



Malawi – Researched and compiled by the Refugee Documentation Centre of Ireland on 29 July 2014

Recent Media /COI reports of inadequacy of treatment for persons with Aids in Malawi

The Introduction to an article published in the Journal of Aids & Clinical Research states:

“Malawi, like any other country in the Sub-Saharan Africa faces the global challenge of HIV and AIDS. The prevalence of HIV in Malawi is at 10.6% which is one of the highest in the world. This high prevalence rate has over stretched the health care system due to lack of resources, few number of hospital beds and limited number of health workers in the health facilities. AIDS accounts for more than 60% of all in-patient admission.” (Pindani M, Maluwa A, Nkondo M, Nyasulu BM, Chilemba W (2013) *Perception of People Living with HIV and AIDS Regarding Home Based Care in Malawi*, Journal of Aids & Clinical Research, Volume 4 Issue 3)

An article from UK newspaper The Independent states:

“The main challenge is persuading women who discover they are infected during routine antenatal tests to accept the treatment – and stick with it. Stigma remains a key barrier. ‘It is a real challenge for women to be told they are HIV positive and to take home the drugs and tell their family they are going to take these for the rest of their life. Many women leave the clinic and throw the drugs away. We never see them again,’ said Fabian Cataldo, a researcher with Dignitas International in Zomba. Breaking the news to their husbands is the hardest task. Official figures from the Malawi Aids Commission suggest around a quarter of women default. Others, such as Medicins Sans Frontiers, say the default rate is higher. ‘We found nine per cent dropped out on the first day and a further 27 per cent at three months,’ said a spokesperson. If the scheme led to a rise in drug resistance, the consequences could be devastating. The current standard drug cocktail – three anti-retrovirals in a single pill – costs \$200 per person per year and is wholly funded by donors. Malawi could not afford expensive second line HIV drugs if the first line failed. ‘We are worried about resistance,’ said Frank Chimbwandira, head of HIV at Malawi’s Ministry of Health.” (The Independent (19 November 2013) *Hope for the future as Malawi battles the Aids virus’s capacity to infect succeeding generations*)

An IRIN news report on drug shortages in Malawi states:

“Malawi is again experiencing a crisis in the delivery of essential medicines, with understaffed clinics and erratic drug supplies preventing many dangerously ill patients from accessing treatment. Frequent drug shortages and stock-outs have plagued the country’s health system in recent years. According to a 2012 report by the UK charity Oxfam, only 9 percent of local

health facilities (54 out of 585) had the full Essential Health Package list of drugs for treating 11 common diseases. Additionally, clinics were often out of basic antibiotics, HIV test kits and insecticide-treated mosquito nets, and in many facilities, stocks of vaccines were dangerously low. According to news reports, public hospitals had run out of 95 percent of essential medicines by the end of January.” (IRIN News (19 February 2013) *Malawi’s never-ending drug shortage problem*)

See also IRIN News report which states:

“Extensive looting of public funds by government officials in Malawi has dangerously undermined the country’s public health sector, with hundreds of public health workers striking in recent weeks to protest late payments of their September salaries. The delays were the result of a financial scandal involving government officials who exploited loopholes in a government payment system to make fraudulent deposits into the accounts of companies that did not have government contracts. Up to 20 billion kwacha (US\$5.3 million) was siphoned from public funds, according to the Financial Intelligence Unit, a government organ. The health worker strike, which started in early October, crippled operations at public hospitals, which are also experiencing depleted budgets for essential medical equipment and drugs.” (IRIN News (24 October 2013) *Government corruption “cripples” Malawi’s health sector*)

An article from UK newspaper The Guardian states:

“Malawi is considered a success story in reducing HIV infection rates, passing the tipping point – when the number of people starting treatment exceeds the number of new infections. According to UN figures, between 2001 and 2011, the rate of new HIV infections dropped by 73%. This was helped in part by the introduction of ARVs in 2003, which have slashed death tolls from 92,400 to 45,600 over the past decade. But, with an HIV prevalence of about 10% among people aged 15 to 49, Malawi has the ninth highest HIV rate in sub-Saharan Africa, according to UNAids estimates. And more than 40% of new infections are among 10- to 19-year-olds. The country is heavily reliant on support from international donors to fund its national HIV and Aids programmes. Any increase in the number of people on second-line treatment could exacerbate the problem.” (The Guardian (29 November 2013) *Malawi’s success story in reducing HIV infection*)

This response was prepared after researching publicly accessible information currently available to the Research and Information Unit within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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