



Refugee Documentation Centre (Ireland)
LEGAL AID BOARD

Malawi - Researched and compiled by the Refugee Documentation Centre of Ireland on 14 January 2010

Information on both the medical and societal treatment of HIV

The *US Department of State* in February 2009 reviewing events of 2008 states:

“Societal discrimination against persons living with HIV/AIDS was widespread and inhibited access to treatment; many individuals preferred to keep silent about their health rather than seek help and risk being ostracized, but campaigns by the government and NGOs to combat the stigma were having some success. The National AIDS Commission stated that discrimination was a problem in both the public and private sector” (US Department of State, (25 February 2009), *2008 Human Rights Report: Malawi*, Section 5 Discrimination, Societal Abuses, and Trafficking in Persons, Other Societal Abuses and Discrimination).

In November 2009 *Medecins Sans Frontiers* notes:

“Malawi is a densely populated, mostly rural country with a population of over 13 million people. Malawi has a GDP per capita of US\$800 and ranks 160 out of 182 on the Human Development Index. The government estimates between 800,000 and one million Malawians are HIV positive, including at least 100,000 children under 15 years of age. The national HIV prevalence is 12%. Despite the barriers, Malawi rose to meet the challenge of the international community to scale up ART. According to government statistics, there were more than 164,000 people alive on ART by the end of June 2009 with 18,000 people initiated on treatment between April and June 2009. Since the scale-up of ART, the country has seen a significant reduction in HIV/AIDS-related deaths between 2003 and 2008” (Medecins Sans Frontiers, (5 November 2009), *Punishing Success?, Early Signs of a Retreat from Commitment to HIV/AIDS Care and Treatment*).

Medecins Sans Frontiers in August 2009 reports:

“In recent years the Malawi government has made increasing efforts to provide more antiretroviral therapy (ART) in response to the spread of HIV/AIDS. An estimated 12 per cent of the adult population are infected. But there is still an acute shortage of nurses and doctors, which means many people are still going untreated” (Medecins Sans Frontiers, (31 August 2009), *2008 International Activity Report - Malawi*).

In August 2009 *Medecins Sans Frontiers* states:

“With approximately 930,000 infected persons (adults and children), Malawi has one of the world's highest HIV/AIDS rates. Twelve percent of the population between the ages of 15 and 49 is affected and 68,000 people die from the disease every year. More than 13,000 of MSF's patients receive ARVs. But although 211 national facilities were offering ARVs free of charge by late 2008,

only 50 percent of patients had access to the drugs and another 290,000 were still awaiting treatment. "Every month, MSF places an additional 300 to 350 patients on ARVs," said Mickaël le Paih, the head of mission. "The needs are immense." (Medecins Sans Frontiers, (20 August 2009), *In southern Malawi, decentralizing care to HIV/AIDS patients compensates for a lack of medical staff*).

Malawi is describe by *Medecins Sans Frontiers* in July 2009 as:

"...Malawi, a country in southern Africa which is among the ten most affected by HIV/AIDS worldwide" (Medecins Sans Frontiers, (22 July 2009), *Universal access to HIV treatment in Malawi is feasible and affordable – but threatened by high prices of newer drugs*).

The *World Bank* in June 2009 states:

"The prevalence rate of HIV/AIDS among prime age adults (15-49 years) in Malawi is estimated to be 11.8 percent. The Poverty and Vulnerability Assessment observes that even in the best-case scenarios of decreasing incidence of infection, the lag between HIV infection and development of AIDS means that the disease will continue to impact Malawians well into the future" (World Bank, (June 2009), *Malawi Country Brief*).

In October 2008 the *UNAIDS/The Joint United Nations Programme on HIV/AIDS* published a statistical report on the prevalence of HIV and AIDS in Malawi (UNAIDS/The Joint United Nations Programme on HIV/AIDS, (October 2008), *Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections, Malawi*).

In September 2008 it is noted by *United States Agency for International Development* that:

"HIV/AIDS is still stigmatized in Malawi, hindering the flow of information to communities, hampering prevention efforts, and reducing use of HIV/AIDS services. Other barriers to prevention, treatment, and care and support include the limited coverage of behavioral change communications, inadequate empowerment of women, limited access to services, insufficient focus on pediatric cases, inadequate laboratory services, lack of trained staff, and limited capacity for home-based care" (United States Agency for International Development, (September 2008), *Malawi, HIV/AIDS Health Profile*, p.1).

An article in *The Guardian* from June 2008 states:

"In Malawi almost half the men and women who are in need of HIV drugs now get them - 110,000 out of an estimated 230,000. A million of the 13 million population are HIV positive, but not all need immediate treatment" (The Guardian, (7 June 2008), *From despair to fragile hope*).

An article in *IRIN News* from May 2008 states:

“Mary Shawa, Malawi’s secretary for HIV/AIDS and nutrition in the Office of the President and Cabinet (OPC), announced recently that Malawi’s HIV prevalence rate had dropped to 12 percent in 2007, from 14.4 percent in 2004. “We have moved from a society where there was a lot of stigma and discrimination to one that is accepting those that are living with HIV and AIDS, and for a reverend to talk about his sero-status so openly means that we have made a breakthrough,” Shawa told IRIN/PlusNews” (IRIN News, (30 May 2008), *Malawi: Success in reducing HIV rate*).

This article also states:

“Apart from greater openness, she attributed Malawi’s success in reducing its HIV prevalence to higher levels of testing and successful education campaigns. Civil society groups have also played a significant role by speaking openly about AIDS, and the importance of faithfulness and being tested, and talking about treatment to groups at schools, churches and public places. Despite a dire shortage of health care workers, Malawi has also managed to increase the number of people on life-prolonging antiretroviral (ARV) drugs from around 70,000 in 2006 to 150,000 in 2008” (ibid).

An undated *IRIN News* profile notes:

“As the demand for HIV/AIDS prevention, care and treatment services increases, health sector capacity needs to be built up to scale up provision of services throughout the country. The greatest challenge facing Malawi is a human resource crisis, which has generally created a lack of capacity to deliver health services, especially in rural areas where primary health care is severely compromised. The scaling up of the Essential Health Package has been critically slowed, with only 10% of 617 facilities satisfying the human resource requirements for delivering the Essential Health Package (four professional or technical employees). Staffing is also inadequate to roll out antiretroviral therapy and other services related to HIV/AIDS, including voluntary counselling and testing, treating opportunistic infections and preventing mother-to-child transmission. Drug procurement and supply management systems need to be strengthened, as well as systems for monitoring adherence to treatment and drug resistance. Stigma and discrimination remain present. Nutritional support for people living with HIV/AIDS needs to be assured. Efforts need to be made to ensure greater involvement of people living with HIV/AIDS in the national response. Financial sustainability of the national programme is also a concern” (IRIN News, (Undated), *Country Profile: Malawi*).

References

The Guardian, (7 June 2008), *From despair to fragile hope*
<http://www.guardian.co.uk/world/2008/jun/07/aids.internationalaidanddevelopment>

Accessed 13 January 2010

IRIN News, (30 May 2008), *Malawi: Success in reducing HIV rate*

<http://www.plusnews.org/Report.aspx?ReportId=78491>

Accessed 13 January 2010

IRIN News, (Undated), *Country Profile: Malawi*

<http://www.plusnews.org/profiletreatment.aspx?Country=MW&Region=SAF>

Accessed 13 January 2010

Medecins Sans Frontiers, (5 November 2009), *Punishing Success?, Early Signs of a Retreat from Commitment to HIV/AIDS Care and Treatment*

http://www.msf.org/source/countries/africa/southafrica/2009/aidsreport/punishing_success.pdf

Accessed 13 January 2010

Medecins Sans Frontiers, (31 August 2009), *2008 International Activity Report – Malawi*

http://www.msf.org/msfinternational/invoke.cfm?objectid=6F4A8E64-15C5-F00A-25B41B273374035C&component=toolkit.article&method=full_html

Accessed 13 January 2010

Medecins Sans Frontiers, (20 August 2009), *In southern Malawi, decentralizing care to HIV/AIDS patients compensates for a lack of medical staff*

http://www.msf.org/msfinternational/invoke.cfm?objectid=36BA8476-15C5-F00A-25F375DE7C0E52CA&component=toolkit.article&method=full_html

Accessed 13 January 2010

Medecins Sans Frontiers, (22 July 2009), *Universal access to HIV treatment in Malawi is feasible and affordable – but threatened by high prices of newer drugs*

http://www.msf.org/msfinternational/invoke.cfm?objectid=A1D88173-15C5-F00A-2513D9B66C07E0CA&component=toolkit.article&method=full_html

Accessed 13 January 2010

UNAIDS/The Joint United Nations Programme on HIV/AIDS, (October 2008), *Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections, Malawi*

http://www.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_MW.pdf

Accessed 13 January 2010

United States Agency for International Development, (September 2008), *Malawi, HIV/AIDS Health Profile*

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/malawi_profile.pdf

Accessed 13 January 2010

US Department of State, (25 February 2009), *2008 Human Rights Report: Malawi*

<http://www.state.gov/g/drl/rls/hrrpt/2008/af/119011.htm>

Accessed 13 January 2010

World Bank, (June 2009), *Malawi Country Brief*

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/MALAWIEXTN/0,,menuPK:355882~pagePK:141132~piPK:141107~theSitePK:355870,00.html>

Accessed 13 January 2010

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

Sources Consulted

Aids Education Global Information System
All Africa
Amnesty International
BBC News
BBC Monitoring
Department for International Development
Eldis
Europa World Regional surveys of the world
European Country of Origin Information Network
Electronic Immigration Network
Family Health International
Freedomhouse
Google
The Guardian
HIV Insite
Human Rights Watch
Immigration and Refugee Board of Canada
International Crisis Group
IRIN News
Lexus Nexus
Malawi Human Rights Commission
Medecins Sans Frontiers
Minority Rights Group International
Norwegian Refugee Council Internal Displacement Monitoring Centre
Online Newspapers
Physicians for Human Rights
Refugee Documentation Centre E-Library
Refugee Documentation Centre Query Database
Refugees International

Reliefweb
United Kingdom Home Office
United States Agency for International Aid
Office of the UN High Commission on Human Rights Treaty Body Database
UNAIDS/The Joint United Nations Programme on HIV/AIDS
UNHCR Refworld
United Nations Development Programme
United States Commission on International Religious Freedom
United States Department of State
World Bank
World Health Organisation