COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target: Halt by 2015 and begin to reverse the spread of HIV/AIDS

1. HIV/AIDS Incidence

The Millennium Development Goals on HIV/AIDS require that all countries begin to reduce and reverse the spread of the infection. Malawi has a track record of HIV/AIDS epidemic since 1994, using estimates based on data of pregnant women from 19 ante-natal centres. Ante-natal data indicated that HIV/AIDS prevalence, among pregnant women, rose from 17.4 percent in 1994 to 24.1 percent in 1998 and declined to 19.5 percent in 2001. The prevalence has since remained relatively stable, reaching 19.8 percent in 2003 *(Sentinel Surveillance Report, NAC 2003)*

The 2003 estimates showed that the prevalence of HIV/AIDS among adults, between the ages of 15-49 years, was 14.4 percent. This translated to approximately 760,000 infected people in that age group, 58 percent of whom were women. The prevalence was higher in urban areas, at 23 percent and lower in rural areas, at 12.4 percent. The national HIV/AIDS prevalence in Malawi, remained stable, at 14-15 percent since1998 *(Sentinel Surveillance Report, NAC 2003).*

2. Challenges

Although HIV/AIDS prevalence remained relatively stable over the past five years, new infections are still occurring at a rate of about 80,000 people per year *(Estimating National Prevalence, NAC 2003).* One of the reasons for the increase in the transmission of HIV/AIDS is that people are still not practicing preventive measures, despite almost universal awareness of the mode of infection. For example, condom use still remains relatively low in Malawi. According to the 2000 MDHS, condom use among women was only 5 percent, and 14 percent among men, respectively. In addition, condom use with non-cohabitating partners in 2000 was 29 percent by women and 39 percent by men as compared to 20 percent among women and 38 percent among men, in 1996. Access to condoms has proved to be a problem in some areas of the country.
According to the 2000 MDHS, more than half of the women and one third of the men,aged between 15-49 years, reported that condoms were not available.

Another challenge is that most Malawians do not know their HIV serostatus. HIV testing and counseling is another strategy that has the potential of halting and reversing the epidemic.

Approximately 8 percent of HIV transmission in Malawi is believed to occur from mother to child, accounting for an annual HIV-positive births of more than 20,000 cases (Joint Annual Review, 2003). Currently, access to PMTCT services is limited, although Government and its partners have made a lot of effort to make the services more widely available.

Negative social attitudes towards sex and condoms, especially female condoms, cultural beliefs and poverty are blamed for the slow translation of the HIV/AIDS knowledge into change of behaviour. Culturally, men are tolerated to have multiple partners, either through polygamous unions or extra-marital sexual relations. Some cultures encourage young girls to have sexual relations with men after their menarche. Other young men and women have multiple partners just for fun. In some cases, from an early age, women, driven by poverty, engage in pre-marital and extra-marital sex with multiple partners to earn money. Again, condom use is viewed as 'unnatural' and a taboo within families even when there is need to protect a sex partner. Above all, there is some resignation among the sexually active population concerning their HIV status.

3. Policy Framework and Strategies

In the 1990's, the policy frameworks (National Health Plan and NPASPD) focused on Primary Health Care (PHC) with emphasis on the provision of services to mothers and children on nutrition, child spacing, and a range of priority disease programmes including, most recently, AIDS (GOM, 1987:112). All policy frameworks emphasized reduction in infant, child and maternal mortality rates and incidence of HIV/AIDS.

With these highly entrenched attitudes, some of which are acquired at an early age, the fight against HIV/AIDS pandemic requires more than casual civic education, voluntary counselling, testing and publicity of condoms. The 1999 Policy Analysis Initiative pinned its hopes on the youth who were yet to form their attitudes towards sex through proper and continuous sex education by parents and teachers. It also proposed mandatory testing for those seeking government scholarships to universities, training institutions and secondary schools and those preparing for marriage. It further contemplated introducing mandatory testing and re-testing for the sexually active age group of both men and women.

The new HIV/AIDS Policy grapples with the difficulty of acting on the recommendation made by an article in support of beneficial disclosure or partner notification, as well as expanded basis for diagnostic testing. The MPRSP, focusing on the HIV/AIDS Strategic Plan, concentrates on:

(i) prevention of infection among the youth by incorporating HIV/AIDS in school curricula at all levels, as well as, increased adolescent reproductive health services and downplaying of initiation rites,
(ii) sexual abstinence and increased use of both male and female condoms,
(iii) control of mother to child transmission, and
(iv) promotion of VCT underlined by the introduction of services at health centres, district and referral hospitals.

These strategies should be complemented by the seemingly radical measures aimed at protecting the youth and the HIV-free adults, even if it means infringing on some traditional rites.

In October 1999, the National Strategic Framework (NSF) for HIV/AIDS was analysed. Nine key areas, which were to be addressed by the National AIDS Commission, were identified. The framework enabled donors to direct their funding towards national priorities and allowed the National AIDS Commission to monitor areas that were not adequately addressed. A Joint Annual Review of the NSF in March 2003 concluded, among other things, that the NSF did not adequately address issues of treatment of infections and gender.

The Malawi Government also approved a National HIV/AIDS Policy, in November 2003. The policy, which was developed through a consultative process, builds upon Malawi's experiences in HIV/AIDS over the past fifteen years. Principles of the policy, include a public health approach to the epidemic, promotion and protection of human rights, greater involvement of people living with HIV/AIDS, political leadership and commitment. The policy also calls for renewed action and goes beyond "business as usual" in the fight against HIV/AIDS. The policy addresses complex issues which include beneficial disclosure, expanded basis for HIV testing and counseling and diagnostic testing.

4. Assessment of progress

While HIV prevalence has remained relatively stable over the past few years, large numbers of new infections have been registered. As such, Malawi must intensify its efforts in key strategies that could reduce new infections. These include condom use, prevention of mother to child transmission, HIV testing and counseling and treatment of infections.

Ensure Environmental Sustainability

Target: Halve by 2015, the proportion of people without sustainable access to safe drinking water

1. The Status of access to potable water

Access to potable water, within one kilometre, has not changed much since 1990 (Table 5). According to the second DEVPOL, 47 percent of the rural population and 85 percent of the urban population (averaging 52 percent of the entire population) had access to potable water in 1985. In 1992, access to potable water, in the rural areas, was lower than in 1985. In 2000, access had increased to 62 percent (Table 5).

Table 5: Access to Potable Water
(percent of households within 1km of water source)

Year	Rural	Urban	Malawi
1990	47	85	52
1992	42	89	47
1995	44	92	48
2000	58	85	62

Since 1996, an intensive programme for sinking boreholes led to an increase in rural coverage, of which 58 percent were new. However, out of the total number of 18,795 boreholes, only 81 percent (15,287) were functional (Table 6). These figures were confirmed by a study conducted by Water Aid in 2003 which covered a number of districts in the country. The classification for access to water used in the Water Aid study was a density of 4 water points per 1,000 people. In urban areas, water supply did not keep pace with urban population growth.

Table 6: Status of boreholes by region

Region	Number Boreholes	Number Functioning	Number Not Functioning
Northern	2770	1971 71%	799 29%
Central	8635	7163 83%	1472 17%
Southern	7390	6153 83%	1237 17%
Total	**18795**	**15287 (81%)**	**3508 (19%)**

2. Challenges

On the basis of the 1985 estimates, the Millennium Development Goals in 1990 were to increase the number of people with access to potable water, from 52 percent to 78 percent, by 2015. The country coverage, according to 2000 estimates, was 62 percent and access increased by about 1 percent per annum. Assuming the increase is sustained, it would take sixteen years to achieve the target of 78 percent. However, the Millennium Development Goal could be achieved since the Government is planning to increase the number of boreholes and water schemes, and to intensify the maintenance of existing boreholes and water schemes through an active involvement of communities in water management. Currently, there are 15,287 hand pumps, sufficient to serve 4 million people. There are also 56 rural gravity-piped water supply schemes with over 10,000 taps that could reach an additional 1.2 million people. Unfortunately, about 40 percent of these taps are not functional; implying that the number of people served under this scheme could be less than estimated.

The challenge is to ensure continued community commitment, continuous training of community committees and availability of spare parts for repair works.

3. Policy Frameworks and Startegies

The main goal of the NPASPD under the water sub-sector was the provision of safe drinking water to all by the year 2000. The strategy was to rehabilitate old water schemes and provision of more wells and rural piped water projects. Community involvement in this process was considered crucial. Communities were to form committees and provide labour in the construction and maintenance of rural piped water schemes, form repair teams, and provide volunteer pump caretakers.

The Government developed a Water Resources Management Policy and Strategy in 1994 to ensure that a large proportion of the population should have access to potable water. The backbone of the strategy was community involvement in the management and maintenance of water supply systems in their areas.

The current revised, Water Resources Management Policy and Strategies, ensure that the number of people with potable water increases and remains high. The policy and strategies were re-enforced by the approved MPRS. The planned development of new rural piped water schemes, construction of communal water points in urban areas, rehabilitation of existing schemes and maintenance of boreholes by communities should contribute towards meeting these targets. This approach responds to one of the critical elements in the policy framework which is to ensure sustainability of water supply systems through community involvement in the planning, construction and maintenance.

4. Assessment of progress

The target of halving the number of people without sustainable access to safe drinking water could probably be reached by 2015.