

### Country Situation

#### Background Statistics

HIV prevalence - adults (ages 15-49) <sup>[1]*</sup>	11.0% [10.0-12.1%]	2009
HIV prevalence - pregnant women (all ages) <sup>[2]*</sup>	10.6%	2009
Number of women living with HIV delivering <sup>[3]</sup>	63,500	2011
Est. # children (ages 0-14) living with HIV <sup>[1]*</sup>	120,000 [68,000-170,000]	2009
Maternal mortality ratio <sup>[4]</sup>	460/100,000	2010
Est. annual births <sup>[5]</sup>	663,000	2010
Infant mortality rate <sup>[6]</sup>	58/1,000	2010
Under-5 mortality rate <sup>[7]</sup>	86/1,000	2010

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)<sup>[1]</sup>. 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>[8]</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>[3]</sup>.

According to health facility data, PMTCT services were available in all ANC facilities in Malawi in 2010<sup>[9]</sup>. Although HIV testing coverage among pregnant women increased from 10% in 2005 to 66% in 2010, it is still low<sup>[10]</sup>. In 2011, only 53% of pregnant women living with HIV received more efficacious ARV regimens for preventing mother-to-child transmission of HIV<sup>[3]</sup>, and only 35-46% children born to PWLHIV received ARVs for PMTCT in 2010<sup>[10]</sup>.

Malawi has adopted WHO PMTCT Guidelines Option B and a costed PMTCT scale up plan (2008-2015) is in place<sup>[11]</sup>.

### Reaching High Level Targets

#### Global 2015 Targets

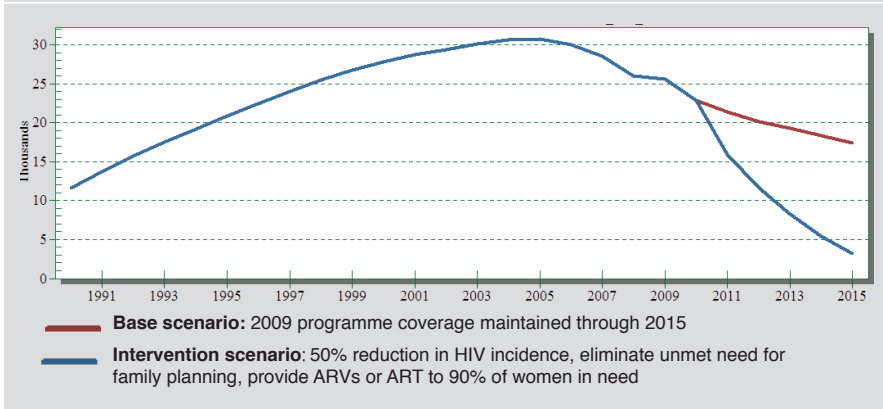
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

#### 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<sup>[12]</sup>.

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



Source:<sup>[12]</sup> Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

### 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>[3]</sup>	21,300	–	15,700	–	–	–	–
	Number HIV-associated maternal deaths <sup>[4]</sup>	2,600 (2005)	1,780	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	13% <sup>[8]</sup> (2008)	13% <sup>[7]</sup>	–	–	–	–	–
	ART coverage among children (ages 0-14) <sup>[3]</sup>	22%	–	29%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) <sup>[3]</sup>	0.74%	–	0.58%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	30% <sup>[13]</sup> (2004)	26% <sup>[14]</sup>	–	–	–	–	–
Prong Three	Mother-to-child transmission rate <sup>[3]</sup>	31%	–	25%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) <sup>[3]</sup>	24% <sup>a</sup>	–	53%	–	–	–	–
	Breastfeeding ARV Coverage <sup>[3]</sup>	4%	–	22%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment <sup>[3]</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 <sub>[1]</sub> *	Female: 6.8% [5.3-9.2%]	2009
	Male: 3.1% [2.3-4.2%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months <sub>[14]</sub>	Female: 31%	2010
	Male: 41%	2010
Male partners of pregnant women attending ANC tested in last 12 months*	Male: –	–
Unintended pregnancies (ages 15-49) <sub>[14]</sub>	Female: 44%	2010

### 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<sub>[14]</sub>.

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

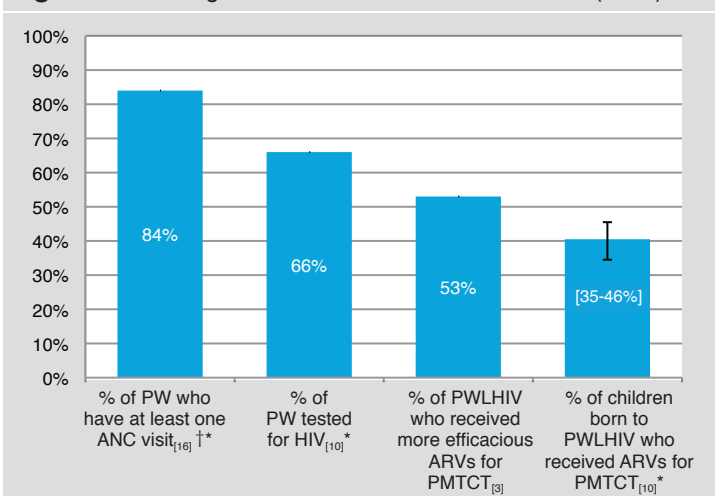
### Global 2015 Targets

- 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) <sub>[14]</sub>	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 <sub>[14]</sub>	Total: 46% Urban: 49% Rural: 45%	2010
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) <sub>[10]</sub> *	66%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT <sub>[10]</sub> *	[35-46%]	2010
Skilled attendant at delivery (%) <sub>[15]</sub>	54%	2006
Exclusive breastfeeding for infants <6 months <sub>[14]</sub>	72%	2010

**Figure 2: Coverage of selected PMTCT interventions (2010)**



† 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)<sub>[4]</sub>. 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.

## 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

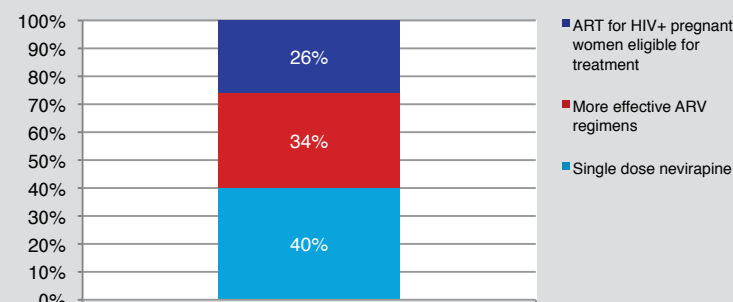
#### Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing <sup>[9]</sup> *	56%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth <sup>[10]</sup> *	[37-49%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth*	–	–

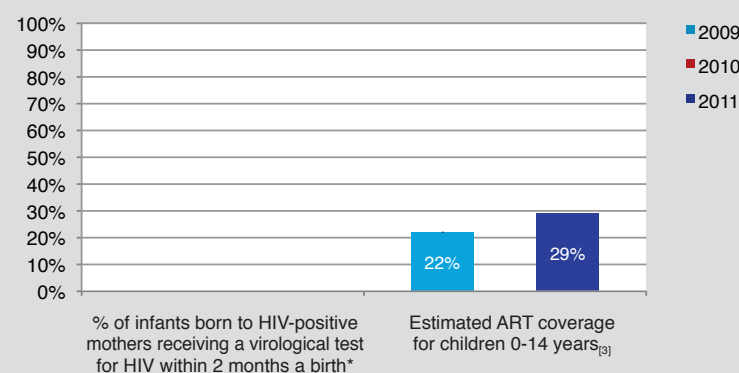
### Key Points

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).

**Figure 3:** Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010<sup>[9]</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

Despite good ANC coverage, far fewer women and children access comprehensive PMTCT services across the continuum of care

High unmet need for family planning

Few women access skilled attendance at delivery

Few infants born to HIV+ mothers receive CTX prophylaxis and few HIV+ children receive ART.

A large proportion of PWLHIV who do access ARVs for PMTCT are still receiving single dose nevirapine.

Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets

### The Bottom Line

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

Improve availability and demand for comprehensive PMTCT services within ANC and MNCH

Expand access to family planning and strengthen linkages between PMTCT and FP/SRH services

Improve equitable access to skilled birth attendance

Expand the provision of CTX prophylaxis and ART for children with HIV

Improve equitable access to more efficacious ARV regimens for PWLHIV

Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.

## References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 4 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
- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
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- 9 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*. unpublished estimates, 2011
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- 11 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
- 12 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 13 Malawi Demographic and Health Survey 2004, Final Report
- 14 Malawi Demographic and Health Survey 2010, Preliminary Report
- 15 Malawi Multiple Indicator Cluster Survey 2006, Final Report
- 16 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011

## 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.
- <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