

# MALAWI AND HIV/AIDS

## Key Talking Points

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Malawi has one of the most severe HIV/AIDS epidemics in sub-Saharan Africa:

- Fifteen percent of Malawian adults—and about 8 percent of the entire population—are infected with HIV.
- One out of six pregnant 15- to 19-year-old young women is living with the virus.

**AIDS Deaths** AIDS is the leading cause of death among Malawians ages 15 to 49. It has already reduced life expectancy from an estimated 52 to 42 years.

**HIV in Women** In 1998, 30 percent of pregnant women in the urban antenatal clinic in Blantyre tested positive for HIV. Rates in other urban and semi-urban areas are somewhat lower, ranging from 17 percent in the north to 25 percent in Lilongwe in 1997. Rates in rural areas are highly variable, ranging from 6 percent in some sites to 23 percent in one rural site. A 1994 survey of female sex workers in urban areas found that 70 percent were HIV-positive.

**HIV in Youth** Since 1995, HIV infection rates in pregnant teenagers in Blantyre have been about 20 percent. In 1997, 13 percent of reported AIDS cases were among 15- to 24-year-olds. Young women are estimated to be six times more likely to become infected than young men.

**Children and HIV/AIDS** During the 1990s, AIDS will increase Malawi's already high infant mortality rate by 7 percent. At the end of 1997, Malawi had 270,000 AIDS orphans.

**Health Care Costs** The cost of treating AIDS patients ranges from \$200 to \$900—almost four times the country's per capita income. About half the patients on medical wards in Malawi's health institutions are infected with HIV.

**Socioeconomic Impact** AIDS deaths will decimate Malawi's workforce in the next decade, exacerbating critical shortages of key personnel and crippling economic development efforts. At least 10 percent of all employees in urban areas will die of AIDS in the next ten years, and HIV-related increases in TB will contribute to a significant increase in TB deaths.

**USAID** is one of the largest supporters of HIV/AIDS programs in Malawi, contributing \$2.6 million in FY 1998. As members of the UNAIDS-led HIV/AIDS Technical Working Group, USAID staff actively participate in monthly coordination meetings with government, donors, and major implementing agencies.

**National Response** Limited human, technical, and financial resources have hampered national efforts to slow the spread of HIV. Donors provide 95 percent of the support for HIV/AIDS programs, and leaders in most sectors have been slow to recognize that the epidemic is a grave threat to the country's future development. Strong leadership is needed to mobilize adequate resources and a truly multisectoral response to HIV/AIDS.



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# MALAWI AND HIV/AIDS

## Country Profile

Malawi is one of the poorest countries in the world, with a per capita gross domestic product of \$200—less than half the sub-Saharan average. It has one of the world's lowest levels of life expectancy and some of the highest rates of malnutrition and infant mortality. Only half the population has access to safe drinking water.

The political and economic development of this small, landlocked country has been impeded by its narrow economic base, concentrated ownership of assets, authoritarian leadership, high population growth, and low education levels (40 percent literacy). The International Monetary Fund ranks Malawi as having the most unequal distribution of income in Africa.

Malawi faces a critically short supply of public health workers, facilities, equipment, transportation, and medicines. Health sector development efforts focus on rehabilitation and construction of rural health centers, health worker training, family planning, maternal and child health, nutrition, and control of malaria, tuberculosis (TB), and sexually transmitted infections (STIs).

Malaria, upper respiratory infections, and diarrhea are the most common illnesses reported in the country. The AIDS epidemic is now the primary determinant of adult mortality, and AIDS deaths are reversing earlier progress made in controlling mortality due to infectious disease.

## *HIV/AIDS in Malawi*

The HIV/AIDS epidemic in Malawi is one of the most severe in sub-Saharan Africa:

- Fifteen percent of adults are infected with HIV.
- About 850,000 of Malawi's population of 10 million are living with HIV/AIDS.
- About 20 percent of 15- to 19-year-old pregnant women in the city of Blantyre are HIV-positive.

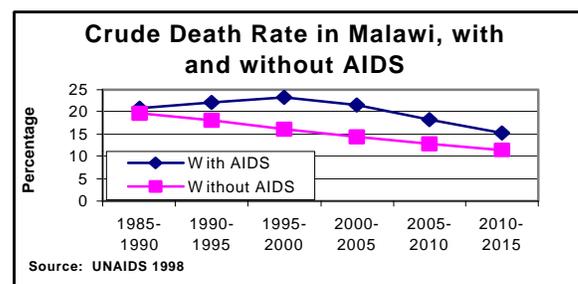
According to the World Bank, AIDS is the major cause of death among people ages 15 to 49.

- Approximately 80,000 people died of AIDS-related causes in 1997.
- From 1990 to the year 2000, AIDS will raise the crude death rate in Malawi by 44 percent.
- Life expectancy is estimated to have dropped from 52 to 42 years as a result of AIDS, and according to U.S. Census Bureau projections, may fall well below 40 by 2010.

As in other countries in the region, HIV began to spread silently in Malawi during the early 1980s, primarily as a result of individuals having sex with multiple partners, low rates of condom use, and a

high prevalence of other sexually transmitted infections (STIs). The full impact of AIDS deaths and HIV-related illnesses is not expected to peak until the middle or latter part of the next decade.

Although Malawians initiate sexual activity at an early age, overall condom use remains low. In a 1996 survey by the National Statistics Office, only 38 percent of men and 20 percent of women reported using a condom during their most recent sexual encounter with a non-spouse. In the same survey, only 22 percent of women ages 15 to 19 and 37 percent of women ages 30 to 34 who had heard of AIDS knew at least two ways of avoiding transmission of HIV.

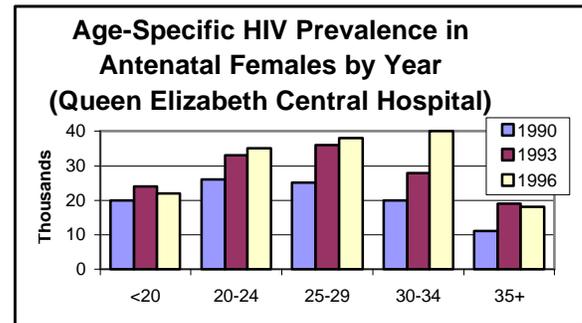


## MALAWI AND HIV/AIDS

### *HIV/AIDS and Women*

Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at high risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound this vulnerability.

- Equal numbers of women and men are probably infected, though rates are higher in younger women.
- In 1998 HIV prevalence among pregnant women attending antenatal clinics ranged from 17 to 30 percent in urban areas, and from 6 to 23 percent in rural areas.



- Seventy percent of sex workers in urban areas tested positive for HIV in a 1994 survey.

### *Children and HIV/AIDS*

The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality among infected children and orphaning many others. In Malawi, where almost half the population is under age 15, approximately 30 percent of infants born to HIV-positive mothers will also become infected with HIV. All of these children are likely to lose their mothers, and possibly their fathers, to AIDS.

Most of those infants will develop AIDS and die within two years. During the 1990s AIDS will

increase Malawi's infant mortality rate by approximately 7.4 percent.

The rising number of orphans is changing the social structure of the culture. Children and adolescents often head families because extended families can no longer support them.

- At the end of 1997, there were 270,000 AIDS orphans.
- The World Bank estimates that by 2005, 70,000 children will lose parents to AIDS every year.

### *Youth and HIV/AIDS*

In 1998, 13 percent of reported AIDS cases in Malawi were among 15- to 24-year-olds. In this age group, there are seven young women with AIDS for every three male AIDS cases.

Young women's greater susceptibility to HIV is due partly to the physiological immaturity of the young female reproductive system, and partly to their early age of sexual initiation. One out of three women ages 15 to 19 have given birth. Much of the HIV transmission is from older men to younger women, who find it difficult or impossible to insist on protective measures.

HIV threatens the futures of young people—regardless of whether or not they are infected—

*The unfortunate part is that the most affected young Malawian adults happen to be the ones upon whom the development of this country depends.*

Health Minister  
Harry Thompson

because it often robs them of opportunities to learn important skills. School enrollment had increased dramatically after 1994, when school fees were eliminated. However, because of adult AIDS-related deaths in families, enrollment numbers are now dropping as girls stay home for care giving and boys for income generation.

## Socioeconomic Effects of AIDS

Because HIV/AIDS-related illness and death strike people during their most productive years, the epidemic threatens Malawi's future development. HIV/AIDS is beginning to have a devastating impact on families, communities, health services, and businesses.

- In 1995, 72 percent of households were cultivating less than one hectare (the minimum required for family subsistence) and had to hire out labor to survive. With AIDS claiming the lives of many adults, hunger is increasing.
- As communities come under increasing economic stress and the number of orphans rises, child labor is becoming more prevalent and many orphans have had to leave school.

The direct costs of caring for millions of people living with HIV/AIDS (PLWHA) have increased the burden on already overloaded health services.

- The annual cost of treating PLWHA in Malawi in 1996 was estimated at almost \$2 million, or 7 percent of the Ministry of Health 1995-1996 budget.
- According to the World Bank, Malawi health personnel estimate that half of all patients admitted to health institutions throughout Malawi are infected with HIV.
- In the central hospitals in Lilongwe and Blantyre, up to 50 percent of admissions to medical wards and 85 percent of admissions to TB wards are HIV-positive patients.
- Only 10 percent of PLWHA receive community-based care from over 85 support groups. The

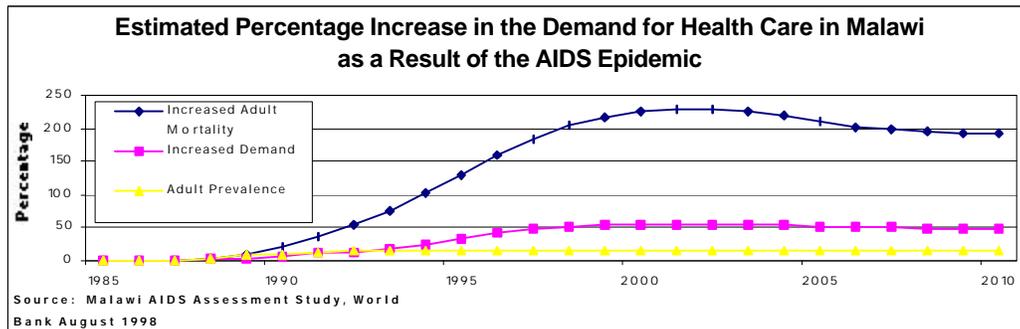
average annual cost for these programs is about \$45,000.

- The World Bank estimates that the increased cost of workplace care and prevention and increased attrition will increase the cost of care by about 10 percent.
- Absenteeism, illness, and death from AIDS have exacerbated shortages of health personnel. In the health and education sectors, annual personnel death rates are six times higher than they would have been without AIDS.

A TB epidemic fueled by HIV/AIDS further strains health care resources. According to a 1998 DIFD report, TB cases in Malawi quadrupled in the 1990s.

*A 1996 study for the Makandi tea estate and tea processing factory reported a six fold increase in mortality between 1991 and 1995, from 4 per 1,000 employees to over 23 per 1,000. Over 70 percent of these employees were ages 36 to 45. The annual cost of HIV/AIDS was 6 percent of the company's operating profit.*

HIV/AIDS is also beginning to take its toll on businesses in Malawi. Productivity has fallen and business costs have risen as a result of absenteeism, the loss of experienced employees to illness and death, and the need to train new employees. At least 10 percent of the urban workforce are likely to die from AIDS in the next ten years. There are already many unfilled positions in the health, education, and other skilled professions and occupations.



## Interventions

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### *National Response*

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The World Health Organization's (WHO) Global Programme on AIDS supported the establishment of the National AIDS Secretariat (NAS). The NAS, however, lacks an adequate operating budget and staff.

The Secretariat focuses on national-level planning, coordination, monitoring, and evaluation. Although it promotes implementation of HIV/AIDS activities by all sectors, this multisectoral strategy has yet to gain momentum. At a Consultative Group meeting in Lilongwe in December 1998, donors asked Malawi to incorporate HIV/AIDS into all of its development programs.

Some donors observe that the NAS might be more effective in working with all sectors if it had more autonomy. Plans are currently being made to turn NAS into a cost center, directly funded by the Treasury and reporting to the Cabinet Task Force on HIV/AIDS.

The structure of the national AIDS program includes regional and district AIDS coordinators. In each district, HIV/AIDS is added to the list of the many responsibilities of one public health worker. The scope and effectiveness of AIDS activities often depend on the individual District AIDS Coordinator (DAC). In many cases, Peace Corps volunteers assist the DAC.

### *Donors*

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The World Bank estimates that the total 1996 expenditure for HIV/AIDS prevention, STI services, and community-based AIDS prevention activities in Malawi was \$10.5 million. Over 95 percent of these resources came from donors.

*The urgency of the AIDS situation calls for greatly strengthened political leadership and increased investment in behavior change interventions.*

Barbara Kafka,  
World Bank Country Director

According to the World Bank Malawi AIDS Assessment, the severity of the HIV/AIDS problem in the country requires urgent government intervention. Meager allocation of local resources, failure to assign senior leadership responsibility for AIDS oversight, inactivity among members of the NAS, lack of a comprehensive, multisectoral approach, inadequate emphasis on behavior change, and limited access to voluntary HIV testing and counseling have limited the reach and effectiveness of HIV prevention efforts.

The GOM is developing a five-year National Strategic Plan that will guide HIV/AIDS activities from the year 2000 to 2004, with the assistance of various donors, including UNAIDS, USAID, UNDP, EU, and UNICEF. In 1998 a National Gender Policy and Plan of Action were implemented under the UNDP-funded Advancement of Women and Gender Equality Program of the Ministry of Women, Youth, and Community Services.

According to a UNAIDS/Harvard study, each bilateral organization contributed the following amounts in 1996 to 1999:

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Donor	Amount US\$ 1996-97	Amount US\$ 1998-99
USAID	6,000,000	3,200,000 (1999)
DANIDA	1,360,000	
DFID	440,000	9,200,000 (over 5 years)
EU	490,187	940,000
LUX	377,750	109,000
GERMANY	74,800	38,000
NETHERLANDS	89,000	
NORWAY through UNAIDS	200,000	400,000
Others	2,398,861	720,000
<b>Total</b>	<b>11,430,598</b>	<b>14,607,000</b>

### *Bilateral donor support, 1996-1999*

USAID's FY 1998 funding for HIV/AIDS was \$2.6 million. HIV/AIDS activities have been included in programs to improve access to family planning and STI services. USAID is also an active member of the UNAIDS-led Technical Working Group on HIV/AIDS. Through its cooperating agencies, the mission focuses on the following activities:

- Developing a monitoring and evaluation system for HIV/AIDS, including the supporting data collection and analysis of the 1998 Malawi Population Census and year 2000 Demographic Health Survey (DHS).
- Training in syndromic management of STIs.
- Expanding HIV prevention services at the community level.
- Improving the access to voluntary HIV counseling and testing.
- Promoting employer-based HIV/AIDS prevention programs on agricultural estates.
- Increasing access to condoms through the condom social marketing program.

*Through USAID's Work Place Task Force, the proportion of large companies with services such as peer education, condom distribution, and provision of educational materials about HIV rose from 10 percent in 1992 to 65 percent in 1997.*

*Former Peace Corps volunteer Jack Allison, now a physician and Chair of Emergency Medicine at Eastern Carolina University, returned several years ago to compose and record for Radio Malawi songs such as "Compassion, Love and Care for AIDS Patients." Allison's rock music health messages topped the charts in Malawi in the 1960s and are still remembered today.*

- Supporting promotion of income-generating activities and training in home-based care of AIDS patients.
- Providing technical assistance for the development and implementation of policy and advocacy campaigns aimed at key political figures, policymakers, and community and religious leaders.
- Supporting social, psychological, and economic assistance to orphans and other members of families that have lost someone to AIDS.
- Providing home-based care to terminally ill patients and improving access to health centers for children younger than 5.
- Supporting campaigns to promote health messages through behavior change mediums such as theatre for development and music.
- **UNAIDS'** coordinating theme group in Malawi is chaired by a WHO representative. It also includes representatives from UNDP, WHO, UNFPA, UNICEF, the World Bank, UNESCO, UNHCR, WFP, FAO, and ILO. Support from the United Nations in 1996-97 included:

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DONOR	Amount US\$ 1996-97	Amount US\$ 1998-99
UNAIDS	558,278	174,000
UNDP	447,176	870,000 (99)
UNICEF	312,500	
WHO	35,000	90,000 (99)
UNESCO	5,000	5,000
UNFPA		2,000,000
<b>TOTAL</b>	<b>1,357,954</b>	<b>3,139,000</b>

*UNAIDS cosponsor support 1996-1999*

UNAIDS activities include:

- Treatment for multiple opportunistic infections among HIV-positive adults with TB.
- A pilot project to build partnerships between communities and health systems to improve access to drugs.
- Field testing protocols to improve access to drugs.
- UN volunteer support in recruiting, training, and placing PLWHA in strategic national response programs.

- Promoting emphasis on gender and sociocultural issues in national strategic planning.
- Capacity building for community-based AIDS support groups.
- Improving access to care for people affected by the epidemic, particularly children, young people, and their families.

**The European Community** is preparing a \$3-million program for blood safety, voluntary counseling and testing, home care and safe health care practices, and community-based prevention and care.

### ***Private Voluntary Organizations (PVOs), Nongovernmental Organizations (NGOs), and Research Institutions***

A number of PVOs implement activities in Malawi for multilateral and bilateral donors. Among the major USAID cooperating agencies in Malawi are Population Services International, Save the Children Fund, Project Hope, IEF and Africare. *See attached preliminary chart for PVO, USAID cooperating agencies, and NGO target areas of HIV/AIDS activities. This list is evolving and changes periodically.*

The Malawi College of Medicine, in collaboration with Johns Hopkins University and the University of North Carolina, serves as a research site for the

HIV Network for Prevention Trials (HIVNET). HIVNET was established in 1993 by the U.S. National Institute of Allergies and Infectious Disease (NIAID) to conduct trials of promising HIV prevention strategies in the United States and abroad. Family Health International is responsible for managing and supporting the trials at international sites. Research areas include HIV preventive vaccines, topical microbicides, STI treatment, prevention of mother-to-child transmission of HIV, hormonal contraception and HIV, and behavioral risk-reduction strategies.

## Challenges

Major constraints to HIV/AIDS control in Malawi include:

- Until recently, inadequate government commitment, as exemplified by unfilled

management positions in the AIDS Secretariat and limited funding at the central and district levels. Government commitment is increasing, however, as political support increases.

## MALAWI AND HIV/AIDS

- Poverty, illiteracy, and lack of access to health care.
- A relatively poorly developed NGO sector.
- Incomplete coverage of services such as voluntary counseling and testing, long-term care for PLWHA, and orphans support.
- Inconsistent and inadequate supply of HIV test kits, drugs for STIs, and antenatal screening for syphilis.
- Lack of a national blood transfusion service.
- Ineffective information and behavior change strategies at the community level and lack of messages in languages other than English and Chichewa.
- Lack of inheritance and property rights for the wives and children of deceased husbands or parents.

### The Future

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Strengthened national commitment is needed to mount an effective response to the HIV/AIDS epidemic in Malawi. Reinforcing the NAS and increasing its autonomy to manage the national response and coordinate donor funding is a critical first step.

Technical staff and increased funding are needed at all levels. Donor and GOM contributions—human and financial—should be analyzed for

strengths, weaknesses, and gaps in order to plan and implement stronger HIV/AIDS prevention and care programs.

It is not too late for an effective response to the HIV/AIDS pandemic in Malawi. With additional financial and technical assistance and more active political leadership, all sectors of society could be mobilized to improve and expand interventions on a national scale.

### Important Links and Contacts

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1. National AIDS Control Program, P.O. Box 30622, Lilongwe 3, Malawi. Tel: (265) 782-688, (265) 829-158. Fax: (265) 782-687
2. USAID: Joan LaRosa, PHN Officer, c/o USAID, P.O. Box 30455, Lilongwe 3. Tel: (265) 782-455. Fax: (265) 783181. Email: [jarosa@usaid.gov](mailto:jarosa@usaid.gov)
3. Elizabeth Marum, Technical Advisor in HIV/AIDS, c/o USAID, P.O. Box 30016, Lilongwe 3. Tel: (265) 833-597. Email: [emarum@usaid.gov](mailto:emarum@usaid.gov) and [emarum@malawi.net](mailto:emarum@malawi.net)
4. UNAIDS, Angela Trenton-Mbonde, Country Program Adviser, c/o UNDP, PO Box 30135, Lilongwe 3. Tel: (265) 78 26 03; Email: [atrenton-unaid@malawi.net](mailto:atrenton-unaid@malawi.net)
5. Peace Corps, Edith Mkawa, c/o Peace Corps Tel: (265)
6. HIVNET, Malawi College of Medicine, Blantyre. Tel: (265) 631-527



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April 1999

**U.S. Based  
Institutional Intervention**

# Malawi

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other

**Cooperating Agencies**

Futures Group/RTI/Policy Project	X																
Horizons/Pop. Council			X				X								X		
Peace Corps									X								
Salvation Army		X	X		X				X				X		X		Income generation

**PVOs/NGOs**

Civil/Military Alliance to Combat HIV/AIDS	X			X					X								
Doctors Without Borders		X	X	X					X				X				
Map International									X								
Media for Development International									X						X		
Medical Mission Sisters	X	X	X	X				X	X	X			X	X	X	X	
World Relief	X								X			X					

KEY:	
<b>Advoc.</b>	Advocacy
<b>BCI</b>	Behavior Change Intervention
<b>Care/S</b>	Care & Support Activities
<b>Training</b>	HIV/AIDS training programs
<b>Cond.</b>	Condom Distribution
<b>SM</b>	Social Marketing
<b>Eval.</b>	Evaluation of several projects
<b>HR</b>	Human Rights activities
<b>IEC</b>	Information, education, communication activities
<b>MTCT</b>	Mother to Child Transmission activities
<b>Research</b>	HIV/AIDS research activities
<b>Policy</b>	Policy monitoring or development
<b>STD</b>	STD services or drug distribution
<b>VCT</b>	Voluntary counseling and testing
<b>Orphan</b>	AIDS orphan activities
<b>TB</b>	TB control
<b>Other</b>	(I.e. blood supply, etc.).