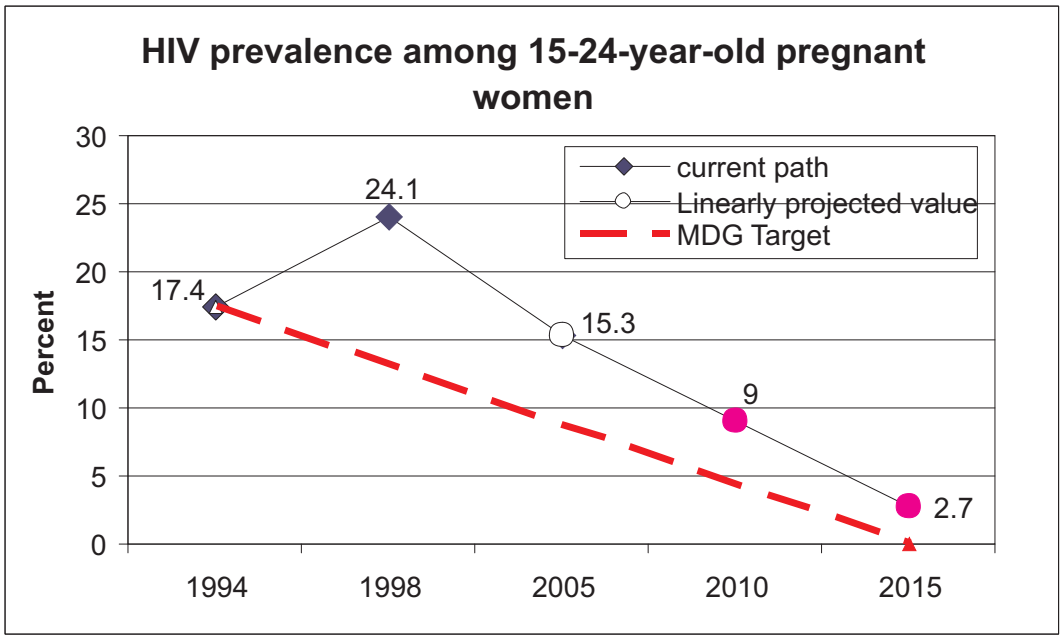
6: Combat HIV/AIDS, Malaria and Other Diseases

Target 7: Halt and Begin to reverse the spread of HIV/AIDS

Indicator: HIV prevalence among 15 to 24 year old pregnant women

Chart 19: HIV prevalence among 15-24 year old pregnant women in Malawi.



Source: *NAC Sentinelle Report, 1994, 1999 and 2005.*
Note: *Indicator should focus on women age 15-24; however data by age group is not readily available.*

Chart 19 shows Malawi is making progress towards reducing the spread of HIV (the virus that causes AIDS). According to the National AIDS Commission Sentinel Surveillance report, HIV prevalence amongst 15-24-year-old pregnant women was 17 percent in 1994. The prevalence rate increased to 24 percent by 1998. However, it started to decline, reaching 15 percent amongst 15-24-year-old pregnant women as of 2005 as shown in Chart 19 above. At this rate of change, the country is reducing HIV prevalence rate at 2 percentage points per annum. As such, a linear projection of the recent trend would imply that the prevalence rate may drop to about 3 percent by 2015. This would be a remarkable achievement for Malawi.

Challenges:

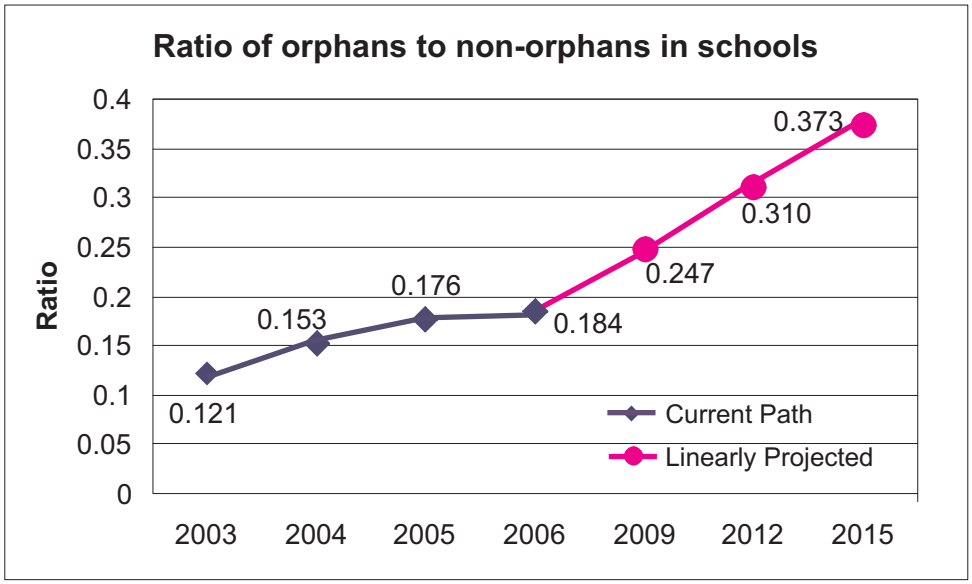
Malawi is facing a number of challenges in containing the spread of HIV and AIDS. These challenges include hunger and poverty, which make people vulnerable to infection; inadequate supply of Anti-retrovirals (ARVs) and access to nutritious diets; low levels of education; limited institutional capacity; deep-rooted harmful social-cultural values and practices, beliefs and traditions and poor coordination amongst service providers (Malawi Government, 2006).

Policy Framework and Strategies:

The main strategies for combating HIV/AIDS include improving knowledge and capacity of vulnerable groups to practice safer sexual intercourse and increase their access to HIV testing and counseling; implementing and increasing equitable access to ARVs and treatment of opportunistic infections; expanding services for the prevention of mother to child transmission, testing and counseling, access to condoms, management of Sexually Transmitted Diseases (STDs) and access to behaviour change communication; producing and enacting HIV and AIDS legislation; and improving the support and protection of the infected and affected groups (Malawi Government, 2006).

Indicator: Ratio of School Attendance of Orphans to School Attendance of Non-orphans aged 10-14.

Chart 20: Ratio of Orphans to non- orphans in schools



Source: *Ministry of Education Annual school census*

Chart 20 above shows a trend on the ratio of orphans to non-orphans in school attending children. The trend shows that the number of orphans being captured in the education system has increased from 0.121 in 2003 to 0.184 in 2006. This implies that the intervention on HIV and AIDS that have been put in place are having impact with respect to sustaining education of orphaned pupils. Over the last four years, the average growth rate in capturing enrolled orphans to non orphans have been at 2.1 percent. This is a significant effort considering that with parallel interventions on preventive and curative health care the country expects a reduced death rate of parents and guardians; therefore reduced numbers of orphans.

Challenges

- Whilst the orphans access have equitable to education in schools, it remains a challenge for the education community to see that the orphans are taken care of and are mentally and physically prepared for school attendance.
- Low capacity within the sector to facilitate psychosocial support to improve on coping strategies for the integration of orphaned pupils with the non orphaned at school and in the community.

Policy Framework and Strategies

In an effort to address the above challenges, the country plans to implement a number of strategies, some of which include the following:

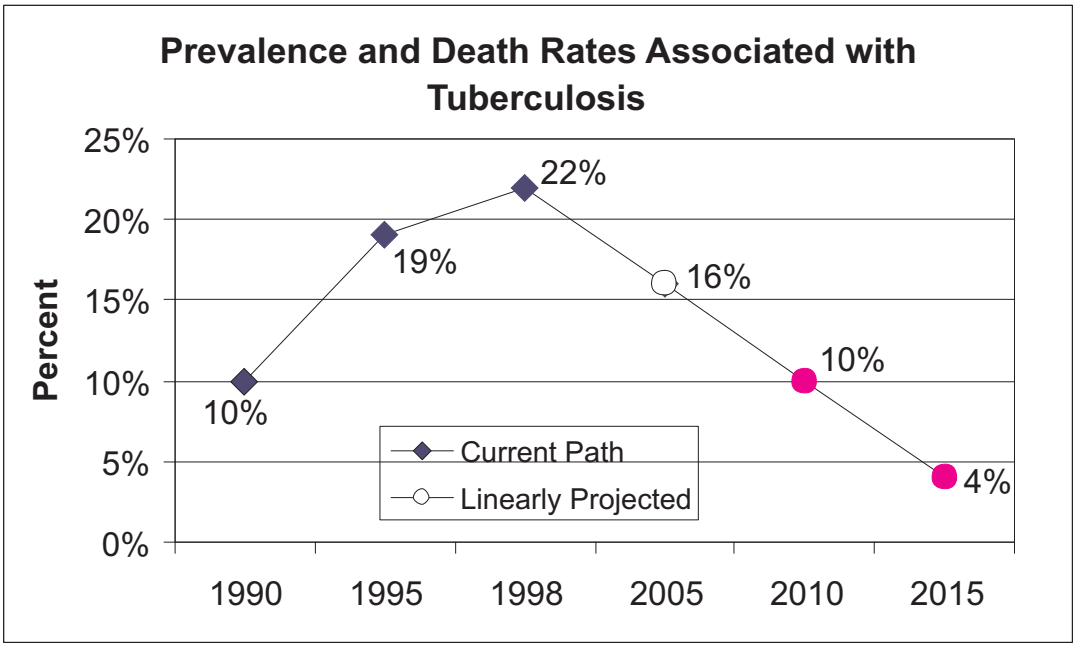
- Intensification on training of teachers in life skills education pedagogy so that they in turn inclusively and participatively engage pupils on coping strategies irrespective of social and economic differences in classroom composition
- Introduction of Center for Guidance, Counseling and Youth Development aimed at facilitating training of trainers on psychosocial support, care giving and mental preparedness of pupils at school level.
- Establishment of HIV and AIDS focal persons at the division and district levels and government education institutions such as Malawi Institute of Education and Teacher Training Colleges with the aim of coordinating, managing and supervising the education sector response to HIV and AIDS
- Implementation of HIV and AIDS Workplace Programme to support teachers who are living positively with HIV and AIDS.

Target 8: Halt and begin to reverse the incidence of Malaria and other major diseases.

Indicator: Prevalence and Death Rates Associated with Tuberculosis

In 1990, a total of 12,333 tuberculosis cases were detected in Malawi. Since then, the incidence of tuberculosis has been increasing overtime. In 1995 a total of 19,153 cases were detected and incidence went further up to 27,672 in 2001. This increase in the incidence of tuberculosis may be to some extent attributed to HIV incidence. It is estimated that about 77 percent of tuberculosis patients are also infected with HIV. Incidence of tuberculosis seems to have stabilized, as in 2006, 27,015 new cases were detected.

Chart 21: Prevalence and Death rates associated with Tuberculosis



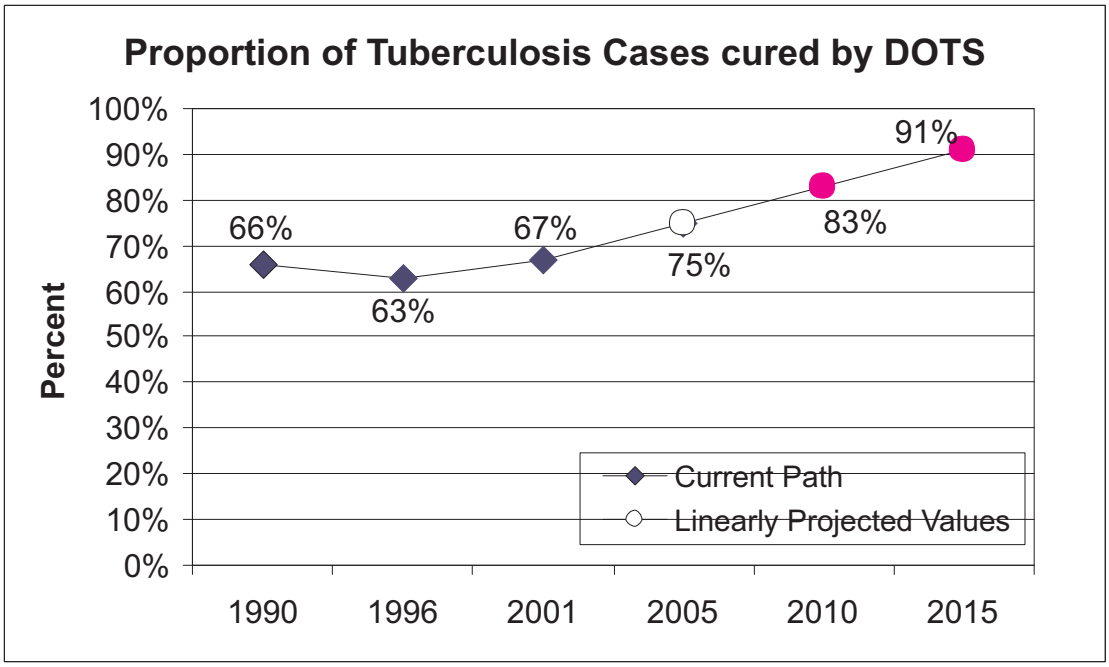
Source: *Ministry of Health*

Chart 21 above shows that death rates of TB smear positive patients increased sharply from 10 percent in 1990 to 19 percent in 1995 and further to 22 percent in 1998. The increase in death

rates of TB smear positive patients could be due to co-infection with HIV and AIDS. However the deaths due to tuberculosis have declined from 22 percent in 1998 to 16 percent in 2005. The drop in the death rates may be due to the success of the Directly-Observed Treatment Short course (DOTS). The projection shows that by 2015, death rate associated with tuberculosis will be reduced to 4 percent.

Indicator: Proportion of Tuberculosis cases cured under Directly Observed Treatment Short course (DOTS).

Chart 22: Proportion of Tuberculosis Cases cured under DOTS



Source: *Ministry of Health*

Chart 22 shows that proportion of tuberculosis cases cured under Directly Observed Treatment Short course (DOTS) was 66 percent in 1990 and decreased to 63 percent in 1996. The cure rates have however increased to 67 percent in 2001 and to 75 percent in 2005. This may likewise be attributed to the success of the DOTS strategy. The projection shows that by 2015, proportion of Tuberculosis cases cured under DOTS will be 91 percent.