



Malawi Women Demand Better ARVs BACKGROUND BRIEFING PAPER

Malawi has almost one million estimated to be living with HIV/AIDS (924,800 PLWHA - UNAIDS 2009). Malawi's HIV/AIDS prevalence rate (the percent of people living with HIV) is almost twice the rate in sub Saharan Africa overall (14.2% compared with 7.5% in 2006 UNAIDS).

The HIV/AIDS epidemic poses significant challenges to Malawi as a low income country, which has been exacerbated by high levels of food insecurity. In 2001 the Government of Malawi formed the National Aids Commission (NAC) and to coordinate the country's response to HIV/AIDS, the government developed the Malawi National HIV AIDS Policy (2003), the National HIV/AIDS strategic Framework (2000 – 2004) to coordinate the country's response to the HIV/AIDS epidemic and the Malawi HIV and AIDS Extended National Framework (NAF) 2010 – 2012 with the national ARV scale up plan 2006 – 2010 and the new National HIV Prevention Strategy 2009 – 2013.

Overview

- The first case of AIDS in Malawi was diagnosed in 1985ⁱ.
- Over 14% of Malawian adults aged 15—49 are HIV positive, one of the highest HIV prevalence rates in the worldⁱⁱ.
- Malawian women account for 57% of HIV/AIDS cases. In the 15—24 age group, more than twice as many women are infected as men (14.5% vs. 6.5% respectively)ⁱⁱⁱ.
- The average life expectancy of women has fallen to 39.6 years slightly below that of Malawian men^{iv}.
- HIV/AIDS is the leading cause of death among people aged 20 – 49.
- HIV is spread primarily through heterosexual sex in Malawi^v.

Populations and Regions Affected

- Women account for more than half (57%) of adults estimated to be living with HIV/AIDS in Malawi^{vi}.
- Young people are especially vulnerable especially young women.
- In 2008, 83000 children^{vii} in Malawi were estimated to be living with HIV/AIDS and there were an estimated 500 000 AIDS orphans^{viii}.

The feminization of HIV/AIDS is particularly evident. HIV/AIDS-related stigma and discrimination continue to flourish. Women living with HIV/AIDS (WLHIV) in Malawi experience verbal attacks, social isolation, and discrimination in access to social welfare resources such as federal fertilizer subsidies, food-for-work and cash-for-work public works programs, and microcredit loans. Women living with HIV/AIDS also report positive experiences of empathy, support and acceptance from their families and communities.

New infections, Mortality Rates and Treatment

- There are an estimated 73,400 new cases of HIV infection and 51500 AIDS related deaths per year^{ix}.
- Between 440,000 and 510,000 living with HIV and eligible for treatment do not have access to quality ART.

Key Barriers to Access to Treatment

Key barriers include:

- Severe shortage of health care workers –

190 physicians (1 per 53,176 people or .01/1,000 people; WHO standard = 5/1,000)

2928 nursing professionals (1 per 2,964 people 0.2/1,100 people; WHO standard = 1/1,000)

- Poor geographical coverage; transportation, especially in rural areas which is 90% of population
- Supply chain issues - delays and stockouts
- Poor health infrastructure; lack of equipment and supplies, maintenance agreements
- Food shortages
- Shortages of medicines for opportunistic infections; 70% TB co-infection rate

Treatment guidelines and regimen^x

- Malawi adopted the new WHO 2010 treatment guidelines calling for earlier initiation of treatment (CD4 count of <350 cells/mm³ (the standard for wealthy countries as opposed to <200 cells/mm³ which had been the standard for “resource poor” countries).
- Until 2010, treatment regimen was a combination of Nevirapine, Lamivudine, and Stavudine; Stavudine, and to a lesser extent, Zidovudine, drugs which are most closely associated with lipodystrophy.
- The Government of Malawi is phasing out Stavudine but prioritizing certain sub-groups like pregnant women and those co-infected with Tuberculosis.
- The new regimen, per the WHO 2010 guidelines, comprises Lamivudine, Tenofovir, and Efavirenz, which are associated with fewer side effects and greater efficacy, but is more expensive.

Health financing

- Domestic spending: It is estimated that 11% of national budget (MHEN 2003) is going towards health spending in Malawi.
- The government funds for only 1% of HIV programming in Malawi^{xi}.
- Several donor governments provide funding and other support to address Malawi’s HIV/AIDS epidemic the seven largest sources of external finance account of approximately 80% of Overseas Development Aid (ODA) - World Bank, IDA, UK EU, Japan, US, Germany, AfDB (African Development Bank) and the Global Fund have either suspended or ended general budget support to Malawi.

Key Sources / Websites

- Government of the Republic of Malawi, ministry of Health: http://www.malawi.gov.mw/index.php?option=com_content&view=article&id=50&Itemid=22.
- Malawi National Aids Commission: www.aidsmalawi.org.mw/.
- UNAIDS Malawi Country Page: <http://www.unaids.org/en/regionscountries/countries/malawi/>.
- World Health Organisation, Malawi Country Page: www.who.int/countries/mwi/en.
- HIV Unit: Ministry of Health Malawi: <http://www.hivunitmohmw.org/>.

ⁱ USAID, “Health Profile: Malawi HIV/AIDS”, February 2005

ⁱⁱ DHS 2010

ⁱⁱⁱ Government of Malawi, The National Strategic Framework for HIV/AIDS 2000 – 2004, November 2000

^{iv} UNAIDS/WHO, “Malawi: Epidemiological Fact Sheet on HIV and Sexually Transmitted Infections – 2006 Update”

^v WHO, “Malawi: Summary Country Profile for HIV/AIDS Treatment Scale-Up”, June 2005.

^{vi} UNAIDS 2011 Report on the Global AIDS Epidemic

^{vii} Under the age of 15

^{viii} UNAIDS 2011 Report on the Global AIDS Epidemic

^{ix} UNAIDS 2010

^x Sources: AVERT, Malawi Voice, Malawi News

^{xi} UNAIDS 2011