



**MALAWI**

**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL IN  
SELECTED AFRICAN NATIONS AND BEYOND

## **WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

### **BACKGROUND**

#### **Country Statistics**

The population of Malawi is estimated to be 13.0 million people, with an average life expectancy of 41.7 years. Chichewa is the official language of Malawi, which has an estimated literacy rate of 62.7%, unevenly distributed between men and women. Landlocked Malawi ranks among the world's least-developed countries. The economy is predominately agricultural, with about 90% of the population living in rural areas. Agriculture accounted for nearly 36% of the gross domestic product (GDP) and 80% of export revenues in 2005. The GDP per capita is \$600, with 55% of Malawian people living below the poverty level.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in general population of Malawi is estimated at 14.1%, with approximately 940,000 individuals living with HIV/AIDS. Most cases of HIV in Malawi are spread through multi-partner heterosexual sex and mother-to-child transmission. HIV prevalence is almost twice as high in urban areas as in rural areas. More than half of the new HIV infections are occurring in young people aged 15–24 years.

#### **Military Statistics**

The Malawi Defense Force (MDF) is estimated at approximately 5000 members. Malawi allocates 0.8% of the GDP for military expenditures. No HIV/AIDS prevalence data were available for the armed forces.

### **PROGRAM RESPONSE**

#### **In-Country Ongoing Assistance**

Early MDF collaborative efforts with partners Family Health International (FHI), Population Services International (PSI), and Project Concern International (PCI) have included the successful implementation of a military HIV/AIDS policy and the establishment of counseling and testing (CT) centers at 4 sites, as well as the development of tailored peer education programming. In addition, the MDF is conducting a current seroprevalence study in the barracks. Despite these successes, the MDF faces limited availability of (1) CT services and antiretroviral therapy (ART) for military personnel and (the allied population remains limited to 4 sites), (2) home-based care for the chronically ill, (3) services for orphans and vulnerable children (OVC), and (4) antenatal clinics. Where high-quality services are available, they are offered in isolation, and uptake is often significantly lower than expected due to a variety of barriers (e.g., confidentiality; impact of a positive diagnosis on a military career and relationships and family; and fear of stigma).

In October 2005, DHAPP staff participated in a country team visit to Malawi to meet with the MDF. During this site visit, they discussed current military practices and programs, areas for potential expansion or improvement, and strategy and the Country Operational Plan.

### Foreign Military Financing Assistance

Malawi was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory and medical equipment. This award was allocated for fiscal year 2005 and has not yet been released for expenditure. Although still in negotiation, the plan is to use these funds to procure HIV diagnostic equipment and supplies.



### Proposed Future Activities

DHAPP received four proposals for work with the MDF during FY07. The first, from FHI on behalf of the MDF, included objectives to capitalize on successes and rapidly scale up sustainable services: (1) expansion of critical services and peer education programming, (2) coordination among key stakeholders, (3) increase advocacy and stigma reduction, and (4) develop capacity building of MDF and local partners.

The second, from PSI, included objectives to increase MDF capacity to implement improved, effective, and sustainable responses to HIV, including CT and related services to personnel and their families while reducing related stigma and discrimination. Goals included training peer educators, continuing provision of *Chisango* condoms, equipping CT centers, and developing specific Information, Education, and Communication materials.

The third, from ResourceLinC, stressed the objectives of enhanced peer education programming, including laptop computers and Internet access for master trainers, development of a training film for the MDF, creation of an MDF-specific film discussion guide, use of prefab design structures to add an additional 3 military CT centers, implementation of mandatory HIV testing for military personnel, and increased infrastructure of MDF laboratories.

The fourth proposal was submitted by PCI. Proposed objectives included improve skills within the MDF for planning, managing, monitoring, and evaluating HIV prevention activities; increase promotion of safer sex practices among MDF personnel and spouses/partners; and increase promotion of CT among MDF personnel and spouses/partners.

The proposals were reviewed by a scientific panel and will be presented to the DHAPP Board of Directors.

## **OUTCOMES & IMPACT**

### **Prevention**

Since MDF programs in HIV prevention, care, and treatment are relatively new, limited data were available for FY05. In the generalized palliative care setting, 8 military patients were provided with general HIV-related palliative care. Two hundred and fifty military members were tested for HIV and received their results. In addition, 1 Counseling and Testing Center was approved for renovations, which are scheduled in early FY06. DHAPP staff members anticipate successful continued collaboration with the MDF and the US Embassy staff in Malawi.

### **Care**

Seven (7) MDF outlets provided HIV-related palliative care. During the year, 52 military members or spouses were provided with HIV-related palliative care (31 men, 21 women), with 47 of those treated for tuberculosis (TB). Nine (9) military medical providers were trained in the provision of HIV-related palliative care, with another 10 trained in provision of services for TB.

MDF outlets provided services to 263 OVC. Seventy (70) MDF personnel were trained in the provision of care for OVC. Four (4) CT centers were operational for MDF personnel and families. During the year, 884 troops were tested for HIV and received their results (676 men, 208 women). Seventy-eight (78) MDF providers were trained in provision of CT.

### **Treatment**

During the fiscal year, 10 outlets provided ART for MDF members and families. By the end of the fiscal year, 1559 MDF personnel and family members were established on ART (17 boys, 7 girls, 805 men, 730 women). Seventy-one (71) MDF medical personnel were trained in the provision of ART. Eleven (11) MDF laboratories had the capacity to perform HIV tests, and 3 laboratory personnel were trained in the provision of these tests.

### **Other**

Eighty-five (85) MDF personnel were trained in institutional capacity building. One hundred and forty (140) were provided training in community mobilization for HIV prevention, care, and treatment.