EGPAF IN MALAWI

Approximately one million people are currently living with HIV in Malawi. Of those, 84,000 are children under the age of 15. There are nearly 58,000 HIV-positive women giving birth annually in Malawi. Without any intervention, an estimated 17,400 infants will be born with HIV.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began collaborating with local partners in 2001 to initiate one of Malawi’s first programs to provide prevention of mother-to-child HIV transmission (PMTCT) services. Currently, EGPAF-Malawi provides technical assistance for the provision of adult and pediatric HIV prevention, care and treatment services to more than 150 Malawian Ministry of Health and faith-based facilities including 78 priority sites, district-level health teams, and community-based organizations (CBOs).

COUNTRY PROFILE*

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<table>
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<tbody>
<tr>
<td>Population</td>
<td>17,377,468</td>
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<tr>
<td>Number of people living with HIV</td>
<td>980,000</td>
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<tr>
<td>Adult HIV prevalence rate</td>
<td>9.1%</td>
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<tr>
<td>Women aged 15 years of age and older living with HIV</td>
<td>540,000</td>
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<tr>
<td>Children (0-14 years of age) living with HIV</td>
<td>84,000</td>
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<tr>
<td>Mother-to-child HIV transmission rate, at cessation of breastfeeding</td>
<td>13%</td>
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<tr>
<td>Deaths due to AIDS</td>
<td>27,000</td>
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<tr>
<td>Number of new HIV infections in 2015</td>
<td>33,000</td>
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KEY PROGRAM ACCOMPLISHMENTS**

Since 2001, EGPAF-Malawi:

- Strengthened the organizational and technical capacity of seven Malawian CBOs
- Ensured over 56,000 pregnant women and over 41,000 children received antiretroviral prophylaxis
- Provided PMTCT services to more than 1,120,000 women
- Started over 58,000 individuals on antiretroviral therapy (ART), including over 9,996 children

EGPAF-MALAWI PROGRAM GEOGRAPHIC COVERAGE


** Data as of February, 2017
EGPAF is one of the major U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) HIV service delivery implementing partners in Malawi. Through this project, EGPAF-Malawi increases access to high-quality HIV prevention, care and treatment services, tuberculosis (TB) and HIV service integration and treatment of sexually transmitted infections. EGPAF provides both financial and programmatic support to health facilities including clinic renovations, purchasing medical supplies, clinical mentorship, and quality improvement initiatives. Through this program, which serves a population of almost three million people in the seven EGPAF-supported districts, 58,338 individuals have accessed ART as of June, 2015 including 9,196 HIV-positive children.


This joint PEPFAR/Children’s Investment Fund Foundation (CIFF) initiative galvanizes global focus to improve pediatric HIV care and treatment and aims to double the number of children on life-saving ART over two years in high-prevalence settings. EGPAF-Malawi implements the ACT Initiative with funding from CIFF. This project complements EGPAF-Malawi’s District Service Delivery, Quality Improvement, and Health Systems Strengthening program, serving the same seven districts, and emphasizes pediatric HIV case detection, linkage of HIV-positive children to care and treatment services, and strong retention in care and treatment among HIV-positive children. Through this initiative, EGPAF expects to initiate over 3,000 HIV-positive children on ART.

Technical Assistance to Community-Based Organizations (2011-2016)

Through funding from ViiV’s Positive Action for Children Fund, EGPAF-Malawi provides technical assistance and capacity building to six CBOs in four districts (Rumphi, Nkhotakota, Lilongwe, and Blantyre), focusing on organizational development, financial management, building partnerships and networks, monitoring and evaluation, and technical capacity. As of February 2015, EGPAF-supported CBOs had referred 3,806 women to health facilities for PMTCT services; provided 10,244 HIV-positive women with support services including peer education, support groups, nutritional supplements, and access to village savings and loans; and reached 106,616 with support services including peer education, support groups, nutritional supplements, and access to village savings and loans; and reached 106,616 HIV-positive children on ART.

Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (2013-2016)

Through this multi-country effort, EGPAF-Malawi focuses on improving the quality of service delivery through capacity building approaches (training and mentorship of health workers and managers); improvements in monitoring and evaluation systems in collaboration with community stakeholders; community sensitization and mobilization to create greater involvement and demand for HIV services among women; and strengthened systems for mother-baby pair tracing, thereby improving their retention. The project is currently implemented in three districts (Mzimba North, Mzimba South, and Dedza). This project is coordinated through the United Nations Children’s Fund with funding from the Swedish International Development Cooperation Agency and the Norwegian Agency for Development Cooperation, and is implemented in Cote d’Ivoire, Democratic Republic of Congo, Uganda, and Malawi.

ADVOCACY

EGPAF-Malawi participates in numerous national technical working groups focused on PMTCT, HIV care and treatment, TB, human resources for health, sexual and reproductive health, program monitoring and evaluation, and quality assurance. EGPAF continually promotes solutions to reduce the pediatric HIV treatment gap, including through participation in a pediatric treatment technical working group.

RESEARCH

EGPAF-Malawi conducts operations research to better understand patient perceptions of HIV prevention, care and treatment and increase opportunities to improve early infant diagnosis, care and treatment, and PMTCT/ART services. Completed studies include:

- Barriers, Facilitators, and Recommendations for the Early Infant Diagnosis and Treatment Cascade: This ViiV-funded, qualitative study aims to document facilitators and barriers within the early infant diagnosis and treatment cascade. Study staff administered semi-structured interviews with caregivers of infants eligible for early infant HIV diagnosis (n=47) and health care workers in five clinics in Malawi in April 2013. Study staff observed participation in various steps of the early infant diagnosis and treatment cascade.

- Acceptability of Lifelong Treatment (Option B+) among HIV-Positive Pregnant and Lactating Women: This Dance Marathon at UCLA-funded study aims to identify areas for improvement in HIV service delivery. The study staff conducted in-depth interviews and focus group discussion among women and HIV service health workers in antenatal settings or ART clinics from four clinics in Malawi between September and December 2013. A Secondary Analysis of Retention across the PMTCT Cascade in Selected Countries (HIVCore): This study involves a retrospective records review of HIV-positive pregnant women and HIV-exposed infants who attended health services at select sites between October 2011 and March 2012. This study set out to find levels of retention among women and children enrolled in PMTCT services. In the analysis, retention was measured by rates of clinic attendance as documented in the health facility registers, and variations between facility type, demographics, facility follow-up mechanism, preexisting drug adherence, and patient-level factors associated with ART initiation were assessed.

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