MALAWI

Malawi has achieved a decline of 71% in the number of new HIV infections among children since 2009. There has been a 34% reduction in the number of new HIV infections among women during that time. Since introducing Option B+ in 2011, the percentage of pregnant women living with HIV who are receiving antiretroviral medicines to prevent new HIV infections among children has increased from 21% in 2009 to 80% in 2015. Areas for continued attention include scaling up early infant diagnosis of HIV and scaling up paediatric treatment, as only 20% of infants received an early infant diagnosis test by two months of age and only 61% of children living with HIV accessed antiretroviral treatment in 2015.



4800

NEW INFECTIONS AMONG CHILDREN IN 2015



8 OUT OF 10

PREGNANT WOMEN LIVING WITH HIV ACCESSING
ANTIRETROVIRAL MEDICINES TO PREVENT
MOTHER-TO-CHILD-TRANSMISSION OF HIV



71%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009-2015

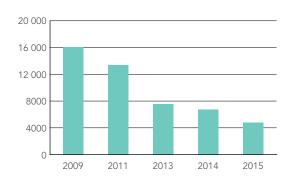


9%

RATE OF MOTHER-TO-CHILD HIV TRANSMISSION, INCLUDING DURING BREASTFEEDING

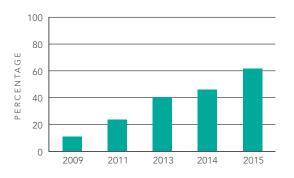
NEW HIV INFECTIONS AMONG CHILDREN

Number of new HIV infections among children (aged 0-14 years)



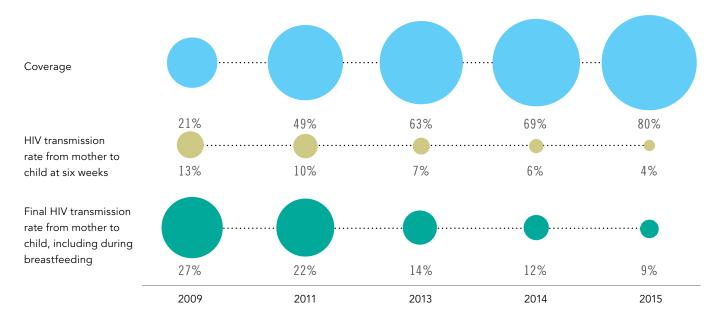
ART COVERAGE AMONG CHILDREN

Percentage of children (aged 0–14 years) living with HIV who have access to antiretroviral therapy



COVERAGE VS. TRANSMISSION

Increasing coverage of antiretroviral medicines has translated into decreasing rates of HIV transmission from mother to child



FAMILY PLANNING-UNMET NEED

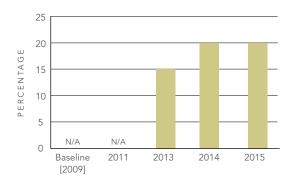
Percentage of unmet need for family planning



Source: Demographic and Health Survey, 2014, all currently married women (aged 15–49 years).

EARLY INFANT DIAGNOSIS

Percentage of infants born to women living with HIV receiving a virological test by two months of age



WOMEN ACQUIRING HIV INFECTION

The number of women (aged 15-49 years) acquiring HIV decreased by 34% since 2009



Source: UNAIDS 2016 estimates, unless otherwise noted. Every year, countries update their HIV estimates, including the historical trends of those estimates. The 2016 results reflect updated surveillance and programme data and improved models. The 2016 estimates are likely to differ to estimates produced in earlier years and are believed to be more accurate. Paediatric antiretroviral therapy coverage is based on all children living with HIV, while in previous years it was restricted to children eligible for antiretroviral therapy.