Malawi: PMTCT

Statistics, 2010

| Estimated # of children (0-14) living with HIV | 120,000 [68,000 - 170,000] |
| Population | 15,263,000 [2009/10] |
| Annual births | 808,000 [2009] |
| Neonatal mortality rate | 28/1,000 [2004/05] |
| Infant mortality rate | 59/1,000 [2009/10] |
| Under 5 mortality rate | 100/1,000 [2009/10] |
| Maternal mortality ratio | 510/100,000 [2006/09] |
| Adult (15-49) HIV prevalence | 11.0% [10.0%-12.1%] [2009/10] |
| HIV prevalence young people (15-24) | female: 6.8% [5.3%-9.2%] male: 3.1% [2.3%-4.2%] [2009/10] |

Estimated # of pregnant women living with HIV: 57,000 [51,000 - 83,000] [2009/10]

Exclusivity breastfeeding for infants <5 months: 57% [2009/10]

Comprehensive knowledge about HIV (15-24 yrs):
- Female: 42% [2009/10]
- Male: 42% [2009/10]

Condom use at last higher-risk sex (15-24) :
- Female: 40% [2009/10]
- Male: 56% [2009/10]

Unmet need for family planning: 28% [2009/10]

% ANC facilities that provide testing and ARVs for PMTCT [2009/10]

Timing of first ANC visit (months):
- No ANC: 5% <4 months: 8% 4-5 months: 44% 6-7 months: 41% 8+ months: 5% DK: <1% [2009/10]

% of women attending at least 4 ANC visits during pregnancy:
- Overall: 57% urban: 65% rural: 56% [2009/10]

National Targets by 2013 [3]
- 80% of pregnant and lactating women receive comprehensive PMTCT services

Strategic Focus of National Plan [3]
- Integrate PMTCT and maternal and child health services;
- Increase access to anti-retrovirals (ARVs)/ co-trimoxazole prophylaxis for HIV-positive pregnant women and HIV-exposed infants, and access to anti-retroviral therapy (ART) for eligible pregnant/lactating women;
- Increase capacity to implement, manage and monitor PMTCT programmes;
- Strengthen the coordination, monitoring, and evaluation systems for PMTCT;
- Strengthen community engagement;
- Integrate family planning/HIV services;
- Routinely offer HIV testing and care to women of childbearing age;
- Promote appropriate infant and young child feeding practices;
- Increase access to and utilization of male and female condoms; and
- Strengthen and scale up youth-friendly health services.

HIV Prevalence has been relatively stable since 1995

- Adult HIV (15-49) prevalence (%) (1990-2009) [12]

- More than one in ten adults is living with HIV.
- Prevalence among pregnant women has declined from 22.8% in 1999 to 13.5% in 2007 as measured through ANC sentinel surveillance. [24] Women (15-24) are over two times more likely to be HIV-positive (6.8%) than young men (3.1%). 37% of new infections are among sero-discordant couples. [3]

Most women attend at least 1 ANC visit; too few rural and poor women deliver with a skilled attendant

- Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel, 2006 [15]

- 92% of women attended ANC in 2006, with little variation by wealth or residence status. Only 7% of women received care with a skilled attendant. Wealth and residence status disparities in skilled attendant care at birth are pronounced: 78% of urban pregnant women received care, compared to 50% of rural women. 77% of women in the richest wealth quintile received skilled care versus 43% of pregnant women in the poorest quintile.

Only half of all pregnant women are tested for HIV in 2009

- Trends in the percentage of pregnant women tested for HIV (2004-2009) [8]

- 52% of pregnant women were tested for HIV in 2009. Given high ANC utilization and the reported availability of testing services in 95% of ANC clinics, more women should be tested for HIV in ANC.

- Improvements in data collection eliminated double-counting for 2009 data.

Anti-retrovirals (ARVs) for PMTCT for mothers and infants are gradually being scaled up, though too many babies were lost to follow up in 2009.

- Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [3]

- An estimated 58% of mothers and 41% of HIV-exposed infants were provided with ARVs for PMTCT in 2009. Malawi will be on track to achieve its national targets for PMTCT by 2013 if efforts to scale-up and reduce loss-to-follow up are redoubled.

**Policy Environment**

- 2008-2013 costly national PMTCT scale-up plan in place
- No costly sub-national plans
- WHO option B+ protocol adopted

**Budget Environment**

Global Funds (GFATM) recipient: R1, 5 & 7 [4]
- GFATM PMTCT re-programming request and R10 application submitted
- PEPFAR program country & PEPFAR Plus Up funds recipient [19]

- Domestic Health Financing
  - Govt expenditure on health, as per cent of total govt spending: 11.9% [1]
  - Total Health Financing: [3]
  - Out of pocket: 9%; Public: 29%; Aid: 43%; Private: 19%

**The Bottom Line**

To meet national targets for PMTCT in 2013, the following actions are essential:
- **Preventing new HIV infections** among young women and couples and promoting access to family planning services among women living with HIV
- **Improving equitable access** to skilled attendants at delivery
- **Improving access to and utilization of PMTCT services** within ANC and delivery care settings. The high uptake of ANC services presents an opportunity to reach more pregnant women living with HIV.
- **Improving quality, timeliness and continuity of care** for both the mother and the child

**Domestic Health Financing**

In 2009, 70% of women who received ARVs for PMTCT received single-dose nevirapine only (down from 87% in 2008), 13% received a combination regimen (up from 1% in 2008), and 17% received highly active anti-retroviral therapy (up from 12% in 2008).
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References

[2] ANC one visit taken from MICS 2006, Final report, Table 9.3a, 9.3b; ANC four visits taken from DHS 2004, Final report, Table.9.2, p.135
[9] Demographic and Health Surveys, Malawi data, 2004
[19] Personal communication with UNICEF East and Southern Africa Regional Office
[21] Malawi Ministry of Health