



2007 Country Profile: Malawi

National HIV prevalence rate among adults (ages 15 to 49): 14.1 percent¹
Adults and children (ages 0-49) living with HIV at the end of 2005: 940,000¹
AIDS deaths (adults and children) in 2005: 78,000¹
AIDS orphans at the end of 2005: 550,000¹

In fiscal year (FY) 2004, Malawi received more than \$14.5 million and nearly \$15.2 million in FY 2005, and approximately \$16.4 million in FY 2006 to support an integrated HIV/AIDS prevention, treatment and care program. PEPFAR is providing \$18.9 million in FY 2007.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. The United States is changing the paradigm for development, rejecting the flawed “donor-recipient” mentality and replacing it with an ethic of true partnership. These partnerships are having a global impact and transforming the face of our world today.

Partnership to Fight HIV/AIDS

To address the HIV/AIDS epidemic in Malawi, the U.S. Government (USG) through the Emergency Plan is working in partnership with the National AIDS Commission and the Ministry of Health to support Malawi's National HIV/AIDS Action Framework. In Malawi, USG collaborates with the Government of Malawi and other stakeholders to develop and support critical interventions for HIV/AIDS prevention, treatment and care. Intervention strategies of the Emergency Plan involve:

- Strengthening government and private health systems to scale up counseling and testing, antiretroviral treatment, and prevention of mother-to-child HIV transmission services;
- Building capacity to support strengthening of critical areas, including laboratory infrastructure and strategic information;
- Filling the critical gaps in HIV prevention and behavior change interventions;
- Strengthening care services provided by the public sector and indigenous organizations;
- Expanding and strengthening services for orphans and vulnerable children in urban and rural areas; and
- Supporting coordination between HIV/AIDS efforts of the Emergency Plan, the Government of Malawi, and other partner organizations.

Emergency Plan Results in Malawi

# of individuals receiving antiretroviral treatment in fiscal year 2006	55,100
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services in fiscal year 2006 ¹	52,900
# of HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT in fiscal year 2006	5,000
# of individuals receiving counseling and testing (in settings other than PMTCT) in fiscal year 2006 ²	579,200

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ The number of pregnant women receiving PMTCT services includes only women who have been counseled and tested, and received their test result.

² Counseling and testing includes only those individuals who received their test results.

HIV/AIDS in Malawi

In 2005, approximately 14.1 percent of the adult population ages 15 to 49 in Malawi was living with HIV/AIDS. With one of the highest adult prevalence rates in the world, the epidemic has exacerbated social problems as diverse as food security, human resource capacity and national defense. In Malawi, women are disproportionately affected by the epidemic. In 2005, approximately 500,000 women 15 years and older were living with HIV/AIDS.¹ The primary mode of HIV transmission is unprotected heterosexual sex. Mother-to-child HIV transmission is the second major mode of HIV transmission, accounting for approximately 83,000 pediatric HIV infections in 2005.²

HIV prevalence in Malawi is significantly higher in urban areas (20.4 percent) than in semi-urban (17.0 percent) and rural areas (13.0 percent). However, there is evidence that while infection rates are slowing in urban areas, HIV prevalence continues to increase in rural areas. The Southern region of Malawi is the most densely populated and has the highest prevalence rate among pregnant women, 21.7 percent. The Northern and Central regions have prevalence rates among pregnant women of 14.0 percent and 14.3 percent respectively.²

¹ UNAIDS, Report on the Global AIDS Epidemic, 2006.

² National AIDS Commission, HIV/AIDS Estimates, 2005.



The Emergency Plan at Work in Malawi

Challenges to Emergency Plan Implementation

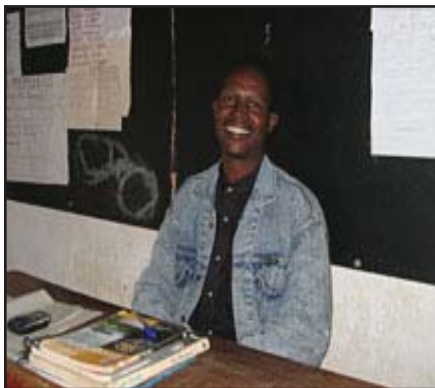
The scope of the HIV/AIDS epidemic in Malawi presents many challenges to Emergency Plan implementation. One of the greatest challenges is building the capacity of Malawi's health care system – especially in the rural areas – to cope with the enormous needs of the people. Other serious constraints include: the severe lack of trained health care professionals and para-professionals; limited access to health services, especially in rural areas and among the poor; an inefficient supply chain for drugs and other supplies; inadequate physical infrastructure; and limited laboratory capacity. These critical barriers make it particularly difficult to provide treatment and care. The high levels of HIV infection have resulted in an unprecedented increase in the number of tuberculosis cases, which rose to over 27,000 cases annually in recent years. The disease burden is also exacerbated by endemic malaria, which affects up to four million people annually, the majority of whom are women and children.

Malawian DJ Teaches Self-Respect

With support from the Emergency Plan, the Youth Alert! program spreads life-saving messages about HIV prevention to Malawian youth. The program includes a popular youth radio show with activities for program listeners, an in-school education program, and a pilot peer education program. Youth Alert! works with youth to identify the barriers to life goals and to find effective ways to overcome these barriers. Today, Carol Maziya works as a producer and DJ for Youth Alert! Mix radio program and serves as a role model for Malawian youth. Carol worked hard to get an education and to achieve her goal of becoming a radio DJ. She graduated from the Malawi Institute of Journalism and later took her job as a member of the Youth Alert! program. She explained, “Now, I'm on air three times a week on Malawi's two state radio stations. I talk to youth all over the country about reproductive health and life skills and encourage them to adopt safe sexual behaviors. ... By concentrating on my future, respecting myself and being responsible, I have achieved my goals and consider myself a ‘Real Woman.’”



Carol Maziya, producer and DJ of the Youth Alert! Mix radio program, is a role model for Malawian youth.



Teacher Alex Sambo is an advocate for orphans and vulnerable children in his school.

Building Support Networks for Orphans and Vulnerable Children

In 2004, a young secondary school student learned father had died from an AIDS-related illness. The girl rushed home to attend the funeral and spend time with her family. Following the loss of her father, she was unable to pay school fees that were due. This problem is not unusual in Malawi, a country that ranks among the world's least economically developed. A child who cannot pay school fees is normally removed from school. With support from the Emergency Plan, Word Alive Ministries International (WAMI), a faith-based organization, assists orphans and vulnerable children (OVCs), like this young girl. WAMI learned of the girl's dilemma and convinced her school to allow her to return. The group works with educational and community leaders, urging them to provide greater support for OVCs. As part of the effort, WAMI held an orientation meeting for 20 teachers in 15 communities throughout the country. The meetings counseled teachers on identifying OVC needs and serving as advocates for these children. Teachers who attended the training have become a valuable support network for OVCs.

Supporting a Mother with Life-Saving Treatment

Ruth Nkuya is one among thousands of Malawians whose lives have been touched by antiretroviral treatment (ART) programs supported by the Emergency Plan. Ruth discovered that she was HIV-positive in 1996, when her only daughter was five-years-old. Her husband was two weeks away from starting ART when he died in 1993. Ruth sought treatment and began ART in 2002, after she was referred to Lighthouse Trust, an institution supported by PEPFAR. Now a secretary for the National Association for People Living with AIDS in Malawi, Ruth says, “Since I started antiretroviral treatment, my CD4 count has gone from 308 to 900. I am able to work now and take care of my daughter.” For Ruth, whose daughter is now 14, the statistics add up to a simple fact: “I am grateful to be alive to help others – and to see my daughter grow.”