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U.S. Department of Labor

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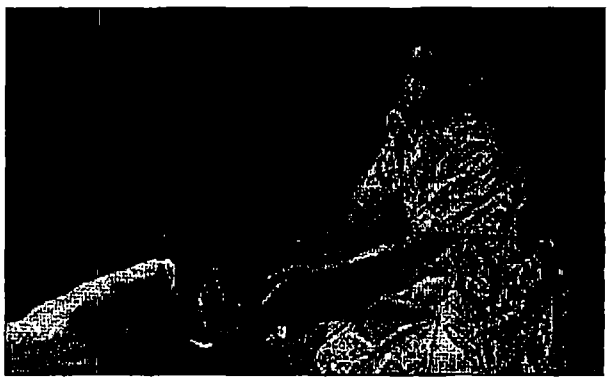
Sunday, 26 March, 2000, 14:53 GMT

Malawi gets cash for Aids battle



Aids is Africa's biggest killer

Donor countries have pledged $109m dollars to help Malawi fight the spread of HIV, the virus that causes Aids.

The pledge came at the end of an international donor conference in Lilongwe.

The money will go towards the country's five-year campaign against the killer disease.

"It's a good start. We are quite happy, this will give us a solid foundation," said Owen Kalua, coordinator of the country's anti-Aids programmes.

Some 400,000 children have been orphaned by Aids and an estimated 14% of Malawi's population have HIV.

'A nation in grief'

The southern African country had asked for $130m to fight the disease.

Vice-President Justin Malewezi told the conference Aids was

Our war chest

Aids in Malawi

More than 1m Malawians infected with HIV
UN estimates that by 2010, 40% of people will die before reaching 40
Aids orphans expected to exceed 600,000 over next decade

By the BBC's Martin Turner
"Donors say money will have a huge impact if wisely spent"
real **28k**

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UN Aids

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taking away the country's future and wiping away its economy.

empty

Vice-President Justin Malewezi

"Our war chest against Aids is empty. We are a nation in grief as Aids is devastating our economy and the fabric of our society," Mr Malewezi said on Saturday.

The US promised $30m, while other pledges came from the EU, Norway, Netherlands, Canada and the UN.

Correspondents say that for years the Malawian Government ignored repeated appeals from the International community to speak out about the Aids crisis in the country.

The silence was finally broken last year when the president launched a five-year action campaign.

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MALAWI
06/01/00

Socio-Economic Data

Total population (thousands), 1998	9,838	Population and housing census 1998
% of population urbanised, 1998	14	Population and housing census 1998
Annual population growth rate, 1987-1998	1.9	Population and housing census 1998
Infant mortality rate (per 1,000 live births), 1998	137	UNICEF
Maternal mortality rate (per 100,000 births), 1990	560	WHO/UNICEF
Life expectancy, 1996	41	UNPOP
Adult literacy rate, 1995	M 72, F 42	UNESCO
Per capita GNP (US$), 1995	170	World Bank
Human Poverty Index Value (HPI), 1998	47.7	UNDP

Status of the Epidemic

Prevalence – Year	Trend
14.9 - 1997	Uncertain, as no new data since 1997.

National Response

- **A National AIDS Control Programme** (NACP) was established in 1987 under the Ministry of Health. NACP is promoting multi-sectoral approach with activities being implemented by some other sectors. Initially HIV/AIDS is considered as a health issue by many sectors but as the epidemic has worsened other sectors have become quite involved in the fight against the epidemic. With the NACP playing a coordination role, Malawi has implemented four medium plans.

National Strategic Planning

- **A strategic planning unit** has been established within the National AIDS Secretariat to manage the National Strategic Planning process and a Cabinet Committee on HIV Prevention and Care, chaired by the Vice-president was established in October 1997.
- The Malawi National HIV/AIDS Strategic Framework 2000-2004, which was launched on 29 October 1999, is a culmination of a national process which started in February 1998. The framework serves as a basis for the formulation of HIV/AIDS prevention and care programme projects and activities for the planned period. It defines guiding principles, goals, objectives and strategies for improved planning, management and evaluation.

Multisectoral Involvement

- The strategic planning process was very innovative and has proved to be an important tool to bring together a variety of national partners in the national response to AIDS in Malawi. The framework emphasises social mobilisation of individuals, communities and institutions for collective responses to the HIV/ADIS epidemic. The process was also a tool for social and political mobilisation, to involve communities in identifying the problem and determine solutions and to involve non-health sectors in the response.

UN Theme Group on HIV/AIDS

Chair: WHO Representative.

Members: UNDP, WHO, UNFPA, UNICEF, World Bank, UNESCO, UNHCR, WFP, FAO, and ILO.

UNAIDS Personnel: Country Programme Advisor: Angela Trenton-Mbonde
Junior Professional Officer: Niels Sando-Pedersen

Technical Working Group (TWG) of the UN Theme Group on HIV/AIDS

The TWG in Malawi includes the Programme Manager of the National Aids Control Programme, the HIV/AIDS Focal Points of UN agencies, representatives from bilateral and multilateral donors, representatives from International non-governmental organizations and a representative from the Malawi Network of People living with HIV/AIDS (MANET+). The group is a useful forum for information exchange and coordination of joint activities. It also guided and influenced programme activities of some partners.

Support from UN System Agencies for HIV/AIDS activities in 1998-1999

Organisation	*Amount US$*
WHO	90,000 (99)
UNDP	870,000 (99)
UNFPA	2,000,000 (99)
UNESCO	5,000 (99)
UNAIDS	376,250
Total	**3,341,250**

Support from bilateral organisations for HIV/AIDS activities in 1998-1999

Organisation	*Amount US$*
DFID	9,200,000 (99) [25 mill. GBP for 5 years + 900,000 1999]
USAID	3,200,000 (99)
EU	940,000 (99)
NORAD	400,000 (99)
GTZ	38,000 (99)
LUX	109,000 (99)
Others	720.000 (99)
Total	**14,498,000**

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C - Malawi

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Policy Analysis Initiative

THE MALAWI RESPONSE TO THE HIV/AIDS CRISIS
A SECURITY AND DEVELOPMENT CHALLENGE

HIV/AIDS has spread with ferocious speed. Nearly 34 million people in the world are currently living with HIV/AIDS, one third of whom are young people between the ages of 10 and 24. The epidemic continues to grow and 16,000 people worldwide become newly infected. AIDS already accounts for 9 percent of adult deaths from infectious diseases in the developing world, a share that is expected to quadruple by 2020.

Nowhere has the impact of HIV/AIDS been more severe than in Sub-Saharan Africa. Today it poses the foremost threat to development in the region. The impact of AIDS in Southern Africa is devastating. This region with less than 5 percent of the world's population is home to more than 50 percent of people living with HIV/AIDS. This is where 60 percent of the deaths have occurred so far. Here is where a generation of children is now losing its parents to AIDS at an alarming rate.

At the regional level, more than 11 million Africans have already died and another 22 million are now living with HIV/AIDS. This represents two thirds of all cases on earth.

At the national level, the 21 countries with the highest HIV prevalence are in Africa. In Botswana and Zimbabwe one in four adults is infected while in Malawi the sero-prevalence rate is estimated at 14 percent.

In many African countries, the lifetime risk of dying of AIDS is greater than

one in three.

In a recent statement to the UN Security Council Meeting on HIV/AIDS in Africa, the President of the World Bank noted that "AIDS in Africa is not only claiming lives, it is changing the very nature of development." He further notes that "Nothing we have seen is a greater challenge to the peace and stability of African societies than the epidemic of AIDS." He also poses a direct challenge to the international community "we will be judged on whether we face up to global challenges, AIDS is a global issue and how we beat back AIDS will show whether we are truly able to face global challenges."

The situation in Malawi is no less disturbing. AIDS in Malawi is devastating our economy. It is destroying the very fabric of our society. It is not only taking away our present, it is taking away our future and the future of our children.

In Malawi, we have one of the worst HIV/AIDS situation in the Africa Region and the world. HIV sero-prevalence rates in ante natal women range from 3.3 percent in rural sites in the Northern Region to 30.4 percent in Blantyre City. In general, urban areas are affected most with an average sero-prevalence rate of 25.3 percent in urban areas, 20.9 percent in semi-urban areas and 11 percent in rural areas.

A World Bank report in 1996 estimated annual adult and children AIDS cases will peak at 70,000 and 20,000 cases, we now believe that to be a conservative estimate. We project that a minimum of 25 percent and a maximum of 50 percent of people currently employed in the urban-based sector will have died of AIDS by the year 2005.

The impact of AIDS on development can be summarized as follows:

HIV/AIDS is reducing life expectancy making HIV/AIDS an unprecedented catastrophe in world history. AIDS targets the most productive and active members of society, implying that AIDS has a uniquely devastating impact on

development.

Child mortality is rising, research suggests that by 2005 to 2010, infant mortality will be 60 percent higher than it would be without HIV/AIDS.

As disturbing, throughout the region, young people especially young women are disproportionately affected. Worldwide, half of all infections occur within the 15 to 24 age group.

The disease mainly strikes people in their prime years. It is often the most productive and educated members of society who die of AIDS. This increases the dependency ratio and deprives society of skilled professionals.

Children are being orphaned in huge numbers. Care for orphans often falls on extended families, stretching the capacity of these social safety nets. Many orphans are now heading families and they are less likely to attend school, more likely to be malnourished, and usually very poor. Poverty fuels the epidemic as young women are forced to turn to prostitution in order to feed their younger brothers and sisters.

Illness and death have an enormous impact on savings and investment. Apart from the almost immeasurable grief and trauma due to the illness and death of a loved one, significant resources are spent caring for the sick and dying, while the cost of funerals erodes savings at the household and national level. This deprives the economy of investment which is crucial for economic growth and poverty alleviation. At the national level, labour productivity will drop and many of the benefits of investment in education will be lost. This implies that we must plan for the human resource needs that will result from premature deaths.

At the sectoral level, AIDS has the following impacts. In education, AIDS is reducing the hard won returns on investment and exacting an appalling

human cost. Teachers are dying at an alarming rate. This implies reduced quality of education and investment requirements to replace teachers. When parents die students are often forced to withdraw from school. Girls are especially at risk and the resulting lower female education will undermine recent gains in health, nutrition and family planning.

In health, the HIV/AIDS epidemic is overwhelming the health service. Over sixty percent of patients admitted to hospital are suffering from AIDS related illnesses. Health care systems are stretched beyond their limits as they not only have to cope with the growing number of AIDS patients and the growth in opportunistic infections including TB, but health care professionals are dying exacerbating an already acute human resources constraint in the health care. While Government is attempting to place more focus on primary health care expenditure on AIDS related illnesses is crowding out investment in primary care and preventative health services.

Agriculture demands healthy labour for timely crop husbandry. Any delay at any stage of the agricultural cycle depresses productivity and undermine food security. Tragically, one farmer has noted that "today we spend more time turning the bodies of the sick than turning the soil". Although rates of HIV infection are lower in rural than in urban areas, HIV/AIDS is having a major impact on agricultural production. Across Africa, the loss of labour due to illness an death often implies a shift in cropping patterns to lower value crops, and reduces investment in technologies to enhance soil fertility.

In the private sector, AIDS related illnesses increase expenditure and reduce, thereby eroding profitability and competitiveness which in turn lead to reduced investment and economic growth. the major impact of HIV/AIDS on industry is through increased labour costs and decreased availability of skilled labour. this increases recruitment, training and staff welfare costs.

At the national level the death of so many trained professionals is leading to

a human resource crisis. In every sector, there are too few trained professionals. within government, the HIV/AIDs epidemic exacerbates shortages of teachers, health professionals, lawyers, economists and all professionals. This has implications for human resource development in Malawi and implies that there is an urgent need to expand investment in secondary and tertiary education simply to replace those infected by HIV/AIDs. Malawi cannot be an attractive investment environment without skilled people.

This is the economic impact of HIV/AIDS. It is even more difficult to outline the human cost of HIV/AIDS. AIDS is a human tragedy, there is not a single family in Malawi who have not experienced deaths due to HIV/AIDS. Every week, we are affected by the deaths of colleagues, friends and family members. Already we are a nation living in grief. It is not possible to overemphasise the magnitude of the HIV/AIDS crisis facing Malawi.

Just as the Government and the international community will be judged by our response to this crisis, we all will be judged on how we respond to the impact of AIDS on our fellow human beings. We must uphold the human dignity of all those suffering from HIV/AIDS. We must show compassion and understanding. Just as those suffering from HIV/AIDS need material support, they also need friendship and spiritual support. So many families are living with AIDS, we must support the families and encourage them to live positively with HIV/AIDS.

Response by the Malawi Government

The Malawi Government has responded to this crisis. We have established a Cabinet Committee on HIV/AIDS under the Chairmanship of the Vice President. We also instituted a comprehensive programme of participatory discussions at the community level to develop a National Strategic Plan to address this devastating epidemic which we recognize as a security crisis. This was launched by His Excellency the President in October 1999 at a high level ceremony attended by most of the Cabinet. The

elements of the Strategic Plan incorporate the following elements:

i) Culture and HIV/AIDs;
ii) Social change, youth and HIV/AIDS;
iii) Socio-economic status and HIV/AIDS;
iv) Despair and hopelessness;
v) HIV/AIDS management (care and social support);
vi) HIV/AIDS and orphans, widows and widowers;
vii) Prevention of HIV transmission;
viii) HIV/AIDS information education and communication,
ix) Voluntary counselling and testing.

The key implementing agencies for the above components are i) District Assemblies, ii) Community based organizations, iii) National AIDS Control Programme Secretariat, iv) Non governmental organizations, v) Government and private sector institutions, and vi) Donors and other stakeholders.

The National Strategic Framework and Implementation Plan was discussed at a Round Table Resource Mobilization Workshop on March 25th and 26th. During the successful Round Table Meeting a number of issues were raised which are now under the active consideration by the National AIDS Secretariat and the Cabinet Committee on HIV/AIDS. These include the following:

i) Declaring HIV/AIDS a national security crisis formally.
ii) Incorporating HIV/AIDS issues into the Poverty Reduction and Growth Strategy Paper is a super-sectoral priority at the goal level.
iii) Integrating the priorities identified in the National Strategic Framework into the Poverty Reduction and Growth Strategy Paper.
iv) Earmarking funds from HIPC into scaling up and main-streaming HIV/AIDS issues
v) Further refinement of the National Strategic Framework to ensure that HIV/AIDS activities should be refined and to ensure that key sectoral Ministries develop and

expand appropriate sector-specific plans to mainstream HIV/AIDS issues. The Ministry of Agriculture and Irrigation should develop and implement a plan for scaling up the rural AIDS initiative currently in pilot phase in three Extension Planning Areas.

vi) The Government should develop a framework for an open an inclusive dialogue with the Churches to get their support in the fight against HIV/AIDS.

vii) The Government should develop outcome indicators to determine the effectiveness of resources invested in the National Strategic Plan.

viii) the Government of Malawi will continue to lobby for Debt Relief in order to finance the fight against HIV/AIDS. The Government is now a member of the Debt for AIDS group and intends to be an active participant in this group.

The Government of Malawi is fully committed to lead the fight against HIV/AIDS. However, we recognize the need for partnerships with the donor community, with the private sector, civil society and community groups. We pledge ourselves to work towards the prospect of an Africa free of AIDS in the 21st Century.

Statement by the Office of the Vice President, April 4th, 2000.