

Malawi – Researched and compiled by the Refugee Documentation Centre of Ireland on 28 January 2011

Information relating to the availability of Paediatric medical care.

A January 2011 IRIN News report states:

"More mothers and pregnant women in Malawi are attending antenatal clinics since the increased training of health workers in paediatric HIV care improved services to prevent mother-to-child transmission (PMTCT) of HIV, and paediatric HIV testing and treatment." (IRIN News (20 January 2011) MALAWI: Better paediatric HIV services reduce infections)

An Inter Press Service news report from November 2010 notes:

"There has been no paediatric treatment for children with AIDS in the country, making the administration of drugs difficult. They have had to be given tablets meant for adults, breaking tablets into half," says George Kayange, executive director of the Child Rights Information and Documentation Centre in Lilongwe.

While this may provide a child with the appropriate dose, young children in particular struggle to swallow such tablets and maintain an effective treatment regimen. Oral ARVs would be one alternative, but Linda Malilo, training coordinator at the Baylor International Pediatric AIDS Initiative (BIPAI), says these are very expensive and in short supply in Malawi." (Inter Press Service (15 November 2010) *Malawi Struggling to Address Paediatric HIV*)

The *United Kingdom Border Agency (Home Office)* Country of Origin report for Malawi from November 2010, notes:

"A report published on 21 August 2008 by the Palliative Care Association of Malawi stated:

"Many people in Malawi with incurable illness are discharged from hospital to the care of their families. Little is known about the care they receive or how they die. The first dedicated palliative care team in Malawi started in the department of paediatrics in 2001 at the country's only teaching hospital, Queen Elizabeth Central Hospital in Blantyre. Children admitted to the oncology ward were recognised as needing holistic support (including adequate pain relief) alongside their chemotherapy. This paediatric oncology service is the only dedicated cancer service in the country. There are no radiotherapy services, and adult chemotherapy, when available, is prohibitively expensive." (United Kingdom Border Agency (Home Office) (19 November 2010) *Malawi – Country of Origin Information (COI) Report*)

The same report continues adding:

"UNICEF, in an undated section on The situation of women and children in the country (accessed 27 September 2010), stated:

"Despite progress in child mortality reduction, one in eight children are still dying, mostly of preventable causes such as neonatal conditions, pneumonia, diarrhoea, malaria and HIV-related diseases. Malnutrition levels remain high and account for about half of all child deaths. Malawi faces many challenges in order to achieve the MDGs, including widespread poverty, weak institutional and human capacity, limited resources because of competing needs and deep-rooted harmful traditional practices... around four million children [are] living in poverty. Moreover, one in every five Malawians lives in ultra poverty or on less than USD \$0.20 US cents a day and cannot afford to feed themselves. Poverty hits children the hardest and threatens their most basic rights to survival, health and nutrition, education, participation and protection from harm and exploitation." (Ibid)

The *UN Children's Fund (UNICEF)* in a December 2008 report states:

"Previously in many poor countries like Malawi, the average age at which children begin treatment is between five- and nine-years-old, by which time their immune systems can already be compromised.

With the introduction of a new sophisticated test that screens an infant's DNA for HIV, this situation is dramatically changing. Instead of waiting till a child is 18-months-old, this new technology means a child can be diagnosed as early as six-weeks and immediately receive life-saving treatment." (UN Children's Fund (UNICEF) (1 December 2008) *Early infant HIV diagnosis helps save lives in Malawi*)

References:

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http://www.unicef.org/aids/malawi_46696.html

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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:

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