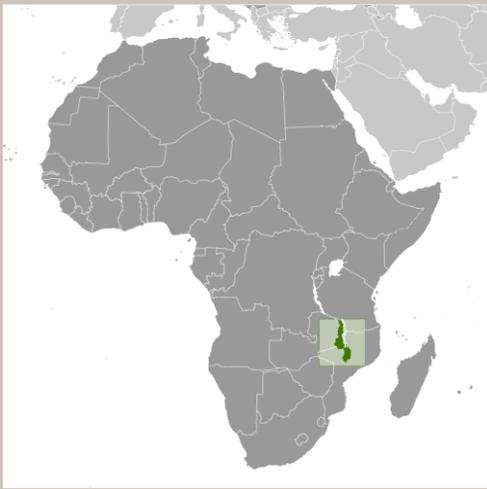


CDC in MALAWI

Factsheet



Funding: \$30,200,000
Staffing: 7 U.S. staff
9 Malawi staff



Impact in Malawi

137 public health program managers completed quality improvement training since 2006

103,600 pregnant women received HIV counseling and testing services for prevention of mother-to-child HIV transmission in 2009

58,500 orphans and vulnerable children received support during 2009

348 health workers trained in intermittent preventive treatment in pregnancy and 809 health workers trained in artemisinin-based combination therapy use in 2009

74,772 houses sprayed and 299,744 residents protected from malaria as part of the President's Malaria Initiative in 2009

The Centers for Disease Control and Prevention (CDC) has been working in Malawi since 2001. CDC-Malawi and US government and local partners help the Malawi Ministry of Health achieve national public health goals by training health workers and providing technical and financial assistance to improve surveillance systems, medical informatics, monitoring and evaluation, laboratories, care and treatment, and prevention efforts throughout the country.

Top 10 Causes of Deaths in Malawi

1. HIV/AIDS	34 %	6. Cerebrovascular disease	3 %
2. Lower respiratory infections	12 %	7. Ischaemic heart disease	3 %
3. Malaria	8 %	8. Tuberculosis	2 %
4. Diarrheal diseases	8 %	9. Road traffic accidents	1 %
5. Perinatal conditions	3 %	10. Protein-energy malnutrition	1 %

Source: WHO World Health Statistics, 2006

Malaria

CDC-Malawi's malaria program receives support from the President's Malaria Initiative (PMI) and primarily focuses on monitoring and evaluation of malaria interventions and operations research which guide policy and decision making in the country. CDC malaria control efforts consist of 1) in vivo studies to monitor drug efficacy of first and second line anti-malarials ensuring the proper management of patients and early detection of drug resistance, 2) technical guidance and support for population-based household surveys, health facility surveys, and routine data collection to strengthen strategic information for the National Malaria Control Program (NMCP), 3) with the Malaria Alert center, entomological monitoring for the entire indoor residual spraying (IRS) program in Malawi, and 4) evaluation on malaria in pregnancy to help guide policy on the use of intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine. In 2009, CDC-Malawi completed an adherence study in one of Malawi's districts that evaluated the first line anti-malarial regimen. Additional studies include the evaluation of drug efficacy for IPTp and an insecticide-treated net longevity and durability study in Southern Malawi.





Bobbie Person/CDC

Malawi at a Glance

Population:	15,500,000
Per capita income:	\$830
Life expectancy at birth women/men:	50/48

Source: Population Reference Bureau, 2010



Bobbie Person/CDC

Health Systems Strengthening

CDC-Malawi has scaled-up management and leadership programs that train new health care and laboratory professionals through the Malawi Management Capacity Building Program, a program located in the Malawi College of Medicine. This program has helped to improve tuberculosis and HIV/AIDS work processes and most recently trained District Health Management Teams to use program planning and management skills to effectively complete and implement Malawi's annual district implementation plans. In 2010, the program supported: 1) a new Mentorship Program designed to build management and leadership capacity of middle level public health managers and other non-clinical senior staff at district hospitals by improving program planning and management skills, and 2) a fellowship program designed to develop the leadership and management capacity of high potential Malawians from MOH & Malawi-based non-governmental organizations to lead those organizations.

With CDC support, the Malawi Ministry of Health (MoH) and partners are improving laboratory services and quality assurance systems throughout the country by developing and maintaining a national Electronic Data System (EDS) and centralized data depository, mobile counseling and testing electronic data systems, a national patient identifier system, electronic patient mastercards, and a national HIV surveillance system.



PEPFAR: HIV/AIDS

CDC-Malawi works closely with and provides technical assistance and programmatic support to local institutions, including the Ministry of Health (MoH) and the National AIDS Commission, which are tasked with oversight and coordination of Malawi's HIV response efforts. CDC-Malawi helps to: 1) scale-up comprehensive HIV services across a continuum of care from prevention to treatment, with emphasis on improved referrals and linkages across facilities, 2) enhance access to and coordination of adult and pediatric HIV care and treatment, 3) expand the range and quality of preventing mother-to-child transmission (PMTCT) services, including strengthening infant follow-up, care and treatment, 4) strengthen integrated TB/HIV services, 5) support the expansion of a voluntary, low-risk blood donor pool nationally, and 6) implement diversified models of HIV testing including outreach, mobile, door-to-door, provider-initiated, couples testing, and infant diagnosis.

Laboratory Systems

CDC-Malawi will continue to support strengthening of laboratory services through in-service and pre-service training, institutionalizing quality assurance and quality control protocols, careful supervision and management, and overall integration of laboratory diagnostics with improving malaria diagnostics (IMaD).

Publication Date: July 2010

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