAR). CDC also provides support to build laboratory and workforce capacity, strengthen surveillance systems, and implement interventions for malaria control under the U.S. President’s Malaria Initiative (PMI).

As of June 2021, over 870,700 people receive HIV Antiretroviral Therapy (ART). This number represents 89.8% of the 970,000 people living with HIV in Malawi.

CDC Malawi provides technical and financial assistance to the Ministry of Health (MOH) to develop national laboratory policy and strategic plans to guide and monitor HIV and TB program implementation.

As of November 2021, a total of 208 facilities use direct point of care Electronic Medical Records (EMR). Over 500 facilities conduct retrospective data entry into the EMR system.

CDC trained more than 8,000 staff working in COVID-19 diagnostic testing and sample collection.

CDC supported molecular laboratories to conduct more than 835,000 HIV viral load tests.

4 molecular laboratories in Malawi received accreditation in HIV viral load testing.

Malawi has 131 graduates from the Field Epidemiology Training Program (FETP) as of November 2021.

Malawi can now sequence the genetic code of pathogens without the need to ship samples abroad.

The Public Health Emergency Operating Centre (PHEOC) was established during COVID-19 to centralize emergency response activities.

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Accessible version: https://www.cdc.gov/globalhealth/countries/malawi/
Strengthening Public Health Systems

With CDC support, the Malawi MOH and partners are improving health facility efficiency and healthcare quality throughout the country by establishing an electronic medical record system (EMRS) and constructing clinic facilities. To date, 208 health facilities in several health districts have EMRS installed. In the Lilongwe and Blantyre districts, all 64 prefabricated health units have been completed. In addition, two brick and mortar drug storage warehouses and two ART Clinics were constructed.

CDC’s technical assistance strengthens public health systems to prevent, detect, and respond to emerging infectious diseases, such as COVID-19. CDC focuses on real time disease surveillance, laboratory systems and diagnostics, workforce development, and emergency management. Efforts include developing an Integrated Laboratory Strengthening Initiative; strengthening surveillance for antimicrobial resistance (AMR), Acute Febrile Illness (AFI) and Acute Encephalitis Syndrome (AES); and training over 8,000 workers involved in COVID-19 diagnostic testing and sample collection.

Laboratory Capacity Building

CDC supports the MOH in establishing and sustaining a four-tiered approach (central, district, facility, and community) to strengthen laboratory capacity testing for HIV diagnostic and treatment monitoring, emerging infectious diseases, COVID-19, tuberculosis and other opportunistic infections.

In 2021, more than 835,000 HIV viral load tests were conducted. Currently, CDC supports the scale up of plasma sample use for viral load testing, which allows for more accurate patient management. CDC helps implement continuous quality improvement for both conventional and point-of-care testing laboratories. In 2021, four molecular laboratories in the country received accreditation in HIV viral load testing.

HIV and Tuberculosis (TB)

HIV is a leading cause of death and a health threat to millions worldwide, and tuberculosis is emerging as the leading cause of death among people living with HIV (PLHIV). As a key PEPFAR implementer CDC works with Malawi to build a sustainable national HIV response program to accelerate progress towards the UNAIDS global targets to control the HIV epidemic.

Malawi began implementing TB preventive therapy (TPT) among PLHIV in September 2017. The Malawi TPT program started with lifelong Isoniazid preventive therapy (IPT) in 5 districts with the highest TB/HIV burden. By the end of 2020, the program was able to start approximately 300,000 PLHIV on IPT out of 320,000 PLHIV in care. In 2021, Malawi introduced the short-course TPT regimen of 3 months monthly Isoniazid and Rifapentine (3HP) and scaled up TPT nationwide with the aim of reaching all PLHIV with a course of TPT.

CDC support for Malawi’s HIV and TB activities includes working with the MOH to strengthen its health system capacity and implement high-impact HIV programs. PEPFAR Malawi supports HIV prevention, treatment, and care. Importantly, two initiatives, pre-exposure prophylaxis (PrEP) and the Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) program are being scaled up.

Beyond HIV service delivery, CDC’s partnership with Malawi also focuses on building healthcare workforce capacity, strengthening laboratory systems, and increasing the capacity of its surveillance and health information systems to collect and analyze data for improved program decision-making.

Field Epidemiology Training Program (FETP)

In 2016 CDC and Malawi established the Field Epidemiology Training Program (FETP) to strengthen the capacity of its field epidemiologists to investigate and respond to disease outbreaks. FETP provides different programs to train field epidemiologists—or disease detectives—to identify and contain outbreaks before they become epidemics. Participants develop the skills to gather critical data and turn it into evidence-based action. Malawi’s FETP was launched under the leadership of the Public Health Institute of Malawi. During 2021-22, FETP will introduce an intermediate-level program.

Malaria

Malaria is a leading cause of death and disease in many countries, and young children and pregnant women are the groups most affected. Under the U.S. President’s Malaria Initiative, CDC has assigned a resident advisor to the malaria endemic country of Malawi to support prevention and control interventions. These interventions include providing long-lasting insecticide-treated nets and indoor residual spraying, improving diagnostics and case management, and preventing malaria in pregnancy.

Through a cooperative agreement with the Malawi College of Medicine’s Malaria Alert Centre, CDC implements entomological monitoring and operational research activities to guide malaria programmatic decision-making. Recent studies include:

- the evaluation of first- and second-line antimalarials
- an assessment of the impact of intermittent preventive treatment in pregnancy (IPTp) on birth outcomes
- a randomized trial to assess the efficacy of an alternative medication for IPTp
- an assessment of new method of delivering IPTp to improve uptake
- an evaluation of cell phone messages to improve health worker management of malaria

These studies have led to 13-peer reviewed publications in the last five years. Entomological monitoring supported by CDC has documented the rise of pyrethroid resistance and led to changes in the procurement of insecticide treated nets for malaria prevention in Malawi.

CDC STAFF

9  U.S. Assignees
34  Locally Employed

At a Glance

Population: >18.6 million
Per capita income: $1.070
Life expectancy: F 67/M 61 years
Infant mortality rate: 40/1,000 live births

Sources:
World Bank, 2020, Population Reference Bureau

Top 10 Causes of Death

1. Maternal & neonatal disorders
2. HIV/AIDS & STIs
3. Respiratory infections & TB
4. NTDs & malaria
5. Enteric infections
6. Other non-communicable diseases
7. Cardiovascular diseases
8. Neoplasms
9. Other infectious diseases
10. Nutritional deficiencies

Source:
GBD Compare 2019, Malawi

For more country information
www.cdc.gov/globalhealth/countries/malawi

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