

The views in this column are that of the writers and not of the newspaper
— Editor

Letters

Write to:
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Dear Editor

ALLOW me to comment on the kind of attitude that I think has contributed to making this country poor. We celebrate negativity too much. When Flames lose, we clap hands and say, boastfully, "I knew it!" When someone fails in their personal or individual pursuit, we go out on the hilltop and proclaim "Amatani".

Sadly, this spirit has gone on even to the level of government. Every time a new administration is in, we celebrate when things are not going right. When President Joyce Banda took over in April 2012, many Malawians blew the trumpet and declared themselves prophets when the cost of living skyrocketed following the massive devaluation of the kwacha.

Throughout her period, we went on to undermine the administration of Joyce Banda to the extent that some argued that a woman was incapable of running the country. Of course, there were deficiencies in her governing style but are we really honest that a woman cannot be president in this country or we were just feeding on ill-will that seems to consume most of us?

Now we have a new

We need to change this defeatist attitude

administration headed by President Peter Mutharika. He is only six months in charge but we have already started pointing fingers because of the inflation, because of water shortages in Blantyre City, because of a few industrial actions for pay rises and a few other things.

Are we really serious that anyone would come into this country and correct all the deep-seated malaise in a fortnight? I was even shocked to see that attitude in a letter published in this newspaper last week when some health rights activist lashed at the Peter Mutharika administration as not being different from his late brother's reign and for not offering hope to Malawians. Are our consciences really clear when we are making some of these accusations?

But, of course, I am not surprised with this position taken on this administration and the previous administrations. Malawians



SUBJECTS OF UNNECESSARY CRITICISM? — Peter Mutharika and Joyce Banda

love to see others fail. They will hardly acknowledge good things someone is doing and they will be the first to criticise when things go wrong instead of contributing

to solutions. As individual citizens, we need to change this defeatist attitude. Only when we do so shall we together find ways that would make the Flames a

continental force. Only when we change our attitude shall we play our part in helping different administrations for this country deliver according to the dreams of

the nation. Negativity will take us nowhere.

Edwin Dzonzi,
Blantyre

Dear Editor,

AS Malawi joins others in commemorating World Aids Day, it is important that as a country we take stock of how we have fared in our national HIV response.

Looking back over the past 30 years of HIV, the country has made great strides in controlling its epidemic: The number of Aids related deaths has gone down as more Malawians living with HIV are now on antiretroviral treatment (ART). As of last year, the total number of people on ART was 472,865, with 102,856 initiated in 2013 alone, reflecting acceleration in treatment rollout.

Malawi has become a global leader in reducing mother to child HIV transmission and has implemented Option B+, where pregnant and lactating HIV-positive women are offered HIV treatment for life.

As the country continues in its efforts to find innovative ways of reducing the 35,000 new infections each year, it should commit to fully and quickly scaling up voluntary medical male circumcision (VMMC) as part of combination HIV prevention.

Malawi should accelerate VMMC



AWARENESS DRIVE — A march in commemoration of world Aids Day

Studies show that men who undergo VMMC reduce their risk of getting HIV by 60 percent. Overtime, protection is stronger and once a critical mass is circumcised, women are also protected.

Unfortunately, Malawi lags behind other countries in achieving its VMMC coverage targets. Latest figures show the country has reached a mere 4 percent of its goal of circumcising 80 percent of eligible men.

That said, credit should be given to the accelerated pace over the last year. According to Pefpar, Malawi's leading funder HIV programming, including VMMC, the numbers of male circumcision procedures increased from 13,314 in 2012 to 67,384 in 2013. Numbers are projected to be higher in 2014. This is commendable, especially given how late Malawi started its VMMC implementation.

But what can we do to

maintain this pace or even surpass it?

This is such an important question especially at a time when we continue to hear that funding for prevention programming is going to shrink even further. VMMC has proven difficult in Malawi, in part because it's a country that does not practice traditional male circumcision. It has also lacked political will and funding.

VMMC is central to

the combination package of proven high-impact prevention strategies supported by UNAids and key funders such as Pefpar and the Global Fund. Though VMMC is not a silver bullet, the partial protection it offers could help slow the spread of HIV in Malawi for men and women. This one-off, low cost procedure needs to be brought to scale just like we have done with other strategies like PMTCT

(Prevention of Mother to Child Transmission) and HTC (HIV Testing and Counseling).

As we focus on realising UNAids' goal of Getting to Zero New Infections, Malawi needs to achieve universal access to all scientifically proven prevention tools. VMMC is one of our most powerful interventions that could slow down new HIV infections. Even though it is part of the National Aids Strategy, it needs to become a funding priority as well. Specifically, advocates call for the training of and salaries for more health providers to carry out circumcision and for investment in infrastructure and demand creation.

As global funding move towards treatment, it is important that Malawi keep an eye on ensuring prevention is adequately resourced as well. Only by putting into use all prevention strategies, can we begin to talk about ending the epidemic.

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