Malawi is a land-locked country in southern Africa. With a population of between 11.5 to 12.5 million and is among the poorest countries in the world. Like many other sub Saharan countries, Malawi is grappling with the HIV/AIDS pandemic. Women are most affected by the pandemic - out of 809,833 persons living with HIV in the country, 473,000 are women.

The civil service is the worst hit sector in the country. The Malawi police service has a high HIV prevalence rate among its service women; an update on the Malawi National Response to HIV/AIDS indicates that 32 percent of female police officers are currently infected with HIV.

There has been marked success within development organizations that are able to design HIV/AIDS mainstreaming strategies in an effort to prevent, and mitigate the effects of HIV/AIDS. These lessons along with the strategies employed by a handful of dedicated individuals have the potential to make real change in how Malawi and other African countries address HIV/AIDS.

As the world commemorates World AIDS Day, The African Women’s Development and Communication Network (FEMNET) celebrates the role of dedicated women in Africa who work tirelessly to fight HIV/AIDS. Eluby Jere, a policewoman based in Malawi’s commercial capital Blantyre, is one such person who has worked hard, with little recognition.

For the past five years Eluby has been mobilizing men and women of Malawi’s Police force to take an active role in the fight against HIV/AIDS. She encourages men and women in uniform to go for HIV testing by telling her own story as a woman living with HIV/AIDS. Since 2003, she has reached out to 3974 people. However, the role women play in caring for people living with HIV and orphaned children is rarely recognized or monitored and these women therefore remain unsupported.

Eluby Jere like many other caregivers in Africa experiences stigma and discrimination. Studies show that home-based carers experience considerably more stress than those working in the medical environment, and without adequate training, mentoring and support. In response to this need, caregivers have formed groups and networks to provide mutual support and to build their own capacity. Through these groups and initiatives, caregivers are engaging in peer learning, training and empowerment to negotiate with local government authorities and decision makers to access funds and gain access to decision-making structures. Less progress has been seen on this last score, with older carers remaining largely invisible in the HIV response.

African governments and funders need to realize that caregivers play an important role in assisting people who are HIV-Positive to access basic services, food, clean water and medication. as such they need to support these efforts through providing adequate funding for home based care programmes.

Home-based caregivers are first-line responders to AIDS and are well versed with its affects in their communities including knowledge on the types of interventions that are working.

The Global Fund for AIDS, Tuberculosis and Malaria, bilateral and multilateral funding agencies, and national AIDS authorities should prioritize attention to care and caregivers as they need to be recognized as valued stakeholders through giving them a formal place in decision-making bodies, including Country Coordinating Mechanisms.

Many governments have failed to integrate care into their national budgets and make funds inaccessible to caregivers. Macro and micro funding policies must be strengthened to ensure that funding becomes accessible to the caregiver. To ensure progress, an official role for home-based caregivers to act as monitors and evaluators of AIDS programs should be established at the community level. In addition, a small percentage of funding should be earmarked to directly support community-led responses to AIDS, particularly those driven by women. Donor accountability is essential if global goals on HIV prevalence reduction are to be met. Donors must ensure that the caregivers have everything they need in order to carry out their work safely and efficiently.

Currently 2.8 million people in Malawi have undergone HIV testing. In 2007 and 2008 alone the
country tested over 1 million people. The highest risk group is the 15 to 24 age-group; however it is interesting to note that the infections are increasing in the highly knowledgeable groups. Sex workers top the chart with an HIV prevalence rate of 70 percent.

The number of Malawians living with HIV in rural areas is estimated at 630,000 compared to the urban areas at 179,745. Out of this number, 89,055 are children below the age 15.

As a way of scaling up HIV testing and counseling services the country in 2006 introduced the HIV Testing and Counseling (HTC) week which was the first of its kind in the world and has since been described as a success. Last year, 187,000 people got tested during HTC week, of which 53 percent were female and 47 percent were male. Another HIV Testing and Counseling week was held in November 2008.

Barely a week after the Malawi government withdrew a much needed cash handout to HIV/AIDS infected civil servants, the Malawi Police Service released alarming statistics showing that the force at risk of being wiped out.

With soaring food prices coupled and low wages, experts say Malawi's ability to realize the Millennium Development Goals will be greatly hampered by loss of skilled people and declining health care budgets.

Sub-Saharan Africa is more heavily affected by HIV/AIDS than any other region of the world. An estimated 22 million people were living with HIV at the end of 2007 and approximately 1.9 million additional people were infected with HIV during that year. In just the past year, the AIDS epidemic in Africa has claimed the lives of an estimated 1.5 million people in this region. More than eleven million children have been orphaned by AIDS.

The extent of the AIDS crisis is only now becoming clear in many African countries, as increasing numbers of people with HIV are falling ill. In the absence of massively expanded prevention, treatment and care efforts, it is expected that the AIDS death toll in sub-Saharan Africa will continue to rise. This means that the impact of the AIDS epidemic on these societies will be felt most strongly in the course of the next ten years and beyond. The social and economic impact is already widely felt, not only in the health sector but also in education, industry, agriculture, transport, human resources and the economy as a whole.

In many parts of Africa, as elsewhere in the world, the AIDS epidemic is aggravated by social and economic inequalities between men and women. Women and girls commonly face discrimination in terms of access to education, employment, credit, health care, land and inheritance. These factors put women in a position where they are particularly vulnerable to HIV infection. In sub-Saharan Africa, around 59% of those living with HIV are female.

In many African countries, sexual relationships are dominated by men, meaning that women cannot always practice safe sex even when they know the risks involved. There is need to empower the African woman who is at greater risk of HIV AIDS with knowledge on how to protect herself from HIV/AIDS. African governments need to ensure that women like Eluby Jere of Malawi are provided with the necessary information and support.

The role of Women in the fight against HIV/AIDS in Africa can not be over emphasized. It is clear that women are the force that sustains the continent and hence at the centre of the HIV/AIDS response. It is also evident everywhere the epidemic is taking a toll; there are gallant women engaged in prevention, care and support. In sub-Saharan Africa, women as mothers, as primary care givers and economic providers will continue to depend on subsistence farming, petty trading and other sectors of informal economy to support families and communities. It makes sense then that support for these women should be central to whatever strategy for the future and meeting MDG 3 target by 2015.

One of the most important ways in which the situation in Africa can be improved is through increased funding for HIV/AIDS. More money would help to improve both prevention campaigns and the provision of treatment and care for those living with HIV. Developed countries have increased funding for the fight against AIDS in Africa in recent years, perhaps most significantly through the
Global Fund to fight AIDS, Tuberculosis and Malaria. There is need for African governments to ensure that funds committed to fight HIV/AIDS benefit African women especially those at community level who need antiretroviral drugs for themselves and their unborn children.

References

1. How are different countries in Africa affected? [2]
3. What will be the impact of HIV-AIDS on women and children? [4]

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