



MALAWI

STATEMENT

BY

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AT THE

**HIGH-LEVEL MEETING OF THE GENERAL
ASSEMBLY ON HIV/AIDS**

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(Please check against delivery)

Mr. President,

On behalf of His Excellency Dr Bingu Wa Mutharika the President of the Republic of Malawi, the Malawi delegation and on my own behalf, I wish to join previous speakers in thanking the Secretary General for organizing the United Nations General Assembly Special Session on HIV and AIDS to take stock of the progress made in fighting HIV and AIDS over the past 5 years. The Secretary General is also commended for the highly informative report.

Mr. President,

The government of Malawi and its leadership remain fully and strongly committed to the fight against the spread of HIV. There is a strong National AIDS Commission since July 2001, which has become a powerful rallying point for all development partners and stakeholders responding to the challenges of the HIV and AIDS epidemic. Malawi subscribes fully to the UNAIDS global principle of "Three Ones": that is one Coordinating Authority (National AIDS Commission), one National Action Framework (NAF) and one Monitoring and Evaluation Strategy. The NAF addresses all the 6 commitments of the declaration. The NAF also provides for the special needs of women, men and children living with HIV, orphans and other marginalized groups and addresses the question of reducing HIV and AIDS-related stigma and discrimination in all settings.

The institutional support to the response has been further strengthened by the establishment of a Department of Nutrition, HIV and AIDS within the Office of the President to provide oversight, high level advocacy and collaboration with existing structures, including the Cabinet Committee on Health, HIV and AIDS, the Parliamentary sub-Committee on HIV and the National AIDS Commission.

Over the period of the Commitment, the Malawi response has matured as a truly multi-sector response. Government ministries and departments, international and local non-governmental organisations, faith and community based organisations, support groups for people living with HIV and AIDS and the private sector are all meshed together in a coordinated action. The majority of these organizations have been reached with grants to expand action and improve quality of services. What Malawi is now working on is to ensure that resources are absorbed effectively and that these resources have demonstrable programme impacts. During the 2005/06 fiscal year, over 1,500 organizations received grants to the tune of US\$47 million (MK 6 billion) to expand action and improve the quality of HIV and AIDS services. Work is on the increase to ensure demonstrable impact.

Mr. President,

In the area of prevention, the statistics from the 2004 Malawi Demographic and Health Survey confirm encouraging high levels of HIV and AIDS knowledge among the population at large, with over 85% of Malawians between 15 and 24 years of age able to correctly identify ways of preventing HIV transmission. The study also reveals that the near universal awareness of HIV and AIDS is slowly translating into behaviour change. For example, condom use among men with non regular partners has increased from 39% to 47%. Furthermore, engagement in sexual intercourse with non-regular partners has decreased from 33% to 26% and median age at initiation of sexual intercourse has increased from 17.1 to 18.1 years.

Mr. President,

Malawi has a policy on equity in access to Antiretroviral Therapy (ART), which stipulates that ART be provided, free of charge in public sector health facilities and subsidized in private sector health facilities. This has enabled more Malawians to access ART and has improved the quality of their lives. To-date, Malawi is providing ART in 127 health facilities and there are 50,000 patients on ART as of April this year from less than 5,000 in July 2004. During the same period, supply of drugs for treatment of AIDS related infections in health facilities has increased. Malawi has also been able to develop and mobilize resources for a Six-Year Emergency Human Resource Relief Programme for the Health Sector, which includes training of new health workers in all major cadres, improved wages, re-hiring of retired health workers, allowances for the health sector personnel and recruitment of international volunteer doctors. Malawi has developed and is now piloting an integrated model for community home based care for orphans, people living with HIV and AIDS and other vulnerable groups while registering rapid increase in the number and distribution of community organizations providing HIV and AIDS services.

Mr. President,

Recently, the Malawi Government launched a nationwide programme on Prevention of Mother to Child Transmission (PMTCT) of HIV, with comprehensive services currently being offered at 89 sites throughout the country. This is a bold move aimed at addressing the fact that just over 2.3 per cent of HIV positive pregnant women in the country are presently receiving a complete course of ARV prophylaxis to reduce the risk of HIV transmission to their unborn child. Efforts

medical interventions like ART and HIV testing.

Mr. President,

A system for orphan registration at the national, district and community levels is in place, and considerable investment has been made to expose orphans to economic skills and provide them with much needed psychosocial support. According to the 2004 Malawi Demographic and Health Survey the school attendance ratio among orphans to non-orphans stands at 0.97 up from 0.94 in 2000, which is an indication of equal access to education. Further, almost all primary and secondary schools in Malawi have a trained teachers in life skills education.

Mr. President,

In the area of human rights and fundamental freedoms for all, the government of Malawi developed a National HIV and AIDS Policy to provide a clear legal and administrative framework for the implementation of a rights-based and expanded multisectoral national HIV and AIDS response. The policy seeks to go beyond business as usual and proposes a range of planned legislative reforms as well as a monitoring and evaluation system to track both the epidemic and the progress towards the goals of the National HIV and AIDS Action Framework. The policy also provides for the special needs of women, men and children living with HIV, orphans and other marginalized groups and addresses the question of reducing HIV and AIDS-related stigma and discrimination in all settings.

Mr. President,

On financing, the Malawi Government with support from the development partners introduced a "Pool Funding" system for HIV and AIDS, which is reputed as the very first of its kind in the world. This is an arrangement whereby five funding partners namely: Canadian CIDA, Norwegian Government, World Bank, British DFID and Malawi Government pool funds into a common basket to support an Integrated Annual Work Plan managed by the National AIDS Commission. Not only does this policy reduce transactional costs, it also empowers the Commission and supports the principal of a Government lead response. Negotiations are at an advanced stage for the Global Fund to join the pool funding system.

Mr. President,

Malawi Government is gratified with the increasing donor support to HIV and AIDS response from various development partners that include the United Nations agencies, Canadian CIDA, Swedish SIDA, Norwegian government, DFID, CDC, USAID, Global Fund and the World Bank among others.

Mr. President,

Despite all these bold efforts and high-level national commitment on our part to fight this scourge, statistics on trends in HIV prevalence, morbidity, mortality and the number of orphans have continued to display disturbing results. For example, data from the 2005 sentinel surveillance gives a national adult HIV prevalence rate of 14 per cent, with 22 per cent in the urban areas and 12 per cent in the rural areas. The risk of mother to child transmission of HIV still remains very high with an estimated 27 per cent of infants born to infected mothers HIV infected. It is however, gratifying that HIV prevalence in the adult population has more or less stabilised at 14 per cent for the past three consecutive years. Similarly, there are indication in some parts of the country, of a decline in HIV prevalence among young people and a decline in syphilis among pregnant women attending antenatal clinics. Furthermore, the 2004 Malawi Demographic and Health Survey that included HIV testing revealed the prevalence rate to be at 12%, and among youth aged 15 to 24 years is 6%.

Mr. President,

There is great need to rapidly scale up HIV and AIDS care, treatment and support. But, lack of openness remains the major impediment to the efforts to turn round the tide of the epidemic. More work needs to be done to break the silence still surrounding the epidemic and stimulate positive responses at all levels. The introduction of Antiretroviral Therapy is a positive and welcome development as this will subsequently lead to an increased number of people accessing VCT services. However, this calls for a serious national debate on the issues of policy in the areas of programme management and equity of access as a basis of generating demand while assuring quality. The bottom line is to make antiretroviral therapy available to all citizens who need them.

Mr. President,

Malawi has also recognized the pivotal role that nutrition plays in the treatment, care and support of people living with HIV and AIDS. As you are aware nutrition

builds immunity while ARV prolong life by slowing down destruction of the immune system. Provision of nutrition therapy which includes assessment, counselling, education and demonstration, therapeutic feeding, supplementary feeding, referral to nutrition rehabilitation units and hospitals and production of high nutritive value food crops for a nutritious diet are therefore critical.

In conclusion, therefore, I would like to state that although much has been achieved in Malawi regarding the implementation of the Declaration of Commitment, there are challenges most of which relate to inadequacy of resources and timely disbursement of funds. Given one of the fastest growing ART programme and the number of potential clients, Malawi will need more resources to place and maintain thousands of people on ARVs. In the same manner, Malawi will need more resources to begin to address decisively the challenges of orphans and other vulnerable children and to invest in programmes that meaningfully reduce the impacts of HIV and AIDS.

In this connection I would like to request the development partners to examine the prospects of increased funding. At the same time let me request partners like the World Bank and the Global Fund, to include funding for nutrition to support the treatment regime, relax their disbursement requirements in order to expedite cash flow, while maintaining high quality fiduciary requirements to which Malawi dutifully subscribes.

I thank you, Mr. President.