

### Country Situation

#### Background Statistics

HIV prevalence - adults (ages 15-49) <sup>[1]</sup>	10.0% [9.5-10.6%]	2011
HIV prevalence - pregnant women (all ages) <sup>[2]**</sup>	10.6%	2009
Number of women living with HIV delivering <sup>[1]</sup>	63,500 [55,000-74,000]	2011
Est. # children (ages 0-14) living with HIV <sup>[1]</sup>	170,000 [150,000-200,000]	2011
Maternal mortality ratio <sup>[3]</sup>	460/100,000	2010
Est. annual births <sup>[4]</sup>	686,000	2011
Infant mortality rate <sup>[5]</sup>	53/1,000	2011
Under-5 mortality rate <sup>[5]</sup>	83/1,000	2011

Adult HIV prevalence in Malawi which has been declining since a peak in 2001, declined again from 11% to 10% between 2009 and 2011<sup>[1]</sup>, 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<sup>[6]</sup> 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<sup>[1]</sup>.

PMTCT services were reported to be available in all ANC facilities in Malawi in 2010<sup>[7]</sup>. HIV testing coverage among pregnant women decreased slightly from 66% in 2010<sup>[8]</sup> to 64% in 2011<sup>[9]</sup> 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<sup>[9]</sup>, and 42% children born to PWLHIV received ARVs for PMTCT in 2011<sup>[9]</sup>.

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

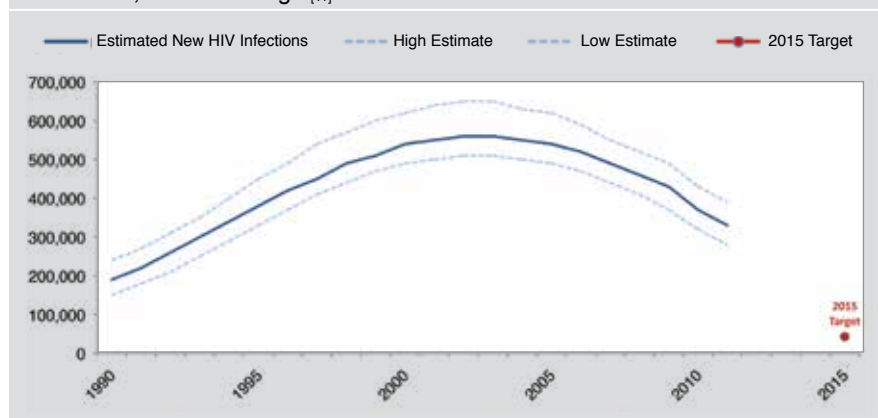
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

#### 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 paediatric 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<sup>[11]</sup>.

**Figure 1:** Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target<sup>[11]</sup>



Source: UNAIDS, unpublished HIV estimates, 2012

### Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections <sup>[1]</sup>	21,300	17,900	15,700				
	Number HIV-associated maternal deaths <sup>[3]</sup>	2,600 (2005)	1,780	N/A				
Child Targets	Percentage of under-5 deaths due to HIV <sup>[6]</sup>	13.8%	12.8%	N/A				
	ART coverage among children (ages 0-14) <sup>[9]</sup>	22%	22%	29%				
Prong One	HIV incidence in women (ages 15-49) <sup>[1]</sup>	0.74%	0.64%	0.58%				
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	30% <sup>[12]</sup> (2004)	26% <sup>[13]</sup>	N/A				
Prong Three	Mother-to-child transmission rate <sup>[1]</sup>	31%	27%	25%				
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) <sup>[9]</sup>	24% <sup>a</sup>	27%	53%				
	Breastfeeding ARV Coverage <sup>[9]</sup>	4%	17%	22%				
Prong Four	ART coverage among HIV+ pregnant women in need of treatment <sup>[14]</sup>	12%	–	51%				

## PRONG 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

#### Background Statistics

Young people (ages 15-24) HIV prevalence <sup>[1]</sup>	Female: 4.9% [4.0-6.5%]	2011
	Male: 2.1% [1.6-3.0%]	2011
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months <sup>[13]</sup>	Female: 31%	2010
	Male: 41%	2010
Male partners of pregnant women attending ANC tested in last 12 months	Male: –	2011
Unintended pregnancies (ages 15-49) <sup>[13]</sup>	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<sup>[13]</sup>.

## PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

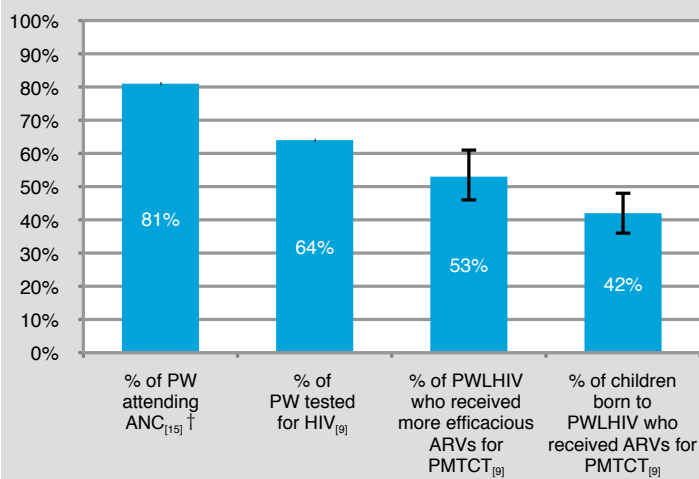
### Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

#### Background Statistics

Timing of 1 <sup>st</sup> ANC visit (months) <sup>[13]</sup>	No ANC: 2%	2010
	<4 months: 12%	
	4-5 months: 48%	
	6-7 months: 36%	
	8+ months: 2%	
	DK: <1%	
Percentage of women attending at least 4 ANC visits during pregnancy <sup>[13]</sup>	Total: 46% Urban: 49% Rural: 45%	2010
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) <sup>[9]</sup>	64%	2011
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT <sup>[9]</sup>	4.9% [36-48%]	2011
Skilled attendant at delivery (%) <sup>[13]</sup>	71%	2010
Exclusive breastfeeding for infants <6 months <sup>[13]</sup>	72%	2010

**Figure 2: Coverage of selected PMTCT interventions (2011)**



† 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)<sup>[3]</sup>. In 2011, only 64% of pregnant women were tested for HIV (a slight decrease from 66% in 2010)<sup>[8]</sup> 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.

## PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

### Global 2015 Target

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

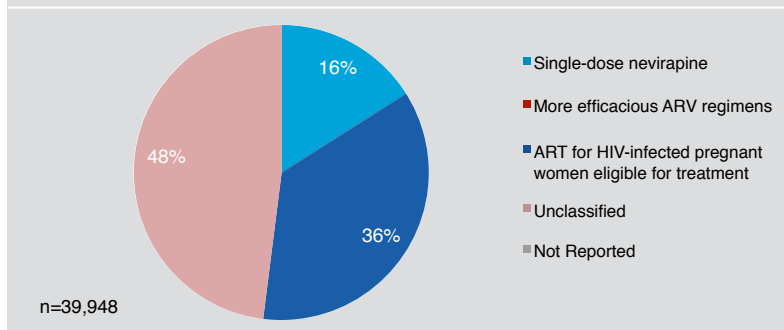
#### Background Statistics

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 <sup>[9]</sup>	44% [38-51%]	2011
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth	–	2011

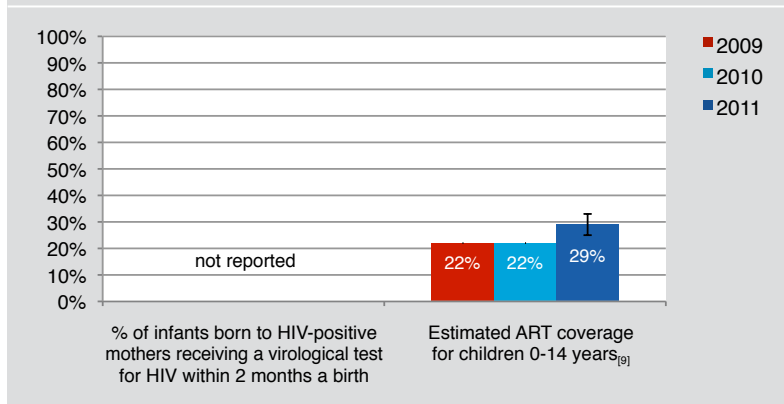
### Key Points

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 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).

**Figure 3:** Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2011<sup>[16]</sup>



**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



## 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:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2012, unpublished estimates
- 2 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010, unpublished estimates, 2010
- 3 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 4 United Nations Children's Fund, *State of the World's Children 2013*, preliminary
- 5 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality*, Report 2012
- 6 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2012*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2012
- 7 As reported in 2011 Universal Access country data reporting
- 8 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards the Elimination of Mother-to-child Transmission of HIV and Keeping Their Mothers Alive: Abbreviated Progress Report 2012*, preliminary report
- 10 Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive 2011-2015*, 2011
- 11 UNAIDS, *Report on the Global AIDS Epidemic, 2012: Statistical Annexes*, published estimates, <[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2417\\_GR%202012\\_Annexes\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2417_GR%202012_Annexes_en.pdf)>
- 12 Malawi Demographic and Health Survey 2004, Final Report
- 13 Malawi Demographic and Health Survey 2010, Final Report
- 14 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 15 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2012
- 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.
- <sup>a</sup> 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