Country Situation

Background Statistics

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</thead>
<tbody>
<tr>
<td>HIV prevalence - adults (ages 15-49)</td>
<td>11.0% [10.0-12.1%]</td>
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<tr>
<td>HIV prevalence - pregnant women (all ages)</td>
<td>10.6%</td>
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<tr>
<td>Number of women living with HIV delivering</td>
<td>63,500</td>
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<tr>
<td>Est. # children (ages 0-14) living with HIV</td>
<td>120,000 [68,000-170,000]</td>
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<tr>
<td>Maternal mortality ratio</td>
<td>460/100,000</td>
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<tr>
<td>Est. annual births</td>
<td>663,000</td>
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<tr>
<td>Infant mortality rate</td>
<td>58/1,000</td>
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<tr>
<td>Under-5 mortality rate</td>
<td>86/1,000</td>
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Although HIV prevalence and incidence in Malawi decreased between 2001 and 2009, adult HIV prevalence (15-49 years) continues to be high (11% in 2009). HIV prevalence among pregnant women (all ages), estimated at 10.6% in 2009, was similar to the general adult population. In 2011, approximately 63,500 pregnant women were living with HIV and, in 2010, 13% of under-5 mortality was due to HIV. Between 2009 and 2011, Malawi has seen a 26% decline in the number of new paediatric HIV infections – from 21,300 to 15,700.

According to health facility data, PMTCT services were available in all ANC facilities in Malawi in 2010. Although HIV testing coverage among pregnant women increased from 10% in 2005 to 66% in 2010, it is still low. In 2011, only 53% of pregnant women living with HIV received more efficacious ARV regimens for preventing mother-to-child transmission of HIV, and only 35-46% children born to PWLHIV received ARVs for PMTCT in 2010.

Malawi has adopted WHO PMTCT Guidelines Option B and a costed PMTCT scale up plan (2008-2015) is in place.

Reaching High Level Targets

Global 2015 Targets

- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

An estimated 25,600 children were newly infected with HIV in 2009. Modeling data from UNAIDS indicates that if all interventions are scaled up and Global Plan targets achieved (see Figure 1), there would be 3,200 new child infections in 2015 – an 88% decline in the number of new child infections between the years 2009 and 2015.

Figure 1: Number of new child HIV infections due to mother to child transmission, by scenario, Malawi

Global Plan Targets, Baseline and Current Status

<table>
<thead>
<tr>
<th>Prong</th>
<th>Number new paediatric HIV infections</th>
<th>HIV incidence in women (ages 15-49)</th>
<th>Percentage of married women with unmet need for family planning (ages 15-49)</th>
<th>Mother-to-child transmission rate</th>
<th>Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)</th>
<th>Breastfeeding ARV Coverage</th>
<th>ART coverage among HIV+ pregnant women in need of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>21,300</td>
<td>0.74%</td>
<td>30%[13] (2004)</td>
<td>31%</td>
<td>24%[3]</td>
<td>4%</td>
<td>12%</td>
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<tr>
<td>Two</td>
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<tr>
<td>Three</td>
<td>Number new paediatric HIV infections</td>
<td>HIV incidence in women (ages 15-49)</td>
<td>Percentage of married women with unmet need for family planning (ages 15-49)</td>
<td>Mother-to-child transmission rate</td>
<td>Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)</td>
<td>Breastfeeding ARV Coverage</td>
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</tr>
<tr>
<td>Four</td>
<td>21,300</td>
<td>0.74%</td>
<td>30%[13] (2004)</td>
<td>31%</td>
<td>24%[3]</td>
<td>4%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Key Points

Among young people (15-24 years), young women were twice as likely to be HIV-positive than young men in 2009 (6.8% vs. 3.1%). Condom use at last sex among young people (15-24 years) reporting multiple partners in the past year was higher among young men (41%) than young women (31%) in 2009. The rate of unintended pregnancies (ages 15-49) is very high, estimated at 44% in 2010, and approximately one in four married women (26%), ages 15-49, reported an unmet need for family planning in 2010.[14]

Figure 2: Coverage of selected PMTCT interventions (2010)

- 84% of PW who have at least one ANC visit
- 66% of PW tested for HIV
- 53% of PWLHIV who received efficacious ARVs for PMTCT
- 35-46% of children born to PWLHIV who received ARVs

1 Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

According to facility data, 84% of pregnant women attended at least one ANC visit in 2010, yet skilled attendance at delivery is still low (54% in 2006), and the maternal mortality ratio in Malawi is relatively high (460/100,000 live births in 2010).[10] In 2010, only 66% of pregnant women were tested for HIV and, in 2011, only 53% of pregnant women living with HIV received efficacious ARVs for PMTCT. An estimated 35% to 46% of infants born to HIV-infected women received ARVs for PMTCT in 2010, indicating missed opportunities across the continuum of care.
Program Status According to PMTCT Prongs

Global 2015 Target
• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

| Percentage of HIV-infected pregnant women assessed with CD4 testing | 56% | 2010 |
| Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth | [37-49%] | 2010 |
| Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth | – | – |

Key Points
In 2010, 56% of HIV positive pregnant women were assessed with CD4 testing to determine if they were in need of treatment for their own health. Coverage of CTX prophylaxis is fair (37%-49%), while data on early infant diagnosis is not currently available. Although coverage of paediatric ART increased from 22% in 2009 to 29% in 2011, it is still low. Among pregnant women with HIV who received ARVs for PMTCT in 2010, 40% still received single dose nevirapine, a regimen no longer recommended by the WHO, while 34% received more effective ARV regimens and 26% received ART for their own health (see Figure 3).

Key Challenges & The Bottom Line

<table>
<thead>
<tr>
<th>Key Challenges</th>
<th>The Bottom Line</th>
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<tbody>
<tr>
<td>Despite good ANC coverage, far fewer women and children access comprehensive PMTCT services across the continuum of care</td>
<td>Improve availability and demand for comprehensive PMTCT services within ANC and MNCH</td>
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<tr>
<td>High unmet need for family planning</td>
<td>Expand access to family planning and strengthen linkages between PMTCT and FP/ SRH services</td>
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<tr>
<td>Few women access skilled attendance at delivery</td>
<td>Improve equitable access to skilled birth attendance</td>
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<tr>
<td>Few infants born to HIV+ mothers receive CTX prophylaxis and few HIV+ children receive ART.</td>
<td>Expand the provision of CTX prophylaxis and ART for children with HIV</td>
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<tr>
<td>A large proportion of PWLHIV who do access ARVS for PMTCT are still receiving single dose nevirapine.</td>
<td>Improve equitable access to more efficacious ARV regimens for PWLHIV</td>
</tr>
<tr>
<td>Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets</td>
<td>Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.</td>
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</tbody>
</table>

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010*

Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011

If national EMTCT targets for Malawi are to be met by 2015, the following actions should be considered:
References:

14. Malawi Demographic and Health Survey 2010, Preliminary Report

Notes:

* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the *Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011*. Revised country data for this indicator will be published towards the end of 2012.

– Data not available.

† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.

ª 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

ANC: Antenatal care
ART: Antiretroviral therapy
ARVs: Antiretroviral prophylaxis
CTX: Co-trimoxazole prophylaxis
EID: Early infant diagnosis
EMTCT: Elimination of mother-to-child transmission of HIV
FP: Family planning
L&D: Labour and delivery
MMR: Maternal mortality ratio
MNCH: Maternal, newborn and child health
PMTCT: Prevention of mother-to-child transmission of HIV
PWLHIV: Pregnant women living with HIV
SRH: Sexual and reproductive health
WHO: World Health Organization