MALAWI

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 169 000
Antiretroviral therapy target declared by country: 80 000 by June 2006

1. Demographic and socioeconomic data

<table>
<thead>
<tr>
<th>Date</th>
<th>Total population (millions)</th>
<th>Source</th>
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<tbody>
<tr>
<td>2004</td>
<td>12.3</td>
<td>United Nations</td>
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</tbody>
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Policy on HIV testing and treatment

The Government of Malawi, through the National AIDS Commission, undertakes to promote and provide high-quality, cost-effective, confidential and accessible voluntary counselling and testing services country-wide, in particular youth-friendly services and services that are adequate and accessible to other vulnerable groups. Voluntary counselling and testing is either confidential or anonymous. The government and the National AIDS Commission further promote and encourage couple counselling and the disclosure of HIV test results to partners, strive to ensure that voluntary counselling and testing services are staffed by adequate numbers of trained counsellors and coordinate and ensure the links between voluntary counselling and testing services and other services related to HIV/AIDS to provide a continuum of prevention, treatment, care, support and impact mitigation. The National AIDS Commission also ensures that HIV testing is routinely offered to all pregnant women attending antenatal clinics unless they specifically choose to decline. The delivery of quality community home-based care is promoted as an essential component of the continuum of care for people living with HIV/AIDS. A National Plan to Scale Up Antiretroviral Therapy has been developed, and antiretroviral therapy has been provided free of charge in the public sector since 2003. The prescription and sale of antiretroviral drugs is regulated to guarantee quality control and to reduce the risk of drug resistance developing through inappropriate use of the drugs. The national Essential Drug List is regularly updated to incorporate essential drugs for HIV/AIDS treatment in accordance with the WHO Model List of Essential Medicines. Infections related to HIV/AIDS are treated according to the national Essential Drug List.

Major vulnerable and affected groups

Young people 13-24 years old are particularly vulnerable to HIV, especially girls. The HIV prevalence is almost twice as high in urban areas (25%) as in rural areas (13%). High levels of movement among urban, rural, and mining areas facilitate HIV transmission. Mobile groups in Malawi, including truck drivers, sex workers, fishermen and -women and fish traders, migrant and seasonal workers, military personnel, prisoners and refugees, are also vulnerable to the epidemic.

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Antiretroviral therapy: first-line drug regimen, cost per person per year

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The first-line antiretroviral drug regimen is stavudine + lamivudine + nevirapine, which is commonly used in a fixed-dose combination. The average cost of treatment is US$ 15 per person per year. Treatment is provided free of charge in the public sector.

Assessment of overall health sector repose and capacity

The government is highly committed to addressing HIV/AIDS. The HIV/AIDS Unit within the Ministry of Health is responsible for implementing the health sector response. The National AIDS Commission was established in 2000 to coordinate multisectoral implementation of the national response. The Cabinet Committee on HIV/AIDS Prevention and Care provides policy and political direction to the National AIDS Commission. As part of the country’s larger decentralization process, the country established district AIDS coordinators and district AIDS coordination committees. The country has progressively scaled up the health sector response to HIV/AIDS, covering HIV/AIDS prevention, care and treatment through subcommittees as the Poverty Reduction Strategy Programme, the Highly Indebted Poor Country Initiative, the World Bank Multi-Country HIV/AIDS Program for Africa and the Global Fund to Fight AIDS, Tuberculosis and Malaria grant in Round 1. A National HIV/AIDS Policy was developed in 2003, laying down the guiding principles for all national HIV/AIDS programmes and interventions. The National HIV/AIDS Strategic Framework for 2000-2004 included prevention and behaviour change interventions as well as interventions to expand access to treatment, care and support services, including antiretroviral drugs. A National AIDS Strategy for 2005-2009 was developed recently. Policies and guidelines for community- and home-based care, voluntary counselling and testing, prevention of mother-to-child transmission, antiretroviral therapy and treatment of sexually transmitted infections have been developed and implemented. The government, through the National AIDS Commission, undertakes to progressively provide access to affordable, high-quality antiretroviral therapy, and prophylaxis to prevent opportunistic infections. Malawi has finalised frameworks to guide the scale up of antiretroviral therapy, including a national HIV/AIDS policy, the Two-Year Plan to Scale Up Antiretroviral Therapy for 2004-2005, a six-year human resource relief programme for the health sector, antiretroviral therapy guidelines and training materials. Health workers are being trained to deliver HIV/AIDS services. The National AIDS Commission ensures the active participation of people living with HIV/AIDS and vulnerable groups in designing, developing and implementing a progressive national realization of universal access to treatment.

Critical issues and major challenges

As the demand for HIV/AIDS prevention, care and treatment services increases, health sector capacity needs to be built up to scale up provision of services throughout the country. The greatest challenge facing Malawi is a human resource crisis, which has generally created a lack of capacity to deliver health services, especially in rural areas where primary health care is severely compromised. The scaling up of the Essential Health Package has been critically slowed, with only 10% of 617 facilities satisfying the human resource management systems need to be strengthened, as well as systems for monitoring adherence to treatment and drug resistance. Stigma and discrimination remain present. Nutritional access to treatment, care and support services, including antiretroviral drugs. A National AIDS Strategy for 2005–2009 was developed recently. Policies and guidelines for community- and home-based care, voluntary counselling and testing, treating opportunistic infections and preventing mother-to-child transmission. Drug procurement and supply management systems need to be strengthened, as well as systems for monitoring adherence to treatment and drug resistance. Stigma and discrimination remain present. Nutritional support for people living with HIV/AIDS needs to be assured. Efforts need to be made to ensure greater involvement of people living with HIV/AIDS in the national response. Financial sustainability of the national programme is also a concern.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

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5. Treatment and prevention coverage

• WHO estimates that between US$ 89.8 million and US$ 95.5 million was required during 2004-2005 for Malawi to scale up treatment to reach the WHO “3 by 5” target of 65 000.
• Malawi has adopted a basket funding arrangement that pools funding from the government and various partners in support of an integrated national response.
• The Global Fund awarded Malawi a US$ 176.6 million grant over five years in December 2005 for implementation of the national response. US$ 41.4 million has been disbursed as of December 2005 for implementation of activities. Malawi also submitted a successful proposal to Round 5 of the Global Fund with a focus on strengthening health systems and expanding care and support for HIV/AIDS orphans.
• The World Bank granted Malawi US$ 35 million under the second Multi-Country HIV/AIDS Program for Africa. The grant includes a treatment, care and support component that incorporates antiretroviral therapy.
• Other sources of support include the United States Agency for International Development, the United States Centers for Disease Control and Prevention, the Canadian International Development Agency, the Norwegian Agency for Development Cooperation, the Swedish International Development Agency, the United Kingdom Department for International Development, the European Union and international organizations, nongovernmental organizations and United Nations agencies.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The National AIDS Commission in the Office of the President coordinates the national multisectoral response to HIV/AIDS. The Ministry of Health sets health policy related to HIV/AIDS, and the National AIDS Control Programme implements the health sector response. WHO and UNAIDS have supported the development of the Two-Year Plan to Scale Up Antiretroviral Therapy for 2004-2005. The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) have supported implementation of the national response. WHO estimates that between US$ 89.8 million and US$ 95.5 million was required during 2004-2005 for Malawi to scale up treatment to reach the WHO “3 by 5” target for 2005 was set at 65 000 people (based on 50% of estimated need). The Government of Malawi declared a national treatment target of 50 000 by the end of 2005 and 80 000 by June 2006. WHO/UNAIDS estimates indicate that Malawi’s total treatment need as of the end of 2005 rose to 169 000 people.

• Provision of antiretroviral therapy in Malawi began in 2003. By December 2003, about 4000 people had started receiving antiretroviral therapy. At the end of 2004, about 13 000 people were receiving antiretroviral therapy. By the end of December 2005, this had increased to about 28 110 people. The number of facilities providing antiretroviral therapy in the public sector increased from 9 at the end of 2003 to 23 at the end of 2004 and 60 by the end of 2005, covering all districts in the country. Reports indicate that about 4000 people are receiving antiretroviral therapy in five main hospitals (Mzuzu, Blantyre, Lilongwe and Thyolo (supported by MSF Luxembourg). A number of other smaller clinics are also offering treatment in the major centres.

• Coverage of voluntary counselling and testing services has also increased, with a total of 184 facilities providing voluntary counselling and testing services by the end of 2005 covering all districts, most of which were in the public sector.

7. Staffing input for scaling up HIV treatment and prevention

WHO’s response so far

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• Carrying out a scoping mission to assess the implementation of antiretroviral therapy and to identify opportunities for rapidly scaling up antiretroviral therapy and areas for WHO support
• Providing technical assistance to the Ministry of Health and Population, the National AIDS Commission and other partners in developing a national plan for scaling up antiretroviral therapy
• Providing technical assistance to the Country Coordinating Mechanism for implementing the HIV/AIDS Round 1 grant for the Global Fund and for developing the Round 5 proposal
• Providing technical assistance for building human resource capacity, including training health workers within the framework of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy
• Providing technical assistance for strengthening drug procurement and supply management systems
• Providing technical assistance in approaches to increasing the use of antiretroviral therapy and addressing issues of equity in access to treatment
• Providing support for surveillance of drug resistance
• Providing support for documenting successful TB/HIV integrated programmes
• As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting improvement in the quality and availability of voluntary counselling and testing and strengthening the prevention of the mother-to-child transmission of HIV
• Supporting the establishment of an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future
• Supporting the strengthening of monitoring and evaluation of the national response
• Supporting ongoing efforts to train additional health workers
• Supporting the scaling up of HIV/AIDS services to rural communities and for vulnerable populations
• Collaborating with the World Food Programme to ensure adequate food aid and nutritional support for people receiving antiretroviral therapy

Staffing input for scaling up HIV treatment and prevention
• An International HIV/AIDS Country Officer has been recruited and is in place to support the scaling up of HIV/AIDS treatment and prevention. A National Programme Officer for HIV/AIDS is being recruited.