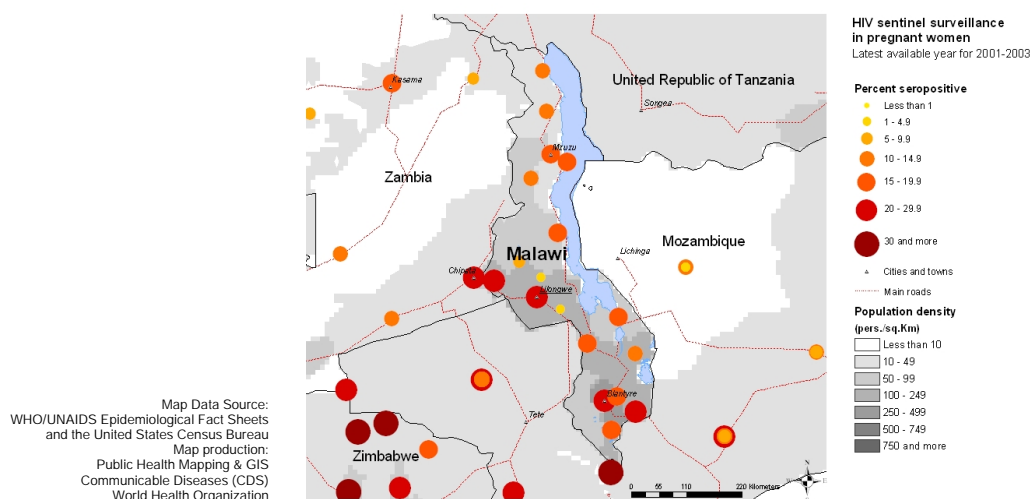


WHO estimate of number of people requiring treatment - end 2004: 140 000  
 Antiretroviral therapy target declared by country: 80 000 by the end of 2005



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	12.3	United Nations
Population in urban areas (%)	2003	16.1	United Nations
Life expectancy at birth (years)	2002	40.2	WHO
Gross domestic product per capita (US\$)	2002	139	IMF
Government budget spent on health care (%)	2002	9.7	WHO
Per capita expenditure on health (US\$)	2002	14	WHO
Human Development Index	2002	0.388	UNDP

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	11.3% - 17.7%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	700 000 - 1 100 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	May 2005	19 000	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	140 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	128	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	2003	215 269	Ministry of Health
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	51.4%	WHO

## 3. Situation analysis

### Epidemic level and trend and gender data

The country has a generalized heterosexual epidemic that is not stabilizing. For example, in a sample of pregnant women attending antenatal clinics in urban Blantyre, HIV seroprevalence rose from 2.6% in 1986 to more than 30% in 1998, decreasing only slightly to 28.5% in 2001. According to the National AIDS Commission, Malawi's national prevalence of HIV infection among adults (15-49 years) was estimated at 14% in 2003, translating into almost 900 000 adults living with HIV/AIDS. HIV/AIDS is now the leading cause of death in the most productive age group, resulting in an estimated 86 000 deaths among adults and children annually. The cumulative number of orphans and vulnerable children directly related to the AIDS epidemic is about 700 000. The epidemic has affected all sectors of society, especially social services. For example, in the health sector, the maternal mortality rate has more than doubled, in large part due to the HIV/AIDS epidemic. People living with HIV/AIDS occupy more than 50% of medical ward beds. In the education and agricultural sectors, teachers and extension workers, respectively, are dying more rapidly than replacements can be trained. The economic viability of most homes has deteriorated due to loss of income earners and the consequent support of orphans by elderly people and older siblings. Although the total number of reported AIDS cases according to sex is about equal, the distribution by age group and sex is quite different. For women, cases are concentrated in the younger age groups: more than four times as many women as men are reported to have AIDS among those 15-19 years old, whereas there are about one third more women than men among those 20-25 years old. This pattern then reverses, where more men than women are reported to have AIDS in all the groups aged 30 years or older.

### Major vulnerable and affected groups

Young people 13-24 years old are particularly vulnerable to HIV, especially girls. HIV prevalence is almost twice as high in urban areas (25%) as in rural areas (13%). Although both men and women are vulnerable to infection and disease, the impact of HIV/AIDS affects the two sexes differently. Early in an AIDS epidemic, more men are infected than women. As the epidemic progresses, that ratio changes. In a mature epidemic such as that in Malawi, 20%-40% more women are infected than men. Whatever the exact dynamics, young women attain high HIV infection rates at notably younger ages than young men. Generally, women lack complete control over their lives and are taught from early childhood to be obedient and submissive to males, especially males who command power such as a father, uncle, husband, elder brother, or guardian. In sexual relations, a woman is expected to please her male partner, even at the expense of her own pleasure and well-being. Dominance of male interests and women's inability to be self-assertive puts them at risk.

### Policy on HIV testing and treatment

The Government of Malawi, through the National AIDS Commission, undertakes to promote and provide high-quality, cost-effective, confidential and accessible voluntary counselling and testing services country-wide: in particular, youth-friendly services and services that are adequate and accessible to other vulnerable groups. Voluntary counselling and testing is either confidential or anonymous. The government and the National AIDS Commission further promotes and encourages couple counselling and the disclosure of HIV test results to partners, strives to ensure that voluntary counselling and testing services are staffed by adequate numbers of trained counsellors and coordinates and ensures the links between voluntary counselling and testing services and other services related to HIV/AIDS to provide a continuum of prevention, treatment, care, support and impact mitigation. HIV testing is permitted without consent in sample screening of pregnant women through anonymous unlinked testing for surveillance and testing of blood, body fluids and other body tissues for transfusion and transplants. The National AIDS Commission ensures that HIV testing is routinely offered to all pregnant women attending antenatal clinics unless they specifically choose to decline. The delivery of quality community home-based care is promoted as an essential component of the continuum of care for people living with HIV/AIDS. The prescription and sale of antiretroviral drugs is regulated to guarantee quality control and to reduce the risk of drug resistance developing through inappropriate use of the drugs. The national Essential Drug List is regularly updated to incorporate essential drugs for HIV/AIDS treatment in accordance with the WHO Model List of Essential Medicines. The management of drugs and medical supplies, including procurement, storage and distribution of essential and antiretroviral drugs, is constantly monitored and improved as necessary. Infections related to HIV/AIDS are treated according to the Essential Health Package.

### Antiretroviral therapy: first-line drug regimen, cost per person per year

The first-line antiretroviral drug regimen is stavudine + lamivudine + nevirapine, which is commonly used in a fixed-dose combination. The cost is about US\$ 250 per person per year.

### Assessment of overall health sector response and capacity



The government is highly committed to addressing HIV/AIDS. The HIV/AIDS Unit within the Ministry of Health is responsible for implementing the health sector response. The Cabinet Committee on HIV/AIDS Prevention and Care provides policy and political direction to the National AIDS Commission. As part of the country's larger decentralization process, the country established district AIDS coordinators and district AIDS coordination committees. The National AIDS Commission was established in July 2001 to coordinate the multisectoral implementation of a national strategic framework launched in 1999. Malawi has now finalized frameworks to guide the scale up of antiretroviral therapy, including a national HIV/AIDS policy, the Two-year Plan to Scale up Antiretroviral Therapy for 2004-2005, a human resource relief programme for the health sector, antiretroviral therapy guidelines and training materials. The country is scaling up the health sector response component, covering HIV/AIDS prevention, care and treatment through such initiatives as the Poverty Reduction Strategy Programme, the Highly Indebted Poor Country Initiative, the World Bank Multi-Country HIV/AIDS Program for Africa and the Global Fund to Fight AIDS, Tuberculosis and Malaria grant in Round 1. The government, through the National AIDS Commission, undertakes to progressively provide access to affordable, high quality antiretroviral therapy and prophylaxis to prevent opportunistic infections to individuals who have tested HIV-positive and are medically deemed to be in need of this drug therapy. The National AIDS Commission ensures the active participation of people living with HIV/AIDS and vulnerable groups in designing, developing and implementing a national plan for the progressive realization of universal access to treatment.

#### Critical issues and major challenges

The greatest challenge facing Malawi is a human resource crisis, which has generally created a lack of capacity to deliver health services, especially in rural areas where primary health care is severely compromised. The scaling up of the Essential Health Package has been critically slowed, with only 10% of 617 facilities satisfying the human resource requirements for delivering the Essential Health Package (four professional or technical employees). Staffing is also inadequate to roll out antiretroviral therapy and other services related to HIV/AIDS. Achieving the government target of providing antiretroviral therapy to 35 000 to 50 000 people by June 2005 will require one dedicated nurse plus one dedicated clinician at 59 health facilities. The Ministry of Health aspires to scale up to 80 000 people accessing antiretroviral therapy by December 2005. This will require 230 staff dedicated to antiretroviral therapy at more than 82 centres, all of whom must receive special training. In addition, staff are required for complementary activities including voluntary counselling and testing, treating opportunistic infections and preventing mother-to-child transmission. Illnesses related to HIV/AIDS account for an estimated 60% of hospital occupancy, and existing human resources are not capable of supporting this. This will place considerable further burden on human resource capacity in the health sector.

## 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- WHO estimates that between US\$ 89.8 million and US\$ 95.5 million is required during 2004-2005 for Malawi to scale up treatment to reach the WHO "3 by 5" target of 65 000.
- The Global Fund awarded Malawi a US\$ 267.1 million grant over five years for HIV/AIDS in Round 1. An estimated US\$ 24.2 million of this amount will be available to support scaling up antiretroviral therapy during 2004-2005.
- The World Bank granted Malawi US\$ 35 million under the second Multi-Country HIV/AIDS Program for Africa. The grant includes a treatment, care and support component that incorporates antiretroviral therapy.
- Other sources of support include the United States Agency for International Development, the United States Centers for Disease Control and Prevention, the Canadian International Development Agency, the United Kingdom Department for International Development, the European Union, other international organizations and nongovernmental organizations and United Nations agencies. An estimated US\$ 13.2 million is expected to be available from bilateral partners for scaling up antiretroviral therapy during 2004-2005. An additional US\$ 1.5 million is expected to be available from nongovernmental organizations, charities and foundations.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that Malawi will face a funding gap of between US\$ 50.9 million and US\$ 56.6 million to reach 65 000 people by the end of 2005.

## 5. Antiretroviral therapy coverage

- In 2003, WHO and UNAIDS estimated Malawi's total antiretroviral therapy need to be about 130 000 people, and the WHO "3 by 5" treatment target for 2005 was set at 65 000 people (based on 50% of estimated need). The Government of Malawi has declared a national treatment target of 80 000 by the end of 2005. WHO/UNAIDS estimates indicate that Malawi's total treatment need as of the end of 2004 has risen to 140 000 people.
- Reports indicate that about 4000 people are on antiretroviral therapy in four main sites at Lilongwe (Lighthouse Project) and Blantyre Central Hospitals using a revolving fund to purchase antiretroviral drugs, and the districts of Chiradzulu (supported by MSF France) and Thyolo (supported by MSF Luxembourg). A number of other smaller clinics are also offering treatment in the major centres.
- As of May 2005 WHO/UNAIDS estimated that a total of 19 000 people were receiving antiretroviral therapy in Malawi.

## 6. Implementation partners involved in scaling up antiretroviral therapy

#### Leadership and management

The National AIDS Commission coordinates the national multisectoral response to HIV/AIDS. The Ministry of Health and Population sets health policy related to HIV/AIDS while the National AIDS Control Programme implements the health sector response. WHO and UNAIDS have supported the development of the national scale-up plan for 2004-2005. The United States Agency for International Development, the United Kingdom Department for International Development, the United States Centers for Disease Control and Prevention, the European Union, the Canadian International Development Agency and the Norwegian Agency for Development Cooperation support the strengthening of the health system.

#### Antiretroviral therapy service delivery

The Ministry of Health and Population coordinates the health sector response. It is the main implementer of clinical care interventions, including delivering antiretroviral therapy services in the country through its hospitals and facilities at all levels, in close collaboration with the Christian Health Association of Malawi hospitals and facilities. There are many other key implementers, including nongovernmental organizations such as Médecins Sans Frontières, which is providing treatment in two districts in the country, private clinics and teaching and training institutions. WHO provides normative support for developing tools and guidelines (such as guidelines on antiretroviral therapy; HIV testing and counselling; and laboratory services). WHO, the United States Agency for International Development, the United States Centers for Disease Control and Prevention, the Canadian International Development Agency and the Norwegian Agency for Development Cooperation support capacity-building activities. UNICEF supports procurement and capacity-building for supply management in addition to impact mitigation and prevention and advocacy.

#### Community mobilization

Nongovernmental organizations, community-based organizations, and faith-based organizations, with the active involvement of community and family members, are the main implementers of community-based activities. The National AIDS Commission Secretariat facilitates and coordinates the activities of these organizations, which include home-based care, voluntary counselling and testing and psychosocial support. The Malawi National Association of People Living with HIV/AIDS has branches in most districts. The Ministry of Information together with the National AIDS Commission provide leadership in programme communication, supported by the National AIDS Control Programme, the Christian Health Association of Malawi, UNDP, WHO and UNICEF.

#### Strategic information

The National AIDS Control Programme coordinates surveillance, monitoring and evaluation of antiretroviral therapy services with support from the National AIDS Commission. Other key institutions include the teaching hospitals and the Blantyre School of Medicine. WHO, UNAIDS and the United States Centers for Disease Control and Prevention provide technical guidance.

## 7. WHO support for scaling up antiretroviral therapy

#### WHO's response so far

- Carrying out a scoping mission to assess the implementation of antiretroviral therapy and to identify opportunities for rapidly scaling up antiretroviral therapy and areas for WHO support
- Providing technical assistance to the Ministry of Health and Population, the National AIDS Commission and other partners in developing a national plan for scaling up antiretroviral therapy
- Providing technical assistance to the Country Coordinating Mechanism for implementing the HIV/AIDS Round 1 grant for the Global Fund.
- As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting improvement in the quality and availability of voluntary counselling and testing and strengthening the prevention of mother-to-child transmission of HIV

#### Key areas for WHO support in the future

- Supporting the strengthening of a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy
- Providing technical assistance in approaches to increasing the use of antiretroviral therapy and addressing issues of equity in access to treatment
- Collaborating with the World Food Programme to ensure adequate food aid and nutritional support for people receiving antiretroviral therapy

#### Staffing input for scaling up antiretroviral therapy and accelerating prevention

- A "3 by 5" Country Officer has been recruited and is in place to support the scaling up of HIV/AIDS treatment and prevention. A National Programme Officer for HIV/AIDS is being recruited.