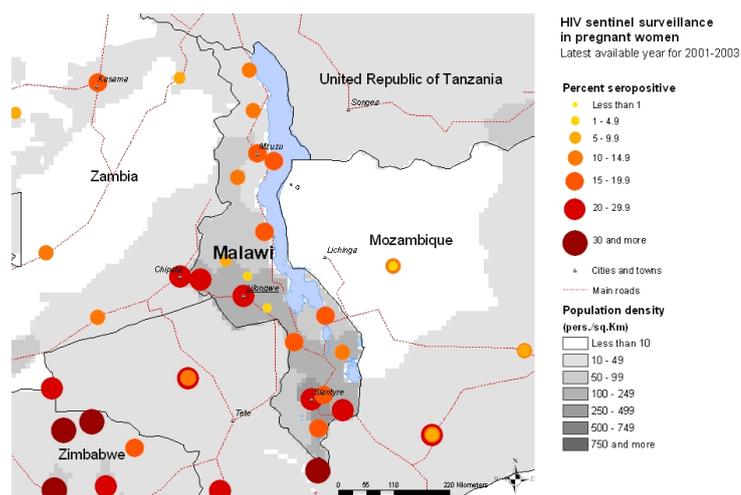


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 169 000  
 Antiretroviral therapy target declared by country: 80 000 by June 2006

169 000



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	12.3	United Nations
Population in urban areas (%)	2005	17.1	United Nations
Life expectancy at birth (years)	2003	42	WHO
Gross domestic product per capita (US\$)	2002	139	IMF
Government budget spent on health care (%)	2002	9.7	WHO
Per capita expenditure on health (US\$)	2002	14	WHO
Human Development Index	2003	0.404	UNDP

\*= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

\*\*=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* Demographic and Health Surveys

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	11.3 - 17.7%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	700 000 - 1 100 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	28 110	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	169 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2005	184	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	2005	283 467	Ministry of Health
Knowledge of HIV prevention methods (15-24 years)% - female*	2000	34	DHS*
Knowledge of HIV prevention methods (15-24 years)% - male*	2000	41	DHS*
Reported condom use at last higher risk sex (15-24 years)% - female**	2000	32	DHS*
Reported condom use at last higher risk sex (15-24 years)% - male**	2000	38	DHS*

## 3. Situation analysis

### Epidemic level and trend and gender data

Malawi faces a generalized heterosexual epidemic, with one of the highest HIV prevalence rates in the world. In a sample of pregnant women attending antenatal clinics in urban Blantyre, HIV seroprevalence rose from 2.6% in 1986 to more than 30% in 1998, decreasing only slightly to 28.5% in 2001. According to the National AIDS Commission, Malawi's national prevalence of HIV infection among adults (15-49 years) was estimated at 14% in 2003, translating into almost 900 000 adults living with HIV/AIDS. HIV/AIDS is now the leading cause of death in the most productive age group, resulting in an estimated 86 000 deaths among adults and children annually. The cumulative number of orphans and vulnerable children directly related to the AIDS epidemic is about 700 000. The epidemic has affected all sectors of society, especially social services. Although the total number of reported AIDS cases according to sex is about equal, the distribution by age group is quite different. For women, cases are concentrated in the younger age groups: more than four times as many women as men are reported to have AIDS among those 15-19 years old, whereas there are about one third more women than men among those 20-25 years old. This pattern then reverses, where more men than women are reported to have AIDS in all the groups aged 30 years or older.

### 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.

### 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 Health Package.

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



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 response 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 July 2001 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 such initiatives 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 finalized 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 national plan for the progressive 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 requirements for delivering the Essential Health Package (four professional or technical employees). Staffing is also inadequate to roll out antiretroviral therapy and other services related to HIV/AIDS, including 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

- 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\$ 178.6 million grant over five years for HIV/AIDS in Round 1 to support 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.
- Bilateral 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.

## 5. Treatment and prevention coverage

- In 2003, WHO and UNAIDS estimated Malawi's total antiretroviral therapy need to be about 130 000 people, and the WHO "3 by 5" treatment 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 four main sites at Lilongwe (Lighthouse Project) and Blantyre Central Hospitals using a revolving fund to purchase antiretroviral drugs, and the districts of Chiradzulu (supported by MSF France) 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.

## 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 United States Agency for International Development, the United Kingdom Department for International Development, the United States Centers for Disease Control and Prevention, the European Union, the Canadian International Development Agency and the Norwegian Agency for Development Cooperation support the strengthening of the health system. A Malawi Partnership Forum was created in 2005 to coordinate and streamline efforts of all stakeholders in the national HIV/AIDS response, including national authorities, donors and the United Nations agencies.

#### Service delivery

The Ministry of Health and Population coordinates the health sector response. It is the main implementer of clinical care interventions, including delivering antiretroviral therapy services in the country through its hospitals and facilities at all levels, in close collaboration with the Christian Health Association of Malawi hospitals and facilities. There are many other key implementers, including nongovernmental organizations such as Médecins Sans Frontières, which is providing treatment in two districts in the country, private clinics and teaching and training institutions. WHO provides normative support for developing tools and guidelines (such as guidelines on antiretroviral therapy; HIV testing and counselling; and laboratory services). WHO, the United States Agency for International Development, the United States Centers for Disease Control and Prevention, the Canadian International Development Agency and the Norwegian Agency for Development Cooperation support capacity-building activities. UNICEF supports procurement and capacity-building for supply management in addition to impact mitigation and prevention and advocacy.

#### Community mobilization

Nongovernmental organizations, community-based organizations and faith-based organizations, with the active involvement of community and family members, are the main implementers of community-based activities. The National AIDS Commission Secretariat facilitates and coordinates the activities of these organizations, which include home-based care, voluntary counselling and testing and psychosocial support. The Malawi National Association of People Living with HIV/AIDS has branches in most districts. The Malawi Network of AIDS Service Organizations and the Malawi Interfaith AIDS Association support the coordination of activities undertaken by their member organizations. The Ministry of Information together with the National AIDS Commission provide leadership in programme communication, supported by the National AIDS Control Programme, the Christian Health Association of Malawi, UNDP, WHO and UNICEF.

#### Strategic information

The National AIDS Control Programme coordinates surveillance, monitoring and evaluation of antiretroviral therapy services with support from the National AIDS Commission. Other key institutions include the teaching hospitals and the Blantyre School of Medicine. WHO, UNAIDS and the United States Centers for Disease Control and Prevention provide technical guidance.

## 7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- 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 (IMA) 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.