



# HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
<b>Total Population*</b>	15.4 million (mid-2010)
<b>Estimated Population Living with HIV/AIDS**</b>	930,000 [860,000–1,000,000] (end 2007)
<b>Adult HIV Prevalence**</b>	11.9% [11–12.9%] (end 2007)
<b>HIV Prevalence in Most-at-Risk Populations</b>	Female Sex Workers***: 70.7% (2006) MSM***: 21.4% (2009)
<b>Percentage of HIV-Infected People Receiving Antiretroviral Therapy****</b>	35% (end 2007)

\*U.S. Census Bureau \*\*UNAIDS 2008/2009 \*\*\*UNGASS Report 2010 \*\*\*\*WHO/UNAIDS/UNICEF Towards Universal Access, 2008

The first case of AIDS in Malawi was diagnosed in 1985, and the national prevalence peaked at 26 percent in 1998. Since then, national prevalence has declined steadily. The most recent data from the Joint United Nations Program on HIV/AIDS (UNAIDS) estimated that the national adult HIV prevalence rate was 11.9 percent in 2007 and approximately 930,000 Malawians were HIV positive. HIV-related complications cause 68,000 deaths each year, and estimates from the 2010 United Nations General Assembly Special Session (UNGASS) *Country Progress Report* indicate there are approximately 84,000 new HIV infections annually.

Malawi exhibits significant geographic differences in HIV prevalence. Overall, HIV prevalence is much higher in urban areas, at 17.1 percent compared with 10.8 percent in rural areas, though there has been a steep decline in recent years according to the 2010 UNGASS report. The epidemic remains a major concern in rural areas, where 80 percent of Malawians live, and health services are often limited. In the south, where roughly half of the population resides, HIV prevalence rates in both urban and rural areas are much higher than in other regions.

Malawi’s epidemic is feminized, and while there has been an overall decline in the country’s HIV prevalence since 1998, young women remain disproportionately affected. Approximately one-half of all new HIV infections occur among individuals 15 to 24 years of age, according to the Malawi UNGASS 2010 report, and HIV prevalence among young women (15 to 24 years old) in Malawi is 9 percent, more than four times the prevalence among men of a similar age (2 percent). The United Nations Development Assistance Framework reports that the continuing rise in HIV infection rates among young people, particularly girls, is due to several psychosocial and economic factors, including cultural/sexual initiation practices that often expose young girls to HIV. Malawi has a very young population, with approximately 44 percent of Malawians younger than 15, making youth prevention programs very important for containing and reducing the size of the epidemic.

The primary mode of HIV transmission in Malawi is heterosexual contact. Information about the proportion of infections among men having sex with men (MSM) is limited, as homosexual contact is illegal in the country. An anonymous 2009 cross-sectional survey cited by UNAIDS found 21.4 percent of MSM surveyed were HIV positive, though the sample size was limited. The study also found that MSM over 30 years of age were twice as likely as their younger counterparts to be infected.

High levels of movement between urban, rural, and mining areas facilitate HIV transmission. Mobile groups in Malawi, including truck drivers, female sex workers, fishermen and fish traders, migrant and seasonal workers, military personnel, prisoners, and refugees, are particularly vulnerable. These populations tend to have a higher prevalence of HIV infection than the general population because they engage in behaviors that put them at higher risk of becoming infected. They also represent some of Malawi’s most marginalized populations and those most subject to discrimination.

Children are affected by the epidemic by contracting the disease from their mothers and by losing a parent to the disease. At the end of 2007, an estimated 91,000 children in Malawi were living with HIV, and more than half a million had been orphaned by AIDS. The traditional extended family and other support systems are overwhelmed by this situation, and the majority of these children have no extended family networks on which to rely following the death of their parents. The elderly have also been affected by the AIDS-related deaths of their grown children who had previously supported them.



HIV/AIDS is still stigmatized in Malawi, hindering the flow of information to communities, hampering prevention efforts, and reducing use of HIV/AIDS services. While there is consistent awareness of HIV's existence throughout the population, comprehensive knowledge of how to prevent transmission is minimal. Other barriers to prevention, treatment, and care and support include the limited coverage of behavioral change communications, inadequate empowerment of women, limited access to services, insufficient focus on pediatric cases, inadequate laboratory services, lack of trained staff, and limited capacity for home-based care.

People living with HIV/AIDS (PLWHA) are particularly vulnerable to tuberculosis (TB). Because of the increased susceptibility to infection and progression to active TB, it is one of the main causes of death for PLWHA. According to the World Health Organization (WHO), Malawi has a high TB burden, with an incidence rate of 320 cases per 100,000 population in 2008. TB-HIV co-infection is also extremely high, and more than 63 percent of new adult TB patients are HIV positive.

### National Response

Malawi has actively responded to HIV since 1985, when it implemented a short-term strategy after the first AIDS case was reported. In 1988, the government created the National AIDS Control Program (NACP) to coordinate the country's HIV/AIDS education and prevention efforts. Initial responses were slow, however, as public discussion of sex and sexuality issues was limited. In 2000, a five-year national strategic framework to combat AIDS was implemented. The policy was slow to take effect, as financial and organizational difficulties within the NACP persisted. To support the response to the HIV epidemic, Malawi enacted

legislation requiring all ministries to spend at least 2 percent of their budgets on HIV activities; from 2001 to 2005, the country increased its domestic spending on HIV sixfold, from \$3.1 million to \$18.3 million.

In 2001, the National AIDS Commission (NAC) was created. It has since overseen a number of prevention and care initiatives, including programs to provide treatment, increase testing, and prevent mother-to-child transmission of HIV. A national HIV/AIDS policy was developed in 2003, laying down the guiding principles for all national HIV/AIDS programs and interventions. The National HIV/AIDS Strategic Framework for 2000–2004 included prevention and behavior change interventions, as well as interventions to expand access to treatment and care and support services, including antiretroviral drugs (ARVs). A National Action Framework for 2005–2009 guided the response to the epidemic and was followed by the Extended National Action Framework 2009–2013. Policies and guidelines for voluntary counseling and testing, prevention of mother-to-child transmission of HIV, ARV equity, and treatment of sexually transmitted infections have also been developed and implemented.

Malawi has had impressive success in rapidly scaling up antiretroviral therapy (ART). According to the WHO/UNAIDS/UNICEF, 35 percent of people in need to treatment were receiving ART as of the end of 2007; estimates from the Ministry of Health (MOH) indicated that 55 percent of PLWHA in need of ART are currently receiving therapy. According to a report by the MOH, ART has been provided free of charge in the public sector since 2004, through financial support provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the prescription and sale of ARVs are regulated to guarantee quality control and reduce the risk of drug resistance developing through inappropriate use of the drugs.

Despite the impressive scale-up of the ART program, Malawi struggles with limited capacity in the health sector, creating constraints in delivering needed testing, care, and treatment services to all citizens. There are continued government efforts to expand the basic package of health services provided at no cost to all citizens, increase the number of facilities offering services, and decentralize the health system to better care for those in rural communities. Health services previously only provided for free at government-run clinics are now available at many clinics of the Christian Health Association of Malawi, while the Malawi AIDS Counseling and Resource Organization provides counseling and testing at stand-alone and mobile facilities. Improving the quality of community-based care and its linkage to facility-based services to improve patient outcomes is also an important priority. The government has supported the development and implementation of HIV/AIDS workplace policies and programs, both through partnerships with private companies and through programs for government employees. The Malawi Business Coalition (MBC) was formed as a coordinating body for these programs in the private sector. In 2003, the MBC had 15 members, and this number grew to 67 by 2008. As of June 2007, 57 percent of the member companies had functional workplace HIV awareness programs, and 73 percent of government ministries and departments had similar programs.

Since 2003, the Global Fund has disbursed \$248.2 million in grants to support HIV/AIDS programs in Malawi. Most recently, Malawi received a \$15.1 million seventh-round grant to be administered by the NAC; to date, \$9.5 million has been disbursed. Other international donors to Malawi include the U.S. Agency for International Development (USAID), the U.S. Centers for Disease Control and Prevention (CDC), the U.K. Department for International Development (DfID), the World Bank, the European Union, the United Nations Children's Fund (UNICEF), and several other United Nations agencies.

## **USAID Support**

Through USAID, Malawi received \$26.6 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Malawi are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the U.S. Government (USG) initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

With an agreement signed in May 2009, Malawi was the first country to create a Partnership Framework (PF) with the USG to coordinate the response to the epidemic. The PF provides a five-year joint strategic framework focused on service delivery, HIV/AIDS policy reform, and shared financial and/or in-kind commitments for Malawi and the United States. The Malawi PF focuses on reducing new HIV infections, improving the quality of treatment and care for PLWHA, mitigating the impacts of HIV/AIDS, and supporting the Malawian Government's efforts in these areas. The Partnership Framework Implementation Plan (PFIP) was signed in July 2010.

In 2010, USAID signed three cooperative agreements with local implementing partners through a Global Development Alliance (GDA) arrangement. These GDA agreements with local nongovernmental organizations (NGOs) will be instrumental in mobilizing funds outside of the public sector to support the HIV/AIDS response and build long-term local capacity and ownership of programs. This latest effort is in addition to USAID's continued support to local NGOs and community-based organizations to build their organizational capacity in HIV/AIDS service delivery.

To optimize sustainability, investments in HIV programming are also made in the broader context of strengthening Malawi's overall health system. At its foundation, a strong health system requires a well trained workforce, an operational and reliable supply chain system, and a strong monitoring system. USAID supports pre-service training programs in Malawian training institutions to help increase the number of health care workers in Malawi. USAID also invests in strengthening management, supportive supervision, and health information systems at the national and district levels, which directly complement the support provided for strengthening the supply chain system in Malawi through Maternal and Child Health programs. In addition, to enable the health system to make better use of its existing financial resources, USAID is strengthening its support in the area of health finance and performance-based management through its HIV programs. USAID is currently providing support to conduct National Health Accounts surveys and piloting performance-based programs at the district level.

USAID supported additional policy actions in 2009. Malawi's first national prevention strategy was created, shifting the emphasis of prevention efforts to prioritize a number of evidence-based approaches to reduce transmission. Support from the government in creating this plan affirmed its renewed commitment to prevention as the cornerstone of the HIV/AIDS response. Collaboration among USAID, UNICEF, and local stakeholders produced a draft of quality improvement standards for programs for orphans and vulnerable children (OVC) that aim to ensure these programs make a measurable difference in the lives of Malawians.

As of March 2010, there were many successful outcomes from USG-sponsored programs. These included

- Providing 82,596 PLWHA and OVC with care and support
- Counseling and testing 312,320 individuals
- Supporting 8,867 HIV-positive pregnant mothers with ARV prophylaxis

## **Important Links and Contacts**

USAID/Malawi  
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Website: <http://www.usaid.gov/mw/>

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Pretoria, South Africa 0027  
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U.S. Embassy/Malawi  
P.O. Box 30016  
16 Jomo Kenyatta Road  
Lilongwe 3  
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Tel.: 265-1-773-166  
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USAID's HIV/AIDS Web site for Malawi:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/africa/malawi.html](http://www.usaid.gov/our_work/global_health/aids/Countries/africa/malawi.html)

For more information, see USAID's HIV/AIDS Web site: [http://www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids).

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