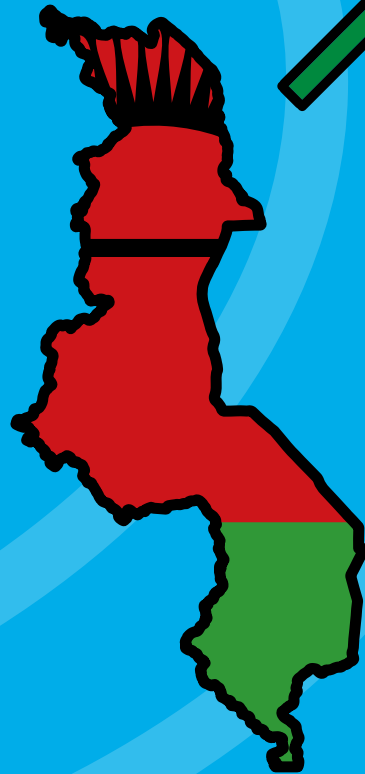
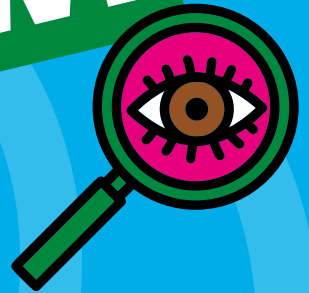


**MALAWI**



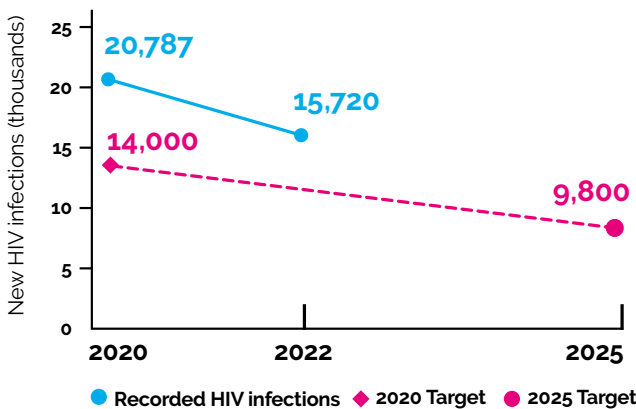
**HIV PREVENTION  
& ACCOUNTABILITY  
A COMMUNITY  
PERSPECTIVE  
2023**

# SUMMARY OF CIVIL SOCIETY ANALYSIS

Malawi is commended for being one of the few countries that has finalised a national HIV prevention Road Map, including tangible and measurable milestones, with the meaningful involvement of civil society and community organisations.

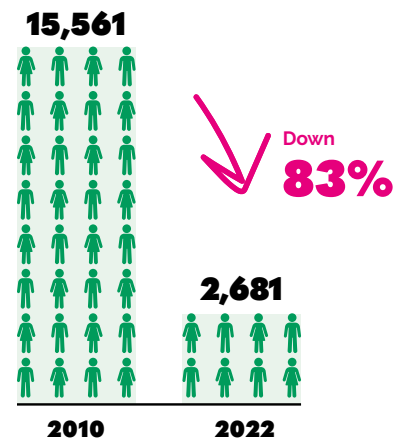
However, there are still key challenges to the country's HIV prevention response. Structural issues and legal barriers are not being addressed by Malawi's government. Additionally, the continued reliance on international donors for more than 95% of HIV prevention financing is concerning for the long-term sustainability of the current response. The decentralisation of information, policies and guidelines is also a core challenge that needs to be addressed.

## NEW HIV INFECTIONS FOR ALL AGES



Source: The Global HIV Prevention Coalition

## NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition

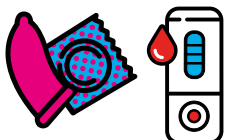


## KEY POPULATIONS

	Sex workers	Men who have sex with men	People who use drugs	Transgender people
Latest size estimate	2022	2022	2022	2022
Estimated HIV prevalence	49.9%	12.9%	NO DATA	NO DATA
HIV prevention service coverage	68%	65%	NO DATA	NO DATA
Avoidance of healthcare due to stigma and discrimination	49%	13%	NO DATA	NO DATA

Source: [UNAIDS Key Populations Atlas](#), The Global Prevention Coalition

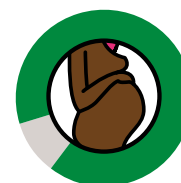
## INTEGRATION



HIV testing and counselling services are integrated with sexual & reproductive health services (SRH)

**✗ No they are delivered separately**

Source: [National Commitments and Policy Instruments Database](#)



**90%**

Coverage of pregnant women who receive ART to prevent vertical transmission

Source: The Global HIV Prevention Coalition

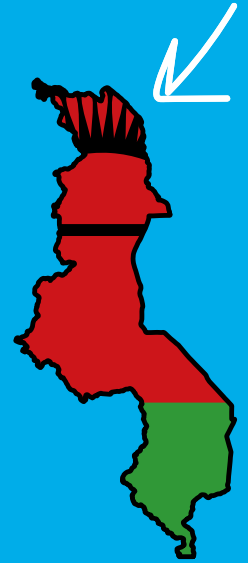
## STRUCTURAL BARRIERS



LEGAL ENVIRONMENT	Criminalised?
Same-sex sexual acts	CRIMINALISED
Sex work	NOT CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	NOT CRIMINALISED
Gender expression	CRIMINALISED
HIV transmission, non-disclosure, or exposure	NOT CRIMINALISED BUT PROSECUTIONS

Source: [UNAIDS Laws and Policies Analytics](#), [Human Dignity Trust](#)

## MALAWI



## GENDER VIOLENCE



**24.3%**

of women experienced physical and/or sexual intimate partner violence in the last 12 months

Source: [UN Women](#)

## STIGMA



Latest stigma index report conducted in

**2016**

Source: [Global Network of People Living with HIV \(GNP+\)](#)

## FINANCING



15% Abuja Declaration target

**8.7%** of government budget to health expenditure

Source: [UNICEF](#)



FUNDING

International funding for HIV prevention

**0%**

Source: [UNAIDS Financial Dashboard](#)

Domestic funding for HIV prevention

**100%**

## ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

✓ For adolescents over 14 years



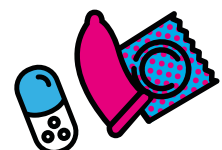
HIV testing without parental consent

✓ For adolescents over 14 years



National CSE curricula in place

✓ Primary & secondary



**41.86%**

Knowledge of HIV prevention amongst adolescents (aged 15–24)

Source: [UNAIDS Laws and Policies Analytics](#), [UNESCO](#), [AIDSinfo](#)

# PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS



## ACTION

1

### EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



Malawi's new National HIV Prevention Road Map aligns with the country's recently revised National Strategic Plan (NSP) 2023–2027. Civil society and community groups provided input into both these documents but were not directly involved in finalising them.

One concern is that not enough emphasis is being placed on non-biomedical interventions needed for effective combination HIV prevention. Another is the failure to disseminate strategies and policies in a decentralised way, which affects sub-national leadership and effective implementation of policy-guided interventions, leaving communities at the local level often unaware. This consequently affects sub-national leadership and the effective implementation of policy-guided interventions.

The UNAIDS Key Populations Atlas shows size estimates for all key population groups in Malawi, but civil society is unable to verify this, and there is need to determine the source of the Joint United Nations Programme on HIV/AIDS (UNAIDS) data. The 2019-2020 Malawi Integrated Biological and Behavioural Surveillance (IBBS) survey only includes size estimates for men who have sex with men and female sex workers.

There is also an ongoing key populations size estimate study, which is expected in 2024. All groups have been meaningfully involved in the design, development and

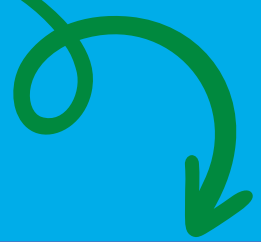
implementation of this study, including through a key populations advisory board.

The last Demographic Health Survey (MDHS) was conducted in 2015-16 with data collection for the next survey due to start in 2024. Civil society is currently unable to influence this process but would like to be part of the Steering Committee overseeing the MDHS.

In January 2020, the second Malawi Population-based HIV Impact Assessment (MPHIA) survey was launched by the Ministry of Health to assess the country's progress towards HIV epidemic control. Frustratingly the full study report has still not been shared.

## RECOMMENDATIONS

- ✓ Ensure up-to-date size estimates (including all key population groups) are available to guide national policy-making decisions and funding allocations.
- ✓ Publish results of the MPHIA survey in full to help guide policy and programmatic decision making.
- ✓ Develop and implement detailed, decentralised dissemination plans for existing and future policies and strategic information documents, so that they are more widely understood, used and implemented at a national and sub-national level

**ACTION****2****PRECISION PREVENTION APPROACH**

A mapping of high-risk districts and national and subnational targets has been set for 2025. This process was carried out in collaboration with various stakeholders, including civil society and communities.

The data used for national and sub-national targets does not include all populations. Size estimates have been carried out inconsistently due to the reliance on donor funding. While UNAIDS documents that size estimates are available for people who use drugs, transgender people and prisoners, some estimates have been disputed and are considered unreliable. Civil society and community groups are concerned that key HIV prevention interventions such as pre-exposure prophylaxis (PrEP) are not ambitious enough as a result.

Malawi's recent Global Fund grant application included targets on laws and policies, gender-based violence and stigma reduction. Sadly, the NSP does not mirror this approach and is not fully aligned to [UNAIDS' 10-10-10 targets](#).

While Malawi has made significant progress towards the [95-95-95](#) targets, children under 14 only have a 69%

treatment rate (only 79% of whom are virally suppressed). Poor retention of pregnant/breastfeeding mothers and their HIV-positive infants is a concern and has a direct impact on HIV prevention efforts.

Malawi has a multi-sectoral HIV Prevention Technical Working Group (TWG), which is convened on a quarterly basis to assess the prevention approach and provide recommendations. Civil society and community groups are represented and actively engage in this and other TWGs on condoms, social and behaviour change communication, and adolescent girls and young women. They also chair the Key Populations TWG.

**RECOMMENDATIONS**

- ✓ **Develop specific targets on structural interventions that align with the UNAIDS 10-10-10 targets to be included in the NSP and integrated into wider reporting mechanisms.**
- ✓ **Review and optimise retention and tracing mechanisms for pregnant and breastfeeding women and their infants to ensure that mother-to-child transmission is avoided through effective HIV prevention.**

**ACTION****3****COUNTRY INVESTMENT NEEDS**

Over recent years, Malawi has seen the health budget decline from 10% in 2022-23 to 8.7% of the government's budget in 2023-24 – seeing Malawi move further away from the the 15% Abuja declaration target. The current health budget is inadequate to accelerate Malawi's progress towards achieving universal healthcare (UHC) targets by 2030, and the health system is severely under-resourced.

Malawi is highly dependent on donor resources, with the national HIV programme 95% funded by international donors. This percentage is even higher for prevention programmes. The Global Fund finances the procurement of health products, paying for 99% of all HIV-related commodities.

National AIDS Spending Assessments (NASA) have not been undertaken consistently. The most recent NASA was completed in 2022 and the report released in 2023, the first since 2016. However, the published report only covers the period up until 2019. Prevention expenditure was dominated by the five pillars (condoms, PrEP and other types of antiretroviral-based prevention, voluntary medical male circumcision (VMMC), programming for adolescent girls and key populations). These pillars accounted for 63% on average between 2015-16 and 2018-19. There is concern around the biomedical interventions receiving more funding than non-biomedical interventions. Distribution of condoms to the general population accounted for 29.4% of the total HIV

prevention expenditure, whilst VMMC accounted for 20%.

According to the US President's Emergency Plan for AIDS Relief (PEPFAR) COP23, prevention funding for 2023 is pegged at US\$28,088,426, increasing to \$30,904,667 in 2024. Less than 10% of the total Global Fund grant for HIV is allocated to HIV prevention, with adolescent girls and young women receiving only 1% and key populations 5%.

Malawi recently launched its Health Financing Strategy 2023-2030 (HFS 2023-2030). This provides a framework to achieve a fully functional healthcare financing system that supports the UHC aspirations. A TWG has been set up to implement HFS 2023-2030, but only a handful of civil society organisations are represented

**RECOMMENDATIONS**

- ✓ **Increase HIV prevention financing in PEPFAR and Global Fund grants, as well as through domestic financing with specific emphasis on adolescent girls and young women and key population groups.**
- ✓ **Involve civil society and communities as equal partners in the implementation and monitoring of the HFS 2023-2030, including increasing CSO representation in the Health Financing TWG, and ensuring stronger, more coordinated representation from communities most affected by HIV.**

## ACTION

# 4

## HIV PREVENTION POLITICAL LEADERSHIP



The Malawi National AIDS Commission (NAC) is mandated with the role of leading the multi-sectoral response for HIV in Malawi, under the Malawi Ministry of Health (MoH). To achieve this, NAC convenes multiple quarterly TWGs that engage different ministries alongside communities and civil society.

NAC has made efforts to strengthen the district-level capacity for the HIV response. However, a clear plan and strategy for district-level community capacity development is still lacking.

Malawi does have several politicians who are championing the engagement of civil society and sustainable financing of health, for example, within the Parliamentary Committee on HIV, which has merged with the Parliamentary Committee on Health. NAC has done well to ensure that lesbian, gay, bisexual, trans and queer communities (LGBTQ+) are able to access HIV prevention and SRHR services even though issues of stigma and discrimination persist. However, overall politicians have been silent on issues of minority rights for fear of a negative reaction from voters.

This silence is rapidly becoming even more concerning, due to the recent growth of an anti-rights movement in Malawi – seen mostly in the religious and cultural sectors.

This is questioning the rights and recognition of the LGBTQ+ community, as well as attempting to maintain a traditional mindset related to sexual and reproductive health (SRH) for youth.

The Malawi Human Rights Commission (MHRC) has an important role to play in mobilising different government sectors, as well as civil society and communities, to address the anti-rights threat, given its central convening function across different sectors. This includes advancing strong arguments that can challenge the strategies adopted by anti-rights actors and protecting HIV prevention services, comprehensive sexuality education and other key interventions for meeting HIV prevention targets.

### RECOMMENDATIONS

- ✓ Develop a strategy for the decentralisation of HIV leadership in districts, including capacity building for district-level service providers.
- ✓ Establish a dedicated TWG focused on countering the anti-rights threat to HIV prevention; use this to mobilise more political support for a rights-based approach to HIV prevention and health including from the MHRC. This should also be done with support from the key populations TWG.

## ACTION

# 5

## COMMUNITY-LED HIV PREVENTION SERVICES



There is a limited number of key populations-led organisations implementing HIV prevention interventions under the current Global Fund and PEPFAR grants. However, there is currently no social contracting in Malawi and this is not high on the agenda for either civil society or the government. The government claims that there is not enough funding available to start social contracting processes.

A major challenge for civil society in Malawi is limited capacity. Some civil society and community organisations have inadequate systems for monitoring and evaluation (M&E), finance and technical input required by donors and for the effective implementation of programmes. This limits the country's ability to access funding to scale up community-led HIV prevention services.

Malawi does not have a national technical assistance plan

to strengthen the technical and managerial capacity of community-led organisations. The technical assistance provided through donor funding is not coordinated and does not reach all organisations that need it.

### RECOMMENDATIONS

- ✓ Work with the government, donors and technical partners to increase funding for HIV prevention and community-led service delivery, including through the introduction of social contracting mechanisms. Where possible, funding should be aligned to UNAIDS' [30-60-80](#) targets.
- ✓ Conduct a mapping of community-led organisations and develop a consolidated technical assistance plan to strengthen the capacity of community-led organisations and networks down to the district level.

## ACTION

# 6

## REMOVE SOCIAL AND LEGAL BARRIERS



Malawi has a strong Constitution and progressive laws such as the HIV and AIDS Prevention and Management Act (2018), which protects people living with HIV from stigma and discrimination. The legislation was informed by the 2016 stigma index report. A new stigma index is scheduled to be completed, led by Manet+, although funding constraints have led to delays.

Many recommendations from the 2012 Environmental Legal Assessment have not yet been acted upon and harmful laws that criminalise key populations remain. There have been some recent steps in addressing social and legal barriers through national policies. The National Male Engagement Strategy for Gender Equality, Gender-Based Violence (GBV), HIV and SRHR (2023-2030) is a positive move towards addressing GBV through greater integration within HIV and SRHR programmes. However, it is a challenge to ensure that these policies are implemented. Many of the human rights trainings and other initiatives to reduce stigma or GBV are limited to donor-funded programmes.

Malawi is developing a new policy on drug use, led by the Ministry of Home Affairs. However, a glaring challenge is the absence of the Ministry of Health as a co-lead.

The growing anti-rights movement in Malawi has made the government hesitant to act on critical issues such as repealing laws that criminalise key populations, overturning the abortion bill and clearly defining the age of consent

for young people to access HIV/SRHR services. Another target of the anti-rights movement is the Life Skills Education (LSE) programme. A recent LSE audit was conducted and should be available soon. Condoms and SRHR services are still not readily available in schools.

The Malawi Police Service is piloting the Observatory Hub as a digital human rights violation reporting tool (disaggregated by gender and not population type). However, there will be challenges with this as key populations are unlikely to trust the police to document violations.

### RECOMMENDATIONS

- ✓ Act on the recommendations made in the 2012 Environmental Legal Assessment.
- ✓ Mobilise resources to scale up interventions to reduce stigma, discrimination and GBV, and implement progressive policies adopted on these issues.
- ✓ Share recommendations from the LSE audit report with supportive civil society and the HIV Prevention TWG, as part of a wider strategy to counter the rising anti-rights movement in Malawi and to take a stand for HIV and LSE.
- ✓ Strengthen coordination and collaboration between the Ministry of Home Affairs and the Ministry of Health in relation to the new drug policy development.



## ACTION

# 7

## PROMOTE HIV PREVENTION INTEGRATION



Malawi has made commendable progress on condom coverage, underpinned by a revised national condom strategy and by adopting the Total Market Approach (TMA) to ensure that each audience is able to access condoms based on their needs. However, TMA needs to be fast-tracked across the country and women need to be prioritised, as their access to condoms remains low.

Malawi is reaching more men through VMMC programming, although the country is falling short of the 2025 target. This is due to reluctance among certain groups, such as older men, limited numbers of facilities and skilled service providers, and the lack of decentralised services.

Malawi has made progress on rolling out oral PrEP since 2020 with 51% of facilities providing this in 2022. Malawi is also introducing community delivery of PrEP services, which will help address challenges of acceptability and support PrEP uptake.

While higher levels of ART coverage and viral load suppression in Malawi provide a good basis for the Undetectable=Untransmittable (U=U) approach, there is a need to support this through rollout of U=U messaging at community level. Long waiting times for viral load testing results also need to be addressed.

Programmes for adolescent girls and young women are primarily donor-led. There is limited data on priority districts covered. However, estimates from the Global HIV Prevention Coalition indicate that only 21% of adolescent girls and young women in high-HIV incidence communities

are being reached with a comprehensive package of prevention interventions.

There are minimum service packages in place for all key populations except people who use drugs. A draft package for people who use drugs is under development. A steering committee is overseeing the process, but it still needs to be approved by the Secretary for Health.

Malawi has made several efforts to promote integration through the revised NSP and the HSSP III. HIV and SRH integration is being encouraged in one-stop shops, mobile health vans offering primary healthcare and joint tuberculosis (TB), viral hepatitis and HIV planning. There are also ongoing efforts to include Female Genital Schistosomiasis (FGS) in the sexually transmitted infections (STI) guidelines, to be integrated into SRH services.

### RECOMMENDATIONS

- ✓ **Work in partnership with other ministries and departments to increase uptake of and adherence to prevention tools and approaches such as VMMC, oral PrEP and U=U, especially for young people and other key populations.**
- ✓ **Accelerate efforts to finalise and implement minimum service packages for all key populations, including people who use and inject drugs.**
- ✓ **Add FGS to the STI guidelines, ensuring that all women and girls at risk in Malawi receive integrated FGS services.**





## ACTION

# 8

## NEW HIV PREVENTION TECHNOLOGIES



Malawi approved the use of Cabotegravir Long-Acting Injectable PrEP (CAB-LA). There is currently a large MoH-led study aimed at reaching approximately 9,900 people across 36 sites with product rollout, expected to start in 2024.

Malawi also has an implementation study underway, which is an extension of the injectable PrEP study, and aims to build a safety profile for CAB-LA for women at high risk, with extra support and follow up for women who are pregnant or breastfeeding. However, there are concerns around the sustainability of CAB-LA due to the high costs, lack of a revised PrEP communication strategy that includes CAB-LA, and limited investment in demand generation strategies.

Slow adoption and rollout of new prevention technologies has been a concern. Civil society believes that there is a need for an independent technical team to provide guidance regarding the adoption of new prevention technologies through TWGs.

The Dapivirine Vaginal Ring (DVR) was approved in 2021 but it has still not been adopted as an HIV prevention option by the Department of HIV and Viral Hepatitis (DHA). The government has requested a cost-benefit analysis. The main concern is around the funding of the DVR, due to PEPFAR's unwillingness to invest in it.

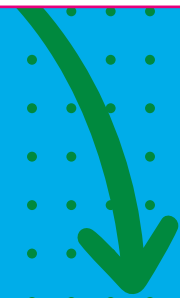
### RECOMMENDATIONS

- ✓ Speed up DVR rollout and mobilise funding from donors to support this.
- ✓ Revise the PrEP communication strategy to include messages on injectable PrEP before implementation begins in January 2024.
- ✓ Establish a technical team to provide guidance regarding adoption and rollout of new prevention technologies; develop standard operating procedures (SOPs) that Malawi must follow when adopting new HIV prevention technologies.

## ACTION

# 9

## REAL-TIME PREVENTION PROGRAMME MONITORING



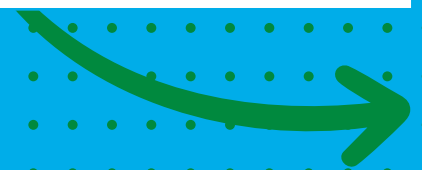
Over the last five years, Malawi has made great strides to improve and integrate the Health Information System. In 2022, NAC rolled out the Local Authority HIV and AIDS Reporting System (LAHARS) and conducted system orientation sessions in local authorities, targeting local and international non-governmental organisations (INGOs). However, further decentralisation and capacity building efforts on the data collection system are needed to ensure that all data is adequately captured.

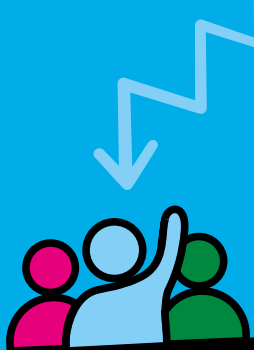
NAC is working with the Digital Health Department to set up a user support help desk system. Biomedical data is entered into District Health Information Software (DHIS2), the national aggregate data warehouse, which is managed by MoH. NAC also compiles comprehensive annual M&E reports.

Assessments of costs and cost-effectiveness of interventions are done mostly through modelling. NAC also hosts Joint Annual Review meetings where all relevant stakeholders, including civil society, are invited to review the data and progress of the national HIV response. NAC also convenes a Monitoring, Evaluation, Research and Surveillance (MERS) TWG, which meets quarterly to assess progress against the NSP targets and includes civil society.

### RECOMMENDATIONS

- ✓ Conduct intensive orientation on the use of LAHARS at district level, including reinforcing LAHARS reporting by all partners at district level.





## ACTION

# ACCOUNTABILITY FOR HIV PREVENTION

# 10

The NAC has demonstrated commitment to HIV prevention by finalising a localised National HIV Prevention Road Map. However, this is still waiting for UNAIDS' comments to be addressed and fully costed before it can be finalised. NAC has ensured the meaningful engagement of civil society and communities, and community priorities are reflected throughout the Road Map. Noticeably, Malawi also involves civil society in the M&E and technical working groups (TWG) that meet regularly and allow for feedback and accountability of the HIV prevention response.

Community-led monitoring (CLM) is funded by various donors and includes HIV prevention, treatment and care. There have been several wins as a result, including an increased budget allocation for PrEP, the procurement of additional viral-load monitoring platforms, and increased support towards treatment literacy programmes. However, there is a need to further strengthen the capacity of CLM organisations to ensure that only the highest quality data is gathered to support decision making.

Despite these efforts, civil society is rarely involved in the validation of data that is sent to UNAIDS, such as Global AIDS Monitoring and, more recently, the Global HIV Prevention Coalition survey. However, consultation on the the annual scorecard is done regularly, with civil society attending validation meetings.

The Malawi Partnership Forum, which includes civil

society, meets periodically to review and discuss progress presented by every TWG. Site visits are intended to validate progress, but these have not been consistent.

The lack of consistency in accountability platforms creates an environment in which civil society and communities are not able to easily hold government accountable for delays in the HIV response and share community voices around priorities. Resources are often not available to support civil society to participate in accountability mechanisms. This needs to be prioritised, ensuring that civil society and communities that are crucial actors in the country's HIV prevention response are included as equal partners.

## RECOMMENDATIONS

- ✓ **Prioritise resources to support civil society and community organisations' involvement in accountability processes; review accountability mechanisms to ensure that civil society and community organisations are always engaged meaningfully, including in data validation processes.**
- ✓ **Continue to use CLM data to improve service delivery and accountability of stakeholders, and to further standardise and strengthen and the quality of CLM through developing guidelines that will influence data quality processes.**
- ✓ **Speed up the process of finalising the Road Map to address UNAIDS' comments.**



## METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability* reports voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

## ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners for their joint efforts and leadership in developing this report.

National research and analysis: sincere thanks to the country coalition and the country coordinating partner Pakachere IHDC.

Coordination and editing: Vicky Anning, Leora Pillay, Clare Morrison, Libby Van Zee, Lola Abayomi, Fionnuala Murphy, Suzanne Fisher-Murray, Ntombizodwa Mthembu, Aditi Sharma, Amelia Weekley, Lois Chingandu and Revanta Dharmarajah.

Design: Fruit Design.

We gratefully acknowledge the funding for the United for Prevention programme from the Bill & Melinda Gates Foundation, and support from the READY+ programme funded by the Embassy of the Kingdom of the Netherlands in Maputo.

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