



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

MALAWI

HIV began to spread in Malawi in the early 1980s, primarily through heterosexual contact, exacerbated by high prevalence of multiple-sexual partners, low condom use, and a high prevalence of sexually transmitted infections. UNAIDS estimates that by the end of 2001, 850,000 Malawians were living with HIV, yielding an adult prevalence of 15 percent.

Furthermore, AIDS is now the leading cause of death in adults, and life expectancy at birth has dropped to 39 years. More than 80,000 people died in 2001 alone—double the number who would have died in the absence of AIDS. As a result, UNAIDS reported more than 470,000 Malawian children under 15 had lost one or both parents to AIDS by the end of 2001—a number that is projected to increase to more than one-half million by 2005.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	850,000
Total Population (2001)	11,572,000
Adult HIV Prevalence (end 2001)	15%
HIV-1 Seroprevalence in Urban Areas	
Population at high risk (i.e., sex workers and clients, patients seeking treatment for a sexually transmitted infection, or others with known risk factors)	70.4%
Population at low risk (i.e., pregnant women, blood donors, or others with no known risk factors)	28.5%

Sources: UNAIDS; U.S. Census Bureau

Knowledge of how to prevent HIV has risen dramatically in the last few years. The 2000 Demographic and Health Survey indicates that 85 percent of women and 92 percent of men know at least two of the major ways of avoiding HIV infection—most commonly condom use and having fewer sexual partners. However, this high level of knowledge has not translated into an increase in safer sex practices.



In the 2000 Demographic and Health Survey, 18 percent of married men indicated they had had extramarital sex in the last 12 months, about 25 percent of nonmarried men had had multiple partners in the same period, and more than 20 percent reported paying for sex. According to the survey, almost all Malawians have heard of *Chishango* condoms (the brand marketed by Population Services International). However, only 14 percent of men and 5 percent of women reported using a condom during their last sexual encounter. When engaging in sex with a noncohabiting partner, only 29 percent of women and 39 percent of men used a condom.

The average age of sexual debut for boys has dropped significantly over the years (from 19.6 years for the cohort currently aged 50–54 to 17.7 years for the cohort currently aged 20–24). This means that young men are now exposed to HIV risk at an earlier age, roughly five years before marriage. Sexual debut for boys is now approaching that for girls, which has remained steady at just under 17 years.

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Map of Malawi: PCL Map Collection, University of Texas

Some traditional practices in Malawi may also place individuals at risk. These include widow cleansing through sexual intercourse with a male relative of the deceased husband, and some traditional medical practices. These practices vary across different ethnic groups. Because no national study has been conducted to determine how widespread such practices are, it is difficult to conclude how these practices have affected the spread of HIV. Nevertheless, due to urbanization and improvements in literacy levels, the prevalence of some of these practices may be diminishing.

As an additional complication, stigma continues to have a pervasive negative effect. Stigma often thwarts the ability of communities and organizations to provide a full range of services. Further, some people still perceive HIV/AIDS as a divine or spiritual punishment for sinful behavior. As a result, only a limited number of individuals admit to being HIV-positive, and most are not interested in knowing their HIV status. Although the 2000 Demographic and Health Survey reported that 9 percent of women and 15 percent of men know their HIV status, it is believed that these figures are overestimated.

National Response

Malawi's National Health Plan for 1999–2004 identifies four key health problems requiring priority attention:

- High HIV seroprevalence and deaths due to HIV/AIDS-related illnesses;
- High maternal mortality and morbidity;
- High child mortality and morbidity; and
- High morbidity and mortality in the general population due to infectious diseases.

Recognizing the enormous impact of HIV/AIDS on Malawian society, a wide array of stakeholders gathered in October 1999 to develop the 2000–2004 National Strategic Framework on HIV/AIDS. The goal of the plan is to reduce the incidence of HIV/AIDS and other sexually transmitted infections and to improve the quality of life of those living with HIV/AIDS. To achieve this goal, the framework contains four components:

- Behavior change communication and advocacy;
- Programs to prevent sexually transmitted infections and mother-to-child HIV transmission, and the promotion of condom use and voluntary counseling and testing;
- Comprehensive programs to provide care for people living with HIV/AIDS, including management of opportunistic infections and distribution of antiretroviral drugs; and
- Establishment of an enabling environment, including political commitment, resource mobilization, and policy development.

The National AIDS Commission, nongovernmental organizations, faith-based organizations, the public and private sectors, and civil society in general, supported by the donor community, have developed and implemented actions across the components of the national strategic framework. In the face of a persistent and deep-rooted national humanitarian crisis, some strategies have evolved beyond what was envisioned in the national strategic framework. The number of stakeholders engaged in supporting and implementing the framework has also grown significantly since its launch, and there has recently been a substantial increase in financial resources committed to fighting the epidemic. All activities implemented with USAID funding either directly or indirectly support the goals of the national strategic framework.

USAID Support

In 2002, the United States Agency for International Development (USAID) provided \$8.5 million for HIV/AIDS activities in Malawi, up from \$7.2 million in 2001. USAID/Malawi will complement the efforts of other donors with prevention and impact mitigation activities. Specifically, USAID will work toward reducing new infections and reducing the impact of the epidemic. The Mission will focus its efforts on strengthening private sector, faith-based, and nontraditional service providers—sectors that receive limited support from other donors. Programming will target youth in particular, a group whose needs are often not met through existing programs. In addition, the Mission will continue to play an active role in increasing the involvement of selected district health management teams in voluntary counseling and testing, preventive services, and activities that mitigate the impact of HIV/AIDS. USAID/Malawi sees its program as bridging gaps and creating complementary and comprehensive programming at the national and local levels.

USAID-supported activities include the following:

Behavior change communication

USAID/Malawi is funding new behavior change communication interventions that target youth and at-risk groups. These interventions include peer education, life-skills training, multimedia activities, risk-reduction education, and mobilization of social networks. These activities will be implemented through the existing national behavior change intervention strategy that targets six main groups: young men, high-risk men and women, opinion leaders, women of childbearing ages, service providers, and policy makers. Nongovernmental organizations, faith-based organizations, and private businesses will be asked to take the lead in implementing these interventions. Impact will be assessed by tracking age of sexual debut among youth, and number of sexual partners.

Care and support

The Mission will strive to increase access to quality home-based care and support by assisting local organizations that provide these services to people living with HIV/AIDS. Care and support activities will include strengthening diagnosis, treatment, and palliative care services; providing referrals for opportunistic infections; and promoting stigma reduction and linkages to other services, including legal protection. USAID/Malawi will integrate state-of-the-art practices to improve the care and support being provided to people living with HIV/AIDS.

Children affected by AIDS

Support and services for orphans and vulnerable children will be enhanced through aid to organizations that serve this population. The effect of these services will be assessed by tracking the orphans and vulnerable children who benefit from them, and by assessing the nutritional status of children under 5, the number of orphans who attend school, and improvements in the capacity of organizations to support orphans and other vulnerable children.

Community-based organizations

USAID provides subgrants to nongovernmental organizations that provide HIV-related support services in the following areas:

- Improved diagnostic and treatment services for sexually transmitted infections;
- Prevention of mother-to-child transmission;
- Condom promotion;
- Behavior change communication;
- Counseling;
- Family planning;
- Tuberculosis control; and
- Voluntary counseling and testing.

Condoms

USAID/Malawi is working to increase HIV prevention practices through social marketing of condoms and by assisting organizations to implement the national behavior change strategy. Specifically, condom efficacy is being promoted by repositioning the *Chishango* condom brand to better capture the spirit of Malawi's youth. Condoms will be made more affordable and accessible by increasing the number of sales outlets, such as retail shops, wholesale shops, chain supermarkets, vendors, and nongovernmental organizations with workplace programs.

Prevention of mother-to-child transmission

Given the limited availability of antiretroviral drugs, USAID/Malawi has funded training for health care providers in non-pharmacological interventions to reduce HIV transmission during labor, delivery, and breastfeeding. To adopt a more comprehensive and integrated approach, USAID grantees will be linked with the emerging national prevention of mother-to-child transmission program led by the Ministry of Health and Population. The Ministry program includes provision of antiretroviral therapy, voluntary counseling and testing, and links to antenatal-care services nationwide.

Sexually transmitted infections

USAID will increase the availability of HIV/AIDS-related services, including treatment for sexually transmitted infections, by building the capacity of local nongovernmental organizations to provide such services.

Voluntary counseling and testing

USAID/Malawi has played a particularly critical role in promoting the value of voluntary counseling and testing. Through the Malawi AIDS Counseling and Resource Organization, USAID/Malawi has sponsored approximately 90 percent of voluntary counseling and testing services in the country. The Mission hopes to build on this success by:

- Providing training and technical support;
- Expanding the coverage of Malawi AIDS Counseling and Resource Organization services;
- Supporting the Ministry of Health and Population and the National AIDS Commission in the rollout of national voluntary counseling and testing services;
- Procuring test kits; and
- Partnering with the voluntary counseling and testing efforts of the Centers for Disease Control and Prevention.

Infection prevention

USAID/Malawi has been working with the Ministry of Health and Population and the Christian Health Association of Malawi to support the development of the National Quality Assurance Policy. One aspect has included the introduction of infection prevention principles in selected health facilities at the central, district-hospital, and community levels. These principles will be applied to activities to ensure HIV/AIDS quality standards are implemented in public and private health facilities alike.

For More Information

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For more information, see www.usaid.gov/pop_health/aids/index.html or www.synergyaids.com.

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