Country Situation

**Background Statistics**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2009 Baseline [or last available data]</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence - adults (ages 15-49)</td>
<td>10.0% [9.5-10.6%]</td>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV prevalence - pregnant women (all ages)**</td>
<td>10.6%</td>
<td>2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of women living with HIV delivering</td>
<td>63,500 [55,000-74,000]</td>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Est. # children (ages 0-14) living with HIV</td>
<td>170,000 [150,000-200,000]</td>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
<td>460/100,000</td>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Est. annual births</td>
<td>686,000</td>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>53/1,000</td>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under-5 mortality rate</td>
<td>83/1,000</td>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adult HIV prevalence in Malawi, which has been declining since a peak in 2001, declined again from 11% to 10% between 2009 and 2011, although overall the prevalence is among the highest in East Africa. 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 pediatric HIV infections – from 21,300 to 15,700.

PMTCT services were reported to be available in all ANC facilities in Malawi in 2010. HIV testing coverage among pregnant women decreased slightly from 66% in 2010 to 64% in 2011 and remains lower than expected. In 2011, only 53% of pregnant women living with HIV received more efficacious ARV regimens for preventing mother-to-child transmission of HIV, and 42% children born to PWLHIV received ARVs for PMTCT in 2011.

In July 2011, Malawi implemented new integrated clinical HIV guidelines including WHO Option B+ for prophylaxis. By October 2012, more than 10,000 pregnant women have initiated Option B+ at 534 sites. 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

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New pediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015.

Source: UNAIDS, unpublished HIV estimates, 2012

**Figure 1:** Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target

![Estimated New HIV Infections](image)

Global Plan Targets, Baseline and Current Status

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2009 Baseline [or last available data]</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Target</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number new paediatric HIV infections</td>
<td>21,300</td>
<td>17,900</td>
<td>15,700</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number HIV-associated maternal deaths</td>
<td>2,600 (2005)</td>
<td>1,780</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of under-5 deaths due to HIV</td>
<td>13.8%</td>
<td>12.8%</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ART coverage among children (ages 0-14)</td>
<td>22%</td>
<td>22%</td>
<td>29%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV incidence in women (ages 15-49)</td>
<td>0.74%</td>
<td>0.64%</td>
<td>0.58%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of married women with unmet need for family planning (ages 15-49)</td>
<td>30% (2004)</td>
<td>26% (2013)</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-to-child transmission rate</td>
<td>31%</td>
<td>27%</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)</td>
<td>24%&lt;sup&gt;a&lt;/sup&gt;</td>
<td>27%</td>
<td>53%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding ARV Coverage</td>
<td>4%</td>
<td>17%</td>
<td>22%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ART coverage among HIV+ pregnant women in need of treatment</td>
<td>12%</td>
<td>–</td>
<td>51%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Program Status According to PMTCT Prongs

1 & 2 Primary prevention of HIV among women of childbearing age
Preventing unintended pregnancies among women living with HIV

Global 2015 Targets
• Reduce HIV incidence in women (ages 15-49) by 50%
• Reduce unmet need for family planning among women to zero

Global 2015 Targets
• Reduce overall mother-to-child transmission of HIV to <5%
• Reduce HIV incidence in women (ages 15-49) by 50%
• Reduce UNAIDS targets for PMTCT

Background Statistics

Young people (ages 15-24) HIV prevalence \( ^9 \)

<table>
<thead>
<tr>
<th></th>
<th>Female: 4.9% [4.0-6.5%]</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male: 2.1% [1.6-3.0%]</td>
<td>2011</td>
</tr>
</tbody>
</table>

Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months \( ^{13} \)

<table>
<thead>
<tr>
<th></th>
<th>Female: 31%</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male: 41%</td>
<td>2010</td>
</tr>
</tbody>
</table>

Male partners of pregnant women attending ANC tested in last 12 months

|           | Male: –                  | 2011 |

Unintended pregnancies (ages 15-49) \( ^{13} \)

|           | Female: 44%               | 2010 |

Key Points

Although national HIV prevalence decreased between 2009 and 2011, HIV prevalence remained more than twice as high among young women (4.9%) compared to young men (2.1%) in 2011, similar to findings from 2009. 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 2010. 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 \( ^{13} \).

Figure 2: Coverage of selected PMTCT interventions (2011)

<table>
<thead>
<tr>
<th></th>
<th>% of PW attending ANC( ^{14} )</th>
<th>% of PW tested for HIV( ^{04} )</th>
<th>% of PWLHIV who received ARVs for PMTCT( ^{9} )</th>
<th>% of children born to PWLHIV who received ARVs for PMTCT( ^{9} )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>81%</td>
<td>64%</td>
<td>53%</td>
<td>42%</td>
</tr>
</tbody>
</table>

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

In 2011, facility data indicated that 81% of pregnant women attended at least one ANC visit. Skilled attendance at delivery was even lower at 71% in a 2010 survey and the maternal mortality ratio in Malawi was relatively high (460/100,000 live births in 2010)\( ^{10} \). In 2011, only 64% of pregnant women were tested for HIV (a slight decrease from 66% in 2010)\( ^{9} \), and, in 2011, only 53% of pregnant women living with HIV received efficacious ARVs for PMTCT. An estimated 42% of infants born to HIV-infected women received ARVs for PMTCT in 2011.
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 | – | 2011 |
| Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth | 44% [38-51%] | 2011 |
| Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth | – | 2011 |

Key Points
In 2011, data on the number of HIV-positive pregnant women assessed with CD4 testing to determine if they were in need of treatment for their own health were not reported. CTX prophylaxis coverage (44%) reported in 2011 is fair, while data on early infant diagnosis is not currently available. Although prophylaxis coverage (44%) reported in 2011 is fair, while data of treatment for their own health were not reported.

In 2011, data on the number of HIV-positive pregnant women assessed with CD4 testing to determine if they were in need of treatment for their own health were not reported. CTX prophylaxis coverage (44%) reported in 2011 is fair, 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 relative to adult ART coverage. Among pregnant women with HIV who received ARVs for PMTCT in 2011, 36% received ART, reflecting implementation of Option B+ in an increasing number of districts (see Figure 3).

Key Challenges & The Bottom Line

Key Challenges
HIV prevalence is still high among adults (10%) and pregnant women (10.6%) with a high rate of unintended pregnancies and unmet need for family planning

Low performing MNCH service delivery system with weak linkages between ANC, PMTCT, childbirth and ART resulting in high dropout across the maternal and child care continuum (84% attend ANC; 54% deliver with SBA; 64% HIV T&C; 53% ARVs; 37%CTX prophylaxis; 29% paediatric ART)

Cohort based M&E system with HIV exposed infant outcomes reported at ages 12 and 24 months hindering tracking of progress in providing services such as infant ARV prophylaxis, CTX and virologic testing at 2 months of age

Successful roll-out of Option B+ in 2012; but only half (53% ARV coverage) of HIV+ pregnant women receive ARVs for EMTCT

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

Consideration should be given to innovative approaches such as “test and treat” and “treatment for prevention.” Primary prevention and family planning targeting young females and pregnant women is also needed

Investments in building the capacity within MNCH services and communities (HR capacity building; equipment for MNCH and PMTCT including CD4; reducing commodities stockouts; linkages/referrals mechanisms within/between facilities and with communities) for the provision quality follow up care

Strengthen monitoring systems at national and subnational levels to improve data collection on EID and other pediatric indicators, analysis and use, including reporting on Global Plan indicators and explore use of annual chart audit to collect this information

Further expansion of Option B+ regimen into all districts will be needed to achieve Global Plan targets
References:
7. As reported in 2011 Universal Access country data reporting.
16. As reported in 2012 Universal Access country data reporting.

Notes:
** Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the UNAIDS, Report on the Global AIDS Epidemic, 2010.
– 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