MALAWI
Single TB and HIV concept note development, grant making and the implementation of joint TB and HIV programming

Background
- Malawi has traditionally participated in round based separate TB and HIV Global Fund proposals until the new funding model was adopted towards the end of 2011 with the ultimate objective of enhancing the Global Fund’s ability to support strategically focused programs that have a greater and more sustainable impact in the fight against AIDS, tuberculosis (TB) and malaria.
- For the first time Malawi submitted a joint (single) TB/HIV Concept Note (CN) during the first quarter of 2015.

Epidemiological Profile

<table>
<thead>
<tr>
<th>Total population</th>
<th>17m (2013 projection from 2008 census – NSO)</th>
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<tbody>
<tr>
<td>HIV prevalence among 15-49 year age group</td>
<td>10.8% (DHIS 2010)</td>
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<tr>
<td>Estimated population living with HIV</td>
<td>1 million (Spectrum 2014)</td>
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<tr>
<td>TB prevalence</td>
<td>385/100,000 (TB Prevalence Survey 2014)</td>
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<tr>
<td>HIV prevalence among TB patients</td>
<td>56% (TB Global Report 2014)</td>
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<tr>
<td>Uptake of HIV testing among TB patients</td>
<td>94% (Routine TB/HIV programme data)</td>
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<tr>
<td>Uptake of ART among TB patients</td>
<td>95% (Routine TB/HIV programme data)</td>
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Specific bottlenecks and challenges in joint programming and innovations adopted to overcome them

- Health worker training
- Supportive supervision, monitoring and evaluation
- Sample transportation system
- Use of community systems for TB and HIV programme delivery
- Commodity stock monitoring
- Pharmacovigilance in collaboration with the Pharmacy, Medicines and Poisons Board – the national drug regulatory authority

Innovations
- Development of a TB/HIV framework and implementation of some of the joint TB/HIV collaborative using a dedicated joint budget
- Move by the NTP to designate clinical and nursing cadres as focal points for TB at service delivery level
- Plans to build capacity for CSOs to implement joint TB/HIV activities at community level

Further opportunities for joint programming beyond TB and HIV

- MNCH/SRH/TB/HIV programming to facilitate
  - TB screening
  - HIV testing
  - Joint health related SDG programming
  - Non-communicable disease (NCD)/TB/HIV joint programming
  - Management of co-morbidities
  - TB screening among diabetics

Lessons Learnt
- Strong country leadership played a critical role in the CN development process
- The unwavering partner support during CN development positively contributed to the success of CN development
- The cordial working relationship between the writing team and the MGFCO evidenced by quick turn around time of key decisions by the latter worked well for the writing team
- For the first time the joint CN development process offered an opportunity to actively integrate community HIV and TB programming despite lack of readily available technical assistance to support CSO TB programming

- The engagement of Ministry of Finance in the CN development process especially on willingness to pay ensured fulfillment of one of the prerequisites by GOM
- Lack of specific non-biomedical TB and HIV indicators to facilitate data uniformity across NGO/CSOs may make it difficult to consolidate and measure contribution by CSOs

Single concept note process for joint TB and HIV programming and resource mobilization, for nationwide scale-up of core TB, HIV and TB/HIV interventions

- For once TB and HIV stakeholders worked together towards a common purpose of mobilizing resources for TB and HIV
- A joint writing team was constituted comprising of staff from the TB and HIV programmes, CSOs and partners
- The joint CN and its proposal guidelines encouraged TB and HIV programme staff and other stakeholders to communicate and work together in certain areas to identify and plan joint activities and programming and allocate a portion of requested grant funding for joint TB/HIV activities (such supervision monitoring, training and laboratory capacity and community systems strengthening)
- Based on need, the writing team moved resources from one programme area to another
- The process built on the experiences of and tapped into expertise of CSOs and community structures working in the HIV area of work to integrate TB
- The process was also an opportunity for HIV stakeholders to learn of TB programming

Broad-based stakeholder engagement

- Specific efforts were needed to engage TB stakeholders
- The single TB and HIV concept note enabled broad-based stakeholder engagement although most stakeholders were from the HIV field with relatively less TB experience.