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Malawi's National Response to
HIV/AIDS
for 2000 - 2004:
Combatting HIV/AIDS with
Renewed Hope and Vigour in the
New Millennium

prepared by
Strategic Planning Unit
National AIDS Control Programme

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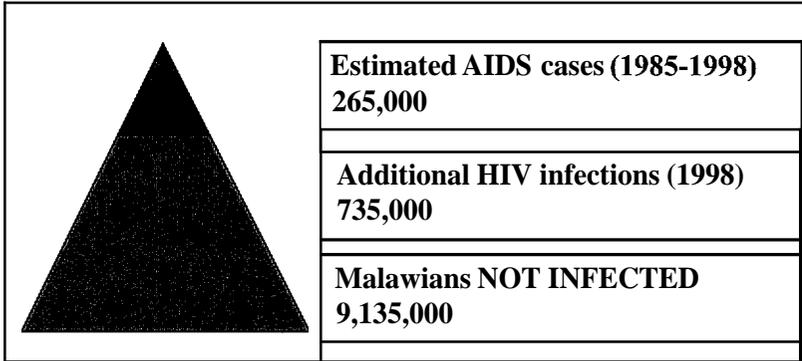
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HIV/AIDS IN MALAWI

The HIV/AIDS epidemic poses a very serious social, health and economic problem around the world — and it is especially serious in Malawi and southern Africa. It is a threat to our well being and to our national development. Control of this devastating epidemic requires the commitment of every individual and institution in Malawi. In the new millennium, Malawi will combat HIV/AIDS with renewed hope and vigour. The national response calls upon all Malawians to take responsibility for action against HIV/AIDS through their families, communities, civic organisations, places of work and their own individual efforts. Collective action by all Malawians is required if the scourge of HIV/AIDS is to be reduced and eliminated.

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV destroys the immune system and the body's ability to fight off other diseases. A person infected with HIV can live for a long time—an average of around 9 years—without showing any signs and symptoms of disease. During this period of time an infected person can transmit the virus to his or her sexual partners. An infected woman can also transmit HIV to her child before or during birth or through her breastmilk. During the many years that a person is infected with HIV, the immune system is slowly destroyed, making the person vulnerable to other diseases such as pneumonia, tuberculosis (TB) and other infections. We say that a person has AIDS when he or she begins to show symptoms of these and other opportunistic diseases.

The first cases of AIDS in Malawi were discovered in 1985. As of June 1999 over 53,000 AIDS cases have been officially reported. However, since most cases are not reported, the National AIDS Control Programme (NACP) estimates that the actual number of AIDS cases from the start of the epidemic through 1998 was over 265,000.



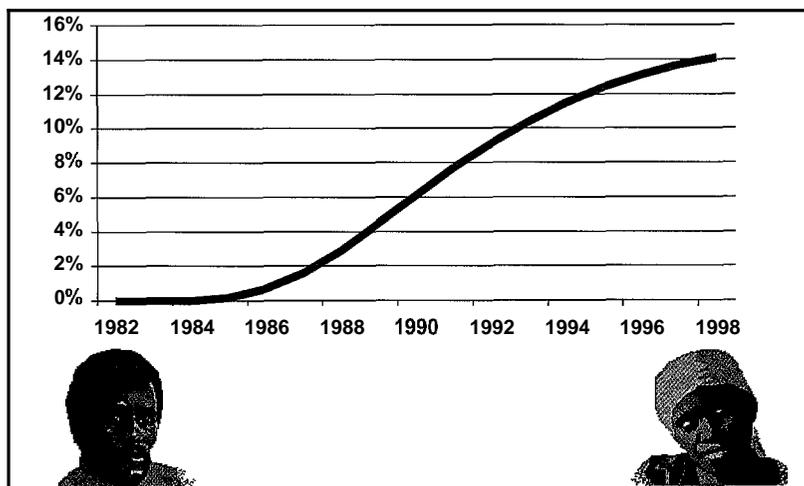
At any one time there are more people who are infected with the virus and who are still looking healthy than those who have progressed to having AIDS. In 1998 it was estimated that 735,000 Malawians were infected with the HIV virus. But more importantly, we must not lose sight of the fact that the vast majority of Malawians —about 9 out of 10—are NOT INFECTED with HIV.

There are many things we can do to protect the more than nine million people who are not infected. Indeed, the key challenge facing the nation is how to keep these people HIV NEGATIVE. Although many of them are at risk of exposure and infection with HIV, there is good evidence that people will change their behaviour when provided with proper information, services, motivation and support. We must get across the message that most people are not infected and that they can take specific behavioural actions to reduce and eliminate their risk. In particular, women and girls need to be empowered to protect themselves against infection.

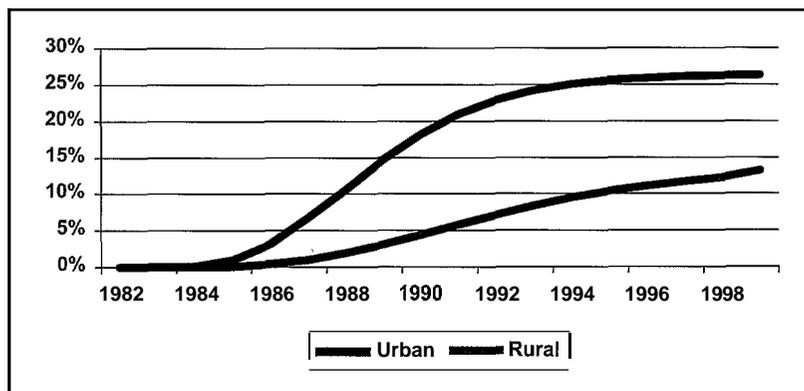
One important way to look at HIV infection rates is to analyse the prevalence in adults between the ages of 15 and 49, because this is the most economically productive age group and also the group that is getting married and raising families. The NACP estimates that 14 percent of people in this age group are infected with HIV. HIV prevalence is higher in urban areas compared to rural areas, and varies by geographic region.

Urban Areas	26 percent
Rural Areas	12 percent
Northern Region	9 percent
Central Region	11 percent
Southern Region	18 percent
National Estimate	14 percent

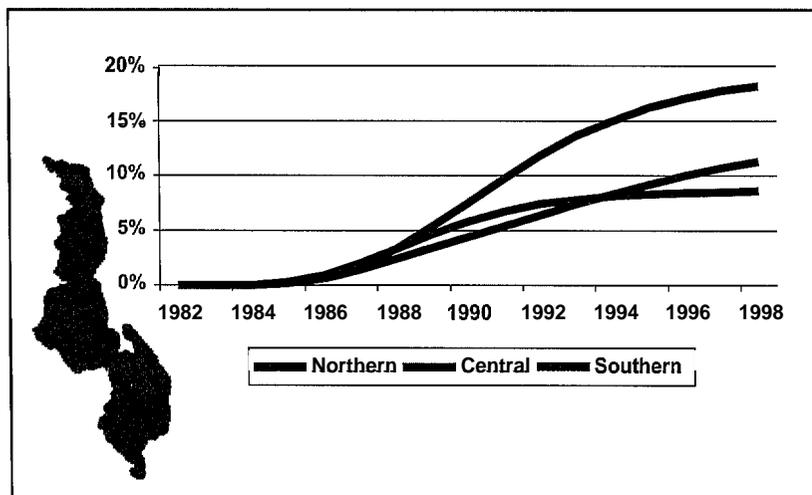
HIV Prevalence in Adults Aged 15-49,1998



National Adult HIV Prevalence, 1982-1998



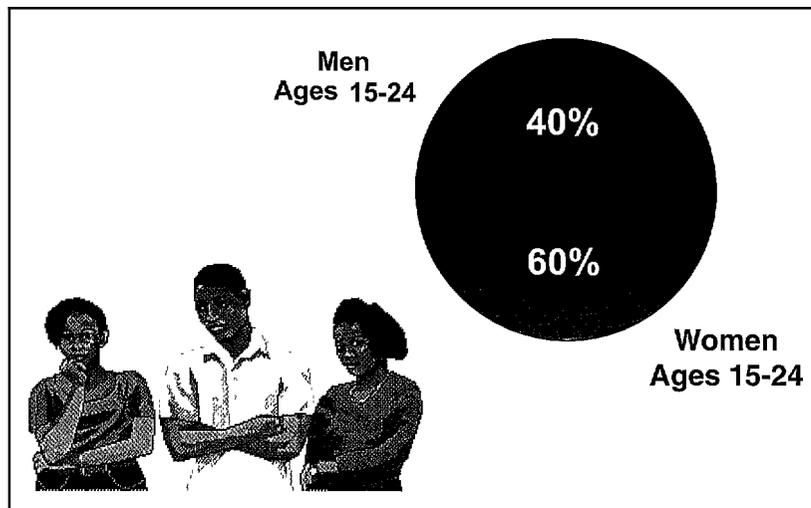
Urban/Rural Adult HIV Prevalence, 1982-1998



Adult HIV Prevalence by Region, 1982-1998

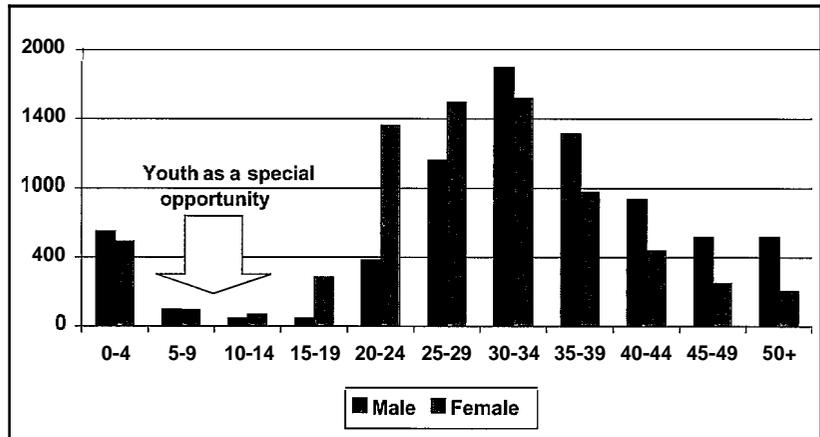
HIV prevalence has grown in all parts of Malawi but the increase has been most dramatic in urban areas and in the Southern Region.

Young youth are particularly vulnerable to the epidemic. The NAC estimates that 46 percent of all new adult infections in 1998 occurred in youth aged 15 to 24. Of these, young women suffer the largest burden. ~~Sixty~~ **Sixty** percent of the new infections in young people occurred in women and forty percent occurred in men.



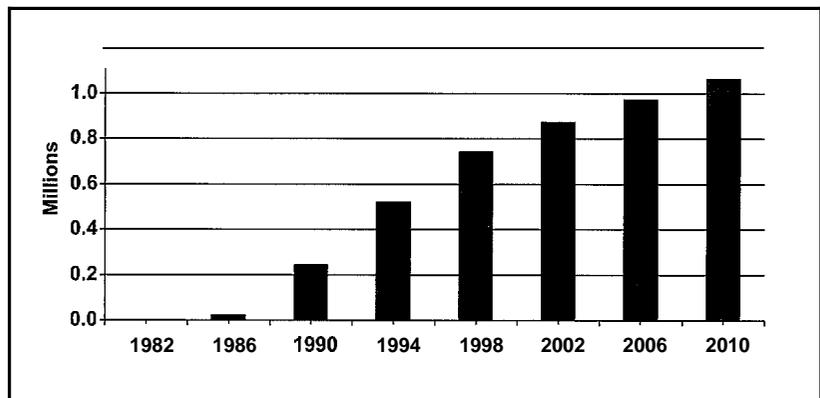
Proportion of New Infections in Young Men and Women

Looking at cumulative AIDS cases across age and sex, more females are infected in the 15-29 age group whereas more males are infected in the 30 and above age groups. The small number of AIDS cases in the 5-14 year old age group emphasises the point that the main modes of transmission are through sexual contact or perinatal transmission. Since prevalence is so low among 5-14 year olds, programmes targeted at this age group provide a special opportunity to affect the future course of the epidemic.



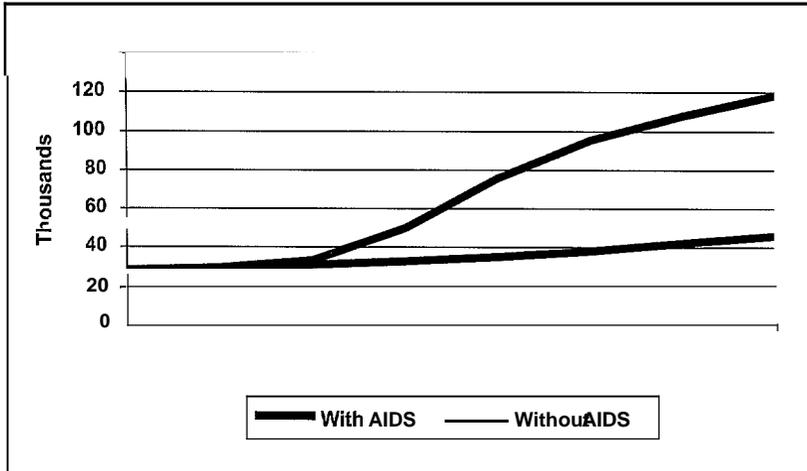
Reported AIDS Cases by Age and Sex (1995-1998)

The HIV crisis will not simply go away. Recent NACP projections of the epidemic's current trends indicate that, unless we take timely and concerted action, the number of Malawians living with HIV is likely to increase to more than a million over the next ten years.



Number Living with HIV/AIDS (All Ages)

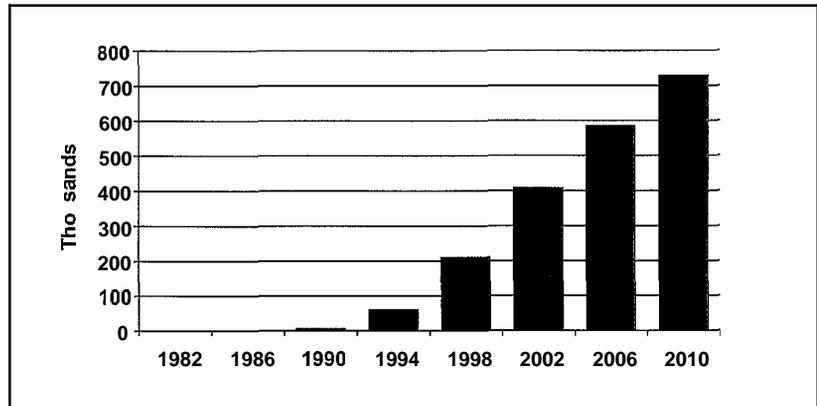
IMPACT OF HIV/AIDS



Annual Adult Deaths (Age 15-49)

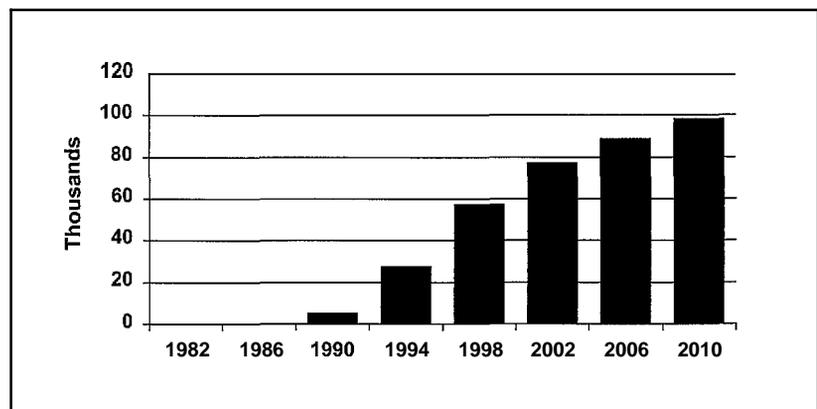
Problems children face as a result of HIV/AIDS begin long before the death of a parent or guardian. Children have to live with a sick parent and watch the parent deteriorate and eventually die. These children often face loss of family and identity, increased malnutrition and reduced opportunity for education. Thousands of children are orphaned by AIDS. It is estimated that in 1998 there were 210,000 children under the age of 15 years who had lost their mothers to AIDS. This number will triple in the next ten years. Without adequate care and support many of these children will become marginalised, exposed to child labour and abuse, and face increased risk of HIV. In addition, about one in three infants born to mothers with HIV infection become infected with the virus which causes AIDS due to transmission of the virus from mother to child.





Orphans as a Result of AIDS

Malawi as a country is experiencing increased illness and death as the epidemic matures. The number of people sick with AIDS is large and growing. In 1998 approximately 57,000 Malawians living with HIV developed AIDS. Roughly 69,000 new AIDS cases are expected in the year 2000. And unless the current HIV infection trend is slowed through behaviour change and other prevention efforts, nearly 100 thousand HIV-positive people will develop AIDS in the year 2010. At present, over 70 percent of hospital beds are occupied by people with HIV/AIDS related conditions.



Annual New AIDS Cases

Diseases which were less common and more easily cured before HIV/AIDS are suddenly re-emerging. One such disease is TB. The number of TB cases has grown from 5,000 in 1985 to over 20,000 at present. Many Malawians have latent TB infection, but because they have healthy immune systems, they are able to keep it in check. HIV weakens the immune system, and many people who have latent TB infection develop active TB, which is the leading cause of death in Malawians with AIDS. In addition, persons with TB can infect others, both those who are HIV positive and those who are negative.

Public and private health facilities, nongovernmental, religious and community-based organisations, families and individuals all must work together to meet the care and support needs of people living with AIDS. Home based care (HBC) programmes, with appropriately trained and equipped staff, must be established and supported in every community. Effective two-way referral mechanisms between health facilities and HBC programmes must be developed and maintained to assure that the sick receive proper care in all settings.

HIV/AIDS continues to place new demands on family resources and to reduce the time adults spend on economic activities. The burden of care is largely borne by women and girls. Medicines, treatments and other care often consume a large share of the family income. As families experience economic pressure to generate cash, they often sell possessions and by the time death occurs, the family is reduced to poverty or destitution. At community level, HIV/AIDS reduces the labour pool particularly for agricultural and skilled labour activities.

HIV/AIDS is impacting all sectors of society. Government departments, private institutions and nongovernmental organisations are all experiencing loss of productivity and increased costs due to absenteeism, medical bills, funeral costs and payment of premature death benefits. In addition to all these, it is difficult to replace highly qualified and experienced workers. In short, HIV/AIDS threatens to wipe out the social and economic gains Malawi has made in recent decades.

MALAWI NATIONAL STRATEGIC FRAMEWORK

Development of the Framework

The National Strategic Framework was developed through a participatory and consultative process with communities, individuals and institutions. The process aimed at strengthening the capacity of individuals, families and communities to understand and openly discuss the nature of the epidemic and its personal, social and development impact.

The Strategic Framework directs the national HIV/AIDS response in the period 2000-2004. It forms the basis for formulating policies, operational programmes, projects and activities. The Framework guides HIV/AIDS prevention and care activities by building the capacity and strength of various institutions and stakeholders. Special attention is accorded to People Living with HIV/AIDS (PLWAs), children and women. The Framework identifies gaps in the current response and directs interventions to issues and dimensions of the epidemic which have not been adequately addressed. The Framework includes an overarching goal, guiding principles, and an Agenda for Action.

Overarching Goal

The goal of the National Strategic Framework is to:

Reduce incidence of **HIV** and other sexually transmitted infections and improve the quality of life of those infected and affected by **HIV/AIDS**.

This goal supports the health sector's super-goal, which is to:

Raise the level of health status of all Malawians by reducing the incidence of illness and occurrence of death in the population through the development of a sound delivery system capable of promoting health; preventing, reducing and curing diseases; protecting life and fostering general well being and increased productivity.

Guiding Principles

The success of the National HIV/AIDS Strategy depends on the commitment of all stakeholders and interest groups. This commitment will be guided by the following principles:

- Government should support the creation of a conducive environment for effective implementation of interventions, resource mobilisation and utilisation.
- All Malawians - women, men, girls and boys - have an obligation to prevent the continued spread of HIV.
- People living with HIV/AIDS have a right to protection against discrimination and stigmatisation.
- Laws should protect the legal and human rights of PLWAs and mitigate the suffering and economic deprivation of PLWAs, widows, widowers and orphans.
- Existing statutes protecting children and the youth should be enforced at all levels of society.
- Appropriate gender responsive child rearing practices, counselling services and civic education should be provided to the youth to develop positive values, attitudes and norms.
- Informed consent should be obtained before any test is performed to diagnose a person's HIV sero-status.
- Appropriate HIV pre- and post-test counselling should be provided and disclosure of results should only be made with full consent of the individual.
- Stakeholders should collaborate in the design, implementation and monitoring of multisectoral and multi-disciplinary programmes.
- All institutions should mainstream HIV/AIDS control, care and support activities in their planning and management of human resources.

The National HIV/AIDS Strategic Framework addresses the important cross cutting issues of gender inequalities, human rights, legal and ethical issues, multisectoral partnership and socio-economic variations among communities, individuals and institutions.

AGENDA FOR ACTION

The Agenda for Action comprises nine priority components, each with its own goal and strategic actions. The goals and illustrative strategic actions are presented below by component.

CULTURE AND HIV/AIDS

The Challenge

- Inadequate strategies to deal effectively with cultural values, beliefs and practices that predispose men and women, boys and girls to HIV infection and affect the care and support of people living with HIV/AIDS.
- Inadequate strategies to strengthen cultural values, beliefs and practices that prevent the spread of HIV/AIDS and mitigate the impact of HIV/AIDS.

The Goal

- To bring about socio-cultural changes that will help reduce the spread of HIV/AIDS and minimise its impact on individuals, families and communities.

Key Strategic Actions

- ◆ Build capacity among community leaders and members to identify and modify values that promote casual sex and predispose men and women to HIV infection.
- ◆ Promote debate and advocacy among communities on sex related values and beliefs and the possibilities of legislating against those values and beliefs which put people at risk of HIV infection.
- ◆ Review the training curriculum for initiation rites in collaboration with traditional leaders and counsellors (anankungwi and angaliba) and put emphasis on moral training and self protection.

- ◆ Build the capacity of traditional leaders to take a leading role in discussing cultural values, beliefs and practices that facilitate the spread of HIV.
- ◆ Build the capacity of men and women, boys and girls to provide support and care for the sick and HIV positive persons on the basis of principles of equality, equity and human rights.

YOUTH, SOCIAL CHANGE AND HIV/AIDS

The Challenge

- 3** Weakening authority of and coordination among the family, school and religious institutions in the socialisation and guidance of young people.

The Goal

- To strengthen the authority of and coordination among youth socialisation institutions in order to bring about change in the behaviours that predispose the youth to HIV infection.

Key Strategic Actions

- ◆ Strengthen extended family ties and the traditional role of uncles and aunts in the moral training of boys and girls, and on issues of sex and sexuality, marriage and family.
- ◆ Encourage the recognition of positive role models among parents, teachers, leaders and various professionals for children and youth to emulate.
- ◆ Build the capacity of families, schools and religious institutions to discuss and teach issues of sex, sexuality, HIV/AIDS and other sexually transmitted diseases in a gender-sensitive manner.
- ◆ Enforce laws relating to rape, sexual harassment, discrimination of PLWAs, alcohol and drug abuse and access to public places of entertainment to protect children and the youth.

- ◆ Promote the development and dissemination of media programmes, which encourage positive values and life styles for the youth.

SOCIO-ECONOMIC STATUS AND HIV/AIDS

The Challenge

- 3 Inadequate social and economic life skills among women and men, girls and boys to prevent HIV infection and mitigate the impact of HIV/AIDS.

The Goal

- To bring about change in the social-cultural and economic environment of women and men in order to address gender imbalances so as to mitigate the spread and impact of HIV/AIDS.

Key Strategic Actions

- 4 Develop capacity for women and men, boys and girls to identify, analyse and take action on cultural, political, social and religious norms, values and practices, which are disempowering and entail gender discrimination and exclusion.
 - 4 Incorporate issues of gender equity and equality in all public programmes, including formal education, non-formal education and various training programmes for men and women, girls and boys.
- ◆ Strengthen and broaden the scope of lending institutions, entrepreneurial training organisations and formal and non-formal education programmes targeting women, the youth and other marginalised people.
 - ◆ Strengthen mechanisms and capacity for enforcement of existing gender and human rights legislation by various public, private, religious and nongovernmental organisations.
 - ◆ Initiate debate and seek broad consensus on crucial legal and policy areas such as the legalisation of prostitution and criminalisation of willful spread of HIV/AIDS.

DESPAIR AND HOPELESSNESS

The Challenge

- State of despair and feelings of incapacity among Malawians to respond to the challenges caused by the HIV/AIDS epidemic.

The Goal

- To bring about hope, faith and a spirit of acceptance of the reality of the HIV/AIDS epidemic among all Malawians in order to facilitate prevention and the mitigation of its impact.

Key Strategic Actions

- ◆ Support religious leaders in the development of a positive theology surrounding HIV/AIDS which lays emphasis on building hope, faith and spiritual support for PLWAs, people sick with AIDS and those affected by the epidemic.
- ◆ Develop and disseminate information, education and communication (IEC) messages which underline a theology of hope, targeting religious leaders, traditional leaders, counsellors, community support groups and the general public.
- ◆ Develop mechanisms for strengthening extended family ties within urban and rural families and between urban and rural sections of the extended family.
- ◆ Strengthen and expand the work of community based support groups in counselling and provision of home based care and support as confidence building activities.
- ◆ Support the establishment of associations and coalitions of people affected by HIV/AIDS, including widows, widowers and orphans,

HIV/AIDS CARE AND SUPPORT

The Challenge

- 3 Inadequate coordination of HIV/AIDS care and support services and low quality of services available to PLWAs, affected families and communities.

The Goal

- To provide adequate and high quality care and support services to PLWAs, affected families and communities.

Key Strategic Actions

- Institute policy and mechanisms for referral arrangements between hospitals and community groups in the management of HIV/AIDS.
- ◆ Develop guidelines for allocation and utilisation of resources for HIV/AIDS care and support activities.
- Establish flexible welfare and credit schemes which will support PLWAs, orphans, widows and widowers, including medical coverage and funeral arrangements.
- ◆ Build the capacity of hospital care providers, home care providers and community health care providers in home based care techniques and strengthen collaboration among service providers.
- ◆ Strengthen organisations of PLWAs and support groups to champion the rights and responsibilities of PLWAs.

HIV/AIDS AND ORPHANS, WIDOWS AND WIDOWERS

The Challenge

- a** Inadequate and ineffective strategies and mechanisms for the care, support and integration of orphans, widows and widowers in families and communities.

The Goal

- To strengthen and support sustainable capacities for the care of orphans, widows and widowers, particularly at family and community levels.

Key Strategic Actions

- ◆ Review and enforce all laws and policies that help to protect the interests of orphans, widows and widowers.
- ◆ Develop the capacities of families and communities to mobilise resources locally and to allocate resources judiciously to affected individuals, families and community support groups.
- ◆ Build the capacity of the extended family and promote absorption of orphans, widows and widowers within such families in line with cultural norms and values relating to support for needy people.
- ◆ Advocate for increased mobilisation of existing cultural knowledge, technical know-how and the broad social capital available in communities for the support of orphans, widows, widowers and children living in affected families.
- + Strengthen the provision of psycho-social counselling, care and support to orphans, children in HIV/AIDS affected families, widows and widowers, particularly at community and family levels.

HIV PREVENTION

The Challenge

- 3 Inadequate observance of abstinence before marriage and mutual faithfulness in marriage among youth and adults.
- 3 Inadequate accessibility to and distribution of condoms and low acceptance to use condoms among youth and adults.
- 3 Inadequate strategies for effective STD management and control.
- 3 Lack of strategies for effective control of mother-to-child HIV transmission.
- 3 Inadequate observance and enforcement of standards for safe blood supply and infection in health care facilities and at community level.

The Goal

- To strengthen the effectiveness of HIV and other STD prevention programmes and practices and expand their scope for reduced HIV incidence among Malawians.

Key Strategic Actions

- 4 Identify those factors that promote and those that prevent premarital and extra-marital sex in order to enforce the positive ones and develop strategies that address the negatives ones.
- 4 Develop and strengthen the capacity of social institutions to promote responsible sexual behaviours.
- 4 Strengthen coordination in the procurement, quality control and distribution of condoms in the general population, for specific target groups and in specific social settings where sex is likely to be practised.
- ◆ Advocate for increased use of condoms to prevent STI transmission and providing condoms at health care centres, in villages and communities.

HIV/AIDS INFORMATION, EDUCATION AND COMMUNICATION

The Challenge

- 3** Lack of a coordinated and effective IEC strategy for HIV/AIDS education using print, face-to-face and electronic media.

The Goal

- To establish a standardised comprehensive and effective IEC strategy to reduce the spread of HIV and cope with the impact of the epidemic.

Key Strategic Actions

- ◆ Design a core IEC Strategy as a basis for planning, delivery and education.
- ◆ Develop mechanisms for collaboration and networking in the implementation of HIV/AIDS IEC strategies.
- ◆ Develop HIV/AIDS messages and materials that are relevant to different target groups, e.g. families, women, sex workers, youth.
- ◆ Promote the use of appropriate and effective channels for disseminating HIV/AIDS messages, including traditional channels.
- + Strengthen the capacity of media personnel to develop and disseminate HIV/AIDS messages and materials that are well targeted and focussed.

VOLUNTARY COUNSELLING AND TESTING

The Challenge

- 3 Lack of effective and gender sensitive strategies to mobilise communities for voluntary testing.
- 3 Lack of a policy framework on disclosure of HIV positive status.

The Goal

- To strengthen and promote accessible, effective and ethically sound VCT services that offer psychosocial support to men, women and youth in order to reduce the transmission of HIV and impact of HIV/AIDS.

Key Strategic Actions

- ◆ Eliminate all forms of discrimination of PLWAs through increased IEC, application of law and human rights codes.
- ◆ Provide accurate and objective information about the nature, purpose and the short- and long-term benefits of VCT to all Malawians.
- ◆ Promote the use of VCT among:
 - young people intending to enter into marriage,
 - couples planning to have a child,
 - pregnant women,
 - individuals who wish to access early care and support for safer and prolonged life.
- ◆ Strengthen the capacity of VCT personnel in the critical areas of:
 - client counselling and related support,
 - laboratory techniques,
 - data management, reporting and utilisation
 - monitoring and evaluation

- ◆ Expand provision of high quality VCT services through:
 - a establishment of new centres,
 - a strengthening existing centres,
 - ❑ implementing the use of rapid testing kits,
 - ❑ supporting institutions with the interest and capacity to provide VCT services,
 - ❑ provision of essential resources and supplies,
 - ❑ formulating and monitoring adherence to policy guidelines and standards on VCT.

IMPLEMENTATION

The broadened national response to the HIV/AIDS epidemic defines the functions, roles, and responsibilities for key implementing, coordinating and financing institutions. It builds upon the existing institutional framework and develops mechanisms for planning and delivery of HIV/AIDS programmes. In addition, the national response underlines the need for greater collaboration and coordination among institutions and organisations to improve the effectiveness of programmes. The roles of different stakeholders shall be as follows:

- ❑ Government shall provide overall leadership and policy direction to the response and the necessary political, resource and technical support.
- ❑ Line ministries and departments will mainstream HIV/AIDS and establish workplace programmes.
- ❑ The Ministry of Health and Population will provide and monitor implementation of health related policies and guidelines.
- ❑ The National AIDS Control Programme Secretariat will provide coordination, planning, training, technical assistance, monitoring and evaluation services. It will also set priority areas for targeting and resources allocation.
- ❑ Nongovernmental organisations, religious institutions, community-based organisations, PLWA and youth organisations shall form the core of implementing agencies and will work in close collaboration.

- The private sector will mainstream HIV/AIDS activities and institute workplace programmes.
- Development Assistance Organisations and International Partners will provide technical and financial support for implementation of programmes.

Emphasis will be put on district and community based responses to HIV/AIDS. Implementation, monitoring and evaluation of these responses will utilise existing local fora and structures, such as the District Assemblies, Sectoral Planning Committees, AIDS Coordinating Committees, Area Development Committees and Village Development Committees.



Implementation will be guided by national HIV/AIDS policies and guidelines that will provide direction on issues such as mother-to-child transmission, voluntary counselling and testing, rights and responsibilities and legal issues.

CALL FOR ACTION

The Strategic Framework for the National Response to HIV/AIDS sets a common vision for all Malawians for dealing with the HIV/AIDS epidemic. It creates an opportunity for partnership among the people in Malawi in responding to HIV/AIDS. Individuals, communities, sectors and institutions must work together and complement each other in HIV prevention and mitigation efforts.

About 98% of young Malawians below the age of 15 are HIV negative. Even in the most affected age group of 15-49 in urban areas over 70% are HIV negative. This is good news and gives us hope that if we act now in a concerted manner, we can prevent the further spread of HIV.

The Malawi society is a caring society and a resource to be harnessed in the support and care of PLWAs and those affected by this epidemic. We can draw strength and direction from our cultural values and traditions just as we have always done in providing support to the needy and the suffering.

We know that HIV/AIDS will seriously affect performance in all sectors in the years to come. There are now a number of countries that have achieved successes in dealing with the epidemic, and Malawi can do the same. If we implement appropriate workplace programmes, and plan for manpower development, we will greatly offset the impact of HIV/AIDS on the sectors and ultimately on economic development.



We should all contribute to ensuring that the aspirations set out in the Framework are attained. Government, international partners, communities, the private sector and individuals should contribute to the mobilisation of the necessary human, financial and material resources to support implementation of this Strategic Framework.

Every individual, family, community and organisation will be expected to take responsibility and play an active role in responding to the HIV/AIDS crisis. You must learn about HIV/AIDS and take specific actions to protect yourself, your family, your friends and your community. Get involved. Take action. Talk about AIDS.



Together we will overcome.

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