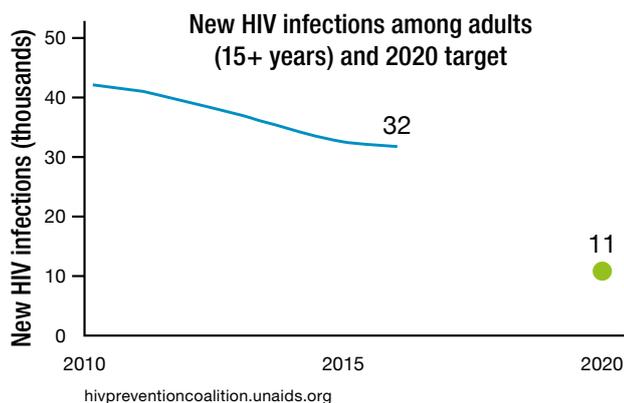




Malawi HIV prevention shadow report

On track to meet the 2020 target?



Stigma & discrimination

Discriminatory attitudes towards people living with HIV

Global AIDS Monitoring data 2016/ DHS 2015-2016



Gender-based violence

Prevalence of recent intimate partner violence among women (15-49)

Global AIDS Monitoring data 2016/ DHS 2010



Key populations



Latest size estimate conducted in:
Global AIDS Monitoring data 2016

Men who have sex with men

2016*

*sub national only

Sex workers

2014

People who use drugs



Transgender people



Young people (15-24)

Knowledge about HIV prevention



78.2%



82.8%

Global AIDS Monitoring data 2016 / DHS 2015

Harm reduction

Supportive reference to harm reduction in national policy documents

Global State of Harm Reduction 2016



Summary of civil society analysis

Malawi has made impressive progress in controlling the HIV epidemic in recent years. However, lack of robust data, moral or religious concerns and punitive laws have held up the provision of HIV and health services for those who need them most including key populations and adolescent and young women.

The 2017 HIV bill is a huge step forward but does not address all the structural barriers. Malawi's progress towards the 2020 goal can be accelerated if civil society organisations, including key population organisations, are engaged in setting targets, delivering services, and monitoring progress of HIV prevention efforts.



10-point plan – a civil society analysis

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the HIV Prevention 2020 Road Map which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society perspective on how well Malawi is performing.



1 Conduct strategic assessment of prevention needs and identify barriers to progress

Malawi has recent data and analysis of the HIV epidemic but not for key populations – estimates for these are only project based, not national.

Malawi did conduct a rapid assessment of plans and systems for HIV prevention. While there was civil society engagement during initial stakeholder meetings, the government did not seek to adequately engage key population groups throughout the process.

The rapid assessment included identifying structural barriers such as punitive laws but did not articulate how these would be addressed.



2 Develop or revise national targets and road maps

The process of setting national targets is ongoing and being led by a task team which includes civil society, following advocacy to push for their inclusion. The National AIDS Commission (NAC) are relying on the 2016-2017 PLACE study mapping key populations to set targets for female sex workers, men who have sex with men and transgender people. However, this data has yet to be validated and is likely to have gaps. The lack of accurate size estimates has been used as an excuse to leave out populations such as people who use drugs.

The task team is also consolidating the national Road Map developed in December 2017 with the subsequent regional SADC Road Map.



3 Enhance prevention leadership, oversight and management

The Malawi Partnership Forum (an advisory body to the NAC) will oversee the implementation of the Road Map and HIV prevention will be a standing agenda item during their meetings. The Forum has civil society and key population representatives but needs greater representation from youth organisations. The forum is chaired by Malawi Networks of AIDS Service Organisations (MANASO) which is an opportunity for civil society to influence the process.

While the NAC has played an effective coordinating role in the past, it is no longer a Principal Recipient for the Global Fund and this has meant limited resources for its work. The NAC's budget was also reduced when the overall health budget was cut.



4 Introduce legal and policy changes to create an enabling environment

While Malawi's 2017 HIV and AIDS (Prevention and Management) Act (or HIV Bill) is a big step forward, it does not resolve all the structural issues e.g. sodomy laws, lack of condoms in schools, and services for men who have sex with men and transgender people. The disconnect between enabling policies and what is implemented is particularly concerning for populations such as transgender, prisoners and young people. Priorities include the implementation of the HIV bill and access to sexual and reproductive health and rights for adolescent and young women. While there is acknowledgment of the importance of scaling up effective behavioural and structural interventions, these are not adequately resourced.



5 Develop national guidance and intervention packages, service delivery platforms and operational plans

Malawi's draft HIV prevention strategy includes guidance on intervention packages for adolescent and young women and key populations (apart from people who use drugs and transgender people). The Technical Working Group for key populations is supposed to develop further minimum service packages for sex workers and men who have sex with men but there have been delays in this process.

5

These combination HIV prevention packages are comprehensive in their design, but the challenge is how to operationalise and implement them. Also, there are concerns around the lack of national guidance and access to Pre-exposure Prophylaxis (PrEP) beyond the demonstration studies and reduced funding for Voluntary Medical Male Circumcision (VMMC). Malawi needs to implement the comprehensive prevention package in prisons as per the SADC minimum standards for HIV and AIDS, TB, hepatitis, STI prevention, treatment and care in prisons. The minimum standards should also be considered for inclusion in the Prison Act under review.

The service delivery platforms include mention of community-based structures and cadres to implement interventions. But there are limited resources for local community organisations as most of the Global Fund and Sub Recipients Principal Recipients are international NGOs.

6

Develop capacity building and technical assistance plan

Malawi identified technical assistance needs for the process of developing the strategy, but not for the actual implementation of the Road Map. The technical assistance plan is not fully funded. One other concern is that local civil society and key population organisations are not valued as groups who could provide technical expertise alongside larger international organisations.

7

Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

Currently there are no mechanisms in place to allow the government to contract civil society implementers. Currently they are contracted by international NGOs or donor-affiliated organisations. While there are questions raised around the capacity of local organisations to manage grants and deliver programmes, there are no plans in place to strengthen community-led implementation. There is a commitment in the Road Map for social contracting capacity building, but this requires additional funding and advocacy. In 2017, UNAIDS supported an assessment of five key population organisations, which clearly identified challenges and priorities. However, these organisations were unable to secure government funding to build their capacity.

8

Assess available funding and develop strategy to close financing gaps

While it is not easy to confirm the exact proportion of the HIV budget allocated to prevention, civil society organisations (CSOs) are concerned there has been a declining trend in Malawi's investment on HIV prevention in the last few years. The 2017 PEPFAR Country Operational Plan (COP) reveals that only 1% of HIV expenditure is allocated for key populations. Some development partners have committed to increasing their contributions on HIV prevention.

CSOs are not aware whether a financing dialogue has taken place yet and they have not been engaged in the financing gap analysis.

9

Establish or strengthen programme monitoring systems

Malawi's national monitoring and evaluation (M&E) system has a framework outlining national deliverables. The system is gender-sensitive and population-specific but some populations are left out such as transgender people. HIV programmes are monitored at health facility and community levels through Health Management Information Systems (HMIS) and community tools. In addition, there are quarterly monitoring visits by the Ministry of Health and donors but does not include CSOs.

Malawi is currently working to expand its electronic systems to cover health facilities across the country. What is lacking are indicators for key populations and reports that include age-disaggregated data (which is collected at facilities). The HIV Situation Room platform being developed is an opportunity for improved tracking of progress, but civil society have not been involved in this initiative. Community based monitoring initiatives and systems namely the Local Area HIV and AIDS Reporting Framework that used to be implemented at district level have mostly stopped due to lack of funding.

10

Strengthen national and international accountability

A reference has been made to an accountability framework in the HIV prevention strategy but it has not yet been developed. NAC has been engaging with UNAIDS to discuss financial support in the development of this framework. Meetings have been set up with CSOs through the CSO Advocacy Forum to advance this.

Recommendations

We welcome the political commitment of the Malawian government and the steps taken in recent months to push HIV prevention higher up the country's agenda. As civil society and community organisations we commit to partner with you in these efforts. In order to meet the global and national targets, we believe Malawi should prioritise the following actions:

- 1** Ensure that the revised HIV prevention targets, Road Map, prevention packages and budget all clearly prioritise those most affected – men who have sex with men, transgender people, sex workers, people who inject drugs, prisoners, people living with HIV and adolescent and young women.
- 2** Develop an action plan and allocate funding to address the structural barriers faced by key and priority populations, such as contradictory policies that prevent young people from enjoying their sexual and reproductive health and rights.
- 3** Scale up investment in combination HIV prevention especially in programmes designed for key and priority populations including adolescent and young women.
- 4** Implement the 2017 HIV bill and extend it to introduce specific programmes, for example to support adolescents in accessing SRHR information and services in schools.
- 5** Meaningfully engage organisations of key and priority populations in setting targets, developing and implementing HIV prevention programmes that meet their needs. To acknowledge the role and leadership of communities in the HIV response, communities must also be engaged in the financing dialogue.
- 6** Strengthen the accountability framework by engaging with civil society and community organisations. Support communities to monitor programmes including through investment in community-based monitoring tools and initiatives.

Methodology

As a member of the Global HIV Prevention Coalition, the International HIV/AIDS Alliance has played a leading role in convening civil society and community organisations. Activists from 22 countries participated in interactive workshops to learn, share and agree advocacy priorities. As part of this process activists worked in teams to analyse their country's progress on HIV prevention. Some country teams continued their collaboration and developed shadow reports based on responses to a standard questionnaire developed by the Alliance. These reports voice the priorities of civil society organisations and offer an alternative to official assessments.

Acknowledgements

We deeply appreciate all the civil society partners for their joint efforts and leadership to develop this shadow report.

National research and analysis:
Pakachere IHDC, MANASO, CEDEP, JONEHA, MANET+, AGE Africa

Global coordination and editing:
Aditi Sharma and Clare Morrison

We gratefully acknowledge funding from Children's Investment Fund Foundation.

For national progress reports see:
hivpreventioncoalition.unaids.org

July 2018

Our partners



CEDEP

MANET+