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To Integrate or Not to Integrate: Effects of Service Integration on Uptake and Sustainability of Community TB Screening Programs in Malawi

Madalitso W.R Mmanga

Background & Rationale

- TB remains a major public health concern, particularly in low- and middle-income countries.
- Community-based Active Case-Finding has shown success, but its uptake has been declining in recent years.
- Community formative investigation revealed that people lose interest when only a single service (TB screening) is offered over a long period.

Our Question?

Can integrating TB screening with other essential health services revive community participation and improve outcomes?

- The program piloted the integration of TB screening with other essential health services.

Main Objective

To evaluate whether integrating TB screening with other health services can:

1. Increase community participation.
2. Improve TB case detection and uptake of other essential health services.
3. Promote the use of innovative screening and diagnostic tools.

Methods and Intervention

- A mixed-method program evaluation (Client exit interviews, community dialogue, program databases and TB registers).
- Quantitative program data (2018-2024) was analyzed, focusing on key performance indicators: # of people screened for TB, # of people diagnosed, rapid molecular tests performed, Treatment initiation rates.
- Evaluation targeted 12 active TB screening sites using mobile digital X-rays and symptoms for screening.
- In 2023, the integration approach was piloted, incorporating: HIV services, Malaria screening and testing, Leprosy screening, Syphilis testing, Hypertension checking and monitoring.
- Target groups: Key Pops and high-risk groups.
- Rapid molecular diagnostic tools used & clinical evaluations.

Key Results

- The integrated approach led to a significant increase in the number of people screened for TB.
- TB case notifications also increased with 100% treatment initiation.
- The uptake of other services was feasible and acceptable.

Year	Screened (CXR/AI)	Males (%)	Screened (CXR/AI)	Presumptive (%)	TB	Presumptive with Molecular (%)	with test	TB cases Reported	Yield/100k	NNS
2018	53,978	30,001	53,978	14,700	27%	9,200	63%	325	602	166
2019	116,865	69,156	116,865	18,327	16%	13,420	73%	1,308	1,119	89
2020	119,795	60,268	119,795	13,788	12%	11,093	80%	1,356	1,132	88
2021	104,641	60,769	104,641	6,823	7%	6,302	92%	786	751	133
2022	105,008	55,403	105,008	7,919	8%	7,350	93%	1,443	1,374	73
2023	128,535	62,960	128,535	8,070	6%	7,267	90%	1,164	906	110
2024	217,129	102,286	217,129	13,975	6%	11,910	84%	1,408	648	154
2025	220,783	100,625	220,783	12,797	6%	10,780	84%	2,000	906	244
Total	1,066,734	541,468	1,066,734	96,399	9%	77,392	80%	9,790	918	109

Services	Year	People screened	Males screened	Presumptive	Confirmed cases	Co-infection with TB	Clients referred for further management & Treatment
Integrated TB Screening	2025	220.783	100,625	12,797	2,000/12,797	-	2,000
Hypertension checking	2025	-	-	-	154/1,234	2	154
HIV Testing	2025	-	-	-	83/923	14	83
Leprosy screening	2025	220,783	100,625	5	4/5	0	4
Malaria Testing	2025	-	-	-	220/640	4	220
Syphilis Testing	2025	-	-	-	45/146	3	45
Blood sugar Testing	2025	-	-	-	90/457	1	90

Conclusion & Key Take-Home Messages

Conclusion

- Communities do not want fragmented healthcare.
- They want services that meet real-life needs.
- Integrated community screening proved more acceptable, more sustainable, and more impactful than standalone TB screening.

Take Home Messages

- Integration brought communities back to screening.
- More people screened meant more TB cases detected early.
- We recommend scaling up this holistic integration model to optimize TB elimination efforts and holistic delivery of healthcare service at community level across more regions.

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