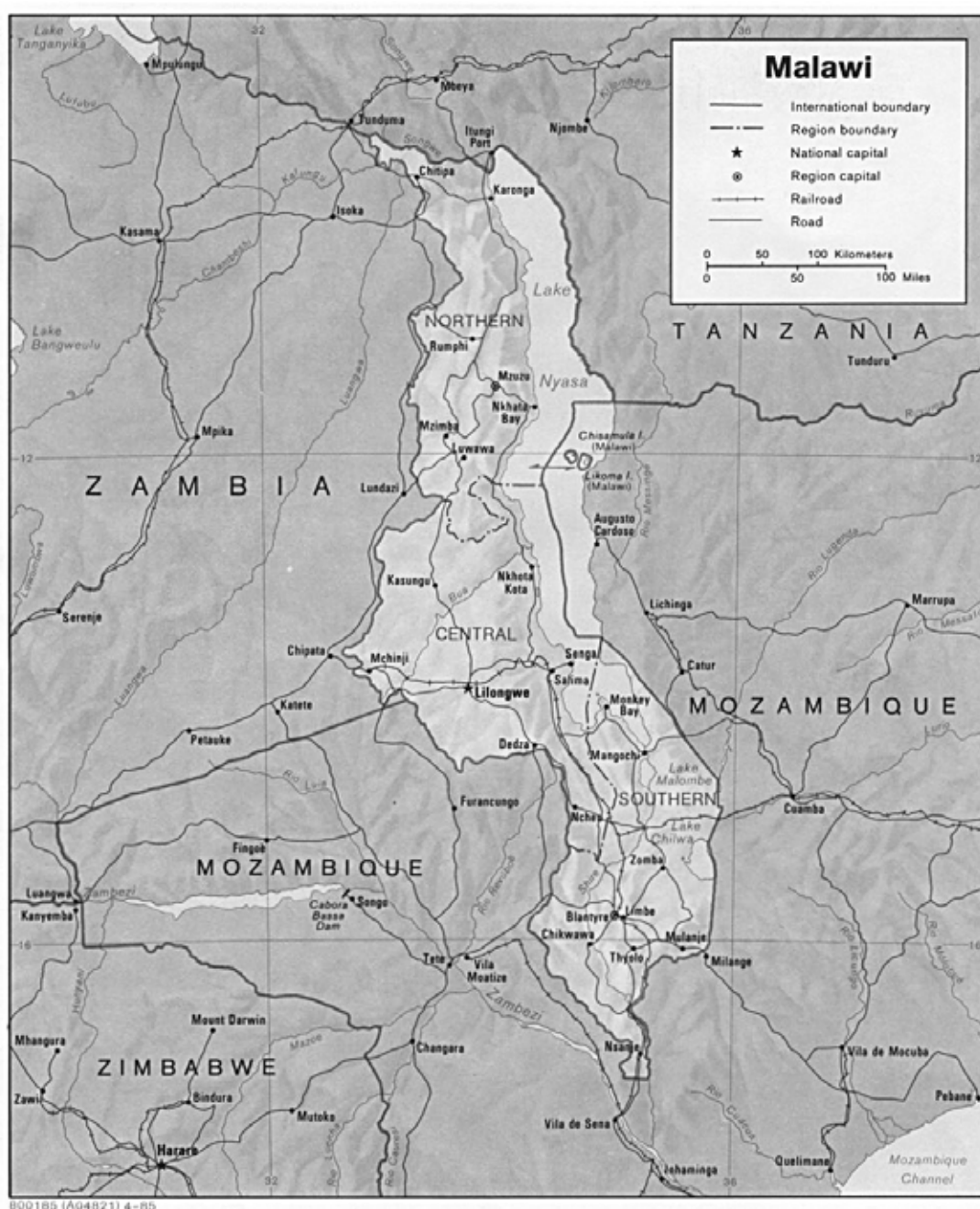




HIV/AIDS IN MALAWI

HIV/AIDS IN MALAWI

With a Gross National Income per capita of 170 US dollars per year (UNICEF 2006), Malawi is amongst the poorest countries in the world. Poverty is one of the major underlying causes of chronic food insecurity in Malawi; malnutrition particularly affects vulnerable groups such as women, children and those affected by HIV/AIDS. Malnutrition levels in Malawi have remained largely static for the past decade. In December 2005 the Ministry of Health (MOH) conducted a national nutritional survey showing an average of approximately 4% of children below 5 years of age with severe acute malnutrition and 6% with moderate acute malnutrition. The Malawi Demographic and Health Survey 2004 showed that 48% of the children in Malawi are stunted, an indicator of chronic malnutrition. Malawi traditionally experiences a hunger period from December to April, which leads to a yearly peak of malnutrition around February. Recent crises due to drought occurred in 2002-2003 and again in 2005-2006. From December 2005-April 2006 nearly 6,000 children were admitted to ACF International Network supported Nutrition Rehabilitation Units (NRU) with severe malnutrition.



The picture in figures:

- The under 5 mortality rate is estimated to be 118 per 1,000 live births
- The infant mortality rate is estimated to be 69 per 1,000 live births
- 46% of children in Malawi are stunted, 22% are underweight and 5% are wasted
- 12% of adults aged 15-49 are HIV positive. HIV prevalence is higher among women than men (13% and 10% respectively). Prevalence peaks at 19% for adults aged 30-34. An estimated 83,000 children are living with HIV
- 64% of children 12-23 months are fully vaccinated against six major childhood illnesses (tuberculosis, diphtheria, pertussis, tetanus, polio and measles)

With the long-term problem of acute malnutrition in Malawi, there is an established national system of NRU attached to paediatric wards and local hospitals throughout the country to treat severe acute malnutrition. The MOH has adopted the World Health Organisation (WHO) guidelines for the treatment of moderate and severe malnutrition in children and in 2002 the ACF International Network started a capacity building programme for the training and supervision of 48 NRU in these guidelines. Children with moderate and severe malnutrition are treated in NRU and through supplementary feeding programmes (SFP) according to these guidelines. In addition to this, the MOH has recently embraced Community Therapeutic Care (CTC). This approach brings the treatment of children with severe malnutrition to the community level and in doing so, dramatically increases accessibility to care. Within the model of CTC, there are stabilisation centres (SC) for the treatment of those with complicated malnutrition who still require initial inpatient care. The SC still follow the adopted national guidelines for the treatment of severe acute malnutrition (SAM).

Malnutrition is not uncommon in adolescents and adults in Malawi, especially in those who are infected with HIV and/or TB. Nevertheless, up to the end of 2005, no guidelines or programmes targeting adolescents and adults with moderate or severe malnutrition were available in Malawi.

In Malawi, HIV/AIDS has reached a crisis level since it was first diagnosed in May 1985 posing a serious challenge to the country's well being and national development. The overall HIV prevalence in Malawi is estimated to be 11.8% with an 18.3% antenatal prevalence contributing to approximately 30,000 childhood HIV infections every year²³. The HIV prevalence rate varies between the three administrative regions in Malawi, with 17.6% in the Southern region, 6.5% in the central region and 8.1% in the Northern region²⁴.

As already mentioned, HIV infection is increasingly associated with severe malnutrition. Studies done in the NRU at Queen Elizabeth Central Hospital in Blantyre showed an HIV prevalence of 34.4%²⁵ whilst a study conducted by the ACF International Network, MOH and the College of Medicine in Malawi in 2005²⁶, showed 22% of NRU malnourished children to be HIV positive across 12 national NRU. As we will show in the section on the response to therapeutic treatment in HIV infected children, our own clinical research has shown that severely malnourished children who are HIV positive do not respond as favourably to therapeutic feeding when compared to severely malnourished children who are HIV negative. This will of course have an impact on the outcomes of treatment.

Programme implications for the ACF International Network

Faced with the effects the HIV pandemic has on nutrition in Malawi, the ACF International Network developed and implemented, in close partnership with the Nutrition Unit of the MOH, a programme to develop optimal nutritional care and support for People Living with HIV and AIDS in Malawi. The programme was funded through the National Aids Commission (NAC) and intends to improve the care for HIV-affected children and adults with regards to nutrition. The overall programme encompassed operational research on the impact of HIV on a child's response to therapeutic treatment of severe malnutrition, assessing the impact of stigma, implementation of HIV counseling and testing, and community based approaches for education and screening.